

The View from Here: A Woman Early Career Endocrinologist in India

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Abstract

Being a young female endocrinologist and a new mother brings its own challenges. As much as an understanding family helped me deal with the myriad of things at home, equally understanding colleagues and the huge network of endocrine fraternity provided me the much-needed support professionally. From helping me juggle my responsibilities, to answering all my questions about complex endocrine disorders, the close-knit endocrine fraternity in India has been my greatest source of strength. I am sure my story and experiences will inspire many more women to be part of this wonderful fraternity.

Keywords: Early career, India, mother, woman endocrinologist

Who is the new endocrinologist here?’ I heard the senior professor of medicine asking me. I turned around and noticed that the professor was looking for someone and lol! I realised he was looking for me. I quickly gathered myself and greeted him and said, ‘Good Morning Sir! This is Dr Lakshmi, the new endocrinologist joining today’ and he looked at me in disbelief! This was the last thing I had expected on the first day of my career as an endocrinologist.

Being a young female endocrinologist brings its own challenges. For one, you need to convince people around you that you are a qualified endocrinologist. And then, being a newmother has its own challenges. As much as an understanding husband, (also a doctor, an anesthetist) supportive parents and in-laws help deal with the myriad of things at home, equally understanding colleagues and the huge network of endocrine fraternity provided me the much-needed support professionally. What struck me is the camaraderie and friendship that exist across our endocrine society at every level. I realised that endocrinologists practising in the same city were like a close-knit family. In this age of cut-throat competition and meaningless rat races, it is heartwarming to have peers and seniors who are more like family. Very soon, the endocrinologists practising in my city became my extended family whom I would turn to for emotional and practical support. They always had answers to my where, why and how.

At the annual state endocrinology conference, I was introduced to endocrinologists practising across the state. Patient referral became a cakewalk. I remember a patient from a rural part of my state with hypoglycemia who needed workup for insulinoma. A comprehensive workup could not be done at my hospital as we did not have in-house nuclear medicine facilities. The patient could not afford a corporate hospital. I called my endocrinologist friend in the patient’s hometown to know if any of the government facilities there offered these services. Unfortunately, they did not. But my friend, who had completed his Endocrinology training from an apex institute in India suggested that we refer this patient to his alma mater. He would only have to bear the travel expenses and the investigations could be done at a subsidised price. And voila! This patient was in the next available train, travelling 2000 kilometres but could avail the best standard of care.

Even at the national level, it is one big close-knit family of endocrinologists. Many endocrine conditions are rare; consequently, guidelines on best practices are not always

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available. Hence, we sometimes find ourselves in clinical situations where we don't know what to do next. During DM training in endocrinology, we were a big department and would always look to each other and senior faculty for answers in complex clinical situations. I still turn to my teachers when I am in a dilemma. Their mentorship has extended outside my DM training and it wouldn't be wrong to say that they will be my mentors for life. Furthermore, senior faculties from across the country were always a text away. We have various social media groups binding endocrinologists from across the country. I just had to post my clinical question and would get the answers in a jiffy. Sometimes, there would be a healthy discussion about the pros and cons of one treatment vs another.

At times, I get overwhelmed. The consultations, academic work and the conferences sometimes seem to take a toll on me. But, the joy you experience when you diagnose and treat your patients and know that your treatment has helped them is the real deal breaker for me. I recently had the chance to see a 16-year-old girl who was referred for excessive weight gain and primary amenorrhea. We diagnosed her with Carney's complex. She went on to have remission with magical weight loss and regular menstruation after surgery. Or, when a 54-year-old patient referred for uncontrolled diabetes who had met numerous doctors prior to visiting me for debilitating joint pain for years was diagnosed with acromegaly and went on to have remission of diabetes post-surgery. Or, when a 60-year-old bed-bound woman with recurrent fractures was diagnosed with tumour-induced osteomalacia had improved mobility and resolution of pain post resection of the tumour. Numerous such cases, bringing in a treasure of learning for me as an endocrinologist is something I look forward to, day in and out. Such gratifying experiences are the ones that motivate me to get out of my bed every morning.

The other aspect that keeps me motivated is my interest in research and academics. The urge to find the answers to the myriad of questions in this space is another factor that defines me as an endocrinologist. My seniors and professors have always been supportive of my interest in research. I have been conferred the AV Gandhi Award for Excellence in endocrinology, which was instituted in 2002, in memory of the late Mr. A. V. Gandhi. The award is presented to the best thesis submitted for Doctorate of medicine (DM)/Diplomate of National Board (DNB) examination in the preceding year. This initiative by the endocrine society of India seeks to acknowledge and award the best research by postgraduate students in this subject.^[1] This was truly an academic feast where my peers from all over India showcased their research work. The session reinforced the paramount message of the Endocrine Society of India to young endocrinologists—don't wait until the end of your career, go out and make a difference now! I was fortunate to have been chosen for this award for my work on Fracture Risk Assessment Tool (FRAX)-based osteoporosis treatment thresholds for resource-poor settings in India.^[2] I truly believe that this award gave me that initial push very early in my career to pursue research alongside

clinical work. This also inspired me to set up a full-fledged osteoporosis clinic at my institution.

All this, despite the fact I was in the family way. In April 2021, when the second coronavirus disease (COVID-19) wave was wreaking havoc in the country, I was pregnant with my first child. Coronavirus disease caught up with me and I ended up having serious COVID-19 pneumonia with prolonged post-COVID-19 complications. After about a month in the hospital, the unthinkable happened. As the saying goes, 'life is what happens when you are busy making other plans'. Due to medical complications, I was advised to rest for the rest of my pregnancy. I was devastated. I had just started the osteoporosis clinic. What would happen to my patients? Would I be out of touch when I come back? There were a thousand worries running in my head. For someone who is so used to working, staying at home for a prolonged period seemed like a punishment. The Endocrine Society of India statistics workshop came to the rescue. It was a six-month long workshop with online sessions every weekend. We were joined by enthusiastic endocrinology trainees and stalwarts in endocrinology and statistics from across the country. It helped me dive deeper into statistics and understand how it could be used to plan research that would truly benefit patients at the bedside.

Transitioning back to work after maternity leave is hard. You have been out of the flow of the hospital for weeks or months, and you are returning as a different person with new priorities and concerns. It is challenging and often overwhelming. When I did rejoin work after the birth of my son, I was torn between career ambitions and maternal instincts. But thanks to spousal support, strong parental support and immense support from my endocrinology colleague at work, I was able to navigate through the challenges of parenthood and work. Balancing my time and doing justice to my profession and an infant required a lot of hard work, not only on my part but by my entire family and colleagues. When I returned to work, my parents, aunts and in-laws stepped in to help with childcare. Grandparents and other non-working family members help with childcare in Asian nations and in many joint family systems, taking over the herculean task when the parents are at work. This often gives the support the woman needs to effectively carry out her dual roles.^[3] My husband adjusted his schedule to contribute equally to childcare. My colleagues at work were flexible with my work hours and always backed me up when I had emergencies. And most importantly, I had my network of women endocrinologists who knew the grind and helped me get back on my feet in no time. It was truly teamwork that helped me juggle my responsibilities. It takes a village to empower women and the society as a whole needs to back women at every step towards progress. I am glad times have changed and it is far easier for us compared to our mothers and grandmothers.

Despite the challenges that we, women endocrinologists, go through, I look forward to the brighter side. Brighter side where, I, being a woman, can understand better and empathise

with my fellow women and girls going through hormonal disorders and treat them successfully. The joy in educating women on osteoporosis and preventing fractures is unmatched. Helping patients with polycystic ovarian syndrome regain their confidence and self-esteem makes my day. I cannot imagine a more fulfilling job.

With just about two years of experience under my belt, and with already a vast amount of exposure, learning and a caring network I have been able to build, the future looks promising. I am sure my story and experiences will inspire many more women to be part of this wonderful fraternity.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients

understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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