



## The Doctor's Spouse

*"I don't want to worry him with all the troubles of my day, because he returns home so tired. But, then, who am I to talk to?"*

*(Comment by GP's wife at workshop)*

At congresses, there will often be a spouse's programme and, in the past, I have been roped in to facilitate the sessions on the challenges of being a doctor's spouse. Most of the participants in these workshops have been wives. I am not sure that doctors' spouses are that much different from the spouses of other professionals, as the demands on most professional people are fairly heavy in the 21<sup>st</sup> century. Long hours of overtime work are now the norm for most people. I remember seeing a cartoon of a mother bringing a small boy into the living room to see his father, and the caption was: "Say goodbye to your father, he is going into politics." So, most of us, doctors, politicians, lawyers and stockbrokers, share the same problems of balancing family life with our work.

In the 1980s, some interesting papers were written on the psychology of postponement in the medical marriage. The theory was that physician couples mainly live for the future. Both husband and wife are convinced that, eventually, there will be time for each other; *but not now*. Again, I am fairly sure that much of the world is living like this now. Apparently, the compulsive personality that is meant to be a characteristic of a doctor makes us masters of postponing gratification. We have learnt to wait another day, another week, and another year.

As the days roll by, it is very easy to place the intimacies of marriage and time with the family on the back burner until after all the professional matters and calls of the day have been addressed. And then it may be too late, both emotionally and physically. "At first it was OK," said one GP, "She understood the demands of my work but then, slowly, over the years, it changed, maybe we both changed. She hadn't realised what she had taken on and neither had I." The doctor was looking back on a life of being late for a hundred suppers, missing his daughter's matric dance, and delivering babies while the family sailed on the dam.

Yet, there were other views that were equally strongly expressed. "I don't buy all this stuff about the non-physician partner," said one GP, "Patient care is not, and never will be, a fixed entity. We worry about our families. We make many sacrifices. Yet, over time, our partners seem to drift away. And then suddenly, almost overnight, it's over."

I am told there are four choices one can take as middle age suddenly looms, viz. become a workaholic, a reborn religioholic, a shopaholic, or an alcoholic. You can spend "guilt money" on the family to make up for it all, or sample the Nederberg Lyric, or end up with what the Japanese call "karoshi", which is loosely translated as death by overwork.

It is interesting to view the different personas we live in, how we are delightfully considerate to everyone in the clinic or hospital, and then retreat into maudlin self-pity when we get home. One of the

doctor's wives at a session reported: "We will be in the middle of an argument, and a patient will phone in the middle of the fight, and I have to listen to his charming voice speaking to her, and I just want to throw up!"

Take tonight, for instance. You have planned a special evening, as it is your spouse's birthday. Because of your hectic schedule, you have seen very little of each other for the last several weeks and are planning to meet for dinner at your favourite restaurant, down by the waterfront, at 6 p.m. You are just knocking off at 5 p.m. when your nurse calls you. There is a patient in distress who is acutely short of breath. Some situations just cannot wait, but it need not have been you that was around at 5 p.m.

So, what is the answer? Well, the advice from a thousand self-help books is about getting clarity about our goals and priorities (and haven't we all heard that before?) What, in fact, are the options? Well, option number one is: my practice and the needs of my patients come first. And option number two is: my spouse and family come first. Neither stance really works, so it has to be a balancing act. As one wife and mother at one of the workshops said: "What I want to know is: when does his day end and ours start? 6 p.m.? 7 p.m.? 8 p.m.? Or, does the family just wait...?"

The time management chaps tell us that time off cannot be left to chance (in fact, they tell us that life cannot be left to chance, now just fancy that). On this theme, a GP's wife reported, "He was too busy and never thought to cross off the time on the holiday roster or the night off on the call list for my birthday." Perhaps some things have to be non-negotiable, or at least booked and paid for in advance. Time management is not all about chronological time. Time is constructed in the mind and it usually needs a change of mind and life view to manage it.

Of course, all of this is part of the normal ups and downs of all marriages. It happens to everyone, ministers of religion included. It is only behind closed doors that you hear a wife say, "Everyone else thinks you are a saint, but they don't have to live with you. If only they knew." This is usually said as a shoe flies past your head. (I hope nobody else is reading this).

It sounds rather trite and obvious, but we need time together in order to save time and to have more time. To just get into this frame of thinking takes a really positive effort. These are radical decisions. They may be the most important ones you are ever called on to make.

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