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Why Parental Leave Is Good Medicine

When my son was 10 days old, I was back in the OR while a friend held him in the physician lounge. I am not proud of this. At the time, physicians who were new parents were careful not to disrupt clinical practice, impose on colleagues, or impact the training process. We pretended that having or adopting a baby had no impact on our professional lives. The first time one of my junior colleagues took three months off after having a baby, I was surprised and then acknowledged my respect for her choice. I had a similar reaction when a male colleague—a busy retina surgeon—took several weeks to be home after the birth of his son. By taking the time to welcome a new human into the family and tend to their own well-being, these colleagues were changing the culture of our profession.

Encouraging parental leave isn't just a good idea, it's good medicine. Taking leave correlates with better maternal and child health outcomes.¹ Moreover, surgical residents who delay childbearing have increased infertility compared with the general population (see last month's Opinion).

Recognizing the importance of supporting parental leave during training, the American Board of Medical Specialties requires member boards to allow at least six weeks of leave without requiring an extension of training. Beginning last July, the Accreditation Council for Graduate Medical Education (ACGME) mandated that training programs provide at least six weeks of paid parental leave.

Nonetheless, residents are often still hesitant to become parents during training. One reason is the concern about loss of surgical and clinical training time and academic achievement. Findings of a recent study might allay their concerns: the study reported data from 10 ACGME-accredited ophthalmology programs and found no decrease in performance metrics when residents took parental leave (median, 4.5 weeks).² There was no difference in Ophthalmic Knowledge Assessment Program (OKAP) scores, ACGME milestone scores, board examination pass rates, research activity, or surgical volumes between residents who took parental leave and their peers. Study coauthor Lindsay De Andrade, a pediatric ophthalmologist and assistant professor of ophthalmology at the University of Iowa, notes that perception doesn't equal reality. "It's important for program directors

and residents to be aware that taking parental leave doesn't negatively impact training," she says.

Although taking leave won't hurt a resident's training, it might impact the program. Lindsay suggests that training programs develop schedules that incorporate flexibility, which she says "would require creativity, but would ultimately strengthen the program."

It's not just residents who struggle with this issue. In a study of ophthalmologists in practice, 82.4% of respondents (male and female) reported that they would want to take parental leave if they were having a child, but only 66.5% felt comfortable doing so.³ Of 11 stressors associated with taking parental leave, the study identified the impact of salary, patient care and coverage, and peer perception as the most significant. Lindsay agrees that there can be stigma attached to taking parental leave and emphasizes that "it's not a vacation. The body is simply not ready to go back to work."

Medicine has a long-standing culture that requires self-sacrifice from its physicians. While there is honor in this tradition, we are increasingly aware of our personal needs for health and wellness. One aspect of this cultural shift is the promotion of parental leave policies. Programs and practices that proactively address the issues that arise when a physician takes time off decrease the associated stigma. When men and women physicians can take leave without negatively impacting their colleagues or their patients, it also promotes gender equity.

My younger colleagues have shown that taking adequate parental leave isn't just good for them, it's good for all of us.



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1 Jou J et al. *Matern Child Health J*. 2018;22(2):216-225.

2 Huh DD et al. *JAMA Ophthalmol*. 2022;140(11):1066-1075.

3 Kalra K et al. *JAMA Ophthalmol*. 2023;141(1):24-31.