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Letters

In Response to “Physicians and Infertility”

I appreciated “Physicians and Infertility: Breaking the Silence” by Ruth D. Williams, MD (Opinion, February). Physicians are known to have high rates of infertility. In surveys, up to one in four female physicians reported an infertility diagnosis.¹

As pervasive as reproductive health issues are among young physicians, infertility is not covered in most medical school curriculums. Moreover, childbearing is all but taboo during training; young physicians—especially women—often defer having a child until after residency or fellowship. The reasons for delaying childbearing are multifaceted and relate to career-related concerns, demanding academic schedules, and limited support.² The striking part is that physicians diagnosed with infertility are likely to express regrets about their earlier family planning decisions and career decision-making. When asked what they would do differently in retrospect, 29% say that would have attempted conception earlier.¹

Fertility treatments and approaches vary from egg freezing, embryo freezing, or cryopreservation, IVF, donor egg, and surrogacy depending on individual situation. All these treatments are physically, emotionally, and financially taxing.

A fundamental change in medical school, residency, and subspecialty training might be necessary to deal with the issue of deferred childbearing and its impact on reproductive health. In the current landscape, starting the conversation is the first half of the battle. Dr. Williams’ piece and a webinar by the Vit-Buckle Society on reproductive choices for young professionals are examples of these conversations.³

A more open discussion about infertility will allow us to educate trainees and young ophthalmologists on reproductive options; support physicians undergoing treatments; and be kind to those who tried and did not succeed in having children.

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1 Stentz NC, et al. *J Women’s Health*. 2016;25(10):1059-1065.

2 Aghajanova L, et al. *Reprod Sci*. 2017;24(3):428-434.

3 <https://vitbucklesociety.org/meetings/vbs-wellness-webinar-reproductive-choices-for-young-professionals>. Accessed April 3, 2023.

In Response to “Why Parental Leave Is Good Medicine”

Congratulations to Ruth D. Williams, MD, for writing “Why Parental Leave Is Good Medicine” (Opinion, March) and to *EyeNet* for publishing it. Her reasoning is sound. Our first responsibility is to be a good person. Good people consider the full range of their responsibilities. We are not solely physicians. Thank you.

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