

Childcare

Join Y. Luh, M.D., FACP, FACR



In my more than 13 years in Humboldt County, I'm lucky to still be at my first and only job since residency. I've seen young physician families come and go. Granted, there were multiple reasons for the departure of these physician families; however, a major challenge is always childcare.

A few years ago, I recall talking to a young physician who had moved to the area a few months earlier and asked how things were going. He told me that he and his wife were having difficulty finding a baby sitter for his kids so they could have a date night. They had plans from the past weekend ruined due to a baby sitter canceling at the last minute. I told him that I definitely had my share of baby sitter fiascos.

It's tough for physician families with young children, especially if they have no extended family locally. Not only is the new physician getting to know their new practice, learn where all the amenities/stores are located, as well as trying to pass the oral boards (for those specialties that have one), and studying for the radiography and fluoroscopy licensing exam (only in California!), they're also dealing with the huge expense of relocation and getting established. And the new physician often is still paying off medical school loans. That doesn't leave much bandwidth for a social life--only to be sucked away by childcare responsibilities.

Maddie (aka Madeleine Ramos, MD, my spouse) and I have had some great and reliable baby sitters. But even with great and reliable baby sitters, we've had our fair share of baby sitting disasters. Although we had some great high school and college students who regularly provided baby sitting so that Maddie and I could enjoy some time to ourselves, we also had our share of those who canceled at the last minute--and the

reasons ranged from having a UTI to having an important/emergency outing with friends that s/he totally forgot about. But I believe nothing will ever top this story I told the young physician who was bummed about his childcare situation.

After settling down in Arcata, I managed to acquaint myself with a few Humboldt State University students. One of them, Kevin (name changed), was great in keeping me in the loop on events that took place on campus. Back in 2010, a well known comedian was coming to HSU, and I really wanted to see him. Kevin was able to get tickets for Maddie and me. Maddie arranged for a sitter, who we will call Valerie, whom we knew well and had a good track record with. It was Friday, and I managed to finish work early. I even got a chance to stop by the Van Duzer theater, see the event posters, and chat with a few of the HSU students who were organizing the event--it was going to be a fun evening. After dinner and a shower, our sitter arrived just in time. Just as we were about to head out the door, our daughter (who was 4 at the time), suddenly vomited--projectile fashion. Valerie jumped off the sofa, ran to the kitchen to grab a trash can, and as she ran towards our daughter, she fell forward, landing on her side, severely twisting her ankle. Valerie was moaning in pain and was barely able to get up. I thought, ... maybe I could still go by myself--NO! Bad daddy! Selfish husband!

Maddie took Valerie to Mad River Community Hospital (no fracture, just a bad sprain but still requiring crutches) and I stayed home with the kids. I had to call Kevin not to wait for us, and to either sell or give away our tickets. I was crushed--an evening ruined and naturally, I was mad at my daughter for starting the whole cascade (actually our fault for letting her eat left-

over sushi). Fortunately, everything worked out well, but it was a disaster when it occurred.

When it comes to social life, a young physician family can be radioactive (unrelated to my profession). Regardless of the amount of advanced planning, there are bound to be last minute issues that will pour ice water on any plans. This can make participating in events that involve tickets and assigned seating elusive. It's safer to invite childless couples, or those with grown children. Not only are they less likely to cancel due to a sick kid or baby sitter cancellation, they're also able to stay out a little later because they don't have to worry about getting back to their kids (or relieving the sitter). Several years ago, I remember inviting a young physician couple to a school dinner auction to sit at our table, and on the day of the event, not only was their child sick, but the baby sitter had also canceled on them. With fewer opportunities to network and connect with the community, many of these young families left the area to be closer to extended family. I'm sure many physicians and their spouses have stories about childcare fiascos, and some may even have a story to top mine. I'd love to hear them.

Nevertheless, the topic begs the question--should hospitals and/or large clinics provide childcare to physicians (and all health care professionals) who work there? It's been established that "hospitals are hurt when employees lack child care: Workers run late or are forced to take days off, their productivity falls, and turnover rates are high." [1]

This problem has been exacerbated by the pandemic with kids having to stay home for remote learning. They no longer

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responsibility among many players, so no one gets the full blame for the system not working.

***Social Distancing:** The commonsensical notion that keeping away from others will help slow the spread of the Corona virus. This simple public health measure has been known for thousands of years. However, in an act of magical thinking, millions of people feel that crowding airports and airliners to fly home for the holidays trumps commonsense, and because "it's Christmas," God will smile upon them, reality will be suspended and no one will get sick. We've seen how well that's been working, lately.

Solo Practice: A medically endangered species, about to be devoured by the health care cooperative monster.

Specialist: the apex of the medical pyramid. These are the physicians who command the high fees, and extravagant life style of the golf course. However, since they're only marginally higher on the food chain than the Primary Care docs (see above), their days may also be numbered -- to be replaced by robots and computer algorithms.

Stat: A word invented by television, to give dramatic impact to essentially boring TV medical dramas. However, in a case of Life imitating Art (or imitation art, as the case may be), real medicine has adopted the word, so now all physicians can feel like TV stars.

Tort Reform: Anathema to the trial lawyers of America. As opposed to health care reform, this is tinkering with our inalienable rights to sue the pants off one another, irrespective of the true facts of what may have occurred. Since the overwhelming majority of our legislators are lawyers and not physicians, we can see that tort reform will happen about the same time campaign finance reform is enacted -- possibly before the Tricentennial.

Utilization Review (UR): Yet one more level of administrative bureaucracy placed in the hospital environment to second guess the motivations of both physician and patient for the patient's presence in the hospital. When UR guidelines are carried to their logical extremes, we shall have a nation full of completely empty hospitals; a monument to a bygone era.

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have the structured all-day schedules we previously just dropped them into every morning. With schools closing in-person classes, many parents have been left without daytime childcare; they don't have the money to keep paying out of pocket for childcare (if this can be done safely). As a result, oftentimes child-care chores will fall to kids cared for by grandparents, who are among the highest-risk groups for contracting and dying from COVID. Obviously, this isn't a good idea.

In this day and age, families are moving around a lot more. The connections that formed in a village decades ago with several generations living in the same town, a strong network of church parishioners, neighbors who looked after each other and families with 2 parents--are all getting weaker. Gone are the days when, as a 10 year-old, I was able to spend an entire day riding my bike with the neighborhood kids, going to the beach, stopping at 7-11 for a Big Gulp, and ending up at someone's house to play video games--and my mom having no clue as to where I was until I was home for dinner. Ironically, I'd have a panic attack today if I didn't know where any of my kids are for more than 15 minutes. You see the disconnect? We want more child supervision today, but the social fabric that once provided that for free (when we weren't acting like heli-

copters), has faded.

This is a nationwide problem for both residents in training and practicing physicians, but we can really feel it in Humboldt. When grandparents are several flights away, childcare emergencies can wreak havoc on work productivity--forget the social life. Lean six sigma really doesn't take into account this variable when it comes to human resource management. There are social determinants of productivity, and a major determinant is childcare. Strange how little has been done on an institutional scale to address this very stubborn and persistent determinant of productivity--as long as we remain potent and fertile. Workplace childcare is actually a great business case. It would definitely help with physician recruitment/retention and partially, at least, address burnout.

Dr. Rija Siddiqui said it well in her Bloomberg piece: *"Employer-based day-care centers are not a novel idea, and most hospitals do advertise child-care options for its employees that are in close physical proximity. The problem is child-care options aren't set up to accommodate traditional work hours -- not the hours of doctors, nurses, respiratory therapists, laboratory technicians, sanitation services, or other health-care personnel."*

"Many parents know the feeling all too well: A meeting ends well after you need to leave to pick up your child, and the panic and hurriedness ensues as you rush to daycare before closing time."[2]

But as a physician, you can't just leave a patient because it's time to pick up your kid from day care. I've been guilty of being late picking up my kids with fuming day-care staff giving me the evil eye, standing at the door trying to close for the day. Of course, the responsibilities of patient care don't disappear when your child gets sick and you get that nauseating call from the school or daycare telling you that you need

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to pick up your child immediately. What do you do? Unless you have a spouse with a flexible schedule, or a family member to pick up the slack, you either cancel the rest of your clinic or try to sneak your kid into work (that's how some of us met each others' kids). There's gotta be a better way.

* * *

After this pandemic is over, I hope we can come up with a structured way to provide predictable childcare for physicians and other healthcare professionals, if not for all healthcare employees. Otherwise, we'll still have to resort to Craigslist, word of mouth referrals, the Nextdoor app, or parents.

For social events, during pre-COVID times, the Humboldt Del-Norte Medical Society organized monthly Friday PM Rounds, typically on the first Friday of each month at some venue in Humboldt as an opportunity to meet other physicians in the community in a family friendly environment (depending on the venue, of course). It's been a great forum to meet new physicians and their families. We've had events at a lot of cool places (Ingomar, Baywood, Eel River Brewery, the Madaket (yes, the boat), the former Motorcycle Cafe, the Pub, Eureka Inn, Ramone's, a few physician homes, a food truck, and several office practices. I'm looking forward to having these events again in person. §

NOTES:

1. Ricks AE, Ricks S. “Hospitals Should Provide Day-Care for Children of Employees. JAMA. 1983;249(15):2090 - 2091. doi:10.1001/jama.1983.03330390082042

2. Siddiqi, R. “I’m a Hospital-Worker Mom, and I Need Daycare on the Job.” Bloomberg CityLab. May 8, 2020. Accessed 12/25/20. <https://www.bloomberg.com/news/articles/2020-05-08/health-care-workers-need-better-child-care-options>

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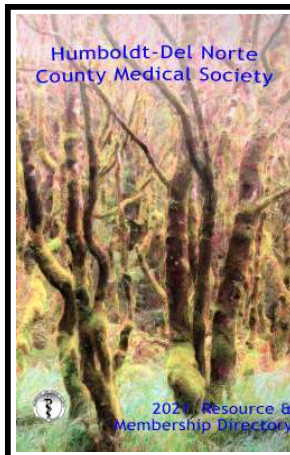
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