Letters
Correspondance

Resident's viewpoint on moonlighting

I read your debate about resident moonlighting with much interest.[1] I think it is interesting that this debate has effectively excluded the residents' point of view, even though residents are the ones most affected by it.

After completing my family medicine residency in Ontario (where moonlighting is prohibited), I moved to Alberta to complete a third year of training in emergency medicine. Alberta allows resident moonlighting, so I worked as a physician extender in a local community intensive care unit once every 3 weeks.

From an educational standpoint, I had a clear advantage in terms of comfort with critical care procedures and management of critically ill patients. To put it into context, more than 60% of the critical care procedures I performed during my year of emergency medicine training (central lines, chest tubes, intubations, and so on) were done while moonlighting. When I was eventually hired, my work as a physician extender was a big selling feature on my resume.

From a financial point of view, working 1 shift every 3 weeks allowed my wife to stay home with our 3 young children. By investing 1 day out of 21, my wife was able to stay home and provide loving care and guidance to our kids 7 days a week.

My moonlighting income doubled my resident salary; I also saved money on child care and transportation for my kids. Many of my resident costs (books, office supplies, continuing medical education, home office, vehicle, etc) became tax-deductible expenses that I could claim against my moonlighting income. This would not have been possible against my resident income.

Many things are incompatible with residents' well-being, such as astronomical levels of debt and guilt about leaving their children to be cared for by minimum wage caregivers. In my situation, moonlighting vastly improved my personal and professional life.

Perhaps those educators who believe moonlighting harms residents would be willing to prove their commitment to the well-being of residents by paying off a portion of residents' debt, equal to forgone moonlighting income. Or perhaps they would be willing to care for our children while our spouses go out to earn needed second incomes.

—Shelby Haque MD CCFP(EM)
Edmonton, Alta

Reference

1. Meterissian S. Toil and trouble? Should residents be allowed to moonlight? No [Debates]. *Can Fam Physician* 2008;54:1367,1369 (Eng); 1371,1373 (Fr).

Response

I would like to thank Dr Haque for his reply to the moonlighting debate. Most of the arguments he raises in favour of moonlighting cannot be underestimated, but they all have a central theme: improving one's income. It is shocking to me, and I imagine to those who taught in the program he trained in, that he feels he gained the majority of his technical expertise while moonlighting. Is this a reflection of moonlighting's advantages or the shortcomings of his training program? Although I sympathize with Dr Haque's need to "improve [his] personal and professional life," my job as an "educator" is to ensure the proper training of residents. Unfortunately Dr Haque does not elaborate on the true educational value of his moonlighting shifts. Was he supervised? Was he taught? Did someone review his errors? Was there quality assurance?

At the end of the day, Dr Haque could have waited 1 year and, rather than moonlighting, spent the extra time studying, playing with his children, and truly enjoying his life before starting his real job. After all, I am sure that in his current role as a clinical lecturer his income has increased fivefold, but so have his responsibilities.

—Sarkis H. Meterissian MD MSc FRCS FACS
Montreal, Que

An unrealistic option

We were pleased to see the question "Should residents be allowed to moonlight?" addressed in *Canadian Family Physician*.[1,2] This issue has been of great importance to residents and has emerged repeatedly as an item for discussion in the Section of Residents (SOR) of the College of Family Physicians of Canada (CFPC). This body is the primary representational forum for family medicine residents in Canada within the CFPC. All family medicine residents are members of the SOR.

Many training, licensing, and logistical issues in postgraduate medical education are fundamentally different for family medicine residents. What works for Royal College residents might not work for family medicine residents. We urge policy planners, postgraduate deans, and medical licensing bodies to consider these differences in all facets of planning.

Although Drs Verma and Meterissan have provided insightful arguments both for and against moonlighting, neither debater has acknowledged the issues that are specific to family medicine residents. We thought it worthwhile to share some of the issues related to moonlighting that have been raised by family medicine residents.