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Physicians and Infertility: Breaking the Silence

Shivani Kamat, like most of us, is good at setting and achieving goals. When it came to having a child, however, she discovered that planning and intention didn't help much. After six years of a long-distance relationship, when Shivani and her ophthalmologist husband both finished training, they decided to start a family. She was 35. Shivani and her husband then experienced multiple years of infertility. Now a glaucoma specialist and Glaucoma Fellowship director at University of Texas Southwestern Medical Center, Shivani notes, "For people used to getting things done, it can be a shock to have so little control over what many consider one of the most important aspects of life."

Infertility among women physicians is surprisingly common. While approximately 12% of women are infertile,¹ nearly 25% of women physicians report infertility issues.² Awareness about the issue and its contributing factors is necessary, as are strategies for supporting our colleagues.

Many women physicians delay childbearing until after residency and fellowship. The average age for completing medical training is 31, and the average age for women physicians to first give birth is 32. In contrast, the average age for first childbirth for women in the general population is 27.³ According to Ariela Marshall, a hematologist at Penn Medicine who experienced infertility after postponing childbearing, other factors may include long hours, stress, poor diet, lack of sleep, and the irregularity of shift work.

But even though infertility rates are so high among women physicians, medical students and residents are typically not aware of the risks. Furthermore, because women—perhaps especially women in medicine—don't readily disclose their struggles with infertility, medical students, residents, and young ophthalmologists don't know about the infertility challenges experienced by their colleagues and mentors.

In an article in *Academic Medicine*, Ariela and two colleagues who also experienced infertility propose three strategies to address physician infertility: increasing fertility education, providing insurance coverage for fertility assessment and management, and offering practical support for physicians undergoing fertility treatments.⁴

In ophthalmology, Shivani hopes to decrease the stigma by talking more about infertility and increasing awareness

among her colleagues. Ariela and her coauthors recommend that formal training in fertility awareness and management, as well as options for cryopreservation, begin during premed years and continue throughout training.

One significant issue is the cost of fertility treatments, which is typically not covered by insurance. Young physicians often don't have the financial resources to pursue treatment. One proposal is for academic and private practice institutions to offer coverage that defrays the cost for fertility treatments and for cryopreservation. Shivani recommends that young women consider freezing eggs when they are in their 20s "as soon as it's financially feasible."

Shivani also describes the practical challenges of fertility treatment for a busy clinician. For example, she needed time off for appointments at very specific times and had to take medication four times a day. "The process is emotionally demanding, and the timing for procedures, appointments, and medications is inflexible." Ultimately, she decided to take time off from her practice to focus on the process. Ariela and her colleagues emphasize the importance of institutional support for those going through infertility treatment. They suggest that residency programs develop innovative strategies to support childbearing and infertility treatments during training.

In looking back, Shivani shares that both infertility and its treatment are isolating and lonely. She hopes that boosting awareness about the infertility challenges of many of our female colleagues will increase organizational support.



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1 Beroukhim G et al. *Fertil Steril Rep.* 2022;3(3):204-210.

2 Stentz NC et al. *J Womens Health.* 2016;25(10):1059-1065.

3 Cusimano MC et al. *JAMA Intern Med.* 2021;181(7):905-912.

4 Marshall AL et al. *Acad Med.* 2020;95(5):679-681.