Does working part-time mean I've failed as a feminist?

I recently made the decision to work part-time in my clinical practice. The change allows me more space for my nonclinical work, like boards, volunteering, research, and teaching. It also gives my younger colleagues more time to grow their patient rosters and improves the attention I can give to my current patients. However, despite the (defensive and rambling) justification that I feel compelled to lead with, I feel uncomfortable admitting that the main impetus for stepping back from clinical work is, in truth, family.

When my husband and I were both working full-time, I now fully recognize that there were multiple days per week when my kids might not see either of us in the morning or at bedtime. We persevered this way while our kids were toddlers, coping day-to-day with two nannies, supportive grandparents, and millions, yes millions, of work-related Aeroplan miles. If we can say that any good came from COVID-19, for our family, it was the travel hiatus that kept us close for 2 years. But when travel and in-office work returned, I found myself increasingly sympathetic to my kids' tearful pleas to have the family together "like we used to be." They're old enough now to be aware of the differences in a so-called "post-COVID" time, having spent their formative early years in and out of lockdowns.

In his current job, my husband cannot work part-time; therefore, it makes sense for me to adjust my career at this stage in our life. So why do I feel like a failure for the feminist cause?

I suppose I should explain the use of the "F" word in this editorial. Feminism means different things to different people. It can be alienating and polarizing, particularly to those who associate all types of feminism with radical feminism, perceiving it as being overtly antipatriarchal and inherently antimale. For a long time, I hesitated to use the "F" word because I did not fully understand the concept. However, as a gynecologist and women's health advocate, I have now become comfortable enough in my skin and my lived experience to call myself a feminist. I believe in equal treatment of all sexes, be it political, economic, or social.

Historically, a man's career and education have been prioritized over a woman's in relationships. This is just one contributor to the societal expectations and gender discrimination that mean women make 87 cents on the dollar compared with men.[1] (A gap that is worse for racialized women, newcomers, Indigenous women, women with disabilities, and trans women.[1]) It may also underpin the "surgical sexism" described by Dr Chaikof and colleagues in the *Canadian Journal of Surgery*, who concluded that "the lower reimbursement of the surgical care of female patients than for similar care provided to male patients represents double discrimination against both female physicians and their female patients."[2]

I do worry about becoming a statistic, another example of, as Anne-Marie Slaughter wrote in a great article for *The Atlantic*, "why women still can't have it all."[3] I feel like a feminism failure because I am consciously stepping back from my clinical work to do more of the home work, which we all know is unpaid and often unrecognized. I know there is no shame in homemaking; the shame is in the stereotype that it must be women who do it. I have also questioned the reality of part-time work. Many women remark that it becomes "full-time work for part-time pay."

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Had our situation been different, my husband might have been the one making the change. For now, I am satisfied with my choice, and I know that nothing is permanent. It may actually be my belief in feminism that allows me to make the proactive, independent choice to live more life with my family. Time is a nonrenewable resource, and Instagram constantly reminds me that 90% of the time you have with your kids is before they turn 18. (Why do sentimental montages of strangers' kids get me every time?!)

As I tell my kids: fair does not always mean equal. I'm going to have to go with that for now. ■

—Caitlin Dunne, MD

References

1. Ontario Pay Equity Office. The gender wage gap. Accessed 17 August 2023. https://payequity.gov.on.ca/the-gender-wage-gap-its-more-than-you-think.
2. Chaikof M, Cundiff GW, Mohtashami F, et al. Surgical sexism in Canada: Structural bias in reimbursement of surgical care for women. Can J Surg 2023;66:E341-E347.
3. Slaughter A-M. Why women still can't have it all. The Atlantic. July/August 2012. Accessed 17 August 2023. www.theatlantic.com/magazine/archive/2012/07/why-women-still-cant-have-it-all/309020.

Getting further away from retirement, and loving it!

"So, Doc, . . . when are you planning to retire?"

"I hope you're not planning on retiring anytime soon."

These are two comments/questions I hear more often these days. Some of my patients are getting increasingly anxious as they see more grey hair on my head (or maybe it's that they are seeing less hair!). They also hear from the media and their social circles how challenging it is to find a family physician who is accepting new patients. Our medical office receives countless calls every day from people trying to find a family physician and asking if any of us are accepting new patients. As is the case with most family physicians, the answer is in the negative.

Our local division of family practice has successfully attached thousands of patients over the last few years and continues to do so, despite a number of family physician retirements from our community in recent years. As with the rest of the province, we still have a long way to go. As the province launches its Health Connect Registry through HealthLinkBC, it will be interesting to see if the recent Longitudinal Family Physician Payment Model will have any effect on attachment numbers.

Back to the question that many of my patients are asking me. My original plan, earlier in my medical career, was to start thinking about retirement in my 60s and to spend more time with my friends and family. Well, stuff happens, or something like that, as the saying goes. Five years ago, as this journal was celebrating its 60th anniversary of publication, I made a difficult personal decision, which some people call the worst financial decision a person can make. However, you can't put a price on health and happiness, and my health and personal happiness have improved significantly since that decision. As a direct result of my decision, I have some financial obligations that continue for another 6.25 years, but who's counting? I harbor no resentment about this. I just look forward to paying off my debts as anyone else would.

Additionally, I purchased my dream home a few months ago. This added significantly to my happiness and to my financial obligations for the foreseeable future. When my bank's mortgage professional was assessing my qualifications for a new mortgage with a 25-year amortization, one of his questions was about my retirement plans. He was very polite and professional in his questioning: "So, Dr Chapman, we are approximately the same age, and I am easing into retirement this year. May I ask what your plans are for retirement?" My answer to him was that with my new mortgage in place, if my health allows (G-d willing), I plan to work well beyond my original 6.25-year retirement plan!

I love coming home from work each day to my new home; it feels like I am on a permanent vacation. Besides the financial obligations, I also love going to work each day. My work is now affording me my dream home. I have great partners and fantastic staff. My life partner is also a family physician, and she is another reason why I enjoy my work and my life.

The last time I opined on the topic of retirement was more than 11 years ago [*BCMJ* 2012;54:118-119]. In that editorial, I spoke about retiring in stages. The next stage of my retirement will be to retire from this esteemed Editorial Board (likely in late 2024). I have completed 15 years in this role, and now that term limits have been introduced, I have exceeded those limits. I also plan to

Continued on page 281

A fond farewell to Dr Cindy Verchere and a warm welcome to Dr Sepehr Khorasani

Cindy Verchere, MD

Sepehr Khorasani, MD

Dr Cindy Verchere has served on the Editorial Board of the *BCMJ* for over 14 years. Although we wish her the best in retirement, she will be tremendously missed. Dr Verchere's fondness for puns brought levity to our meetings, while her experience and sharp wit made her a valuable member of our team.

Simultaneously, we are pleased to announce the addition of Dr Sepehr Khorasani to the Editorial Board. Dr Khorasani is a general surgeon from Vancouver Island with subspecialty training in colorectal surgery. He has an interest in research and quality assurance and holds a master's degree in clinical epidemiology and health care research from the University of Toronto.

Although bad medical puns are hard to stomach, as a final tip of the hat to Dr Verchere's sharp wit, we hope you will indulge us in this attempt to be "humerus." Q: What operation most commonly involves Lego? A: Pediatric plastic surgery.

or the fur pelts" (J. Wilson, electronic communication, 21 April 2023).

There is room for different ethical views concerning the treatment of animals. However, these views must take into consideration the facts, and the facts are that domesticated animals like pigs and cows have complex cognitive and emotional lives, can establish sociable relations with humans, and objectively suffer on most farms when raised for food, and there are alternative farming practices and foods readily available.

As physicians, our promotion of human rights over the past several decades has been revolutionary and has meaningfully moved toward delegitimizing unjust structural hierarchies based on race, religion, and gender. However, insofar as these rights have sometimes been defined in stark contrast to animals (e.g., don't treat them like animals) there have been mixed consequences. Defining human rights based on a strict animal-human divide may lead to the unjust disregard of the rights and interests of animals. In contrast, acknowledging that animals are similar to humans (versus humans as similar to animals or superior to animals) could lead to less prejudicial attitudes toward other people.[1]

As physicians, we need to expand our circle of moral concern to include not only all people, but also animals we use for food, like pigs and cows. And not only moral concern; we also need to provide some degree of political and legal standing. Notably, the US military no longer recognizes military working dogs as equipment, but more as personnel, which grants them some protections from abuse and slaughter when they are older and need to retire.[8] Other animals could also be granted the right not to be treated as mere property.

Given pandemic risks and environmental impacts of animal agriculture, the issues of justice and rights for animals can also be framed as a matter of self-interest.[9] Being compassionate and taking the welfare and interests of animals seriously will ultimately help us as well. It is also entirely reasonable for physicians to advocate against the unnecessary suffering of animals on the basis of their individual rights and interests, along the lines of physicians advocating against the abuse of people on the basis of their individual rights and interests. These considerations can be manifest in some of our daily decisions and food choices. ■

References

1. Kymlicka W. Human rights without human supremacism. Can J Philos 2018;48:763-792.
2. Allen C, Trestman M. Animal consciousness. Stanford encyclopedia of philosophy archive. Revised 24 October 2016. Accessed 12 May 2023. https://plato.stanford.edu/archives/sum2023/entries/consciousness-animal.
3. Wolfson D. Beyond the law: Agribusiness and the systematic abuse of animals raised for food or food production. Anim Law Rev 1996;2:123-154.
4. National Farm Animal Care Council. Code of practice for the care and handling of beef cattle. 2013. Accessed 12 May 2023. www.nfacc.ca/codes-of-practice/beef-cattle.
5. National Farm Animal Care Council. Code of practice for the care and handling of pigs. 2014. Accessed 12 May 2023. www.nfacc.ca/codes-of-practice/pigs.
6. National Farm Animal Care Council. Code of practice for the care and handling of dairy cattle. 2023. Accessed 12 May 2023. www.nfacc.ca/codes-of-practice/dairy-cattle.
7. Melina V, Craig W, Levin S. Position of the Academy of Nutrition and Dietetics: Vegetarian diets. J Acad Nutr Diet 2016;116:1970-1980.
8. Voice of America. US mandates military dogs be retired in US. 26 November 2015. Accessed 12 May 2023. www.voanews.com/a/us-mandates-military-dogs-be-retired-in-us/3074590.html.
9. Bernstein J, Dutkiewicz J. A public health ethics case for mitigating zoonotic disease risk in food production. Food Ethics 2021;6:9.

Continued from page 278

retire my pager this year. Although I still juggle 3 call schedules and am on call on average 4 times a month, my cellphone has made my pager obsolete. The pager has been useful when on call and in an area of poor cell reception, but its retirement is long overdue.

From a work perspective, I am at the same stage now as I was when I wrote that editorial in 2012, although arguably I may be further away from retirement now! However, from a personal perspective, I am far happier in my life. ■

—David B. Chapman, MBChB

Correction: Shifting access to apps—availability through the College Library

The College Library article published in the September issue (*BCMJ* 2023;65:264) has been revised online. The authors provided the following content postpublication:

- Essential Evidence Plus is available from the CMA until December 2023.
- The CMA's subscriptions to CPS and DynaMed were discontinued as of June 2023.
- The CMA Library is now a corporate library; the CMA will stop providing clinical tools and services as part of CMA membership as of December 2023. ■