REFLECTIONS

Success, Regret, and the Struggle for Balance

Joseph A. Carrese, MD, MPH¹ Michel A. Ibrahim, MD, PhD²

¹Division of General Internal Medicine, Johns Hopkins Bayview Medical Center and the Johns Hopkins University, Baltimore, Maryland

²The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Conflicts of interest: none reported

CORRESPONDING AUTHOR

Michel A. Ibrahim, MD, PhD The Johns Hopkins Bloomberg School of Public Health 615 N Wolfe St Baltimore, MD 21205 mibrahim@jhsph.edu

ABSTRACT

The genesis of this article was a conversation between the authors: M.I., a senior faculty member, and J.C., his primary care doctor and a midcareer faculty member. It addresses the challenges facing physicians today as they struggle to strike the proper balance between career and personal life; it also addresses the potential toll to oneself and loved ones when career success is placed above all other concerns.

Ann Fam Med 2008;6:171-172. DOI: 10.1370/afm.777.

In a role reversal, I asked my personal physician, Joe, who is a midcareer faculty member, "How are you doing?" And he replied, "Oh, I'm fine, but trying to balance career and family is not easy. I juggled my schedule a few weeks ago so I could teach a course to medical students in the evening—a time of the day that I usually reserve for my family. As it turned out, my daughter's high school soccer team made it to the regional finals, and the game was scheduled at the same time as the course. This created a major conflict for me: teach this special class (which is partly about balance in your life!) or attend my daughter's soccer game."

This conversation triggered some painful memories for me. I graduated from medical school about the time when Joe was born, and I was excessively driven to achieve professionally: I became a full professor before I was 40 years old and attained high-level administrative positions, including becoming dean of a large school at a prestigious university early in my career. But at what price? Following the lead of my colleagues and mentors of that era, I achieved this success at the expense of my personal and family life.

In recent times, attitudes have changed a bit. Younger physicians, particularly women, are trying to structure their careers so they have sufficient time for family life, in some cases by working part-time. Some physicians—both men and women—switch to fields with more flexible schedules, such as public health, preventive medicine, or other non—patient-care fields. But what about physicians who want to stay in clinical or academic medicine and strike a different balance between career and the rest of their lives? Can our institutions accommodate these people? Or must we conclude that they can't be successful at the highest levels?

The system I grew up in may not have changed that much during the past several decades. Institutions continue to be led by those (like me) who apply the same old rules of the game, and younger physicians are expected, for the most part, to follow along. Certainly, there are some who are remarkable in their ability to be meaningfully engaged in their kids' and their partner's lives and still achieve tremendous career success. Yet, for many, this approach, even if attainable, misses the point. Many younger faculty simply want more time with their families, particularly as they are raising their children. Regardless of approach, for most faculty real choices are required. Those who elect to commit less than the full measure of their time and energies to their career may not be able to suc-

ANNALS OF FAMILY MEDICINE * WWW.ANNFAMMED.ORG * VOL. 6, NO. 2 * MARCH/APRIL 2008

171

ceed at the same pace and to the same level as in years past. And faculty who continue to allow their choices to be driven predominantly by institutional expectations and career-focused considerations are at risk for suffering the same personal losses I experienced.

Joe inquired whether anyone who was senior to me earlier in my career handled this balancing act differently. "Was there anyone who raised questions about this or made different choices?" he asked. I answered: "Very rarely!" I found myself recalling, with a feeling of dis-ease, a story I heard of a daughter who left a note in her drawer when she went away to college, telling her father that over the years he had sacrificed his family for the sake of his medical practice and had thus stolen something from her own life.

If I could turn the clock back, I would be content with becoming a professor later in life and not holding high administrative posts-if the trade-offs were not to go through a painful divorce and to have had better relationships with my kids. Because of the time I spent away from home while the children were growing up, it has not always been easy to communicate and to find common ground. They have almost never sought my advice on matters important to them, and rarely would they say "we learned this from you." Our relationships have not been what they might have been had we bonded while they were young. This is hindsight, of course, and neither does it presume a cause and effect, nor does it mean I would have done things differently at the time. (Now that my children have children of their own and I have a loving wife, our interactions have improved tremendously all around.)

I then asked: "How about you? Are you willing to trade off, honestly?" He answered: "I have—I basically already have. I'm 49 and I'm an associate professor, and I'm on a different career trajectory from many of my peers. Of course, one could argue that this may be more a reflection of my capabilities than any choices I've made about balance in my life. But I think it is possible that I would be further along in my career if I had made different choices. I have two teenage kids, and it has not been my experience as a father that I want or need to spend less time with them now than when they were infants or toddlers or younger children. If anything, I'm spending more time with them. My weekends are filled with their activities. It is wonderful, but there is a trade-off. I have chosen to be more selective about how frequently I travel and to where, and to coordinate these decisions with what's going on at home. But if I miss national meetings or decline to take on additional projects, that comes at a price. I'm perfectly willing to accept whatever career outcome follows from these choices. But I have to say that it is not

easy making such choices, which are counter to institutional expectations and the existing reward system."

"What is success and how much achievement is enough?" I wondered. "People who have millions of dollars want more millions, but how many millions do you really need? The same applies to academic achievement—how many publications are enough for an institutional committee to recommend promotion?" Joe responded, "There are criteria, of course. But really, everybody has to answer that for themselves. For me, the answer to how many papers is enough is whatever I can do given the choices I've made about my time and priorities."

There will always be people who follow the model of continuous, relentless work to achieve at a potentially great cost to personal and family life. There are others who are happy with a moderate amount of career success, so they may attend to other domains in their lives. Our academic institutions need to be flexible and accommodate more than one approach. They need to recognize a new reality with respect to work-life issues, and they need to reflect that recognition in meaningful ways, such as acknowledging the legitimacy of part-time careers and rewarding faculty accordingly. Criteria for advancement could take into account whether a faculty member is working full time when reviewing his or her accomplishments, allowing for all faculty to be valued and rewarded fairly. We certainly have seen examples of this sort of flexibility from the corporate world.

I believe that many colleagues in my generation look with admiration at younger physicians, such as Joe, who are trying to balance a career in academic medicine with their personal life. At least I can speak for myself: I wish I had known better and exercised the option of spending more time with my family. I think that my colleagues would also envy the new generation's attitude about life and living. I think many of us wish that we had been able to do that, but at the time, we were following our role models. Now, although it is too late for me to make such choices, there are role models like Joe who will influence the younger generation to do it differently.

To read or post commentaries in response to this article, see it online at http://www.annfammed.org/cgi/content/full/6/2/171.

Submitted July 18, 2007; submitted, revised, September 5, 2007; accepted September 14, 2007.

Key words: Life style; quality of life; social change

Acknowledgments: The authors wish to acknowledge Rachel Levine, MD, MPH, for critically reviewing an earlier version of this paper and making helpful suggestions.