



# *Surgical lifestyles:*

*Dual-surgeon households strive  
to balance work, family, play*

*by Diane S. Schneidman, Senior Editor*

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**T**he surgical population just isn't what it used be, and neither is the lifestyle of the people who compose it. While the profession remains male-dominated, more women are choosing surgical careers and bringing with them their own sets of concerns. Further, two generations of individuals—the Baby Boomers and Generation X—now comprise a large share of the surgical workforce. Members of these generations have a different value system than that of their forebears, who were more likely to put their professional commitments before their personal lives.

These two factors—more women of childbearing age entering surgery and a new generational mind set—have combined to create a changed surgical lifestyle. Families headed by two surgeons or a surgeon and another physician are no longer rare. Like all dual-income families, those led by two surgeons face a constant struggle to balance work, child-rearing, and leisure. However, surgery's emotional, physical, and time demands make the cultivation of a stable lifestyle even more complicated.

This article provides some information about the changing surgical workforce. It also examines some of the issues that are unique to dual-physician families, including concerns about time management and juggling work and home life. Surgeons offer their insights into the professional and personal advantages and disadvantages of being married to someone who also is in a similar profession. The surgeons interviewed for this piece reflect on how they have been able to maintain their enthusiasm for surgery and have the energy to raise children. This article also discusses how the American College of Surgeons is working to respond to the needs of a more time-pressed and autonomous generation of surgeons.

### **Changing demographics and demands**

According to the most recent available data, approximately 20 percent of currently practicing surgeons are women, and that number is likely to climb in the future, given that women represent about 27 percent of entering and more than 23 percent of graduates of surgical training programs.\* So, while

surgery remains a male-dominated profession, female surgeons are becoming a significant segment of the population.

Like their male counterparts, most women surgeons (more than 60%) marry, and 40 percent of women surgeons have children. Women surgeons who do wed tend to marry other professionals, such as attorneys and other physicians, who also deal with great professional demands.†

Meanwhile, graduates of the core surgical specialties are, on average, 33 years old, while the average retirement age of a surgeon is near age 63.\* Although the experts on demographics disagree somewhat on the exact age range of the people who are in these two generations, they generally agreed that Baby Boomers currently range in age from their late-thirties to their late-fifties, and Generation Xers range in age from their mid-twenties to late-thirties. In other words, individuals in these two generations represent the largest share of surgeons currently in practice or in training.

Members of these generations tend to place greater emphasis on their personal lives and are less loyal to a specific cause than were members of the World War II generation. They want to have a good family life and time to explore their interests outside of work.

### **Nothing new**

While surgeons have been marrying other members of the health care professions for years now (largely because they spend so much time in the hospital setting and rarely have time for purely social activities), the contrasts are notable between the expectations of the generations that comprise the current adult population. Until recently, women who worked in the health care environment and married surgeons would leave the profession to raise the children, or surgeons would seek out a spouse who preferred to be solely responsible for family matters.

For example, Andrew D. Burch, Sr., MD, FACS, a general and thoracic surgeon in private prac-

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\*Kwakwa F, Jonasson O: The longitudinal study of surgical residents, 1994 to 1996. Web site: [http://www.facs.org/dept/jacs/lead\\_articles/jun99lead.html](http://www.facs.org/dept/jacs/lead_articles/jun99lead.html).

†American College of Surgeons: Online guide to choosing a surgical residency: Career lifestyle issues. Web site: <http://www.facs.org/medicalstudents/lifestyle.html>.

tice in Mobile, AL, met his wife, Mary, when she working as a dietician at the hospital where he was training. They produced a total of nine children—five girls and four boys. Almost needless to say, Mrs. Burch chose to be a stay-at-home mom. (For more details about Dr. Burch’s family and lifestyle, see the related story on page 28.)

Other women health care professionals decided to stick with their profession and raise a family at the same time. John Sawyers, MD, FACS, met his wife, Julia Sawyers, MD, while he was doing his surgical residency and she was in medical school at Vanderbilt University, Nashville, TN. Dr. Julia Sawyers said she grew up wanting to become a surgeon, like her father. However, when she was in college, surgery “maybe was not as kind and friendly to women surgeons as it is now,” she said.

Drs. John and Julia Sawyers had the first of their three children when she was a third-year medical school student. Dr. Julia Sawyers went on to complete her training in anesthesiology and to pursue a career in that field because it provided a more scheduled workload than did other medical professions. She was able to take six weeks of maternity leave with each of her children and was on call only one night per week when the children were growing up.

Even so, Dr. Julia Sawyers said that being a medical professional and mother at the same time often left her feeling “really kind of torn in half.” When she was at work, she would worry about the children, and when at home, she’d think about her patients. “Getting peace of mind was difficult,” she said.

The tension between work and home life wasn’t as pronounced for Dr. John Sawyers. “I always put professional demands first,” he said. “In retrospect, I wish I had spent more time with my family, but it really wasn’t an option at that time.”

“In those days [the 1950s through the 1970s], you did what you had to do, and your children accepted it,” added Dr. Julia Sawyers.

Drs. John and Julia Sawyers said that the key to balancing their professional careers with child rearing was finding responsible people to care for their children. They found two women who fit the bill. One was a mature woman whom they hired to stay with the children when they were very young, and the other was a college student who lived with the family for several years.



After many years of striving to raise a family and maintain a general surgery and anesthesiology practice, respectively, Drs. John and Julia Sawyers now enjoy retirement together.

Other ways the couple found to balance work and family commitments included mixing family trips with professional meetings. This practice also afforded them opportunities to cultivate some sort of social life. “We met a lot of our current friends through meetings,” said Dr. John Sawyers.

Many of these friends were from outside the U.S., because the Sawyers found that their lifestyles were more comparable. “A lot of European surgeons’ wives were physicians, so when we’d get together at meetings, we had a lot in common,” Dr. Julia Sawyers added.

Aside from international surgical meetings, Dr. Julia Sawyers found that the opportunities for social contact were much more limited. “I was pretty isolated from a social life at the time,” she said. “I didn’t see a lot of my friends.” Nonetheless, she said, “I would never regret what I did. When I



Drs. Klove and Harris enjoy time away from practice with their sons, Jeffrey (left) and William.

would be around the surgeons' wives who did not work, they didn't have anything to do. I suppose it would have been nice in some ways, but not very challenging. I had the best of both worlds."

Drs. John Sawyers and Julia Sawyers both indicated that they have noticed a marked change in the attitudes of younger surgeons and physicians. "Now, there seems to be more equal sharing of the load in terms of raising family," Dr. Julia Sawyers said. Additionally, "Younger surgeons are demanding more time for themselves and their families," she said. "When we were practicing, if you were on call, you just accepted the responsibility."

### ***Willingness to compromise***

Because there is indeed more equal sharing of family obligations, both partners in young-surgeon couples are likely to feel torn between hospi-

tal and home. "I don't want to look back and think that I didn't spend enough time with my kids," said James B. Harris, MD, FACS, a general surgeon in Greenville, SC, and a father of two boys—Jeffrey, age nine, and William, age seven.

To help balance their time between work and family, some young surgeons are leaving behind the long work hours and on-call demands associated with private practice together for the more regimented world of academic medicine. Dr. Harris, and his wife, Karin L. Klove, MD, FACS, also a general surgeon, are among them.

Drs. Harris and Klove met when they were both in surgical residency at the University of Southern California. After completing their training, they went into private practice with two other surgical oncologists in Sacramento, CA, and started a family.

When their boys were preschoolers, Drs. Harris and Klove were able to schedule their child care situation around their time providing patient care. But as the children began entering school, participating in extracurricular and athletic activities, and so on, the couple found that Jeffrey and William needed more of their time and attention.

At the same time the demands of family life were growing, so were their professional pressures. "We had a hard time because with managed care coming in, we had to increase our patient load," Dr. Harris said. "We were booked out seven or eight weeks in advance."

To help simplify matters, in 1998, Drs. Harris and Klove decided to seek out a quieter way of life. They moved across the country to Greenville, SC, which was less populated and had a marketplace that was less managed care-driven. Additionally, the couple opted to pursue an academic career path, which offers a more practical work schedule.

"It allowed me to back off practice," Dr. Klove said. "I'm often home when the boys get home from school, and I'm on call only half as much as before."

"Academic practice does mean less pay, but you have to ask: Is it worth the extra bit of money to miss out on being there for your kids?" added Dr. Harris. "We have tried very hard not to let surgery control our lives. You have to control it, or it will control you. You've got to remember that the job doesn't always love you back."

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Like Drs. Harris and Klove, James R. Korndorffer, MD, FACS, and Melanie Leopard Korndorffer, MD, FACS, Montgomery, AL, are both general surgeons and have two young children—Caroline, age six, and Charles, age two. The Korndorffers also met during residency, and they went into private practice after completing their training.

When Caroline was an infant, the Korndorffers lived in a rural community and found that juggling their careers with family life was difficult but not impossible. “We had a nanny. Being in a small town at the time, it was easy to find someone we knew and trusted to care for our daughter,” Dr. Melanie Korndorffer said. Also, “The nanny could bring the baby in to be fed between cases.”

Once Charles was born and Caroline entered school, the balancing act became more difficult. Dr. Melanie Korndorffer was in a five-person group practice, and some of the partners were fearful that she would put family before professional demands. Additionally, she experienced some complications during the second pregnancy. Given all these factors, she opted to take a few years off from practice.

“I’m very fortunate that she’s been willing to put her professional life on hold for a while for our benefit,” Dr. James Korndorffer said.

To help make it possible for his wife to return to practice within the next couple of years and for him to devote more time and energy to his young family, Dr. James Korndorffer is pursuing academic practice. Later this year, he will begin a two-year fellowship in advanced laparoscopy at Tulane University’s Center for Minimally Invasive Surgery in New Orleans, LA. After finishing that training, he hopes to enter academic medicine. “Most academic practices are in larger cities, where more opportunities would exist for dual-surgeon families,” Dr. Melanie Korndorffer said.

### **Rewards**

Although both couples have found themselves making some significant changes and sacrifices to keep their houses and careers in order, they agreed that marriage to another surgeon is highly rewarding.

“We both understand the stress that the other one is going through,” Dr. Harris said. “At least



Drs. James and Melanie Korndorffer with their children, Charles and Caroline.

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she can understand when I have to devote a lot of time to a complicated case. If your spouse is not in medicine, that could be a problem.”

In terms of being in academic practice together, Dr. Klove said she and Dr. Harris are “both stimulated by medicine and learning. We both appreciate the joy of teaching residents about surgical judgment and compassionate patient care.”

Other surgeons like the ability to consult with their mate. “I can go to her and get an immediate second opinion,” Dr. James Korndorffer said in reference to his wife. Further, “I have no question that she’s going to understand that dedication to the patient is a given.”

Additionally, both dual-surgeon couples indicated that they enjoy attending conferences together and sharing the knowledge they acquire at the meetings with someone who is truly interested

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in learning about the topic. Like the Sawyers before them, Dr. Harris and Dr. Klove and Drs. James and Melanie Korndorffer noted that attending surgical meetings together provides opportunities for them to work in leisure time with their children.

### ***Problems and solutions***

Although families headed by two surgeons find that meetings are helpful in terms of enhancing their professional knowledge and of opening gateways to traveling and spending time with their children, they find that many programs are not designed with their needs in mind. For example, the College's Clinical Congress no longer includes child care. So, for families who have children who are in preschool, it is difficult for both parents to attend sessions at the same time or to locate child care in the cities where the meetings are held, young surgeons have said.

Further, some women surgeons still find that they are out of place at medical and surgical meetings. "I was the only woman at the last Alabama Chapter meeting," Dr. Melanie Korndorffer said. "When I asked some of the women I know if they were going to the meeting, they said they didn't have any interest in attending."

Dr. Melanie Korndorffer also suggested that more of the sessions at meetings such as the Clinical Congress should be aimed at "real life" issues. "At one of the recent Clinical Congresses, there was one set of courses for married clinicians but one of the speakers just talked about finding a nanny and wearing the right-colored clothes." Young, dual-surgeon couples would like to see more presentations about negotiating for less on-call time and improved maternity leave policies, dealing with the competitive marketplace, understanding contract negotiations, and changing one's lifestyle without leaving the profession. The surgeons also said they would like the College to sponsor sessions that demonstrate the advantages of including women and part-time members in group practices.

The College recognizes that the number of dual-surgeon households is growing and that these families face unique challenges. The organization is working to help resolve some of their concerns. For instance, the College's Committee on Women's Issues is working with the Association of Women Surgeons to help draft maternity leave guidelines

for institutional settings. Furthermore, the committee is planning to present a program at next year's Clinical Congress focusing on the concerns of women surgeons and parenthood.

In addition, the College's Committee on Diversity is examining resident work hours and how they can be modified to ensure that surgical residents receive the appropriate training but can still have time for leisure activities and a family life.

Overall, though, what seems to help dual-surgeon households maintain a positive perspective on balancing their personal and professional demands is simply focusing on why they chose a surgical career in the first place.

"Absolutely there are fields that are much more favorable for having a family life," Dr. Harris said. "There is so much negative stuff—decreased payment, increased regulation—that you really have to find that component of general surgery that makes you happy" and that offers enough flexibility to enjoy the rewards of family life. □