

Virtual Mentor

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MEDICAL NARRATIVE

The Worlds of Motherhood and Cardiothoracic Surgery

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I have recently spent some time reviewing my experiences as a female general surgery resident and as a medical student who was pretty sure that she'd be heading into a career in surgery. I was specifically looking for those examples of gross sexism or cultural insensitivity that are supposed to prevail in this still-male-dominated, knuckle-dragging field, so that I could write a powerful essay about the trials and tribulations of being a woman in surgery.

The trouble is, those examples were nowhere to be found among my experiences.

What insinuates itself into my mind, instead, is the perpetual lack of understanding and sometimes harsh judgment from my women family members and friends—a stark juxtaposition to the never-ending support and encouragement of my male mentors in surgery. This tells me the problem that women in surgery face is actually a deeper sociocultural phenomenon about the general vision of women that is held by many members of *both* sexes.

Let me backtrack.

Unlike many surgery residents (female and male), I started my training program with a 10-year-old son. I had been a single mother in college and had worked, then gone to medical and business school after becoming a parent. There was no time when I just stayed at home with my kid. My lifestyle represents a major departure from that of the other women in my family, who, by and large, are all well-educated and primarily raise their children without carrying on an active career outside the home. No one had kids young or without a husband as I had done. Instead, there was a clear path for girls in the family: go to college and then to professional school or get an advanced degree. Then work. One could even get married and keep working. But once a child came into the picture, her duty as a woman was clear—stay at home. If she didn't, she could never be a "true" woman and would probably end up with a maladjusted child to boot. That was decidedly not how my life unfolded and decidedly not who I was or who I am now.

Before I even applied to medical school, I was put into contact with a thoracic surgeon by a mutual friend, and he quickly became my mentor. After I started medical school, I would cut class to scrub and participate in esophagectomies and lung resections. I learned to suture and tie and studied the anatomy of the chest and

its diseases. In doing so, I found the focused intensity of the operating room the most exciting and exhilarating tonic to the daily routine I had been juggling for some years. What characterized that OR? Total concentration, physical power, power-tools, and high stakes—typically male-oriented actions and interests—and escape from the world I was supposed to occupy and from which I was supposed to derive my deepest satisfaction as a woman.

Are surgeons really different from other physicians? I am not sure, but I remember distinctly when, as a third-year clerk on the burn service, the resident with whom I was working, debriding devitalized tissues, turned to me and said “You’re going to be a good surgeon because you know how to hurt people.” After my brief double-take, I realized that it was true. As a surgeon, you have to be capable of doing painful and violent things to a patient who has entrusted you with his or her physical body to cure, to mend. It takes a particular sensibility to pick up a knife and, in a single stroke, open the chest, uncover a heart and pump it with your hands in order to save the just-unconscious young man who was stabbed in the chest, and who will certainly die without your doing that.

It’s a biological fact that, on average, men and women have different brains and, consequently, on average, different skills. The evolutionary division of labor that has occurred and propagated the species is real and hardwired. But that says little about the individual person and his or her abilities and interests. Men and women bring different skills to surgery and to the operating room, and that is good for the field and good for patients. What both sexes bring in equal portion, however, is total commitment.

Surgery training is long and arduous. Of all the medical residency fields, surgery has had the hardest time adapting to the 80-hour work week for both cultural and practical reasons. Does this make a career in surgery more difficult for women? I would say, for the average woman, absolutely. As a single mother, I have experienced the difficulty of balancing work and parental responsibilities. Doing so took an almost unbelievable amount of organization, an exhaustive search for caregivers I trusted, money, time, and energy that I rarely see male surgery residents expending because their wives undertake, or at the least, share, these responsibilities. I have straddled two worlds—the essential world of women, biological motherhood, and one of the traditional worlds of men, cardiothoracic surgery (still fewer than 5 percent women). It can be tough. But I must be honest and say that I am not sure I want it to be less tough. Some of the most rigorous testing is completely self-imposed. Am I a good mother? A good surgeon? Is there milk in the refrigerator? Did my son get his homework done? Is he happy? How is my patient doing? How do I fix this—the stapler misfired. And engendering a general state of toughness, but not meanness or insensitivity, is a vital part of becoming an operating surgeon.

Having said that, I paradoxically think that becoming a mother—and a single parent, at that—forced me to develop a personality suited to the field of surgery. Parenthood, perhaps more than any other human act, teaches relegation of the self in service of

someone else. I never slept through a page as my fellow interns occasionally did because that pager was like my son's cry at night: get up, it's only you here, you need to care for someone, get up. I had already dealt with long stretches of sleeplessness, fear that I wouldn't know what to do, anxiety about what would happen if I couldn't be there to care for him, and the idea that physical work and service are the most valuable aids one can offer to another. My son is the most important person on earth—but my patients are a close second, and so I'll get up at 4, I'll stay late to talk with families, I'll stay up all night to participate in a lung transplant. It is what I am called to do.

If this job really isn't for everyone, that's fine. The world needs many kinds of people and many different kinds of physicians. Maybe, on average, fewer women than men are interested in surgery. But it is possible and appropriate to be a surgeon, a woman, and a mother, if one's personality and interests drive her there. And now, with a teenaged son who is actively developing his own interests and goals towering over me, I am reassured that my unconventional child rearing has worked out well, although he doesn't want to be a surgeon. He's a little squeamish about blood.

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