

# Can Doctors' Families Survive?

Lynn Shein

Are doctors' wives and their families different from other wives of men in varied walks of life.

I think they are. I'd like to point out what constitutes some of these differences and also to mention some of the inherent problems in living with a doctor.

Lane Gerber, in his book "Married to their careers", talks about certain issues which highlight the profession of medicine as a whole. These 4 issues are specialness, work, time and caring. He emphasizes the importance of these factors to the doctors, as he tries to cope with the dilemma of personal life versus professional life.

By "specialness" he means that the doctor feels that "good" physicians are on call to patients regardless of the hour of day, to give of their skills and care regardless of whether they are exhausted from a night on call or whether their patient is drunk and has thrown up all over them. The special demands of the profession require that the doctors continually work hard, improve their skills and increase their learning, if they wish to maintain the respect of other doctors, the public and most importantly, themselves.

On the issue of "time" and "work" he says that, to a doctor, to "sweat blood" or "bust your butt" all day, every day is a source of pride even more than it is a complaint.

When he discusses "caring", it

seems that doctors feel that they cannot give themselves permission to take care of their own needs however urgent or necessary, when they had pledged themselves first to care for the needs of other.

The way doctors wrestle with these issues will determine how they overcome their overall struggle with their personal and professional lives.

Picture this scene. The car turns into the driveway. Two children are engaged in a tremendous physical battle, one child has been wailing for the entire 20 minute journey and the baby and myself are covered in vomitus from head to toe. As the car is brought to a halt in the garage, the pager goes off. We are all left struggling out of the car while my husband dashes into the house to return the call. Before we know it, he drives off in the other car on an urgent house call. Once again, the family, of necessity, had to take second place. It has been said that doctors are the only professionals in our culture who are sanctioned to neglect their families and how can the doctor's spouse or children complain when he's out saving lives.

In South Africa, 36% of urban GP's and 40% of rural GP's spend less than one hour a day with their families. It comes as no surprise to discover that doctors' wives commit suicide 4,5 time more than the general population (USA statistics). Studies have shown that children of doctors have a 50% chance of being failures as compared to their peers because there is only one parent to teach them.

Doctors' families are unique in

that they have to deal with problems that other families are simply not exposed to. The doctors wife often returns home alone after he has been called out or has to entertain guests alone due to an urgent call. It is often accepted, that a doctor, bound by his Hypocratic Oath is called upon to be of service to strangers eg in a restaurant or on an aeroplane, causing his wife to be alone. A story that I often tell, I have called "The Metropolitan Incident", as the incident which will be related took place at an apartment block of the same name. Three weeks before the birth of our eldest son, we returned home after a New Years Eve party. In the street in front of our apartment, an injured man was lying on the ground, bleeding profusely and bleeding to death. With no thought for anything else, my husband picked the man up in his arms, put him in the car and rushed him to hospital, whereupon he put up a drip and administered the treatment himself. There was one problem. I was locked out of the apartment. I had to spend several hours alone, frightened and unprotected. I don't believe that I complained!

Doctors' wives have to be friendly and accommodating no matter how irritated they might feel at the inconvenience of a telephone call. The doctors' wife is on show — she must always be well dressed.

The doctors' wives often have to deal with sickness of their own children who need specialized hospital attention, often sitting alone in the impersonal corridors with her sick child, while around her both parents of other sick children are together supporting each other. This, of course, might

## Behind the Scenes

be due to the demands of the doctors' practise or may be due to the doctors' inability to deal with illness of his own family.

The above are mainly social pressures of the doctors wife but there may be intrapersonal stress factors as well. While some women become the wife-of-the-doctor, others become the doctor's wife, the latter are distinguished by not choosing to detach themselves from their husband's professional activities. Both roles have a set of norms which govern conduct, activities and attitudes. Role stress can occur when one wishes to be a doctor's wife as well as pursue an independent career. Speaking for myself, I find it extremely difficult to give to my children, my husband and my own demanding profession, in the way that I would really like to.

A sociological survey conducted on doctors wives by Gordon Parker et al in 1976 came up with some interesting results. They found that the majority assisted their husbands in their professional work and expressed satisfaction about their role. In this highly educated and trained sample, of whom 96% were employed before marriage, only 10% were in full-time and 15% in part-time external work at the time of the study. Only 8% described an autonomous role and indirect evidence suggested that 13% of the sample felt some loss of identity in being doctors' wives. Although the study was conducted on a small sample of doctors' wives it seems that the majority of wives marry their husband and a profession.

In a study done in Florida, 95% of doctors' wives said they felt neglected. The doctors' practice is seen as a mistress who always wins. The practice is a better excuse than the proverbial headache for anything that they don't

want to do. The demands of the practice are used as a shield from the demands of the family. I know that I retaliate by playing the game of "supermom". Other wives may use different games like "I'm sick", "break the bank", "This house must be totally renovated" and "I'll show you", whereupon they have an affair.

The doctors' children have to accept that their father is seldom home for meals and that their father is not always available to them, even on weekends.

Doctors' families receive less than optimal medical care. When the doctor decides to seek outside medical help eg, for one of his children, he may go about it in inadequate or improper ways, eg at cocktail parties or discussing a problem over the telephone therefore preventing the child from actually being examined. I'm often prevented from telephoning the treating doctor at an inconvenient time as my husband is reluctant to impose or inconvenience him.

Confidentiality problems can arise. It has been said, that because children hear their doctor parent talking about patients in the privacy of their home (of course without disclosing names), it is not surprising that they worry that their confidences may be disclosed to the treating doctors' children. Several years ago our son had to undergo some surgery. The surgeon happened to be the father of one of his friends. At the time there was no secret as to who was performing the operation, however a few years later, as often happens, the boys were no longer friends. In fact, as they were about to have a physical confrontation, the other child retorted that he was not prepared to fight as he might hurt our son, whereupon his father would kill him for undoing his (the surgeon's) good work.

An issue that has bothered me for some time, has been called the "curse of medicine". Doctors learn to react to their daily experiences of pain, suffering and dying, by erecting barriers to their spontaneous feelings. They therefor overreact or totally ignore their own family's physical and emotional distress. It has happened in our house that on rising, one of the children complained of a pain and temperature, whereupon daddy said "Take a panado and get dressed". One winter, the two older children were both ill with coughs. After remaining at home for a couple of days, they were sent back to school. At school, both of them had fairly bad coughing bouts which caused them to bring up. The secretary, having tried in vain to contact me, brought them back home and she was later heard to remark, "what kind of a doctor is he to send his children to school sick!!"

The doctor parent's detachment actually protects him from the emotional pains of the family. The family find this very traumatic indeed. Most doctors have high expectations for their children. they are constantly striving for excellence for themselves, therefore a lazy and unproductive child is difficult to accept.

I believe that some of the problems in living with a doctor stem from the very nature of his personality type. Doctor Nelson, through her interesting research has confirmed my suspicions that doctors have certain personality traits in common:

1. The doctor is usually success orientated and compulsive. When on our family holiday, our recreation time is spent on the move. Time on the beach is occupied by playing beach bats. The holiday area is entirely combed by us. We see every Art Gallery, Museum, mountain, river, stream, zoo or Game Park.

## Behind the Scenes

2. He is proud of overproduction and instead of doing one thing well and giving himself time to enjoy it, he immediately seeks another task. My husband is unable to read one book at a time. He may concurrently read a Wildlife book, a reference on Walks and Trails, my son's novel and a History Book.
3. He often has a pathologically overdeveloped ability to postpone pleasure.
4. His life pattern is to attack and accomplish a mountain of work, but he always has another tough mountain to climb.
5. He takes great pride in working an 18 hour day and is reinforced by the admiration of patients. The more his patients appreciate him, the more he works.
6. All day long he makes his own decisions, decisions that are of extreme importance to his patients, but when he returns home he is a tired, emotionally drained person who needs his battery recharged. Unhappily this need is unexpressed as he is often unaware of his own feelings. He will not admit to any weakness. Only his patients are depressed and anxious, not him. Only his patients have marital problems and abuse drugs and alcohol. Only his patients are allowed to stay in bed, not him.

A personality trait that has always disturbed me was found to be common to all the doctors in one of the husband's Balint group meetings and that is the inability to bring things to a conclusion. I believe that if you have an issue you must not leave it until you have resolved it. In the relationship with patients, doctors don't have to deal with emotional issues

that intensively. The patient goes home and has to deal with the problem alone eventually. In the doctors home, problems need to be worked through, they don't simply "disappear".

In the doctors' caring or mothering role he is comfortable taking care of and taking charge of everyone else, he gives others all the answers. When he comes home he has difficulty shedding his professional role and tends to "lecture the children" rather than listen to them.

Given this brief analysis of the problems of the doctor's family, it would be an incomplete discussion without suggesting possible solutions.

Something that is very close to my heart and without which I believe the world would not turn around, is the simple matter of "Communication". One has to confront the issues constantly and verbalise one's feelings. I encourage all the members of the family to express their feelings in order that they may be more aware of them, Doctors' spouses and children should all be aware of each other's special needs. There should be mutual respect of roles. The wife should understand the special stresses that her husband experiences during the day and the husband should accept the fact that the wife, who is dealing with the home and her work situation, all be it part-time, has different pressures. I often stress to my husband that a problem with one's own children seeps far deeper into the emotions than the problems of one's patients. I know, I also deal with patients.

I might be shouted down for my next statement, but I feel that there would be more respect for the wife's professional role if her earning power was better.

An essential solution to factors that I've mentioned with regard to doctor's neglecting their families medically, is that families should have other doctors looking after their medical needs at every level. One should have an objective GP, preferably not a relative or close friend.

The issue of time is one that we as a family are working on. One should take more weekends off from work with the family and husband and wife should strive to go away alone occasionally. My husband now takes off an afternoon every second week to spend qualitatively with the children. Time should be spent where it counts — with each other. I'd like to end off by quoting from the adult fairytale, *The Little Prince* "The only really important time in our lives is the time we waste with those we love".

### References

1. Lane A Gerber, Married to their Careers. Career and family dilemmas in doctors' lives. Tavistock Publications. New York and London.
2. Nelson SB. Is there a doctor in the house. *J Roy Coll Gen Pract* 1981; 31(233): 715-22.
3. Nelson SB. Some dynamics of medical marriages. *J Roy Coll Gen Pract* 1978; 28: 585-6.
4. Parker G, et al. The Doctors Wife. *Med J Australia* 1976; 2:103-6.
5. Van Vuuren M. Die Geneesheer se vrou; 'n Dilemma. *S Afr Fam Pract* 1988; 9(7): 262-5.

---

*Talk given at the Doctor's Spouse and Family Meeting at the Southern Transvaal Region of the Academy of Family Practice/Primary Care on 10 April 1989.*

---