



Challenging the inequities of family planning in medical training
Une formation médicale visant à combattre les inégalités en matière de planification familiale

Shirine Usmani and Shohinee Sarma

Volume 12, Number 6, 2021

URI: <https://id.erudit.org/iderudit/1085461ar>

DOI: <https://doi.org/10.36834/cmej.73087>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Usmani, S. & Sarma, S. (2021). Challenging the inequities of family planning in medical training. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 12(6), 123–123. <https://doi.org/10.36834/cmej.73087>

© Shirine Usmani, Shohinee Sarma, 2021



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

Challenging the inequities of family planning in medical training

Une formation médicale visant à combattre les inégalités en matière de planification familiale

Shirine Usmani,^{1,2} Shohinee Sarma^{1,3,4}

¹Adult Endocrinology and Metabolism, University of Toronto, Ontario, Canada; ²Toronto General Hospital Research Institute, Ontario, Canada; ³Women's College Research Institute, Ontario, Canada; ⁴Mount Sinai Hospital, Ontario, Canada

Correspondence to: Shohinee Sarma, Division of Endocrinology and Metabolism, Leadership Sinai Centre for Diabetes, 60 Murray Street, L5-029 Mailbox 16, Toronto, ON M5T3L9; email: Shohinee.sarma@mail.utoronto.ca; Twitter: @Sho_Sarma

Published ahead of issue: October 29, 2021; published: December 29, 2021. CMEJ 2021, 12(6). Available at <http://www.cmej.ca>

© 2021 Usmani, Sarma; licensee Synergies Partners

<https://doi.org/10.36834/cmej.73087>. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Many factors contribute to micro-inequities for women in medicine, surgery, and leadership positions, including the challenges of motherhood.

Medical training often overlaps with optimal child-bearing years. A trainee may find herself targeting a delivery date after an exam, truncating maternity leave to fit program timelines, or concluding breastfeeding earlier than desired. The challenges continue upon return to work with insufficient leave time, inadequate breast-pumping support, and difficulty securing childcare. A study involving surgeon mothers found that 39 percent strongly considered leaving their residency program and 29.5 percent would discourage a female student from a career in surgery due to these challenges.² A recent study demonstrated higher pregnancy loss and complications for female surgeons than non-surgeons.³

The question remains - how do we help bridge the gender gap and create a more egalitarian medical culture supportive of physician mothers? Part of the answer lies in the normalization of parenthood. It is imperative that trainees use their collective voices to advocate for meaningful change. One such example was reform of the Royal College of Canada exam eligibility criteria. Previous restrictions on exam timing affecting parental leave were revised after trainee experience-driven advocacy.

Continued advocacy is also needed for consistent paid parental leave and adequate breast-pumping facilities. Imagine if a female medical student were to discover a pumping room with a computer and fridge during her surgical rotation? Suddenly a potential barrier would disappear.

Change is often a by-product of risk-taking that requires trainees to leave the comfort zone of medical tradition to voice solutions against systemic inequities.

Conflicts of Interest: The authors report that there are no conflicts of interest.

References

1. Acai A, Mahetaji K, Reid SE, Sonnadara RR. The role of gender in the decision to pursue a surgical career: A qualitative, interview-based study. *Can Med Educ J*. 2020 Aug 6;11(4):e51-e61. <https://doi:10.36834/cmej.69292>
2. Rangel EL, Smink DS, Castillo-Angeles M, et al. Pregnancy and motherhood during surgical training. *JAMA Surg*. 2018 Jul 1;153(7):644-652. <https://doi:10.1001/jamasurg.2018.0153>
3. Rangel EL, Castillo-Angeles M, Easter SR, et al. Incidence of infertility and pregnancy complications in us female surgeons. *JAMA Surg*. Published online July 28, 2021. <https://doi:10.1001/jamasurg.2021.3301>