

To the Editor: Medicine, Parenthood, and Well-Being: How Do We Achieve the Trifecta?

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We read the recent systematic review by Corbisiero et al “Formal Parental Leave Policies and Trainee Well-Being in US Graduate Medical Education: A Systematic Review,”¹ with conflicting emotions. Whilst being grateful to the authors for exploring this topic—as doctors working in Scotland, we share the same difficulties and stigma—our opinion is that the recommendations offered to improve parent-doctors’ well-being fall short.

Some problems are universal: navigating time spent with our children versus time spent in training; concerns regarding skill and knowledge fade; facing friction with colleagues regarding workload distribution during planned absence are all significant stressors placed on child rearing practitioners. Other issues will have been experienced fundamentally differently between our colleagues in NHS Scotland and those working in the United States. Here, NHS doctors are entitled to 12 months of parental leave, 6 months of which are paid. Furthermore, the median duration of maternity leave taken by female surgeons in the United Kingdom is 43 weeks.² This climbs to 48 weeks in specialities considered more “family friendly” such as public health.² The authors state that US trainees find 6 weeks of maternity leave to be inadequate, contributing to a multitude of poor outcomes, but it has no robust evidence base for what leave length would be acceptable. Indeed, the qualitative data gathered to suggest 7 to 12 weeks may suffice is based on resident opinions from 2011. We would highlight that the average time to report the onset of symptoms in postpartum depression is 14 weeks³; therefore, it could well be, that dated comments gathered before this time are unsuitable to guide current parental leave policy.

Nonetheless, despite our longer parental leave periods, the UK NHS is still far from a utopia for the working parent. Our local data surveying 40 doctors demonstrate that 33% of trainees felt that they were given incorrect information in relation to the organization’s parental leave policy.⁴ Multiple trainers reported signposting their trainees to female

colleagues with experience of parental leave as a primary source of information. The process of guiding trainees through pregnancy and return to work was reported to cause “stress for everyone.”

Could we strive to develop not just policy, but also culture? To achieve the trifecta, we believe this is necessary. We welcome return to work programs, phased returns spent in a supernumerary role, truly flexible working hours. We should facilitate “child-friendly” rooms at conferences, reframe the mindset that days spent looking after children are “days off,” and offer leadership opportunities to those who are working parents. Parent-doctors are far from an inconvenience; these individuals are an asset, practicing dedication to the profession each time they juggle balancing medicine, all the trials of raising family, and their own well-being.

References

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LETTER TO THE EDITOR

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