



Dr. Mom

THEY'RE FRUM MOTHERS, DEALING WITH A HOUSEFUL OF CHILDREN, SHABBOS GUESTS, AND COMMUNITY OBLIGATIONS. THEY'RE DOCTORS, DEALING WITH LIFE-AND-DEATH DECISIONS, GRUELING HOURS, AND FREQUENT EMERGENCIES. HOW DO THEY BALANCE BOTH WORLDS?

BARBARA BENSOUSSAN

An

old joke tells of a distraught Jewish mother who runs to a lifeguard. "Help!" she cries. "My son the doctor is drowning!"

Everyone laughs at this stereotypical mother, but historically, Jews have proudly counted medical experts among our midst, and the prestige has only increased as medicine has grown in complexity and effectiveness.

These days, however, "My daughter the doctor" is increasingly common in *frum* circles — not that it's an easy path. *Frum* female doctors-to-be embark on this challenging training process at the same time that they're negotiating shidduchim, marriage, pregnancy, and raising young children. How do they keep it all together and come out on top?

LIFELONG DREAM OR SURPRISE CAREER?

"I've wanted to be a doctor since I was in elementary school," says Shevie Kassai, a fourth-year general surgery resident at the University of Colorado in Denver. Shevie was exposed to the medical field from childhood: Her father owns and operates a long-term care management company, her mother is a registered nurse who used to bring her along to work, and her sister is a physician assistant. "Then I have another sister who's an attorney, and my parents joke, 'Where did we go wrong?'" Shevie says. She recalls her general studies principal at Bais Yaakov of Denver being particularly supportive of her dream. "Even when others discouraged me, looked down on my goals, or balked at them, she encouraged me."

Similarly, Rivky Brown always felt drawn to medicine, even though she's the first person in her family to become a doctor. (The closest thing to an MD in her family is her grandfather's doctorate in chemical engineering.) Her father had



learned in Lakewood until he took a position as rav of a shul in West Orange, New Jersey, at which point Rivky was sent to Bruriah High School. “I’ve always been inquisitive and liked math and science,” Rivky says. “I taught high school math and science while in college.” She wanted to marry a man who, like her father, would learn long-term, so she set her sights on a career that would allow her to support a family. (Her husband is still learning.)

After attending seminary at BJJ, she enrolled in engineering school on the premise that if medical school didn’t work out, she could always go into biomedical engineering. But she was accepted at Rutgers University, where she enrolled in an MD/PhD program. “It’s a long program — eight years,” she says. “But once you’re accepted, medical school is paid for, along with a stipend. You sacrifice a couple years of working, but it’s a good way to make it through financially.” On the other hand, she cautions, “You really have to love research — which I do.” Rivky is currently doing her residency in dermatology in Miami, where she has about a year left, conducting research on inflammation and immunological diseases.

Miri Lieberman describes herself as a “regular girl from Flatbush,” who never dreamed she’d end up in medicine. “I went to high school at Masores Bais Yaakov, and medicine was not something girls were encouraged to go into,” she says. “Most were directed toward Touro College and professions like speech and occupational therapy.”

She went to Brooklyn College, where she found her core chemistry class extremely interesting. Her *frum* professor encouraged her to pursue more science. “I did very well, and another professor suggested I go into medicine,” she says. The idea took root.

Although many people were discouraging, her mother, formerly a dental hygienist, and her father, a business manager, were both supportive but didn’t push. No one in the family was a doctor. Miri struggled to balance her background and prior expectations with new goals and realities, and credits two *frum* female doctors with helping her find direction.

Out of this struggle was born the Jewish Alliance for Women in Science, a support group Miri created while in college. (She’s currently a resident.) “Today the Alliance — we jokingly call it JAWS — is more of a website,” she says. “I have so many other obligations today, it’s hard to be as active as I used to be. But the purpose is to support Jewish women in math and science careers.” The site offers mentoring and announcements of relevant talks, conferences, and classes.

SCHOOL DAZE

Under the best of circumstances, med school is challenging. “There’s so much information, it’s like standing under a fire hose and trying to drink all the water!” Miri says. “I had no idea medical school would be so difficult. You give up almost all your time to focus on that one task of assimilating knowledge into your brain.”

Anatomy lab was emotionally challenging for her, as she dissected cadavers for the first time. All the women found it hard to get used to confronting death on a regular basis. “I remember all of my patients who died,” Miri says. “But there is support in the environment around you, so you don’t deal with it alone.”

Miri lived at home during med school, so her family helped with “laundry, dinner, and everything in between.” Rotations were physically demanding; Miri recalls staying up for night shifts and being so busy she had no time to eat or take care of herself. “I remember being so tired I’d fall into bed without a shower,” she says. “I think everyone in the medical field, *frum* or not, has moments where they just want to quit.”

“Going to med school is *huge*,” asserts Rivky, who had already acquired good study habits and been accustomed to a taxing double curriculum at Bruriah. “It’s demanding on an emotional level. It’s normal within medical culture for students to be yelled at, blamed for things, called to account in public. You see upsetting things — people dying, a health care system that’s flawed.”

Post-graduation, the hard work is not over. Residency is equally arduous. “I think most MDs are Type-A people who want to do everything well,” says Jessica Triest, a fifth-year attending physician in emergency medicine at Beaumont Hospital in Detroit. “You want to be a good wife, mother, cook — but you’re working 80 hours a week! Something has to give.

“In my case, it was the food — I think I didn’t cook for three years! I’m not even sure who made supper for my family. They lived on a lot of chicken nuggets and mac ‘n cheese — we were in survival mode. My other friends were packing lunches for their husbands, but I needed someone to pack lunch for *me*!”

After four years of medical school, students choose a specialty. Shevie had entered medical school confident she would specialize in nephrology (kidney disease), but after shadowing a kidney transplant surgeon for six weeks, she began considering a career in surgery. “I was enthralled by the concept that as a surgeon, you don’t manage chronic diseases, but instead can often cure them using a combination of medical acumen, anatomic knowledge, and technical skill,” she says. “Now I couldn’t be happier!” Though surgery was once considered a “gentlemen’s club,” Shevie’s program is 50 percent women and very family friendly.

Rivky, who liked surgery but didn’t like the OR, chose dermatology, where she could combine clinical and procedural practice with research. “Dermatology’s a specialty that’s less disruptive for *frum* women,” she avers. Miri also chose dermatology because it’s mostly outpatient, encompasses

patients of all ages, and is visual: “You see the condition that’s being treated,” she says. “It involves hands-on work doing procedures and surgeries. I was always a do-it-yourself type of person, so it suits me well.”

Trained in internal medicine, Ariela Sherman is a geriatrician with training in preventive cardiology and geriatrics, doing both research and clinical work at Harvard. “I love it,” she says. “I can really make a difference, even on a global health level.” The granddaughter of Holocaust survivors, she has a soft spot for elderly patients, and enjoys a presence on the national stage when she presents research at conferences.

Jessica’s specialty of choice, emergency medicine, is a high-pressure job, but she points out that it’s shift work. “My goal was always to work part time, and when you finish an ER shift, you’re no longer on call,” she says. “I’m one of 55 attending physicians, so I can make my schedule suit my family and Jewish holidays.” She currently works eight ten-hour shifts per month, part-time enough to avoid burnout.

“In the ER, people are angry, scared, in pain,” Jessica says. “They want you to be fast and smart, nice and compassionate — and also bring a blanket,” she says. “They often don’t understand the medical process, so I try to give them some sense of control in an otherwise out-of-control situation.” She’s seen extreme scenarios: a teenager who jumped off a roof, child abuse, mental illness. Trauma doesn’t discriminate, so her patients range from wealthy hospital foundation members to chronic alcoholics to homeless people. While she and the staff always put in their best efforts, she has learned that “ultimately, whether or not a patient survives is not in our hands... unfortunately, I see death more than most.”

After that, Jessica has to compartmentalize: change clothes, go home, and make supper for her family. Working in trauma

has led her to become outspoken in her own community; she’ll speak at schools about the importance of healthy food, bike helmets, car seats. “I saw things in the *frum* community that shocked me,” she says. “There’s too much candy, not enough dental hygiene, lax attitudes about seatbelts. I try to promote positive peer pressure to influence change.”

STAYING FRUM IN THE MEDICAL WORLD

While a few Jewish medical schools exist — Albert Einstein College of Medicine in New York and the Technion’s English language program in Israel, for example — most are secular institutions. Combined with a grueling schedule and the regular emergencies of hospital life, how’s a *frum* woman to cope?

Shevie and Ariela attended English language medical schools in Eretz Yisrael (Technion and Ben Gurion respectively), so they didn’t have to explain religious restrictions. “I was a bit ‘spoiled’ in that regard,” Shevie says. Now in Denver, she finds that “explaining the plethora of holidays is always an interesting adventure.”

Miri attended medical school at SUNY Downstate, located in New York, where *frum* Jews are a familiar sight. The school accommodated her, switching exam dates that conflicted with Yom Tov. Jessica, who became observant after college, had already been accepted to Emory University’s medical school in Atlanta. When she arrived, she was thrilled to find it was a mere mile from the *frum* community, and known to be very accommodating to shomer Shabbos students, “as if Hashem placed me exactly where I needed to be,” she says. She chose her residency at Beaumont based on *frum*-friendly criteria. Nevertheless, she admits, “Kosher food is always a challenge; I’d do 30-hour shifts as a resident, and not be able to eat the free food in the cafeteria.”

“People are nice, but no one at work understands my life,” Jessica adds. “When

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I talk about making Shabbos, for them it’s just supper. They don’t realize it’s like making Thanksgiving every weekend!” She avoids discussions about religion with colleagues, figuring it might lead to bad feelings. With her tichel, shell, and skirt over her scrubs, she does stand out; some take her to be a Muslim, while others are careful to watch their language. “I wear my wig to meetings,” she says with a laugh, “and either people don’t recognize me or they say, ‘Your hair is so pretty! Why don’t you leave it out?’”

Ariela, who’s on the faculty at Harvard, wasn’t looking for a *shomer Shabbos* residency per se, just the best residency. She was told by a *rav* that she could work on Shabbos in cases of *pikuach nefesh*. “The hardest moment in my training was one Erev Yom Kippur in the cardiac ICU. I was supposed to go home for the holiday,” she recounts. “Then I got a call that a patient had a heart attack and was in a very critical state. Everybody there was Jewish, but not religious, and they told me, ‘You can’t leave early!’”

She called her *rav*, who instructed her to remain and care for the patient, then drive herself home. She didn’t make it home until almost midnight. “I hadn’t had time to eat anything before the fast, but the thing that bothered me the most was that I was still wearing leather shoes!” she says. “You just can’t be prepared for every obstacle.”

Ariela isn’t fazed by the secular environment. “Harvard is more conservative than many other college campuses,” she says. “Most of my colleagues are very centered, professional people.” Likewise, Rivky notes that medical students are generally a more serious lot — “by the time they get to med school, they’re older, more mature, and some are married.”

Ariela, who has geriatric patients, occasionally works with Chayim Aruchim on end-of-life issues, and endeavors to ensure halachah can be followed in difficult situations. But usually her beliefs haven’t created conflict. “As a rule, I won’t remove antibiotics or life support,” she says. “But in some cases I may be required to step back.”

Miri turns to halachic resources when she runs up against challenges. “There will always be a certain amount of clash between the secular and *frum* worlds, whether you’re a doctor or in some other profession,” she points out. “It’s important to learn how to communicate when religious challenges arise.”

BAYIS NE’EMAN

The stereotypical Jewish mother who wants her son to *be* a doctor typically wants her daughter to *marry* one. But if the doctor in the family is the daughter, will other Jewish mothers consider her a catch?

Ariela Sherman didn’t have that issue; she married early and already had a son when she entered medical school. But for Miri, raised in traditional Brooklyn circles, dating was fraught.

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“People were very discouraging. They’d say, ‘No one wants to marry a girl in medical school. How will you find time for family?’ The irony was that when I was in medical school, I was actually home a lot. I had about three hours a day of classes and the rest of the time I was home studying.”

With little time to spare, Miri became very selective about dating. Sometimes dating would conflict with her exam schedule. “If the boy was understanding, that was a good sign,” she says. She married before starting residency, to a man from Lakewood who, while not a physician, works in a different medical field, prosthetics and orthotics. Today, they laugh about how the shidduch was presented to him: “She’s older and she’s in medical school, so no one wants to date her.” Fortunately, her husband’s response was, “What’s wrong with that?”

Rivky also found that some men were very concerned about what her schedule would be as a working woman. When things got serious, there was discussion about where they would live — Rivky lived at home in New Jersey till she married — and whether she could find a residency somewhere that would have a kollel where her husband could learn. She married later than some of her friends — she was almost 26 — and gave birth to her first child during her last year of medical school. (She now has three children.) She was accepted at a top dermatology residency in Miami, and her husband joined the Lakewood Miami Beach Kollel.

Going through pregnancies and raising children in the midst of medical school or hospital rounds isn’t easy. But Miri’s colleagues were very supportive when she was pregnant as a resident. “The

attending doctor used to make me sit down and eat my pretzels during long ICU rounds,” she says. Her mother and father have helped with child care, and she has a babysitter, but she admits, “Going back after my four-week maternity leave was so, so hard!” She also credits her husband’s support, both emotionally and physically, as integral to continuing in residency: “He often cooks, cleans, and encourages me to study instead.”

Shevie also completed her residency close to her parents, and recognizes that support is integral to her success. “The work-family juggling is an issue that affects all serious female professionals, not just physicians,” she acknowledges.

In many cases, a husband with a flexible schedule and/or a supportive family makes all the difference. Ariela’s husband, for example, is a historian specializing in the Middle East, with an academic schedule that often allowed him to be present when she wasn’t. Jessica’s husband, a venture capitalist, could also alter his schedule to suit family needs, and helped a lot with the children during her residency. While he might not have chosen that path on his own, Jessica says, he now appreciates developing that relationship with their children. “At least we knew there was a light at the end of the tunnel,” she says. Now she works fewer hours, while he travels more (which she finds challenging).

She finds her children are proud of her, seeing neighbors come to her for medical advice: “I involve my children, ask them to bring paper towels or Band-Aids, so they learn about giving back,” she says. “When people send chocolates or flowers in appreciation, it teaches the kids about *hakaras hatov*. They see we’re trying to be

Hashem’s messengers.” On the other hand, when it comes to leaving the house for work, her eight-year-old will sometimes moan, “What, Mommy? You have to go to work *again*?”

“Sometimes they think it’s cool I’m a doctor, and sometimes they just want Mommy,” she says.

Shevie’s children are also sad when she has to run out in the middle of the night or miss a school event, but she declares, “Communication is key. They know my heart is with them, and they know if I’m gone it’s because I’m in the operating room, dealing with something that could be fatal. That doesn’t ‘fix’ my absence, but they understand and are proud of what I do. When I’m home, I try to be completely present for them.” Her husband runs a company, but his hours are more flexible than hers, and he graciously steps up when she’s on call; a nanny and her parents fill in when neither can be there.

Rivky’s husband watched the kids when she worked nights as an intern, and her mother would watch them on Sundays; in between, she hired help. She also gets her share of neighbors knocking on the door to ask about rashes or earaches, and welcomes them, although she can’t prescribe medications (liability issues). She’ll speak about being a doctor at her daughter’s school, making her proud. But in general, she likes keeping home and work very separate. “I’m Mrs. Brown at home, and Dr. Stone at the hospital,” she says. “I like to bake and cook, and most people who meet me are unaware that I have an MD/PhD, which is great, because that’s not what defines me.”

On the other hand, sometimes acting like a regular mommy prevents people

from giving a female physician the proper recognition. Ariela was walking with her children in Brooklyn during a recent *chag* when a man went into distress outside a shul. She declared herself a doctor and asked people to place the man on the ground. They refused, insisting he wouldn’t be comfortable. “My kids were yelling, ‘Listen to Ima, she’s a doctor!’” Ariela relates. “Hatzolah arrived five minutes later, and of course they laid him flat. The other people apologized, but I told them, ‘Next time a *frum* woman identifies herself as a doctor, listen to her!’”

ENCOURAGING THE NEXT GENERATION

With most of their hardest training years behind them, these women now truly love what they do. They love being able to make a real difference in people’s lives, to cure disease, to help patients and their families through difficult illnesses. Miri says her job allows her to participate in many roles: diagnostician/detective, teacher, counselor, even comedian when levity will help a situation.

Still, it’s a long, hard road. Often girls will call Rivky and ask, “Should I do it?” “From the outside, people think you’ve got everything,” Rivky admits. “But when you’re in it, med school is very taxing and very competitive, and you realize there are many other appealing, practical options today.” She gives a laugh. “Of course, if someone had tried to discourage *me* from med school when I was starting out, I wouldn’t have listened to them either!” She adds that medicine isn’t about drama as portrayed by books and films. “It’s about real people and their lives. Illness doesn’t discriminate on the basis of wealth or race or religion. You deal with a big cross section... if you’re looking for drama, there are other places to find it.”

Jessica sometimes speaks to Bais Yaakov girls who dream of being a doctor, and advises them to do plenty of research and spend time shadowing a physician to see what the job truly involves. “If you can see yourself doing something else, do the other thing,” she proposes. To parents, she warns: “If you tell your daughter no, she’ll only be more motivated!”

Rivky advises girls to tease out which aspects of medicine appeal to them, and why. Is being an MD the only avenue to get there? Careers like PA and nurse practitioner offer a chance to do some of the same things, with a degree of independence.

That said, medicine offers a level of status, financial stability, and opportunities for growth not found in many other professions. “I love being a doctor,” Shevie says. “It’s intense, but often you can actually cure a life-threatening disease. I don’t count the hours any more, not at home or at work, because I know I’m making every hour count.” ☺