



I want a life and a profession

Barbara Kermodé-Scott

Dr. Peter Newbery

Today's younger physicians recognize that they will inevitably face multiple challenges as they try to meet both their personal and professional needs during their career lifecycle.

When asked to indicate the most important factor for them in terms of a satisfying and successful medical practice, 60% of medical students and 52% of second-year medical residents responding to the 2007 National Physician Survey (NPS) chose "the ability to achieve balance between work and personal life."

"The preoccupations of my generation are important because they will have an effect on the preparations that need to be made regarding the number of doctors needed for the next generation," says 28-year-old Dr. Guillaume Charbonneau, a rural physician in Maniwaki, a small community 90 minutes north of Ottawa.

"If I speak for my generation, I think they want to have a better equilibrium between their work life and their personal life, so they try to work less. At the same time, they want to give good quality care to their patients. They see that as something that's important and want to dedicate the time that's necessary for that. ... I also see a lot of people who work more than they would like to due to doctor shortages and work pressures."

Today's younger physicians also want to be in good physical health — rather than overtired from too much work — to provide excellent care to their patients, adds Charbonneau, president-elect of the Quebec College of Family Physicians. Like many Canadian doctors, he chooses to play hard and work hard, putting in long hours as an emergency physician and enjoying hockey, kickboxing and other sports in his spare time.

POUR la prochaine génération de médecins du Canada, tout est question d'équilibre. L'indicateur le plus important d'une pratique médicale satisfaisante et couronnée de succès, c'est «la capacité d'établir un équilibre entre le travail et la vie personnelle», affirment 60 % des étudiants en médecine et 52 % des résidents de deuxième année qui ont répondu au SNM 2007. On reconnaît toutefois de plus en plus que les médecins ne peuvent arriver seuls à instaurer cet équilibre — ils ont besoin de l'appui solide de leurs collègues, partenaires et employeurs. «C'est une lutte de tous les instants. C'est vraiment difficile étant donné le système, la pénurie de médecins et toutes les attentes qu'on leur impose», affirme le M^{me} Jean Wallace, PhD, professeure agrégée de sociologie et professeure agrégée adjointe de psychologie

à l'Université de Calgary. On estime qu'il est crucial de trouver du temps pour la famille, le conditionnement physique et la santé personnelle. Le Dr Murray Nixon qui, à 72 ans, est professeur agrégé aux départements de médecine familiale et de médecine interne à la Faculté de médecine de l'Université Dalhousie et travaille encore un jour par semaine à l'Hôpital gériatrique de jour du Centre des sciences de la santé Queen Elizabeth II à Halifax, affirme : «Si les médecins ne réussissent pas à établir un bon équilibre entre leurs vies personnelle, familiale et professionnelle, ils ne réussiront pas en réalité à demeurer de bons médecins, parce que c'est l'épuisement qui les guette. Il cesseront de trouver leur travail agréable. J'aime ce que les jeunes font maintenant. Je pense que les patients l'apprécient et l'acceptent.»

Dr. Allison Salter, a first-year resident in the department of family medicine at the University of British Columbia, also makes physical activities a priority. A former member of the national track and field team, in medical school, she exercised about 2 hours a day

“I try to exercise every day because that's a really important part of who I am. I feel better and I work better when I exercise, but there are some days when you're on call for 24 hours — or all of a sudden 3 days have gone by — and you haven't exercised,” she says.

“How can I be a good doctor if I'm not healthy myself? How can I advocate for health if I am not being a good role model for my patients? I need to be healthy for my patients so I can make the best decisions and be on top of my game.”



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More women in medicine

Significantly more women than men are entering medical practice in Canada: 55% of the NPS respondents under 35 years of age were women, whereas only 10.5% of those over 65 years of age were women.

Dr. Kathy Lawrence, an assistant professor in the department of family medicine at the University of Saskatchewan, is facing the challenges many women doctors face juggling a career and family. A 38-year-old single mom with a baby daughter, Lawrence is currently on maternity leave from her Regina practice.

“It's wonderful being with my daughter,” she says. “I'm really lucky. I absolutely love what I do. Going to work is something I really enjoy. ... If you love what you do, that makes it a lot easier to work out the other things in your life to achieve what people call balance.”

Lawrence believes a lot of women physicians are tired of hearing about how they work less. They feel there is an implied suggestion that women are to blame for doctor shortages because they are the ones who cut back their hours to bear babies and care for children.

Even doctors fall ill, feel stress, fight fatigue

Physician stress and well-being have been directly linked to 3 important socioeconomic outcomes: recruitment and retention of physicians, workplace productivity and efficiency, and quality of patient care and patient safety, reports Jean Wallace, PhD, an associate professor of sociology and an adjunct associate professor of psychology at the University of Calgary. Doctors are not trained to ask for help or support, but they definitely need support systems (colleagues, spouse, etc.) to deal with their stresses, says Wallace.

“As much as a doctor may want to have a balanced life, if they don't have a workplace that's also supportive of them having a

balanced life, it's not going to happen," says Wallace. "Even if doctors want to change to have a better balance in their lives it's an uphill battle. It's really difficult given the system, the shortage of physicians and all the expectations placed upon them."

According to the 2007 NPS, 13% of doctors were absent from work due to illness or disability in the last year; 2.2% were ill due to work-related stress; 4% were absent due to maternity or paternity leave.

A quarter (26%) of all maternity/paternity leaves are 4 weeks or less, with an average of 17.2 weeks. This statistic disturbs Dr. Dianne Maier, program/clinical director, Alberta Medical Association's physician and family support program and chair of the Canadian Physician Health Network. If new parents return to work too early for the sake of their careers, this affects the health and well-being of their children and spouses as well as their own health, points out Maier.

Family life is a priority too

According to the NPS, 85% of physicians are married or living with a partner; 83% have children.

"Our generation is just as passionate, just as excited about family medicine as previous generations, but we've learned from the high divorce rates in our parents' generation that family comes first and medicine is a close second, and not vice versa," says Dr. Jonathan Kerr, a family medicine resident at Queen's University in Kingston, Ontario.

Kerr, who chairs The College of Family Physicians of Canada (CFPC) section of residents, will become a father this summer. Following his residency, he plans to work as a full-service family physician in his hometown of Belleville because he feels family medicine offers some flexibility and opportunity for work-life balance. He will join a multidisciplinary group of 6 physicians, so that if he needs time off to spend with his wife or child he will be able to do so confident that his colleagues will take good care of his patients.

"I love medicine. I love going to work every day. I love bonding with patients and being a part of their lives at their most vulnerable, happiest and saddest moments. It's just wonderful," stresses Kerr. "That said, the most important thing I will ever do is be a terrific husband and father, family member, brother and

son. I have grown up with a real sense of family and family values. ... My patients are right at the top of my priority list but, above that, will always be my family.

"You have to make time for yourself," he suggests. "If you just let life hit you, it will hit you like a tidal wave. If you take a little bit of control over it, you can still do everything you want, still get everything done and not shirk your responsibilities, but make sure you're healthy as well and happy at home,"



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Dr. Derek Puddester, a psychiatrist and researcher at the University of Ottawa faculty of medicine, makes the same points but notes finding time for themselves can be challenging for doctors in the "baby boomer" age-range.

"Boomer physicians are frequently responsible for both their children and parents and are feeling the effects of aging bodies. They also work extremely hard, often at a pace that is self-sacrificing — it simply isn't sustainable," Puddester notes in a recent release commenting on the increasing pressures facing this age-group of physicians.

"At the same time, younger physicians are demanding greater life-work balance and balk at working the long hours common amongst their older colleagues." These younger doctors, he says, are more committed to protecting time with their families, friends and selves.

Retirement

However, some physicians so enjoy medicine — and feel so needed by their communities — that they are tempted to work beyond the normal retirement age of 65.

Dr. Peter Newbery, a family physician in New Hazelton, British Columbia, recently retired in his 70th year after pursuing an extremely busy career as a

United Church minister, faculty member in the department of family medicine at the University of British Columbia, director of the United Church Health Services, board member of numerous provincial and national committees and CFPC president (for 2 years). Newbery has also received many honours and awards, including an appointment to the Order of Canada (2002).

"When you're really enjoying the job and in good health, you feel that you're prepared to carry on," says Newbery. "One of the wonderful things about medicine is that it gives you an oppor-

tunity, as long as you're staying up to date and tuned in to the latest therapies, to continue to work and contribute — at least at some level — beyond the usual retirement age. ... Medicine is such a privilege and such a wonderful profession, that as long as you can keep a balance, carrying on and contributing is also a way of contributing to your own mental health.”

“For me, the issue of balance was as much about remaining a capable and hopefully sensitive physician connected to patients as it was about personal health,” he adds. “Much of the discussion about balance centres on maintaining health. For me, health was certainly an important issue, but it was far more a matter of staying centred and remaining a sensitive and effective physician. I don't think that those people who throw themselves so deeply into medicine that there's there nothing else in their life actually in the end make really good physicians. ... They lose some of the possibilities for being a therapeutic personality by losing that balance or by not really paying attention to it. By balance I mean keeping time for family, reading widely, staying up to date on current affairs, keeping oneself spiritually tuned.”

Dr. Murray Nixon, past president of the Canadian Home Care



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Association and past chair of the Canadian Council on Health Services Accreditation, has also pursued a very active career. At age 72, Nixon remains an associate professor in the departments of family medicine and internal medicine at Dalhousie University and works 1 day a week at the geriatric day hospital at the Queen Elizabeth II Health Sciences Centre in Halifax. “I would retire if I wasn't performing well or if I was taking a job away from a younger person,” says Nixon. “I respect the views of the younger generation. A career should be a part of your life. ... I was really busy. I worked hard and I worked a lot. In retrospect, I was working too much, as most family doctors were at that time, but I think we also had a pretty good balance. My family came first — that's for sure.”

“I fully support the idea that doctors should not be working the way we did 30 or 40 years ago,” he stressed. “I think it's great that the system is recognizing that. If doctors don't have a good balance with their personal life, family life and professional life they don't really continue to be good doctors because they end up burned out. It's not fun any more. I like what the younger ones are doing now. I think that the patients appreciate this and accept it.”

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