

“Thank you, Dr. C:” The Stigma of the F-word (Fertility)

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Emergency medicine is a field full of individuals looking to meet the needs of their communities and most needy patients. The characteristic dedication, work ethic, and self-sacrificing nature of most EPs sometimes leads to self-neglect, and all too often, a failure to reflect periodically on the state of our own lives. As we rush from patient to patient, shift to shift, year to year, we can find that more time has passed than we imagined. Sometimes the changes that occur without our noting can be significant, particularly for female EPs.

During the start of my intern year, I was laser-focused on my residency training. My husband and I were finally together after four long-distance years, I had matched at my top choice program, and I was living in a lovely, vibrant city. In my mind, all I had to focus on was becoming the best physician I could be. The learning curve was steep, but I was graced with plenty of attendings who loved to work with residents. Not only did they help me hone my clinical knowledge, but frequently they also took time to learn about me as a person. A few even dared to offer advice from time to time.

One shift in particular stands out in my mind; it was a day during which I was working with one of the most admired physicians in our city's safety net hospital. It was a busy shift, but we had worked several together already that month and thus he knew a little bit about me. He knew I was a latecomer to medicine after having been a teacher, that we both shared a passion for endurance sports, and had similar value systems. I was always a bit intimidated, albeit inspired, on shifts with him because he is one of the most efficient but thorough EPs I have ever worked with. He is clinically brilliant with a fabulous bedside manner to boot.

For some reason, that day we started talking about family. He has a large family, and asked about my plans for children. I was never shy about admitting that I wished for several children, and was honest in telling him this. I dreamed of a loud, boisterous house with my children and their friends gathered in my kitchen or playing in the yard, I found myself telling him. As a former educator, I have a deep respect for and love of children, and I think he perceived this in me during our previous conversations.

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“Well, Maria, what are you waiting for?” he pressed. I was somewhat taken aback by this comment, but it was appreciated. Out came the excuses I had been practicing for the past 10 years: I need to finish my training. I need to pay off some debt. I need to travel a little bit more. I want to buy a house first. After all, my husband and I had just started living together full-time; what was the rush, I thought?

“You might be surprised that it is harder than you think to get pregnant. Just give it some thought... that's my two cents' worth.”

Needless to say, I went home and mulled over this commentary. I ruminated, digested and felt these words impossibly folding and twisting in my mind over several weeks. Finally, I summoned the courage to tell my husband about this conversation and ask his thoughts about the idea of



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moving up our family planning timeline. It prompted some thinking on both of our parts, and we ultimately decided that we should start trying to conceive at the tail end of the academic year, just so I had a little bit more time to find closure for my harbored excuses.

Spring turned into summer, and summer to fall, and in exchange for my sunny optimism, I had five negative pregnancy tests. My PGY-2 year was off to a great start, with exception of my personal biology. In my frustration, I divulged to one of my closest mentors that I was struggling to conceive. She suggested using ovulation kits, so I stocked up and pressed onward. Three more failures came my way and I could not shake a deep, unsettling feeling in my gut. Was something wrong with me? With my partner? Was having children just not in the cards for me?

We sought out help from a specialist, trying fertility drugs along with IUI (intrauterine insemination) to no avail for three more cycles. All my life I had expected pregnancy to occur for me without difficulty, and avoided becoming pregnant like it was the plague. Now here I was,

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staring down IVF, the “worst case scenario” I mentioned to my husband when our fertility journey began over a year prior. The loss of control was overwhelming, not to mention the price tag.

We applied for a personal loan, and meanwhile I scoured online forums, message groups, read our local infertility specialists’ statistics online, and finally asked my husband to accompany me to our first appointment for IVF consultation. Long story short, there were several more complications and quite the rollercoaster ride along the road to pregnancy, but ultimately I write this while feeling my 35-week-old daughter kicking away in my womb as we await her birthday.

Most people feel that fertility is a topic that is taboo, an unspeakable “F-word,” particularly among colleagues. Luckily for me, I was able to train under several attending physicians who were brave enough to broach this topic with candor and grace. I firmly believe they saved my life; not in the way one would think of typically, but they forced me to come to terms with a key facet of what I wanted in life before it was too late.

Thank you, Dr. C, for being selfless enough, even while working a busy ED shift, to look out for my best interests both in and out of the hospital. You have made all the difference. ●

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