



**Resolution on the COVID-19 Pandemic: ASA Addresses the Systemic Life Imbalances  
Anesthesiologists Are Experiencing**

**(Approved by the ASA House of Delegates on December 13, 2020)**

WHEREAS, the global COVID-19 pandemic has created a tremendous burden for health care workers across all specialties, profession lines, and genders. All practicing anesthesiologists are faced with multiple personal and familial responsibilities that are being tested during this current global crisis.

WHEREAS, while both men and women are affected, there is strong evidence that demonstrate a gendered division of domestic work, indicating that in most families with male-female partnerships, the burden of childcare responsibilities falls disproportionately on the female partner.

WHEREAS, this dynamic, combined with the myriad of stressors created by an evolving global pandemic, has the potential to dramatically and negatively impact the career paths of many female physicians for decades to come.

WHEREAS, Anesthesiology has seen a significant increase in the clinical and scientific contributions from female physicians that are a tremendous benefit to our specialty and our patients. Numerous studies demonstrate the advantages of a diverse workforce, and specifically, an emerging body of evidence identifies concrete benefits that women physicians create for their patients and colleagues.

WHEREAS, the capacity of female anesthesiologists to fulfill their clinical, administrative, educational and research duties in addition to stresses at home and work will be in jeopardy. The fear and stress from working in COVID-19 units and ORs will cause further burdens. Many recent surveys have shown widespread dread and burnout among frontline workers.

WHEREAS, there is an urgent need for unified strategies to prevent all anesthesiologists from experiencing burnout, decreased productivity, decreased engagement, decreased diversity in practices, and decreased quality of patient care.

WHEREAS, we believe that the ASA could promote systemic solutions that will allow all types of practices the ability to begin to creatively realize how they can assist working physician anesthesiologist parents that are trying to balance home life and practicing medicine during this pandemic. Potential ideas that could be supported by the ASA include but are not limited to promoting strategies such as impromptu and emergency childcare onsite, onsite schooling options, community partnerships, flexible work schedules, changes to regular scheduling routines, job sharing options, modifying requirements in promotion processes if time off was taken, and the creation and promotion of support networks by institutions and the ASA.

THEREFORE, BE IT

RESOLVED, that a Committee or Task Force of the President's choice be appointed to address and make a statement on how institutions, employers, and practices could address these issues including, but not limited to:



- Creative, holistic, and flexible childcare options
- Short-term flexible work schedules
- Long-term job security
- Support for workplace re-entry programs
- Considerations such as allowances for time off without penalty or impact on academic, leadership, or partnership promotions process
- Collaborative peer support networks and resource sharing by institutions and the ASA

RESOLVED, that due to the current global crisis, this group's work be given high priority and a preliminary report with recommendations be made to the Administrative Council by the time of the Board of Directors meeting in March 2021. A comprehensive report should be completed by June 2021 and distributed electronically to the membership via the ASA website, and transmitted to the BOD for its Annual Meeting in August 2021.

RESOLVED, that in the interim the ASA ask the Committee on Wellbeing to create a member-accessible online listing of examples of programs from institutions that have already creatively addressed these issues.