

VIEWPOINT

Dual-Physician Households Strategies for the 21st Century

Lauren Ferrante, MD, MHS

Section of Pulmonary, Critical Care, and Sleep Medicine, Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut.

Lona Mody, MD, MSc

Division of Geriatric and Palliative Medicine, Department of Internal Medicine, University of Michigan Medical School, Ann Arbor; and Geriatrics Research Education and Clinical Center (GRECC), Veterans Affairs Ann Arbor Healthcare System, Ann Arbor, Michigan.

Over the past 2 decades, the proportion of female medical school enrollees has steadily increased; in 2017, for the first time, the majority of first-year medical students were women.¹ With this changing demographic, dual-physician households are also on the rise; a survey conducted in 2009 showed that nearly half of all physicians are married to physicians.² Dual-physician couples are more likely to marry and less likely to divorce than nonphysician couples,³ perhaps because of older age at the time of marriage, higher education levels, the socioeconomic status of both individuals, and the value that physician couples place on companionship. Despite these advantages, dual-physician couples face unique career and family experiences. In this Viewpoint, we outline the challenges faced by early-career dual-physician couples and potential strategies for addressing them.

Challenges for Dual-Physician Couples

Professional

Dual-physician couples encounter unique hurdles in their professional lives, negotiating 2 demanding careers and often multiple career transitions through stages of training. Because many dual-physician couples meet in medical school, the stress of decision making as a couple often begins with the residency match. In 1984, the National Resident Matching Program instituted "couples matching," which allows couples to submit rank order lists that are treated as a unit. In 2018, 1165 couples (2330 applicants) participated in the program and 1082 pairs (95.8%) matched.⁴ The couples match rate was similar to the match rate for the remainder of the applicant pool (96.1%), suggesting that these applicants are not at a disadvantage compared with other applicants. However, these percentages do not reflect whether 1 or both partners received a less desirable program as a consequence of couples matching. After residency, many fellowships offer opportunities for couples matching, but one of the partners may not be in the same year or stage of training. This mismatch can result in couples living apart as they complete their training or in staggering different parts of training.

Finding jobs after training can be difficult because ideal positions for each partner may not align geographically. Moreover, moving after a short time in a new position is not optimal in academia or in private practice. In academia, launching a career as a physician-scientist or a clinician-educator requires an infrastructure for mentorship and career development, and it can be difficult to move this infrastructure between institutions. In private practice, newly hired physicians are often expected to "put in their time" as associates for a given number of years before they become partners, and moving would require the physician to repeat the cycle in a new location. The job search for dual-academic physician couples can be equally

challenging if the steps of the job search are not aligned. Institutions may also have to proactively manage conflicts of interest that may occur if a faculty member is hired into a supervisory role over their partner.^{5,6}

Personal

Just as difficult as navigating professional challenges are the personal challenges confronting dual-physician couples. The critical early years of a physician's career often overlap with peak childbearing years, and both partners must focus on balancing childcare duties with work-related responsibilities. Many employers still schedule early morning or evening meetings that can conflict with childcare and other obligations at home. As professional and family responsibilities increase and accumulate, it takes effort to prioritize time alone, even though this time is essential to preserving the couple's relationship.

Although domestic tasks have increasingly fallen on both genders, studies suggest they are often not equally divided. Among early career physician-scientist recipients of National Institutes of Health K08 or K23 awards from 2006 through 2009, women with children spent substantially more time on domestic activities than their male counterparts and were more likely to take time off for childcare responsibilities.⁷ Additionally, a national study of nearly 10 000 dual-physician couples from 2000 to 2015 in the United States found that female physicians with children contributed substantially fewer hours at work than male physicians.⁸

Although both studies had a number of limitations, including reliance on self-report and inability to adjust for physician specialty, they have important hypothesis-generating implications. Are female physicians reducing hours after having children in response to societal norms and pressures, or because trying to juggle 2 full-time physician careers and young children is leading to burnout? Are there internal relationship pressures over childcare duties? Or could the latter study's findings be a positive, whereby the reduction in hours is a sign of female physician empowerment and employer accommodation? Even with a desired reduction in work hours, new parents of both genders must be careful not to lose out on career opportunities that could influence their future career trajectories.

Strategies to Help Dual-Physician Couples

Professional

A number of potential strategies could help to address these challenges. On the professional level, proactive strategies to recruit and retain the talent of dual-physician couples will help both the couples and the institutions advance and enrich their mission of research, teaching, and clinical care and could improve long-term commitment to the institution. Without broad institutional

Corresponding

Author: Lona Mody, MD, MSc, Division of Geriatric and Palliative Care Medicine, University of Michigan Medical School, 300 N Ingalls Rd, Room 905, Ann Arbor, MI 48109 (lonamody@umich.edu).

support, couples may make compromises that could disproportionately disadvantage one partner, with potential implications for gender inequality in a setting that already has a lack of women in leadership positions. Qualified physician spouses may not find their optimal employment commensurate with their experience or aspirations simply due to a lack of fit or desirable job openings. To address this dilemma, some departments have developed policies to help recruit dual-career couples, including funding spouses using a combination of funds from the departments involved, as well as additional support from the dean's or provost's office. To avoid favoritism during recruitment of dual-physician couples, institutions can employ a strategy of "tandem recruiting," in which steps in the recruitment process occur synchronously.⁵ In principle, this strategy functions similarly to a couples match by aligning the timing of the various phases of recruitment.

Building on these efforts in recruitment, health care organizations could prioritize solutions for physician retention.⁹ Potential strategies include support mechanisms for parents, such as more generous paid parental leave policies and access to reliable childcare, including onsite childcare. Offering financial advising resources would help retain physicians who may be carrying high amounts of medical school debt, along with home mortgages and other debts.

Personal

At home, managing 2 physician schedules requires the proactive coordination of work, professional meetings, on-call, school, and activity schedules. This juggling invariably requires help from extended family, paid childcare, and assistance with other household responsibilities (Box). Peer-to-peer support can be valuable when seeking reliable childcare and professional assistance with domestic tasks. Childcare assistance is also necessary for scheduling "alone time" to preserve the relationship, which is often not prioritized with so many competing demands. Open communication about career aspirations, family planning, daily stressors, and short- and long-term goals is of utmost importance. A 2015 survey that included 10 individuals in dual-physician relationships and examined strategies for success in "medical marriages" identified several themes: (1) relying on mutual support in the relationship, (2) recognizing the important role of each family member, (3) having shared values, and (4) acknowledging the benefit of being a physician in the context of the relationship.² Sharing a path in medicine can promote mutual understanding of work-related pressures and allow partners to seek counsel from each other.

Box. Practical Strategies to Achieve Work-Life Balance in Dual-Physician Relationships

Strategies at the System and Institutional Level

Couples match (training years) allows 2 applicants to link their rank order lists

Tandem recruiting (faculty years), such that both hiring units or departments synchronously engage in the recruiting process so that both partners feel equally valued

Parental leave policies for both parents

On-site childcare with extended hours; subsidized program to care for sick children

Financial advising resources

Adaptive Strategies at the Individual Level

Strive to have the best résumé by optimizing rotations, scores on standardized tests

Assess whether being accepted into a specific program or going to a specific geographical location is more important; cast a wide net during the application process; identify role models

Seek out peer-to-peer support for information on professional assistance with domestic tasks as well as information pertaining to cultural and recreational activities outside work

Time management and open communication regarding career aspirations, goals, philosophy, and plans to raise a family are important

Be proactive in the coordination of work, on-call, childcare, professional meetings, and holiday schedules

Dual-physician couples experience important professional and personal challenges and must develop effective strategies to help address them. However, many of these challenges are not unique to physicians, and other professional couples may face similar challenges and apply similar strategies. In addition, despite compromises and some sacrifices, it is important to acknowledge that dual-physician couples have some advantages in education, job security and opportunities, mission-driven companionship, and higher socioeconomic status that may not be available in other careers. With the increasing number of dual-physician couples in medicine, institutions and physicians will need to identify challenges proactively and with an explicit goal of open communication, strategize to address them.

ARTICLE INFORMATION

Published Online: May 10, 2019.
doi:10.1001/jama.2019.4413

Conflict of Interest Disclosures: Dr Ferrante is supported by a Paul B. Beeson Emerging Leaders Career Development Award in Aging from the National Institute on Aging (K76 AG057023). Dr Mody reported receiving grants from the National Institute on Aging (K24 Career Development Award AGO41780 and P30 AGO24824).

Additional Contributions: We would like to acknowledge our spouses, Drs Rajen Mody and Michael P. Dorfman, for their support, wisdom, and companionship.

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