AMA backs resident physicians’ access to fertility preservation

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The average age at which a physician completes residency training is older than 31. For surgical residents, data indicates, the age could reach as high as 36.

The commitment of physician training often coincides with prime child-bearing years for residents. Acknowledging that reality, recently adopted AMA policy calls for support for fertility preservation for doctors in training.

Danielle Rochlin, MD, completed residency training in plastic surgery and is currently a fellow in reconstructive microsurgery. A member of the AMA Resident and Fellow Section (AMA-RFS), she was one of the co-authors of the resolution that the AMA House of Delegates adopted.

“Though residency and fellowship programs have become increasingly accommodating of pregnancy during training, many residents and fellows may still wish to delay pregnancy until the completion of training for a variety of personal and professional reasons” Dr. Rochlin said.

“Residents and fellows are concerned about encountering fertility challenges if pregnancy is delayed until the completion of training. These concerns may also deter medical students from choosing a career in a surgical or other field with longer and demanding training. Fertility preservation provides another option,” she added.

Challenges of cost, time

The need for fertility-preservation measures—with female fertility dropping markedly after age 35—is evident for resident physicians. The challenges are twofold: finding the time to undergo the treatments and offsetting the cost of those treatments.

Addressing the first of those concerns requires a cultural shift. To that end, the AMA policy supports “the accommodation of residents and fellows who elect to pursue fertility preservation and infertility
treatment, including but not limited to, the need to attend medical visits to complete the gamete-preservation process and to administer medications in a time-sensitive fashion."

The cost barrier to treatment may be the more difficult one to overcome. On a resident salary, the financial burden of pursuing the treatment can take up one-quarter of their annual income. In industries such as high technology, fertility preservation is becoming a frequently offered benefit via insurance coverage. The AMA policy says that should be the case for physicians in graduate medical training.

“Fertility preservation is not included within the vast majority of housestaff health insurance programs and is extremely costly,” Dr. Rochlin said. “Fertility preservation benefits are increasingly common among employer-sponsored benefits” outside of the health care workforce.

The AMA believes “that residents and fellows deserve access as well,” she noted. Specifically, the new AMA policy “encourages insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education [GME] programs.”

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Moving forward

The AMA’s efforts on the issue aim to encourage residency programs to offer fertility preservation. Dr. Rochlin sees it as a first step.

“We need buy-in from GME leadership at individual residencies and fellowships,” she said. “I'm very thankful that the AMA supports this initiative, but the next step is for those leading residency and fellowship programs to actually implement these benefits in housestaff health insurance programs.”

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