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**White Space**

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As a second-year medical student and the president of our school’s Plastic Surgery Interest Group, I had the opportunity to host a talk by Dr. Jane Petro, a now-retired alumna who was the first female plastic surgery resident at our institution. In the audience were about 20 medical students from a wide range of backgrounds – all women.

 During the talk, Dr. Petro shared her story, including the challenges she faced in her career as a woman, a mother, and (at the time) a closeted lesbian. As I listened to Dr. Petro, I thought of my own path to medicine and the stories of the women in the room with me: some struggling with endometriosis; one unexpectedly pregnant; some, like me, from cultural or religious backgrounds that made pursuing medicine at all a challenge in and of itself; some very small number of us, mothers. All of us there, experiencing medical school in very different ways.

Near the end of her talk, Dr. Petro expressed that she always knew she was a bit different from the people around her. But, she qualified, this was not a bad thing. In fact, she attributed her career success and satisfaction to the idea that “‘Different’ people do things differently.” When she said this, I felt the energy in the room lift a little. I think, in that moment, many of us felt seen.

Although women are becoming an increasingly greater percentage of the physician workforce, true gender equity is an unmet milestone in our profession. For now, women are still “different” – different from the default setting of the system we work within. So, we must work around it. Unfortunately, these workarounds often come at either a personal or professional cost, a cost that often disproportionately affects women.

 One such cost is something I call “white space.” I first began to notice white space when I was applying to medical school. Admissions committees could see my transcripts, MCAT score, and relevant extracurriculars. But they could not see my lengthy daily commutes to attend a school I could afford. They could not see the evenings and weekends I spent babysitting so I could get reciprocal childcare during the school day. They could not see me studying for the MCAT with a 3-year-old at home because it was May of 2020 and childcare options were extremely limited. Nor could they see the months I had to delay my CNA certification due to moving cross-country for my husband’s schooling or for terrible nausea with my 2nd pregnancy. All these things impacted my grades, my MCAT score, and my clinical hours. But on the application, they simply appeared as white space. And when this is compared to other applications with much less white space, it starts to feel hard to compete. I still made it in, but it took 2 application cycles with a year in between to make it happen.

 I continue to worry about the impact of white space on my career. White space is not neutral; it may affect where and if I land a residency in my desired specialty, where and if I pursue a fellowship, where and what type of work I will do, what leadership positions I might hold, what salary I’ll make. I study hard, am involved in extracurriculars, and contribute to research projects I care about. But sometimes the burden of white space becomes unavoidable. When childcare falls through, when kids get sick, when the elementary school announces a snow day or a late start, my husband and I are left scrambling to find backup, or backups for the backups. I consider the nights and weekends I choose to spend with my family instead of taking on more research, more volunteering, more leadership roles. At what point do my choices come at the cost of closing doors in my career? And at what point do my choices come at too high a cost in my personal life? It’s difficult to know.

As I stand at the beginning of my medical career, I can’t help but look around and wonder which of these bottlenecks will catch me at a time when I simply could not keep up with all of my hardworking, ambitious peers. I think we all worry about these bottlenecks, because there is so little flex and forgiveness in this system if for whatever reason you fall “behind” – “Behind,” not meaning incompetent or incapable, but rather meaning a few less research projects, a few points less on Step 2, a few less leadership roles, a short leave of absence. Small distinctions that might be the deciding factor in major career outcomes.

When I think of gender equity, I imagine white space not playing such a key role in our careers as women in medicine. And although I think that women bear the largest burden of white space in the form of caregiving, infertility, pregnancy, and more, white space can affect anyone in the form of family obligations, disabilities, acute or chronic illnesses, or financial instability. It may arise from years of lacking a support system, or years of cultural or religious influence that may dissuade someone from pursuing particular career goals. White space is all the nebulous, unquantifiable forces that influence our “output” as human beings. True gender equity requires a system that rewards excellence, while shifting the quality standard away from an emphasis on output volume and test scores and toward a standard that adds weight to other important quality metrics.

White space should not overshadow the strengths our “differences” can bring to the table. Medicine may be a demanding field, but perhaps by modifying our metrics of success we can introduce equity and opportunity to so many more of us. I see Dr. Petro’s accomplishments and the efforts of the women around me, all doing things “differently” out of necessity and succeeding in spite of it all, and I feel hopeful that maybe our futures can be a little different, too.