

Dr. Mom & Dad

By Katrina Mitchell, M.D.

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When the juggling act of a child or two meets the juggling act of a medical practice or two, there can be a lot of balls in the air. Here, several Dartmouth Medical School alumni and faculty reflect on the challenges—and the joys—of balancing patients' needs at work with kids' needs at home.

Popular television shows like *Scrubs* and *Grey's Anatomy* portray physicians as leading hectic lives filled with answering pagers and socializing. But balancing work and personal life for real physicians and researchers is far more complicated than the picture painted by sitcoms. A doctor's life is certainly hectic. But for physicians who have children, the problem is not sharing the demands of medicine with a desire to party or play. It's finding a day-care arrangement that suits a resident's around-the-clock schedule. It's finding the emotional energy, after meeting patients' needs all day, to meet your kids' needs in the evening. It's finding the will not to fall asleep when you haven't seen your baby in 24 hours but you just got off call.

Those are concerns for male and female physicians alike. And they're intensified in families where both Mom and Dad are doctors.

At the same time, working parents outside of medicine—who know how hard it can be to juggle kids with a 9-to-5 schedule—wonder how physicians do it, particularly in light of changes in medical reimbursements that have made for more paperwork, longer days, and shorter appointments with patients. An article last year in *U.S. News & World Report* highlighted the challenges. Among trends the article pointed to was the fact that fewer medical students are choosing specialties with the most demanding schedules, as well as the fact that in order to balance home life and work life, young physicians generally tend to work fewer hours than was the norm several decades ago. The article also acknowledged that parents in medicine need good organizational skills and a good sense of humor in order to uphold both their professional and their parental obligations.

To illuminate the highs (and lows) of being a parent and having a career in medicine, an assortment of clinicians and researchers with Dartmouth ties offered insight into balancing those dual roles. They included recent and not-so-recent DMS alumni, faculty, and retired faculty. Their children range in age from barely 43 days to nearly 43 years. They had their children before, during, and after medical school. Some of the grown children have gone into medicine, and some have not. Their memories of parenting are humorous, poignant, and matter-of-fact. This is what they had to say . . .

Mitchell, a 2006 graduate of DMS and a former member of the DARTMOUTH MEDICINE Editorial Board, has written many articles for the magazine—including features on the Patient Partnership elective and on health-policy talks at DHMC by the 2004 presidential candidates. She is now a resident in surgery at Cornell's New York Presbyterian Hospital in New York City. She conducted the interviews from which the Q&As on the following pages were adapted this past spring, just before her graduation.

And baby makes four

Drs. Paul and Angela Sanchez
Sophie, born October 2000
Isabella, born August 2006

Paul Sanchez, DMS '03, and Angela Sanchez, DMS '04, met as undergraduates at the University of New Mexico, were married, and moved to the Upper Valley when Paul was accepted to Dartmouth Medical School. Angela entered DMS the following year. Their older daughter, Sophie, was born when Angela was a second-year student. At the time the interview below was conducted, they were expecting their second child, and Isabella was born in early August. Paul is now a fourth-year resident in ophthalmology at the University of Texas Southwestern Medical Center in Dallas, while Angela is in her third year in Baylor's Family Medicine Residency in Garland, Tex.—and is serving as the program's chief resident this year. They plan to head home to New Mexico when they are finished with their training.

Why did you choose to have children while you were still in medical school?

Paul: We always wanted to have kids and were excited about being parents.

Angela: Sophie was not planned but not prevented either. We came to the realization that there is never a right time to have kids. We figured we would just see what happened.

How did you manage a new baby while you were both students?

Angela: It definitely was hard. We had no help. No family. No money. It was just Paul and Sophie and me. Day care in the Upper Valley was particularly difficult. From the beginning, it was all about balance.

Paul: It also was tough because with Sophie we were doing it for the first time. And while Angie was pregnant she was taking embryology, so it was very scary learning about all the things that can go wrong with a baby. The little that we did know was enough to make us very scared. Also, we just didn't have any backup. For family to come here, it was a major expense and a full day of traveling. It was those types of burdens—feel-



With Sophie on Match Day 2003



Paul and Sophie paint a birdhouse



An August 2006 family portrait, after baby Isabella's arrival

"People always talk about balance, but it's also a series of sacrifices. Sometimes Sophie is the one who sacrifices. Sometimes it's the house that suffers. Sometimes it's work."

ing like, "Game on, it's just you and me"—that were the hardest. Other medical students who had kids had had them for several years, and their kids were older. We didn't have anyone to relate to at that point. Even the two-doctor families we had as attendings hadn't had their kids while they were still in medical school.

So what were some of your Upper Valley day-care misadventures?

Angela: Students didn't have access to the Dartmouth or DHMC employee day-care centers. So we found a babysitter who went to our church. She was a young mother who was starting a new day-care business in her home. She was very organized and had spreadsheets about what time she would feed and change the kids. We felt very comfortable with her. But then one afternoon I went to pick up Sophie, and another baby Sophie's age was in a stroller sitting in front of the house, which was on a busy street in Lebanon. I said, "What is going on?!" And she said, "Well, she fell asleep and I didn't want to wake her up." I said, "We're withdrawing today. We'll just see you in church." We finally found good day care when Sophie was six or eight months old.

And you're pregnant again—how is it different being pregnant as a resident compared to as a medical student?

Angela: As a resident, people totally rely on me. I just got appointed to a chief resident position, with more duties on top of what I already have. And it's sick people relying on you, so you have to sacrifice yourself.

Looking back on your experiences so far, what has been the most significant or surprising thing about parenthood?

Angela: People always talk about balance, but it's more than that. It's also a series of sacrifices. Sometimes Sophie is the one who sacrifices. Sometimes it's her time with one parent or another. Sometimes it's the house that suffers. Sometimes it's personal time. Sometimes it's work. It's very, very difficult to do all those things well, so you figure out what you have to sacrifice that day.

Books and triathlons

**Drs. Jennifer Shu and Alex Kallen
Jackson, born February 2001**

At the time the interview below was conducted, Jennifer Shu was an instructor in pediatrics at DHMC and Alex Kallen, an infectious disease specialist, was completing his M.P.H. and a fellowship in outcomes research at Dartmouth's Center for the Evaluative Clinical Sciences. After Kallen's graduation, they moved to Atlanta, where he is working in the Epidemic Intelligence Service at the Centers for Disease Control and Prevention. Shu—who is also the coauthor of *Heading Home with Your Newborn: From Birth to Reality* (American Academy of Pediatrics, 2005) and the editor of *American Academy of Pediatrics: Baby and Child Health* (DK Publishing 2004)—is currently working on another book about parenting.

What is it like being both a parent and a pediatrician, Jennifer? Does that make it easier to relate to patients' concerns?

Jennifer: I am constantly learning on a daily basis on both ends—learning things at home that help me better advise my patients and vice versa. It absolutely makes it easier to relate to my patients' concerns to be a parent myself. I try not to over share and do so only if it seems relevant. But sometimes just knowing that physicians deal with problems, too, helps patients not to feel so alone in their concerns.

How did you get into writing?

Jennifer: I've always been interested in talking to as many people as possible. Working one-on-one with patients is great. But giving classes or having group meetings with patients allows you to reach more people at once. And with a book you reach even more. I took a couple of years off after we had our son. We were in Denver, and someone I had trained with in San Francisco was there, too. We looked at the parenting literature and saw a lot of books for medical audiences by doctors and a lot of readable books by nondoctors. We wanted to come up with a user-friendly book on parenting that was also really sound.



Jackson as an infant in Denver



Alex and Jackson, high and mighty



Jennifer joins Jackson in play

“Try to figure out your priorities for career and family and reassess them every year or two so you can stay on track and redirect quickly. If your priorities change . . . make sure your job responsibilities change as well.”

I understand you do Ironman triathlons, Alex. How do you find the time to train? And do you ever train with your son?

Alex: I get up very early in the morning. I'm lucky to have a wife who helps with child care, because training for an Ironman is like another job. At peak, it can be 25 hours a week. My son likes to ride his bike and loves to run on the track over at Lebanon High School.

Jennifer: It would slow Alex down too much to take him on Ironman training.

Alex: He would get bored!

What is your favorite memory of being a parent and a physician?

Alex: I'm not sure if it's my favorite memory, but it was certainly memorable. I was working at the University of Colorado. Jen was having a c-section in the operating room upstairs, and I was running up and down from the OR to see patients in the clinic because my pager kept going off.

What words of advice do you have for young M.D.'s planning to have a family?

Alex: It is easy to get caught up in the rat race of clinic, so it's important to remember that you have flexibility and you have a choice as long as you're willing to make it. It's absolutely key to make time to spend with your family.

Jennifer: Try to figure out your priorities for career and family and reassess them every year or two so you can stay on track and redirect quickly. Don't stay in a situation that doesn't create an ideal balance for you. Staying with the status quo may be easier, but if your priorities change once you start your family, make sure your job responsibilities change as well. I was really surprised that I wanted to be with Jackson so much after he was born. But if you leave practice for any period, it's important to maintain your board certification and medical license so you can return to practice quickly.

Do you feel there's an optimal time for physicians to have children?

Jennifer: The sooner the better, so you have longer to enjoy them! But on the flip side, better late than never. Seriously, there's no perfect time—so when it happens, embrace parenthood.

Making choices

Drs. Joyce DeLeo and Mark Splaine
Nicholas, born August 1991
Christian, born September 1993

Joyce DeLeo is a researcher who studies the mechanisms of chronic pain; she is a professor of anesthesiology at DMS and the director of Dartmouth's Neuroscience Center. Mark Splaine, a general internist, is an associate professor of medicine and codirector of the Quality Scholars Program at the Dartmouth-affiliated Veterans Affairs Medical Center in White River Junction, Vt. He is a 1991 graduate of DMS, earned a master's degree from Dartmouth's Center for the Evaluative Clinical Sciences, and did his residency at DHMC. They met 19 years ago in Germany, while DeLeo was doing her doctoral research and Splaine was doing research between college and medical school. DeLeo joined the faculty in 1991, and Splaine in 1996. They have two sons, both born while Splaine was a resident.

With one clinician and one researcher, does that make it easier or harder to balance family life than if you were both clinicians?

Joyce: I think being a researcher is easier in that you can control your calendar more, and you can control when you are going to do experiments. You aren't having to schedule patients at certain times. You can decide when to write grants and write papers.

Mark: I especially relied a lot on Joyce during residency. She has some pretty funny stories about me coming home after being on call and trying to be an attentive father and basically falling asleep. That was a time when it was particularly challenging, because early on we had set out the idea that family was going to be our first priority. Making sure that happened during that time as much as it could set important groundwork for how we did things later.

What are some of those funny stories about falling asleep?

Joyce: Mark was an intern when Nick was an infant. I didn't get to see Mark much that year, and we lived in Lyme in a place without many neighbors, so it could be pretty lonely. Mark would



Mark and Nick cuddle baby Chris



Joyce and the boys on vacation



Going on a family bike ride

"It is so amazing how fast time goes by. Don't rush too much—it is not good for your health or for your family. Try to do just a little less, not more. . . . Try to keep dinnertime sacred. And remember that you can always say 'no.'"

come home and barely talk and fall asleep. One Saturday, I took Nick and drove all the way to Canada and back. I thought that when I got home Mark would have been worried about where we were, but he was still sleeping. He didn't even know we were gone!

What are some of your important family times?

Mark: Dinner is very important in our family. Also, making time for just the two of us has been really important. And it has really been important to plan ahead and balance both of our careers. Frequently, one of us is asked to do something and the other one has to say no to another opportunity, because those career choices are never as important as our family.

Did either of you ever take your kids to work?

Joyce: I never took maternity leave with either of the boys. I didn't like staying home, and I had a lab to run and a graduate student to oversee, so I really couldn't stay home. I took the boys to my lab with me when they were babies, and they still like going in. They might work in a lab themselves soon.

Mark: It was also fun for me to bring the boys in for rounds. Patients really enjoy meeting kids.

Is there anything you've learned that you wish you'd known when your boys were younger?

Joyce: To relax and laugh more and enjoy your children to the fullest, especially when they are young. It is so amazing how fast time goes by. Don't rush too much—it is not good for your health or for your family. Try to do just a little less, not more—and remember that you can always say "no." Try to keep dinnertime sacred by saying no often to work-related evening activities.

Do you think either of your children will go into medicine or research?

Mark: I don't think medicine, but both of them like science, so that may be a possibility. But we have been very conscious about letting them do what they want to do. Chris's current choice is to be a rock star, a businessman, and then a scientist. Nick is an excellent writer but has a strong love for science, too.

Going it alone

Dr. Laurie Draughon
James, born August 1971
Jennifer, born April 1974

When Laurie Draughon, DMS '85, headed east to enter Dartmouth Medical School, she was recently divorced and had two children, then aged 10 and 7. She was one of 26 women in a class of 80 medical students at Dartmouth. After earning her M.D., she returned to her native California to do a residency in internal medicine at the University of California at San Francisco's Kaiser Foundation Hospital. She has been in private practice in California since then—first as part of a group practice and from 1999 to 2005 as a hospitalist. About a year ago, she started her own business as a “house-call doctor,” specializing in coordinating the care of homebound patients.

How did you end up in medical school and at Dartmouth?

Laurie: I had always wanted to be a doctor, but my dad wouldn't help me with college. So I married my high school sweetheart and had my son when I was 18 and my daughter when I was 21. Then I convinced my husband that if anything happened to him, I wouldn't have a way of supporting myself, so we compromised on my going to nursing school. I got my associate's degree, and when I went on for my bachelor's degree we got divorced.

That's when I just decided to go for it and go to medical school. I wanted to get out of state and see something new. And I wanted to go to a good school and live in a good place for kids. Dartmouth was a great place and turned out to be good for all of us.

How did you manage two kids on your own during medical school?

Laurie: It was definitely tough at times, but I have always been pretty good at working with my environment. That was helpful because the neighbors around me were very helpful with watching the kids. I got them involved in afternoon sports and evening sports, too. They were on the swim team my second year, and they had to practice



December 1981, first DMS winter



Graduation day at Dartmouth



Laurie, Jennifer, Jim, and a Lyme neighbor at Laurie's 10th reunion

“It was definitely tough at times, but I have always been pretty good at working with my environment. . . . The neighbors around me were very helpful with watching the kids.”

every evening until 7:00 p.m. So I would study before that and then spend the evenings with them. Then I would get up at 3:00 a.m. and study while they were still sleeping. I never got more than four hours of sleep.

What about when you started clinical rotations in your third year?

Laurie: My mom came out and watched the kids during the more difficult rotations when I was going to be gone. And I managed to do most of surgery and ob-gyn in the summer months, when they could stay with their dad. Even though first and second years had been rigorous, I could have a tape recorder in class if I had to go to a concert for one of the kids. You have to know how to deal with what you have.

Also, one thing my kids always knew was that if they really needed me for something, they still always were a priority. They knew they had to be more independent than other kids their age, but I was always there if there was some real crisis. Residency was tough, but since I did it near home in California, I had an agreement with their dad that when I had night call, he would take them. He helped out a lot.

Would you and your kids choose to do it all over again if you had the chance?

Laurie: I would do it all over again, and I think my kids would, too. I would definitely choose Dartmouth again. Even though the kids thought it was the longest few years of their life, they look back and think it was a really great experience. Both have been very successful and are just great people.

Were either of your children interested in going into medicine?

Laurie: Neither of them went into medicine, because I think they saw what a hard life it is. They both have been extremely successful, though. My daughter is a corporate controller for a software company. And my son individualizes computer programs for companies. He actually got his start doing that way back in Lyme Center, while I was in medical school, when he began doing programs on his Commodore 64.

Back in the day

Drs. Frances and Harold Friedman
Katherine, born November 1963
Elizabeth, born May 1966
Theodore, born January 1968

Frances and Harold Friedman, who retired in 2003 after more than 30 years on the Dartmouth faculty, were both allergists; he was also longtime chair of the DMS Admissions Committee and is still a member of the committee. Both were themselves the children of physicians; her father was a general practitioner and his was a radiologist. And two of their three children have gone into medicine as well. Beth, their second daughter, a 1997 graduate of Dartmouth Medical School, is now an allergist herself in Rochester, N.Y., while their son, Ted, is a fourth-year resident in pathology at Emory University. Fran and Hal Friedman met when they were both residents in internal medicine at the University of Michigan. They had their first child during Fran's second year of residency, their second when Hal was in the public health service after he finished residency, and their third after Fran had finished her residency.

How did you manage a romance in the midst of the rigors of residency?

Frances: We started dating in March, because I remember he took me out to dinner for my birthday in April. He proposed in August and we were married in December.

Harold: And she was pregnant by February.

Frances: We didn't mess around! I had my first child during residency, in my second year—and they didn't have maternity leave then. I had to go tell the chief of service that I had to change my vacation time from June to November. We were looking at the board where our schedules were lined up, and he said, "This schedule is etched in stone." And then he said, "Why do you need to change your vacation time?" And I said, "I'm going to have a baby in November." He puffed away on his pipe and said, "Let me think about this." He did end up changing both my and Hal's vacation time. I had the baby November 10 and went back to work December 1.



Hal and the kids on Champlain Mt.



Fun in the sun for Fran et al.



Vacation at the Tower of London

The chief of service "said, 'Why do you need to change your vacation time?' And I said, 'I'm going to have a baby in November.' He puffed away on his pipe and said, 'Let me think about this.' He did end up changing" it.

How did you manage having children during residency?

Frances: I think residency these days is much more stressful. We didn't have the acuity of patients in the hospital that residents have today. We were on call more, but we weren't getting two or three patients every night who were at death's door.

Harold: We were worked hard, though. And in some ways, it was harder because we didn't have the support system that residents have today. We didn't have day care at the hospital, for example. You had to have someone in your home or have a private babysitter.

Did you ever encourage—or discourage—your children from entering medicine?

Harold: No. The two who went into medicine both entered it fairly late. Beth worked for publishers after college at Haverford but realized that liking literature and selling books were different things. She was four years out of college before she went to Harvard Extension School to do her premed requirements. Ted had been an economics major with a Japanese minor and had a master's degree in Japanese. He was 28 when he decided to go to medical school and did his premeds at Penn.

How was it having children and practicing when women weren't as well represented in medicine as they are today?

Frances: I never had the awful tales to tell about being discriminated against. But when I applied to medical school at the University of Michigan, they always accepted 200 men. And then there were spots for a few women—there were 12 women in my class.

Harold: There were 125 men and three women in my class at the University of Pennsylvania.

Did you have any particular strategy for managing it all?

Frances: I had to institute a "parent of the week" system so that I didn't always have to be the one to make sure they did their chores and homework or whatever. One night, Hal was upset that the kids weren't in bed. I said, "Aren't you 'parent of the week' this week?" ■