

MDs, maternity leave and adopted children

Barbara Lent and colleagues recently discussed the parental-leave issue in *CMAJ*.¹ The issue was also raised when the Ontario Medical Association (OMA) was negotiating our recent contract. At first I was pleased that maternity leave benefits would be available under this contract, but I was disappointed to learn that the new program excluded adoptive mothers. As a newly practising pediatrician with 2 young children adopted in residency, I recognize the incredible expense incurred when planning to have a subsequent child.

In announcing the program, the OMA said that “most women were encouraged to take time to establish breast-feeding, maternal bonding and to allow their bodies to recover from the process of childbirth.” Similarly, Lent and colleagues stated that “maternity leave allows women time to adapt to the emotional and physical demands of motherhood and the change in family dynamics, gives them time to spend with their newborn and provides the

opportunity for 4 months of exclusive breast-feeding as recommended by the Canadian Paediatric Society.¹ With the exception of physical recovery following birth, these facts apply to both adopted and biological children.

With this contract, the OMA could have helped show that all children deserve time with their parents after birth. Its failure to fund maternity benefits for adoptive mothers will affect few physicians, which also means that it would cost the OMA very little to extend the maternity-benefits package to allow for such leave. Although many think maternity benefits are to allow for the mother's physical recovery, the goals outlined above do not support this. The Unemployment Insurance Act was amended in 1984 to reflect this by providing 15 weeks of parental benefits to an adoptive parent.

The real reason that we stay home with our children is because we love them and want to provide them with the best start we can. That should be a personal goal as well as the goal of all physicians.

No matter what happens, if I have another child I will take my maternity leave, with or without the financial support of the OMA. This means that I will incur ongoing office expenses and lost billings, in addition to adoption costs of \$10 000 to \$20 000. However, my kids need me and I refuse to treat them differently than biological children. Unfortunately, and as with all minority groups, it is hard to be heard.

Kristen Hallett

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Reference

1. Lent B, Phillips SP, Richardson B, Stewart S, on behalf of the Gender Issues Committee of the Council of Ontario Faculties of Medicine. Promoting parental leave for female and male physicians [commentary]. *CMAJ* 2000;162(11):1575-6.

[One of the authors responds:]

Kristen Hallett underscores quite clearly the importance of parental leave, not only for biological mothers but for fathers and adoptive parents as

well. All physicians welcoming new children into their families should be supported to take time away from their work, so that they can attend to the changing dynamics of their families and the physical and psychological well-being of their children. In writing our commentary we purposefully used the words "parental leave for female and male physicians" to reflect our view that the issue involves more than just maternity leave.¹

While we laud the Ontario Medical Association's new maternity leave benefits, we too were disappointed that these benefits were not extended to fathers or to adoptive parents. Our professional organizations and health care institutions should support physicians' efforts to attend to their own and their families' emotional and physical well-being, so that we can perform as physicians more effectively and so that we can contribute to the health of future generations.

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1. Lent B, Phillips SP, Richardson B, Stewart S, on behalf of the Gender Issues Committee of the

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