



PFSP Perspectives: Alberta Doctors' Digest

Fifteen years into my brilliant, but unbalanced career – now what?

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Not long ago I came upon the following short piece in the *Canadian Medical Association Journal* (CMAJ) about physicians' satisfaction with the balance between their personal and professional commitments.

"Less than 50% of the members of seven specialist groups (respirology, urology, endocrinology/metabolism, gastroenterology, medical oncology, hematology and biochemistry) were somewhat or very satisfied with the balance between their professional and personal commitments."¹

Even for those specialist groups near the top of the list (general pathology, psychiatry and ophthalmology), 60-70% were somewhat or very satisfied physicians.² For family doctors, the figure was about 55%.

The degree of satisfaction with the balance between professional and personal lives was markedly lower than the satisfaction physicians expressed with their professional lives only or their satisfaction with their relationships with patients. Regarding the latter two categories, approximately 75-90% said they were somewhat or very satisfied.

That more than one-third of physicians surveyed could not say that they were somewhat or very satisfied with the balance between their professional and personal lives indicates substantial dissatisfaction among a large number of physicians.

The degree of dissatisfaction is particularly acute among the 7-8% of physicians surveyed who indicated they were very dissatisfied with the balance in their lives.

In practical terms, what do these numbers mean? The survey doesn't attempt to identify the causes of the imbalance or the precise nature of the dissatisfaction. My work with the Physician and Family Support Program (PFSP) provides some answers in this regard.

The majority of physicians or family members who call the 24-hour line (1.877.767.4637) are experiencing marital, family or emotional discord. A smaller proportion call because of specific work-related or substance-use issues.

The conversations I have with troubled individuals reflect challenges endemic in our larger medical community. Most of us have no difficulty calling to mind a colleague whose marriage has crumbled or someone having trouble raising their children or caring for older parents.

When I question colleagues in my own community about this state of imbalance, the discussion soon turns to the amount and complexity of medical work and the large commitment of time and energy required to get it done.

Many of us wake up each day to the reality that work and patients come first, and marriages and families are an important second priority – sometimes a close second, sometimes further down the list.

Many of us struggle with feelings of dissatisfaction, guilt, frustration or anger at this situation. We are often perplexed by the simultaneous demands to be good doctors, parents and partners, not to minimize our other competing roles as teachers, homemakers, financial managers, administrators and volunteers.

If we could make a single change in an effort to achieve greater balance, what would it be? What is desirable? What is practical?

Earlier this year the Alberta Medical Association (AMA) undertook a career transitions tracking survey. More than 100 physicians from all health regions responded to the question: “If you are considering a career change, is it in or out of medicine, and what factors are influencing your decision?”

The answers are grouped under three categories: individuals looking at retirement, those considering a career change within medicine and those thinking about a career change out of medicine.

Recurring themes in the answers of those contemplating working differently within medicine were changing the amount or kind of work: less work, less call, part-time work, locum work, discontinuing hospital or obstetrical work, moving to occupational health, walk-in clinics, salaried work, psychotherapy, private clinic work, esthetic medicine, something with less overhead, less paperwork, less stress.

I see individuals in my medical community making changes. An emergency physician with nine years’ experience resigned his position to do an MBA. A middle-aged specialist in the community for 15 years is closing his practice indefinitely and taking some time off.

A classmate with more than 20 years in rural practice decided to reduce his workload to two days per week. A specialist friend with some chronic health problems took some additional training and modified his practice to make it less physically demanding. Every few years, another friend takes a leave of absence to do international medical relief work.

The catalyst for these career changes is variable. Given the levels of dissatisfaction recorded in the 2004 survey, I suspect reactive change is more common than a proactive decision to take on a new challenge, while personal health, curiosity and a sense of adventure are still intact. While travelling in Europe recently, I spoke with middle-aged retirees who had relocated to a new country and a new life. A group of three teachers originally from Birmingham, in the Midlands, UK, had purchased a village house in southern France and were contentedly running a bed and breakfast from May to September.

A former English post office manager had moved to a small village in Andalusia, Spain, where she set up a gourmet food service and Internet cafe for tourists renting houses in nearby villages.

This kind of radical change out of our area of expertise is too daunting and impractical for many of us. At the same time, I know one creative, capable and energetic individual, an emergency physician for the past 14 years, who recently decided to pursue a line of work that will likely take him out of medicine altogether.

Modest, incremental change is possible for some of us. A specialist colleague decided years ago to begin his hospital day an hour later in the morning in order to eat breakfast with his spouse and kids.

Another attractive strategy for some doctors is to share two positions among three physicians. A classmate wrote to me from France that he is recently married and now a new father at age 48. He and his spouse have taken six months away from their jobs to travel with their infant, visit friends and volunteer at a L'Arche home for disabled individuals.

Several years ago, the emergency department physician group in Lethbridge instituted a sabbatical program so that members can take two consecutive months of subsidized leave every two years.

As we contemplate making changes in our professional and personal lives, we can't underestimate the increasing need for physician services, especially in communities already facing critical physician shortages.

Don't expect too many people (other than partner or kids) to encourage you to work less. The pressure to keep working full out will continue and, likely, intensify.

Despite this considerable systemic pressure, we are only given a single opportunity to experience the fullness of human life - in all its dimensions. We shouldn't squander the gift.

References available upon request.