Escaping the Siren Song—Transitioning to Part-Time Work

2015: “That will never be me.”
2023: “That is me.”

Eight years into my career—less than a decade but what feels like a lifetime—I made the difficult decision to transition to part-time clinical practice. When I finished my hematology fellowship in 2015, I never even remotely contemplated the possibility that I would make this choice. I envisioned that my own career would follow the model that I had accepted as “the ideal” based on mentors with successful careers and pictured that my own career would similarly be spent in full-time academic practice seeing patients, teaching, speaking internationally, and writing on nights and weekends. I believed that the sacrifice of personal time and time with loved ones was a prerequisite to achieving success. In 2015, I was willing to pay that price.

As my career progressed, I came to recognize that personal economics are different for each individual and that my personal economics no longer allowed me to justify this price for an external definition of success. There are many factors that contributed to this conclusion. Foremost, after my yearslong battle with infertility, I was blessed to give birth to a healthy son (via in vitro fertilization and at the cost of many tears, dollars, and my own blood pressure, insulin tolerance, and kidney function).

I realized that although I liked the type of medicine I was practicing (thrombosis and hemostasis), I did not like all of the ways I was practicing it.

As he grew to understand the words work and hospital and their connections with his physician parents, it became harder and harder to spend not only weekdays at the hospital but also good portions of the weekend trading off childcare with my husband, telling my son, “I have to work now.” What was the point of all the hormone injections, painful procedures, heartwrenching discussions with physicians and family members about our hopes for building a family if I could not spend a meaningful amount of time with my son?

Physicians do not work 40-hour weeks. The 80-hour week no longer seemed viable. During training, I heard a physician say to his team that when he had slept at home in his own bed one night, his son asked his mother, “Why is daddy here not at the hospital?” Another physician would meet his son in the hospital cafeteria for Wednesday breakfast—reportedly the only time he saw his child awake all week. Gender equity issues aside and ignoring that both physicians are different for each individual and that my personal economics no longer allowed me to justify this price for an external definition of success. There are many factors that contributed to this conclusion. Foremost, after my yearslong battle with infertility, I was blessed to give birth to a healthy son (via in vitro fertilization and at the cost of many tears, dollars, and my own blood pressure, insulin tolerance, and kidney function).

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Lest readers think that I’m “just another woman physician who goes part-time to spend more time with her family”—although I would not be offended by that perception—there are certainly other factors that shaped my decision. I realized that although I liked the type of medicine I was practicing (thrombosis and hemostasis), I did not like all of the ways I was practicing it. I had always had an affinity for inpatient medicine. My favorite aspect of hematology was the inpatient consult service. Patients presented with fascinating and complex challenges, for which there was often “no right answer.” Although complex scenarios can be a source of frustration to some trainees and colleagues, for me they were a source of ongoing intellectual challenge and an excellent way to engage in patient-centered care. For example, 2 patients may have the same condition but when faced with the same critical decision point may make vastly different choices based on personal values and preferences. I had always hoped to work in an inpatient setting but a full-time inpatient practice would not be practical in hematology.

Fortunately, the part-time opportunity offered to me focused only on inpatient consults. This was truly a “dream job” for me because it allowed me to practice the type of medicine I like in the way I like and it allowed me to continue teaching trainees.

Finally, I realized that many of my personal passions, while closely related to health and health care, were broader than the sphere of clinical medicine. For years, I’ve been a fierce advocate for women’s health and women’s rights. My hematology practice focused on the care of women with disorders of thrombosis and hemostasis, and I found myself wanting to speak to a broader audience. I had often spent free minutes (whenever they existed—perhaps in the shower or the brief time between shutting off my bedside light and falling asleep) wishing I could do more for all women and their overall health and well-being. Now that I have moved to part-time clinical practice, I am exploring opportunities in advocacy work that I would not have otherwise been able to do while working full-time clinically. Although these options are mostly volunteer work and will not likely appear impressive on a traditional academic curriculum vitae or be publishable in the peer-reviewed literature, my definition of the dollars and cents of success has

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changed. I acknowledge that the currency of success in academic medicine is winning grants and publishing research articles, but for me, the currency of personal satisfaction gained through advocacy work has gained an upper hand. Satisfaction dollars have become stronger compared with curriculum vitae dollars.

Much of this sounds positive, yet of course the decision to become a part-time clinician was not without cost. What is the price I have paid? The easy answer is the dollars and cents; my salary is half of what it was previously, yet our cost of living is no less. The harder answer is the emotional battle I fought to justify the decision to myself. Frankly, when I first uttered the words part time, it sounded terrifying in my own ears. Why? Because it went against everything I had been taught about what a successful career in academic medicine looked like. It brought up a whole host of internal voices asking uncomfortable questions such as, "Why did you do all of that training?" and "How will you get asked to do talks and publish and get promoted?" and "Do you want your son to have a mom who failed in her career?"

Yes, those questions all crossed my mind. They still do. Yet when I finally fought back these siren calls, voices of impostor syndrome reciting questions based on a false hierarchy of an outdated and biased system of medical training and practice that focuses on titles and publications rather than personal well-being, happiness, and adequate work-life integration, I realized that those voices were not my own. Their questions had been forcefully inculcated during many years of idolization of people who may or may not have the same definition of professional success but almost certainly had a different definition of personal happiness and balance. Or, sadly, they may even have a similar definition to mine but had never been reassured that it is OK to have the courage to go against the predefined norm and publicly state that they would no longer pursue a career to meet someone else’s definition of success.

The voices still call to me but over time they have become softer. Perhaps, although I still hear them, the “ropes” of family hold me close to happiness much as Odysseus’ ropes held him to safety from the sirens.

I write this for any physician who has considered the balance between success (and how to define it) and personal and professional well-being. Most of all, I hope that those trainees and early-career physicians still shaping their definitions of success will take from this some measure of camaraderie, kinship, and hope. Everyone must decide what success means to them and recognize that this definition can and will change over time. Accommodating those changes by altering one’s priorities and career at different points throughout one’s life is not only necessary but essential to happiness, health, and well-being.

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