"Work–life balance" in medicine: has it resulted in better patient care?

I graduated from medical school more than 49 years ago and, by standard measures, had a successful academic career, serving variously as the director of residency and fellowship programs, Division Head, Department Chair at two institutions, and Executive Director of a major medical society. I have been the Principal Investigator for National Institutes of Health grants, published numerous scientific and clinical articles, and spoken to medical groups around the world. I look back at my career with satisfaction; however, I now recognize that I sacrificed "work–life balance" for my career.

To be sure, my career began in a different era in which medicine was viewed as a calling that demanded almost undivided attention. My typical residency week involved 110 hours or more of duty, with 10–12 34-to-36–hour "days" per month, leaving little time for friends and family; most "off duty" hours were seemingly spent sleeping. I vividly remember calculating how many pennies per hour I was being paid per shift while trying to stay awake as I drove home. My wife once told me that she was glad we married after my first year of medical school rather than before internship; she stated that she was not certain that our marriage would otherwise have survived the long hours of residency.

Once I completed my training and joined the faculty, I was expected to have a private practice, take periodic in-house night calls to supervise the residents in the hospital, teach, and conduct meaningful research. If one of my private patients was admitted to the hospital, I was expected to come in to care for that patient even if I was not on call. I would not have wanted anyone else to care for my patient in any case. This was true throughout my career as a full-time faculty member.

Only recently have I realized that I failed to achieve "work–life balance." Perhaps this is not too surprising, given that the term apparently first appeared in the United Kingdom in the 1980s as a plank for the Women's Liberation Movement (1).

I now look at younger doctors and recognize that they prioritize "work–life balance." In contrast, consider a few recollections. As a fellow at the National Institutes of Health in the mid-1970s, I typically saw patients early every weekend morning and then continued desk work, only to be called often by my wife to remind me of a planned evening out with friends. As a young faculty member, I typically worked into the evenings, such that my wife established the "rule" that dinner would begin at 7:30 PM regardless of my presence. My three children were encouraged to interrupt me when I worked at home, and I clearly recall my young daughter saying, "Earth to Dad. Come in, Dad" whenever I was deeply engrossed in reading or writing an article. Similarly, my two sons were encouraged to ask whenever they wished to throw a baseball or a frisbee, and that they did. I remember racing from work to attend school activities in which my children were participating—and sometimes arriving late. How many fathers at a week-long University alumni family camp can admit to receiving a "special" award as the camper "getting the most work done" during the week? In my defense, I will say that I worked in our cabin only until the others stirred in the mornings, and it was time to begin the day's activities. (Note: each of my children has reviewed this manuscript and independently told me that they always regarded me as "present" in their lives—suggesting that any guilt is mine alone.)

As I view the lives of my own now middle-aged children, they carefully segregate their work from their personal lives. This is true even though two are now in scientific academic careers, and the third is involved in public affairs for a major city. They all work hard yet regularly schedule activities with family and friends. My life was consumed with my work; desires to help individual patients; efforts to educate students, residents, and fellows; and ongoing clinical and basic research to advance knowledge in my field. I did not even notice the years passing, yet pass they did. Almost before I realized it, our three children left for college, never to return fulltime to our home. Moreover, I accepted new positions at different medical schools in different cities for new challenges. My wonderful wife acquiesced to these changes, although she did point out more than once that our moves always involved advancement for my career, whereas she needed to seek beginning employment anew as a high school science teacher. Mostly to her credit, we are still happily married after all these years.

Younger colleagues with whom I now work guard their hours away from the hospital and medical school and are certain to take all the "paid time off" allotted to them each year (something that I generally failed to do). Yes, we took family vacations; however, they often revolved around scientific meetings at which I was speaking. When I called each of our children, who then were all in college or graduate school, to propose that we visit the Czech Republic with my mother, who was born there, my daughter asked, "What meeting are you planning to attend during the trip, Dad?" When I told her that there was no meeting, she had a difficult time believing that we would go.

Today's physicians will not have the same experiences that I had both as an obstetrician-gynecologist and a reproductive endocrinologist. They will seldom experience caring for a woman throughout her pregnancy and then attending the birth of her child. Today, labor and birth are ever more likely to be "covered" by a hospitalist than by primary care obstetrician. Today's fertility specialists often function as "shift workers," merely performing procedures as scheduled. The privilege of providing total care for an individual patient has eroded, despite claims to the contrary. There are both benefits and drawbacks to today's "team" approach.

If asked to describe myself, I begin by saying, "I am a physician." Neither my children nor my current colleagues would cite their profession to characterize themselves. I do not believe that is a fundamental flaw. Should our occupations truly characterize who we are?

I question, however, whether the changes in medicine, which have aided lifestyles and family life, have universally improved medical care. The appropriate emphasis on

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education in medical school and residency, aimed at reducing unneeded tasks and "scut work," has also resulted in physicians who are unfamiliar with many of the "everyday" roles and tasks in the hospital. Many of my younger colleagues are even unskilled in venipuncture. Most have never performed a urinalysis or a complete blood cell count and have never emptied a bedpan. Although we now stress that a "medical team" provides care for patients, physicians (the "captains of the ship") often seem to have little understanding of the roles that other healthcare providers play in patient care. Unlike older physicians, they have never fulfilled many of the roles performed by other allied professionals. Hospitalist care is often disjointed. I have personal experience from attempting to learn about the status of my parents when they were hospitalized in a distant city. The hospital switchboard was never certain who was caring for them, and once the "hospitalist-of-the-day" was identified and spoke to me, they often apologized for not being familiar with the "case." Clearly, some hospital systems and individual physicians deal with these challenges better than others do. The fact that there are such difficulties merely indicates that we must continue to seek even better approaches to integrating work with play.

The rise of the internet, with its abundance of online information, has no doubt improved medical care but has also created new challenges. At the medical school at which I now teach, some students see no benefit to learning any more than the basics. They question why they should learn facts that they can simply find online. They do not seem to recognize that it will not always be possible to look up "answers" at the bedside. To practice the "art of medicine," it is important to have a strong foundation in the "science of medicine."

In addition, there are more discussions about physician "burn out" than ever before. Why should that be? Is it that the satisfaction associated with caring for patients has been diminished by the "business" of medicine and the need to care for an ever-increasing number of patients? Is it because the electronic medical record now interferes with the doctor–patient interactions? I do not pretend to know the answers to these and other questions; however, these reflections suggest that we should continue to search for the appropriate balance. That search has migrated from the balance of work and life to the balance of how best to provide care to patients. I hope that the current generation does not look back as they near the ends of their careers with regret.

I often think back and ask if I would have done anything differently if I could live my life again. I think not. The times and my lived experiences predicated the decisions I made and the life I lived. I only hope that my choices have had a positive impact on my patients, students, and colleagues and that the positives have far outweighed the negatives. Many of my colleagues and friends had career trajectories that mirrored mine. In our discussions, they stated the same thing—they would not change the decisions they made and, like me, hope that future generations of clinicians will provide even more exceptional care to patients than that which we like to think we did.

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