

The Seeds of Doubt

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In college, one of my professors conducted a quick experiment with my class of 20-25 students. It was during Sociology 101, a fairly basic course that was recommended for those interested in the medical field. As a result, almost all of the students in this particular section of the course identified as “pre-med.” Our professor posed a simple question: How many of you have been asked how you are going to handle having a family or taking care of children while being a doctor?

She directed the question to the entire class, but there was a slight twist. The question was first posed to the women. She asked us to raise our hands if someone had tried to talk to us about the perceived difficulties of having a family and being a doctor, whether that individual was a friend who had no experience in the medical field, or a superior like a pre-medical advisor. Every female hand quickly flew into the air. My professor then repeated the question, but only to the men. We all looked around, and we realized that not a single man raised his hand. The silence was palpable.

As one might expect, this was shocking to the majority of the young men in the class. They had never realized that far less pressure was placed on them to consider how they could ‘have it all.’ It was assumed that they would figure things out as they progressed in their careers, and that it was pre-emptive to worry about the details of work-life balance at such an early stage. They had no need to prepare for the possibility of having a family many years before it would actually happen. Likewise, there was no need for them to prepare a justification of their potential to succeed as

both a doctor and a parent. Their innate ability to handle any family commitments while also being a productive physician was never questioned.

To the surprise of some, however, this experiment was also shocking to many of the young women. They had not realized that not everyone was asked this question. They had not realized that the sometimes all-consuming concern of future family life was one that only they were experiencing – not because they had ever expressed a stronger desire to be a parent, but simply because their counterparts were never asked to consider it.

Collectively, this question forms a breeding ground for seeds of doubt, planted in the minds of young women in a unique and often tragic way. An April 2019 study by Witherspoon et al found that even when men and women received the same grades in their pre-medical courses, women were much more likely to drop out of the sciences and to never take medical school entrance exams. They concluded that gendered attrition was not rooted in academic performance, but was grounded in both internal and external beliefs that they were not competent enough to succeed.

As I progressed through college, I watched many of my female colleagues switch out of the pre-medical group, citing the desire to have a family as their main reason. Many of these women told me they were questioned so many times about how they would juggle work and children that they believed it simply was not possible to have both. In practice, those who ask pre-medical students about having a family may intend to encourage young people to

consider the pros and cons of work-life balance in any field they enter. Yet the reality is that only half of the population is being asked to be so meticulously proactive, and the consequences are devastating. Just as young women are trying to lift their feet off the ground and build the foundations of their medical career, this question often inserts a small voice into the back of their mind, asking: are you confident you want this so badly that you would give up your chance to have a family?

Of course, it is important to consider work-life balance in all careers, and perhaps especially in medicine. But it is a consideration that is important for both men and women. And it is critical that these conversations do not adapt the tone of a doubtful question. These conversations must happen in professional settings, with advisors who are physicians or who are familiar with the field. Rather than being questioned on their ability to achieve a work-life balance, young women need to be given role models in the field who look like what they hope to look like someday. They need to be able to ask questions, to be informed about what resources exist in terms of child care, maternity leave, and beyond.

Similarly, young men need to be given the same expectations in the field as women. Both men and women will, most likely, need to ask for help from their colleagues or their family/friends in the future. Both may find it challenging to juggle their career and their outside interests. Both will be parents, if they choose to have children. Thus, they both need – and deserve – to know their options and to have realistic ideas of the time commitments typically involved in the careers to which they aspire. Without proper information, it is unrealistic that either party should be asked to choose between having a career and having a family.

Ultimately, women cannot exclusively shoulder a question that demands they foresee years into the future without any resources available to help them. This question must be recognized as biased, and ideally eliminated altogether in its current form. We cannot continue to speak in any terms solely to women

about juggling a difficult career with maintaining a functional family. Because the end result is clear: with studies reporting that high-achieving women are dropping out of the pre-medical track at an alarming rate, doubt is crushing the dreams of many young women who have the potential to thrive in medicine.

References

Witherspoon EB, Vincent-Ruiz P, Schunn CD. (2019). When making the grade isn't enough: The gendered nature of premed science course attrition. *Educational Researcher*. American Educational Research Association.