

Hot flash: experiencing menopause in medicine

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Menopause occurs at a formative time in a physician's career, with Canadian data showing that age at natural menopause is generally between the ages of 45 and 55 years.¹ Menopause is a life stage during which physicians may expect to increase work productivity, seek academic promotions and move into leadership roles. Given that symptoms can be disabling,² and as many as 80% of people experiencing menopause have common symptoms,³ it is important to consider how to best accommodate physicians as they experience menopause. However, little discussion has occurred on the effect and potential burden of menopause on physicians who are potentially at the peak of their careers. We discuss menopause, its potential effects on the medical workforce and measures that could lead to better accommodation of physicians experiencing menopause to support equity and strengthen health care systems.

A national cohort study in the United States estimated that symptoms typically persist for an average of 7 years over the menopause transition.⁴ Although excellent treatments are available, cross-sectional studies show that 28% and 15% of women aged 40–55 years and 55–59 years, respectively, experience moderate-to-severe vasomotor symptoms.² Other menopausal symptoms include abnormal uterine bleeding and bothersome changes to mood, sleep, cognition and sexual function.³

Much has been written about the impact of menopausal symptoms on work performance in fields other than medicine. Studies have documented a higher likelihood of self-reported poor-to-moderate ability to work among those who report vasomotor symptoms,⁵ although some research reported decreased productivity only when symptoms were severe.⁶ Symptomatic women have been found to be 8 times more likely to report low ability to work than asymptomatic peers and were more likely to report prolonged work absences.⁶ Given the use of self-reported data in these studies, it is possible that, although true job performance is not altered, women with symptoms have an altered perception of their ability to work. A 2019 survey in the United Kingdom also showed that 30% of women had taken sick leave owing to their menopausal symptoms, but only 25% disclosed the reason for their absence.⁷ Women have reported further difficulty managing symptoms when they perceive stigma surrounding discussions of menopause at work.⁸ It is unclear whether these findings can be extrapolated to the medical field or industries involving safety-sensitive work. Specifically, the unique experiences of symptomatic health care providers has not yet

Key points

- Little discussion has occurred on the effect and potential burden of menopause on physicians who are potentially at the peak of their careers.
- Symptomatic menopausal women are 8 times more likely to report low ability to work than asymptomatic peers and are more likely to report prolonged work absences.
- Establishing measures to consider and accommodate physicians experiencing menopause should be an urgent priority to mitigate valuable resource losses and provide a supportive and comfortable work environment.

been well researched. Understanding the experiences of physicians going through menopause and how they align with other health care professionals is an important area for future research. We would suggest that a first step would be to conduct a survey of this population.

Despite a relative lack of data, several compelling reasons warrant consideration of the effects of menopause on physicians. First, an increasingly large proportion of the physician workforce is going to be entering menopause. In 2019, 25% of women physicians were aged 45–54 years, representing 11% of all Canadian physicians, and this proportion is likely to increase.⁹ Physicians at this career stage bring important resources of accumulated knowledge and experience that benefit patient care, hospital administration and public policy. Second, corporate research has described substantial costs to employers associated with menopausal symptoms and has also shown that organizations with more gender equality in leadership positions have financial benefits.⁸ Extrapolating from business literature, it is reasonable to expect that supporting and accommodating physicians during menopause would lead to optimized patient care, as well as financial efficiencies within health care systems.

The third, and arguably most important, reason to consider the effects of menopause on physicians is to provide a supportive and comfortable work environment. Recently, public discourse has highlighted the importance of age and gender equity, both of which are relevant to menopause. Women physicians delay starting families and may establish their careers later than men;¹⁰ female physicians have been shown to take longer to achieve promotion and earn less, on average, than their male counterparts.¹¹ Ignoring physicians' experience of menopause

further disadvantages them. Physicians are typically self-employed and work in a culture that has traditionally valued high productivity. They may be less willing or able to take a leave of absence or adjust their work schedule to accommodate the disabling symptoms of menopause. For example, physicians with refractory menopausal symptoms may not have the flexibility to adjust a call schedule to accommodate debilitating sleep dysfunction or add breaks to clinical duties to cope with severe vasomotor symptoms. Supporting gender and age equality means creating work environments that recognize and support the needs of those experiencing menopause.

In July 2021, the European Menopause and Andropause Society released global consensus recommendations on menopause in the workplace.⁸ As medicine seeks to address issues of equity, diversity and inclusion, menopause should be part of the conversation. When educating faculty and learners about issues of workplace inclusivity, information about menopause and how it may affect colleagues should be added to the discussion. People experiencing menopause should be encouraged and supported to seek treatment for bothersome symptoms. Health care leaders should receive training on how to conduct sensitive and practical conversations with physicians experiencing menopausal symptoms, recognizing that individuals experience different constellations of symptoms. Rather than providing predetermined accommodations, it is more suitable for health care managers to foster a destigmatized environment in which individual physicians can express their needs and feel confident they will be accommodated. Innovative solutions, such as discretionary leave or altered work patterns, may be beneficial for the small number of people who experience intractable symptoms, similar to accommodations considered for colleagues at other important, gender-related life stages. More broadly, it is important to acknowledge that physicians' needs are influenced by their health, gender identity and life stage.

From a public health perspective, menopause is viewed as an important opportunity to improve the health of mature women.³ The life course approach recognizes that biologic or social influences may have profound and lasting effects at certain stages of a physician's career. By recognizing menopause as a challenging time for some, physicians in this life stage can be supported in their efforts to optimize their health and career goals, and valuable resource losses to health care systems can be mitigated. Given that the proportion of premenopausal women in medicine currently exceeds that of men in the same age demographic,⁸ establishing measures to consider and accommodate physicians experiencing menopause should be an urgent priority now.

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