

Finding balance

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When I finished my Internship in the late '80s, I worked a mix of family practice and emergency department (ED) shifts in medium-sized centres across Canada. I soon worked exclusively in the ED, enjoying the intensity and challenge.

As years passed, I became disenchanted — tired of hearing complaints about long waits, lack of services available, and endless complaints about seemingly insignificant medical problems at 3:00 am. My disenchantment came to a head early in my second trimester of pregnancy; I was suffering from low back pain, heartburn, carpal tunnel syndrome, urinary frequency and feet so swollen that the only shoes that fit were Birkenstocks at the loosest setting. “Burnt out,” I quit, months before I’d planned to. I didn’t care if I ever came back to the ED. My priority now was to raise a family.

I took off about a year after my twins were born. They were quite a struggle. My “mom-shifts” were not just 12 hours, like in the ED, but 24/7. I was in a new city, with no support, and mostly alone. I felt like a single mom, as my husband always worked.

I just had to get out of the house and back to work. I feared that the stress and hours of the ED would be more than I could handle, so I went back to Family Practice. Although it did provide a change of scene, I soon found myself “tuning out” during those endless visits from patients who were “tired all the time” (like myself).

Then one day I had a patient with an acute GI bleed, and I was enthused, excited, even happy. Every month or two I’d see a “sick” patient and I’d be over the moon. I knew it wasn’t right to be smiling when you have an ill patient in

front of you, but I was “pumped.” So I began to think, consider, wonder, and hope that there was a way to back to the ED. However, by this time we had moved to a city in the US where ED work for me was impossible; my Canadian qualifications weren’t recognized there. At best I was offered a 3-year emergency medicine residency position with the first year off service. At 45 years of age, with 15 years experience, “I don’t think so.”

I was determined to find a way. Fortunately, we lived only 140 miles from the Canadian border. I got a job in Canada in a large ED. My shifts are clustered so that I can make the 3-hour journey only about twice a month. The rest of my time I spend as a stay-at-home mom.

My four years away from the ED was not a waste professionally. For the first time, I was a patient — I was toxic during my pregnancy. I also had the opportunity to live the pseudo-single mom life: another worthwhile endeavour for an ED doc.

The balance that my life lacked PK (pre-kids) had contributed to my burnout. I thought raising small children couldn’t be balanced with ED work. I was wrong. I have balance now and can’t overestimate its value for me. I admit driving 3 hours to another country is a little unusual, but it works for me. I find ED work challenging and rewarding. I arrive home exhilarated. And best of all — when I go to work, people actually appear to listen to me — another nice balance.

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