

## Resident to President – The Chronicles of a Lady Pediatrician

An emergency cesarean for preterm birth held me up in the hospital and I reached my clinic late. My ‘posh’ waiting room had morphed into a noisy market square with furious parents and shrieking children. The merciless grilling by the impatient outpatients made my secretary look breathless.

I began my day’s marathon – the OPD. I have just finished seeing a few patients out of a long queue, when my cell phone rings. It is from home – where I am 24 by 7 on-call. Here I am trying to diagnose a child with ‘fever of unknown origin’ and my daughter is narrating her list of paraphernalia on the phone on the other end. I need to pick up all these items on my way home for her science project. As if that is not enough, my domestic helper adds a few grocery items to the list. Between inking prescriptions and injecting vaccines, female doctors also have to play the role of a home maker, which includes being a cook, teacher, launderer, vendor, nurse or practically an ‘all in one’.

“Doc, how exactly do I cook ragi for my baby? Can you recommend a good crèche? Which is the best school in this area? Which toys are best for my baby? Where can I get virgin coconut oil to massage my baby?” These and many more ordinary questions are addressed to me by my patients. So I am expected to be not only their pediatrician, but also a chef, school counselor, toy vendor grocer! I am expected to be able to answer these questions because I am a woman. However, I do not get paid any extra fee for these additional consultations.

As a resident, my life was very different compared to other college girls. A post-duty female resident usually fits the literal description of ‘If looks could kill,’ with disheveled hair, sleep-deprived raccoon eyes, and apron stained with all sorts of fluids, blood, urine, cerebrospinal- or even amniotic-fluid. Though it was no different for our male colleagues, we got addressed as ‘sister’ by the patients while my male counterparts were addressed as “Sir.” Gender stereotyping hits us early on in our career.

And as it happens to most women doctors in our

country, your parents want you to get married when you have just breathed a sigh of relief after MD examinations. While I was looking forward to pursue a fellowship, my career hit a speed breaker because I ‘changed lanes’ and got married. The letters MD soon started to represent ‘Multitasking Damsel in distress.’ I was suddenly thrown from one residency to another, and realized that hospital residency was much easier than the domestic one. I had to cater to in-laws, aunts, uncles and neighbors for any medical problem varying from piles to indigestion. I was their general practitioner. Striking a balance between home and work, while setting up a new practice, was truly challenging.

While I was still striving hard to repay bank loans, I was endowed with a new responsibility – motherhood. Unlike other women who get pampered for nine months, pregnant pediatricians work in labor rooms handling newborns and in neonatal intensive care units trying to deal with the emotional conundrum of parents of sick babies. And if you thought that motherhood brought some respite, alas it was not to be! Post-delivery, while still in the hospital, I was called to attend a delivery because the on-call pediatrician was not available. The silver lining was that since both my babies had probably heard so much about breastfeeding *in utero*, they mastered it perfectly from day one of life! A male colleague who became a father recently, came looking as fresh as a daisy every morning smelling of ‘Old Spice.’ I remember constantly smelling of breast milk!

Years flew by. Everything expanded over time – practice, kids and my waistline. Success kicks off when your hair starts greying and you wear a reading glass to write prescriptions. Amidst attending umpteen annual days, parent-teacher meetings and science projects, my children have grown up. Now my dipping hormones are unable to match their raging hormones. While the pediatric population at home enters adolescence, the senior ones become geriatric. My in-laws, parents and other elderly relatives need to be tended and cared for.

Amidst all the personal and professional juggling, I got pulled into the Indian Academy of Pediatrics office by encouraging pediatrician friends. This was again a new uncharted arena for me, which was predominated by men. However, I took up my duties with zeal. Fueled with passion and dedication, I gradually transitioned into the

role of leader – the President of our branch. I took up this challenge, adeptly concealing the butterflies in my stomach. It has taught me a lot – building a strong team, developing a vision together, taking responsibility for all outcomes whether good or bad, listening compassionately to others, and having the courage to make tough decisions and confidence to stand by them. It has taught me that titles and positions are ephemeral and what is left behind is a legacy of your inspiring work.

I am sure a horde of my women colleagues will relate to my chronicles. Though the world has progressed, India still lives in a patriarchal Indian society, albeit less than before. The number of impediments we face, and responsibilities we have to shoulder, is mind boggling compared to our male counterparts. However, at the end of the day, I would not exchange my stethoscope and

white coat for any other profession. The emotional satisfaction I get is much higher than the money or badges I earn. Neither would I swap my role as a nurturer, mother or homemaker with anything else. At the end of the day, it is becoming skilled in the “Art of Balancing.”

I truly hope for a better tomorrow for all of us – opening new doorways to limitless opportunities, support and encouragement from men, both at home and at work. Let there be no glass ceiling that needs to be broken through.

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