

## Career induced infertility—a growing problem for tomorrow’s doctors

Rebekah Adams<sup>1,2</sup>

<sup>1</sup>Fremantle Hospital, <sup>2</sup>Notre Dame University

---

Rebekah Adams currently lives in Perth with her supportive husband, Mat, and their beautiful children, Lucy 3 years and Daniel 1 year. She is training to be a rural GP. She works as a clinical educator at Notre Dame and is completing a Masters of Clinical Education at Flinders University. As a former registered nurse, she worked in Alice Springs and Papunya and then completed her final years of medical school at the Flinders University NT Clinical School in Darwin. These experiences have given her first-hand knowledge of ‘the gap’ and a strong desire to be a part of closing it.

Through her future work in remote Indigenous Australia and medical education she hopes to make herself redundant as she watches the vibrant Indigenous youth of today become a vital part of the health workforce of tomorrow. She looks forward to completing her necessary training in Perth and getting back out bush with her, hopefully still growing, family. Her experiences as a mum trying to navigate junior doctor years have ignited a new passion: to see more support and flexibility afforded to future junior doctors who have, or would like to start, a family. It is her belief that one can practise in their chosen career into their wiser greyer years; however, there is only a relatively small window through which to embark on the amazing experience that is parenthood.

---

Fifty-four per cent of students entering medical schools are female. Twelve of the 18 Australian medical schools now have graduate entry, meaning that students have already completed one university degree. The average age of an Australian medical graduate is 27. This also happens to be the prime of a woman’s child-bearing years, with fertility declining markedly from age 30 and very significantly from 35 years.

It seems an obvious conclusion that junior doctors are often, quite sensibly, in the throes of beginning their families. What kind of support does the system offer these doctors? The answer for a new-mum-to-be, new-doctor-to-be, may be virtually none. Career advice often proffered to female junior doctors is to delay their family until they finish residency, or until they complete their college exams. Waiting may well be best for one’s career; however, it is not in the best interest of their fertility. Today’s average graduate would be in their mid-30s if they followed such advice. This coincides with the age of significant fertility decline.

Advice of this nature and the lack of supportive career options for new-doctor-to-be parents may well be, in part, responsible for unnecessarily leading doctors down the path of IVF and assisted fertility. Part-time positions in internship and residency are basically non-existent and job sharing is not encouraged or supported by most hospitals. Until now, people seem to have either patched together clinical experience from ‘leftover’ positions or worked full time. A full-time working week for a junior doctor is often in excess of 60 hours, with long 14 or 15 hour ‘take’ shifts, and very few breaks, making breastfeeding or expressing near impossible.

With the tsunami of medical graduates upon us, there are no longer ‘leftover’ jobs, which mean a junior Dr Mum is left with even fewer choices.

I will give a presentation of the human face to this ever-growing problem, followed by some ideas about solutions. Rural Australia has the potential to lead the way in increasing availability of flexible work practices, therefore recruiting from this pool of hard-working doctors with present or future family responsibilities. Doctors with families offer the potential for stability and community involvement, which could potentially address an ongoing issue with longevity and retention.