Statement on Personal Leave

Committee of Origin: Committee on Young Physicians

(Approved by the ASA House of Delegates on October 17, 2018)

The ASA is committed to the health and well-being of anesthesiologists both at their workplaces and at home. A successful career in anesthesiology should allow for the opportunity to respond to personal or familial needs. The ability to take a leave of absence promotes work satisfaction and career longevity, which should contribute to higher quality patient care.

All employment, including anesthesiology training programs, academic, or private practice group contracts, should have explicit written policies that support and define leave. These policies should apply to situations that may involve: a personal serious illness, the birth or adoption of a child, the care of a sick family member, and/or the safety or cohesion of the family (including mental health emergencies). The category of leave (i.e. vacation, sick, parental, family, disability, unpaid) should be clearly delineated within the contract and should include clear wording on the extent and terms, including a) duration allowed, b) whether leave is paid or unpaid, c) insurance coverage during leave, and d) whether clinical/nonclinical schedule accommodations are allowed.(1) A leave of absence should not be more restrictive than institutional or governing board policy and applicable federal, state, and local laws.(2)

It is the responsibility of the physician anesthesiologist or anesthesiology residents/fellows to notify their employer of a change in personal or family status as soon as is reasonable to ensure appropriate coverage of responsibilities and patient care. For practices with partnership or advancement requirements, leave policies should clearly delineate how leave time affects potential partnership or career advancement. Anesthesiology residents/fellows should be able to return to their program within a reasonable amount of time after leave without the loss of training status; however, residents/fellows must be compliant with current Accreditation Council on Graduate Medical Education (ACGME) policies. Programs should clearly communicate to the trainee whether make-up time will be required and whether eligibility for board certification will be affected, as defined by the American Board of Anesthesiology. This should be discussed prior to leave if possible. Efforts should be made by residency and fellowship programs to accommodate off-cycle trainees to support career aspirations (3-5).

Personal leave:

Physician anesthesiologists and anesthesiology residents and fellows are at high risk for burnout due to workload, long work hours, and cognitive and emotional demands. Burnout is a recognized workplace hazard and can have serious personal repercussions, as well as affect quality of patient care and productivity.(6) Employers should promote wellness and foster a culture that is conducive to physician well-being, which includes allowing leave for personal and mental health reasons.
Personal leave policies should be clearly delineated by the employer, including time allowable and paid/unpaid status.

Family leave:

The health and integrity of an anesthesiologist’s family relationships are essential to personal well-being. A leave of absence to assist with family need, such as illness or aging parents, may be necessary and should be encouraged. Family leave policies should be clearly delineated by the employer, including time allowable and paid/unpaid status.

Parental leave:

Adequate parental leave is linked to improved physical and mental health of parents and infants, as well as increased worker morale and retention. Employers, training programs, and groups should encourage a supportive environment for physician anesthesiologists and anesthesiology trainees who become parents.

Ideally, physician anesthesiologists and anesthesiology residents/fellows should be offered maternity leave of at least 6 weeks (vaginal delivery) or 8 weeks (Cesarean delivery) and paternity leave of at least 6 weeks with the option to extend the leave. Parents should be able to choose less leave time if desired and all leave offered should be in accordance with federal laws. Physician anesthesiologists and anesthesiology residents/fellows who become parents outside of pregnancy (such as via adoption or surrogacy) should be extended the same benefits. Ideally six weeks of paid parental leave, separate from vacation time and sick time, should be available; however, it is ultimately the responsibility of the employer to inform employees on all policies regarding parental leave. Parental leave policies must be clearly delineated by the employer, including time allowable and paid/unpaid status. These recommendations are consistent with those from other specialty societies, including the American College of Surgeons, American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American College of Physicians.(3, 4, 7, 8)

References: