

'I'm going part time', my friend says as we sit in the common room, eating lunch.

In today's climate, there is increasing acceptance of the part-time doctor. Women are choosing to have babies earlier, during their specialty training. The juggling of caring responsibilities and breadwinning is being split between mother and father, with domestic duties being delegated to both parties. Third parties such as grandparents and childcare play an ever-greater nurturing role. Yet there is an irony that, while modern times have never been so encouraging of the 'hands-on' father, society simultaneously undervalues the 'stay-at-home' mother.

BORN INTO A 'MEDICAL FAMILY'

As I approach the end of my medical training, talk turns to career planning and training pathways. All-important 'work/life balance' is the topic of much discussion. One physician says she decided to go back to work, having 'got bored' at home. I pondered this. Challenging yes, but boredom, for my mother, was never an issue. Boredom might be an excuse to justify continuing the work that has hitherto had so much invested in it.

I am one of three children. I have a twin sister and a younger brother. Like many 'medical families', both our parents are doctors. Yet my mother has not practised medicine since shortly after we were born. Being the 'third-time-lucky' product of intensive fertility treatment, at the age of 36, my sister and I were a blessing. My brother came along as a pleasant surprise 2 years later and along with other caring responsibilities that put pressure on our family unit; my mother's hands were full.

For my mum, the decision to not go back to clinical medicine was not one made deliberately or even knowingly. She'd qualified as a GP, worked in Australia, done a diploma in psychiatry and addiction, and had practised both as a hospital and



GP locum. Having sustained a long-term relationship in spite of her travels, she and her now GP-husband decided to marry. The desire to have a family, for them, was pressing. Fifteen years down the line from 'house jobs' (equivalent to an FY1), she regarded family life as a 'second career'.

MEDICAL SKILLS NEED NOT BE WASTED

'Are you working now?' other mothers would ask while shopping in Sainsbury's. I stood there silently as my mum strove to justify her place in the home, the pressure to go back to work perhaps fuelling as much guilt as that of being a working mum. Women seemingly can't get it right or at least feel the need to justify their actions to others whatever decision they make.

What about the 'community doctor'? The doctor who helps the choking infant who has just swallowed a sweet wrapper at playgroup, or attends the older lady who has just collapsed in church? This anecdotal evidence of a practising 'stay-at-home' mother/doctor comes from my mother's own experiences.

I question if medicine is indeed a 'vocation' as such; surely the duty of a doctor transcends 'the workplace'. Providing care in a domestic setting, be it to one's children or elderly grandparents, can only but facilitate one's ability to empathise with and understand the practical realities

of patients' illness or disease. Likewise, doctor mothers who choose not to return to work have not wasted a career. The skills they have acquired can be utilised in the home and beyond, in a school setting, for example. In this way, the doctor/mother roles need not fight but instead complement each other.

I am not arguing that all female clinicians should choose to be stay-at-home mothers. Anything but. I can see how the barriers to balancing both medicine and motherhood perhaps prevented my own mum from going back to work. When the time came for her to contemplate returning to general practice, there were no systems to support it. How does the doctor who's been out for 5 years or more get back into the system? Training programmes and pathways need to be in place.

What are the barriers that doctors like my mother face? There are structural hindrances like a lack of female mentors, part-time training programmes, and choice over where one works in competitive specialties such as surgery. There are also the invisible barriers of stigma, gender bias, and discrimination.

As I muse where my own life and career will take me, I consider that there is no right or wrong way. We need to challenge traditional gender roles and embrace and enable easy transitions from home to the workplace; and back again. Yet my plea is that we accept the 'domestic doctor' (the doctor 'practising' at home, looking after children or other family members), just as much as we praise the working mother. Motherhood as a job in its own right has been somewhat disregarded.

In the most 'human' of careers, we risk our female doctors becoming 'dehumanised'; unhappy doctors and unhappy mothers.

As I write this, watching my mum read the latest *BMJ* over a morning tea, I couldn't be prouder.

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