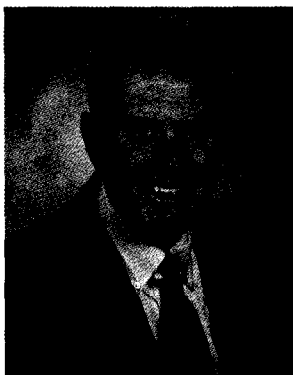


OBSTETRICS & GYNECOLOGY

What Obstetrics and Gynecology
Means to Me

The American College of
Obstetricians and Gynecologists
Women's Health Care Physicians

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James R. Scott, MD
Editor

In the May 2005 issue of *Obstetrics & Gynecology*, we focused on what makes our specialty meaningful. The well-publicized professional liability insurance crisis and concerns about lifestyle have contributed to a declining interest among medical students in obstetrics and gynecology as a career choice. John M. Gibbons Jr, MD, during his recent year as President of the American College of Obstetricians and Gynecologists (ACOG), suggested that we take a critical look at our specialty and organized task forces for this purpose.¹ He proposed initiatives to determine what could be done to make obstetrics and gynecology more attractive to medical students, to make the residency years educationally and personally valuable, and to enhance the professional and personal satisfaction of physicians in practice.

The College's Junior Fellow College Advisory Council should be congratulated for establishing an essay contest to encourage a positive perception of our specialty. The ACOG Executive Board offered awards for the top submissions. Junior Fellows in residency, with fellowships, or in practice responded by submitting a total of 105 papers about what obstetrics and gynecology means to them. We published the winning essays; these stories are inspiring. They remind us what is good about what we do, why we do it, and what a privilege it is.

Our specialty is about core values, making a difference, and doing something worthwhile with your life. Where else can one develop long-standing relationships with grateful patients, deliver their babies, and perform their surgery? The time has come for young people to hear the rest of the story. Obstetrician-gynecologists may sometimes get tired, but they are not bored. They enjoy what they are doing, and they will always be needed. We want to share the positive stories that are a compelling part of our rewarding careers.

REFERENCE

1. Gibbons JM Jr. Springtime for obstetrics and gynecology: will the specialty continue to blossom? *Obstet Gynecol* 2003;102:443-5.

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What Obstetrics and Gynecology Means to Me

Jane van Dis, MD
Los Angeles, California

No one believed her story. She was a graduate student studying landscape architecture. She wanted to design public gardens in big urban spaces. When the resident physician walked into the emergency room she looked up, “I’m pregnant,” she said, “and I’ve had this pain in my abdomen and going up to my shoulders since 5 AM this morning.” Their conversation covered the required ground: menstrual and sexual history, onset and duration of symptoms, exacerbations and ameliorations. And then something happened. The third year ob-gyn resident asked her about her hopes, her parents, her education, the fiancé who’d abandoned her when he found out she was pregnant, the physical abuse she’d encountered from him. And the resident stroked her hair when she started to cry retelling these stories.

I was that patient. And my decision to apply to medical school was formed that night in a county hospital room. Although I knew I was pregnant, I did not know it was ectopic. The third year ob-gyn resident that walked through the door of that room where I sat became my inspiration to become a doctor. I couldn’t have predicted the influence she would have on the shape of my life. And she had no idea of the power behind her kindness.

The story of our reproductive lives is one that touches the core of what it means for us to be human, and the obstetrician-gynecologist, in his or her proximity, becomes a witness to that humanity. Whether the story is about our desire to be pregnant or our desire not to be pregnant, our diagnosis of cancer, or our yearly examination—the stories we share with that physician can sometimes capture an essence of our soul.

As a resident, my eyes still water at births—usually when the father of the baby breaks down in tears. And that sweeping motion of placing new life on a woman’s chest after birth never ceases to move me. In the same

breath, I feel honored when a woman, young or old, trusts me with the story of her miscarriage. I am excited when I see a young teenager in my clinic and I get to be the first to explain how her reproductive system works, how to protect herself from infection, and what to do if her birth control or her partner fails her. When the door to the examination room closes, I am honored to be the one listening as a woman tells me about an unplanned pregnancy: her ambivalence and fears, her desire for fertility, for family, however she chooses to define it. And, like every doctor, I am always in awe of the strength I witness when taking care of a woman near the end of her life or struggling with a diagnosis of cancer. These are some of the most privileged conversations in medicine. Before entering obstetrics and gynecology, I had no idea how incredibly honored I would feel participating in women’s health, nor how incredibly satisfying that job could be.

While a medical student, I was drawn to ob-gyn because of its patient population, the treatment of benign conditions, the thrill of delivering new life—what I didn’t realize was how much fun the job would be. I enjoy working with my hands and am continually amazed at the array of outpatient procedures I perform including biopsies, intrauterine device (IUD) placements, the dilation and curettage (D&C), loop electrosurgical excision procedures (LEEPs), amniocenteses, saline-sonohystograms, ultrasound examinations, the Pap test, and hysteroscopies, to name a few. For those who don’t like to idle in the office, ob-gyn is the right specialty. The obstetrician-gynecologist also operates for many benign conditions that significantly improve a patient’s quality of life. All of us have taken care of a woman whose bleeding or incontinence has so intruded into her daily life that a surgical remedy has suddenly made you, the physician, her new best friend. This, to be sure, is satisfying work.

Like many physicians, I can’t imagine myself in any other specialty. While obstetrics and gynecology offers the practitioner an exciting, diverse clinical and surgical practice, it also offers some of the most intimate conversations about what it means to be human. We take care of women from menarche through menopause; we listen to their fears and their dreams. We catch their newborns and help them mourn their losses. Our clinic walls—festooned as they are with images of newborns and high-school grads—are a testament to our commitment to the health and lives of women and their families. In obstetrics and gynecology, you will make a difference, guaranteed.

This essay is the National Winner of a contest sponsored by ACOG’s Junior Fellow College Advisory Council to promote a positive perception of the specialty.

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What Obstetrics and Gynecology Means to Me

NINE DISTRICT WINNERS

- District I: Tania Day, MD
District II: Taraneh Shirazian
District III: Frederick Dutton, MD
District IV: Randy Fink, MD
District V: Laura Hunter, MD
District VI: Sogol Jahedi, MD
District VII: Charles Gibbs, MD
District VIII: Jennifer Nicholson, MD
Armed Forces District: Maureen Farrell

DISTRICT I

*Tania Day, MD
Providence, RI*

Just two winters ago, I was interviewing for residency in obstetrics and gynecology. “Why this field?” was my least favorite question, not because I had no answer, but because the reasons were hard to articulate without descending into cliché. For me, the reason was meaningfulness. Working in women’s health felt more real, more urgent, than any other specialty. Slowly I’m starting to understand the framework behind this feeling, and there’s enough material to inspire a career of contemplative practice.

Modern obstetrics and gynecology practice encompasses a broad range of problems and patients, but at its core recognizes the tremendous impact of reproductive health on women’s general wellness. At the foundation of this association is a revolution in human social function: the separation of sexuality from reproduction. I first heard this concept articulated by Gita Sen, Adjunct Professor at Harvard School of Public Health, but its conceptual power lies in being an explicit statement of something women know instinctually. Throughout human existence, men have had the option to disregard the consequences of their sexual engagements. But for women, separating sex from reproduction is

a recent development, and an option essential both to a woman’s quest for self-determination and the global movement for gender equality. A social shift of such magnitude inspires fierce opposition. The battle is framed differently in each of the world’s diverse communities according to custom, class, culture, and religion. In our community, opposition manifests as threats to abortion access, obstacles to contraceptive use, and power differentials in sexual relationships. In many communities the challenges are starker: unsafe abortion, absent family planning services, and profound patriarchal control over women’s bodies and decisions. As a young exchange student in Mexico City, I met a number of women whose unchecked fertility resulted in both unwanted pregnancies and unnecessary morbidity and mortality. Their circumstances contrasted against my own good fortune: the freedom from pregnancy provided by safe and effective contraception allowed me to pursue a career in medicine. Ever since, I have found deeply compelling the opportunity to facilitate women’s reproductive choices.

Family planning is just one aspect of the larger, more dramatic canvas of reproductive health. The concept itself is in its infancy. Its adopted mission statement was coined in 1994 at the United Nations Conference on Population and Development in Cairo: “Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity [which] therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this...[is] the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth.” As an obstetrician-gynecologist, I am an active agent in making reproductive health happen for women throughout their life-course. Safe motherhood is not a default mode; every obstetrician struggles against the classic dangers of hemorrhage, infection and preeclampsia, while simultaneously managing an expanding cohort of challenges including advanced maternal age, chronic hypertension, diabetes, and hypercoagulability. Threats to sexual health manifest differently during each decade of life, encompassing gender-based violence, sexually transmitted disease, pelvic pain, infertility, menorrhagia, incontinence, and countless others. These issues engage the gynecologist across the broad spectrum of our specialty.

Through surgery, counseling, preventative care, and advocacy, we work with our patients to substantively improve their quality of life.

Outlining the broad implications of engagement with reproductive health for me only enhances the beauty of the actual day-to-day work of obstetrics and gynecology. The frustrations of an ill-conceived health care system, frivolous lawsuits, and declining reimbursements affect physicians in all specialties. But few practitioners enjoy the intimate relationship we have with our patients, who remember us always as the doctors who delivered their babies and over the years provided them with sensitive, individualized gynecologic care. Few specialists enjoy the variety and excitement of our practice. Being a clinician is in itself rewarding, but our role is bigger than that. By advancing women's health, we each play an essential role in the critically important struggle for global gender equality.

DISTRICT II

Taraneh Shirazian
New York, NY

Pain and exhaustion envelop her as she slowly shakes her head back and forth. "No" is the silent word that hangs between us. "No" is the answer of the moment. "No" she will not push any longer, "No" she cannot try any harder, and "no" amount of encouragement or coaxing will persuade her otherwise. She closes her legs forcefully and recedes upward in the bed. This is her obstinate and final decision.

We are at a crossroads, suspended in this moment. I am the obstetrician and she is my patient. Together we have been working towards that glorious event—the birth of her first child. I sit on the edge of her bed facing her, motionless, waiting for a cue of what is come. The air hangs thick with emotion. Frustration, exhaustion, and disappointment float between us as we sit together in silence.

In the silence I realize I've been here before. I've been waiting before. I have sat with many women in the throes of childbirth as they have pleaded for the end of their experience. One by one they have implored me, their doctor, to do something to end the pain and stop the anticipation. The walls around me echo with their voices—in broken English, in multiple languages—their eyes always pained with struggle and wide with anticipation. Their husbands and boyfriends stand beside them unknowingly, clutching their hands, awkwardly offering their support. They look to me for a resolution—a swift end to this uncertainty.

It is their struggle that defines my field. It is this struggle that empowers my voice. "Doctor please don't remove my only tube; I want more children," her voice quivers. "Save my tube," she repeats in a whisper.

I wheel the stretcher quickly down the narrow hospital corridor towards the main operating room. I recall the scene. My new patient moments before lying in the narrow emergency department bed clutching her belly, has now begun her relentless pleas. Her family, trailing slightly, continues to reiterate the same desires—a chorus of misplaced demands. I look at her in agony lying in the bed, her face contorted in pain and her brow furrowed in worry and realization. She has been through this before; she has been to our operating room before. Her pleas are seeped in the realization of what is to come—of lost expectations not be recovered.

I counsel her firmly, definitively. Today I am her gynecologist. There is no room for misplaced desires. There is no time to wait and watch. Her life hangs in the balance. I watch her grapple with the knowledge that she may not bear more children, her eyes heavy in the silence that ensues.

Each day is a glimpse of one woman's reality—wrought with emotion and vulnerability and complicated by conflict and indecision. In the beauty of birth, the struggle is forgotten and in the definitiveness of surgery the struggle is engrained.

It is this reality that defines my field. It is this reality that empowers my voice.

DISTRICT III

Frederick Dutton, MD
Danville, PA

In 2004, I joined a small and apparently declining population of doctors practicing in one of those states known to be least hospitable to my specialty. I am in the process of repaying a king's ransom in education loans, and I also have learned how hard it is to get fair pay for one's work. These are unpleasant aspects of the business of medicine that have always plagued us to greater or lesser degrees, but for me they have been overshadowed by something far more important: I am an ob-gyn, and I have never been happier in my life. Why? Let me introduce you to the "Six P's" of practice in obstetrics and gynecology—a partial list of the things I love about my work: the Patients, the Puzzles, the People, the Populations, the Possibilities, and the Payback.

PATIENTS

No group is more deserving or more in need of care than female patients. Legions of women contend courageously with acute and chronic problems—ranging from incontinence and pelvic organ prolapse, to debilitating dysfunctional uterine bleeding and chronic pelvic pain, violence and sexual abuse, recurrent pregnancy loss, and infertility. It is appalling that the majority of these women suffer in silence, either unaware that help is available, or lacking the resources to seek treatment. For those who offer help to these patients, the rewards are great. You will find that in obstetrics and gynecology, your patients reward you 10-fold for even a modicum of empathetic care. I have often attended a labor and birth, during which my patient did all the hard work of delivering a baby, and then wanted to thank me for what she herself had accomplished.

PUZZLES

Some of the most fascinating and important problems in medicine and biology lie within the realm of obstetrics and gynecology. What initiates normal human labor? What is the pathophysiology of preterm birth? What causes preeclampsia, or cerebral palsy? Will genomics and proteomics finally allow us to detect ovarian cancer before it is too late? These problems engage us, whether as participants in clinical research or in the management of individual patients. Where could you hope to find greater intellectual stimulation?

PEOPLE

The people involved in obstetrics and gynecology always have been uniquely talented. (Our senior colleagues invented ultrasonography using discarded navy sonar equipment!) More importantly, an ob-gyn knows how to hold a patient's hand and dispel her anxiety, to tell her the truth without producing fear, to reassure her that she is not facing her crisis alone. It is a joy to work with such people each day, along with the nurses, midwives, housekeepers, office assistants, and others who all care as much about the patients as we do. You need only reach out to such people, and a team that supports your patient will crystallize around you. You will have plenty of friends.

POPULATIONS

In my early life, I imagined myself becoming a generalist working with a population in need, in a place

where my contribution would be important. Ironically, we need not look outside our own United States to find an underserved population. Even New York State now has several large counties with no practicing obstetricians, while at the same time we face epidemics of domestic violence and teen pregnancy throughout the country, and a deplorable number of mothers and children who are uninsured. In obstetrics and gynecology, I certainly feel needed.

POSSIBILITIES

Whether you prefer primary care or the operating room, everything of interest can be pursued from the platform of obstetrics and gynecology, which provides unique access to problems in endocrinology, hypertension, nephrology, immunology, oncology, and virtually every other biomedical subspecialty. And what other specialist can plan on up to 13 return visits within 1 year to complete screening and risk-assessment, testing, and education? And while the current bread-and-butter procedures in other specialties are doomed to become obsolete by our own progress—I am relatively certain that babies will always have to be born either vaginally or abdominally—obstetrics won't become obsolete, can't be done by computers, and will always provide a venue for surgical skill. Always you will find work.

PAYBACK

I have listed the emotional rewards, the intellectual stimulation, the feeling that you are needed, the quality of your companions in the workplace, and the limitless variety of topics available to you. But job satisfaction does not pay education loans, so here's the last, if not the best, part: I am actually getting paid for doing something (actually, many things) that I love to do, could not do without, and will never stop doing.

DISTRICT IV

Randy Fink, MD
Miami, FL

The pillow feels like a 'Nilla wafer, and the call room smells like someone's socks. The hum of the hospital soothes me with its familiarity, its distant beeps and rattles snuffed out by darkness as I close my eyes for a blissful hour of rest. I reflect on what brought

me to today and how, in the nighttime of countless other hospitals, ob-gyns across the nation are living the same ritual as I. Our accents are not the same, our upbringings are dissimilar, and our ages run the gamut. But despite what makes us different, day after day and night after night we return to our profession for the same reason: ours is an art; ours is a science; ours is a calling.

I became an ob-gyn because of a part of my soul that needed sharing. Ours is a calling for those who have more to give than just technical expertise and the ability to apply physiology. I am more than a surgeon, more than a birth control prescriber, and more than an anatomist. Although now, as the doctors of women's health, we galvanize to assert control over a system that tries to take the joy from our work, being an ob-gyn gives me something no lawyer will ever be able to pilfer, and no insurance company will ever be able to deny.

For I was the one who held her hand as she was wheeled into the operating room. I lent my sympathetic heart to her painful divorce. I answered her cry when she was in pain, and I gave her reassurance when she was scared. I found her disease while she could still be cured. I brought the light of her life into the world, and I got teary with her husband when I looked upon what they'd created. I helped her understand her sexuality and plan her family. I suffered with her over her loss, and let her be herself without feeling self-conscious. I shared her intimate secrets, and lived up to her confidence. I cared for her sister, and her mother, and her best friend because she believed in me enough to send them. I made it okay for her when she was nervous and embarrassed, and I fixed her problem without leaving a scar. I remembered about her grandchildren, and ached with her over her son in the war. I relished in the stories she told of her high points, and I was the one to whom she turned at her lowest, when she didn't know where else to go.

We do more than treat illness; we treat health. We don't just attend to patients, we take care of people. We are incumbent to the milestones of her life, and serve as counsel in the wonders of her discoveries. An obstetrician-gynecologist has the opportunity to be so much beyond that of just "physician." We modestly accept the privilege and the obligation of caring. So, at the end of the day, it is obvious to me what's right in obstetrics and gynecology. In call rooms everywhere, we close our eyes and drift off to sleep knowing that we touched someone's life in a way few can ever hope for the opportunity to equal.

DISTRICT V

Laura Hunter, MD
Dayton, OH

"Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved."

—Helen Keller, American deaf and blind lecturer

I'll never forget the cry that came from the depth of her soul when I told my patient that I was so sorry but her baby's heart was no longer beating. She had done everything right. She came to every prenatal visit and took her vitamins. When diagnosed with gestational diabetes she followed her diet faithfully, monitored her blood sugars and maintained excellent control. She never missed a nonstress test. The day before her baby died she had a reactive nonstress test, an ultrasound that showed good growth and an amniotic fluid index of greater than 10. The baby was 4,000+ grams and we talked about an induction in 3 days. Then, the unthinkable happened. She didn't feel the baby move all day and came to labor and delivery to be evaluated. The baby was dead. Despite doing everything right, her baby was dead. It was a cord accident. As her doctor, there was nothing I could do. All my skills as a doctor at that moment weren't enough. All I could offer her was a shoulder to cry on.

Most of the outcomes in the profession of obstetrics and gynecology are happy ones. We get to participate in some of the most important moments in our patients' lives. We see them start their families and speculate on how their children will change their lives forever. It usually is a joyous time for all. Our gynecologic patients usually have problems we can fix. Bleeding too much? We can fix that. Undesired fertility? We can fix that. Loosing urine when you cough or sneeze? We can fix that. What an incredibly self-gratifying experience to be the doctor who is able to "fix" what ails our patients. But these aren't the experiences that change our character.

It is the hard times we have to occasionally face in this profession that make us better human beings and build our character. These moments remind us of our humanity and our limitations. They teach us the meaning of the words "compassion" and "empathy." It is learning what to say or not to say when our patient deals with the loss of a baby or the revelation that the baby they are expecting isn't going to be normal. It is learning how to tell our patient she has cancer that will probably take her life. Somehow we become involved in our patients' lives in a way that

goes beyond our profession and travels into our personhood. And we build character. We learn the art of medicine. We become comfortable with the science of medicine as our education advances, but the art of medicine is one of those elusive entities that we come to appreciate only with time and experience.

This is what is right with being an ob-gyn. It is more than a job. We are more to our patients than just their doctors. We get to share in some of the greatest and worst moments of our patients' lives. We rejoice with them, we suffer with them, and we grieve with them. We become an extension of their family. The extremes we deal with in this profession help us to build our character and strengthen our souls. There is no other medical profession that offers such extremes of experiences—ranging from birth to death in a days' work.

DISTRICT VI

*Sogol Jahedi, MD
Chicago, IL*

There is a unique fear involved with being a new intern on call. When pressed, any physician can recollect those feelings of uncertainty and fear so prevalent in the brand new "MD" each July. It was thus that I found myself on labor and delivery this summer, mostly scared out of my mind and wondering how I would ever be expected to be responsible for a board full of laboring women. The whirlwind of activity that has surrounded my life since beginning residency, as well as experiencing this field from an insider's perspective for the very first time, is what prompts me to reiterate what is right with obstetrics and gynecology.

To be absolutely honest, I entered residency with some misgivings. I knew that I enjoyed taking care of women, but I was concerned as well. Had I made the right choice? Would the well-known tough residency make a witch out of me? Would rising malpractice rates make me regret my career choice? I was also nervous about being a resident. Who ever looks forward to being the intern?

With the grand total of 5 months under my belt—a drop in the bucket, I know—I am able to count my rewards. These are things I believe do not change, and are just as fulfilling for the intern as for the physician nearing retirement.

First and foremost, I help bring life into this world. I am privy to the happiest moments in the lives of families. I have been in deliveries where

there was so much joy and celebration in the room that my heart has soared. The lusty cry of the newborn is music to my ears. Which aspect of medicine allows participation in such happiness? This is unique to obstetrics and gynecology, and a fact that I savor guiltily as I think of so many of my colleagues who are confronted daily with sickness and death.

Secondly, I am able to participate in surgery. There is an immense satisfaction in a job that has a foreseeable beginning and end. I like to think that we as physicians can not only manage problems medically, but also "fix" them surgically when needed. To be able to do both is a privilege granted to few specialties. To hear the words "scalpel to you, doctor" gives me an incredible sense of responsibility. It is a new skin that I am learning to live in.

Last but not least, I am able to form lasting relationships with my patients. Although I am new to this, I am already enjoying seeing "my" patients multiple times in the office. I am able to meet their children and spouses, and am constantly reminded that the work I do affects families. I meet people from all walks of life, and the things I learn are not only medical, but also cultural and religious.

I marvel at how much I have learned in the past few months, and I know that I have so much more to learn. I have the privilege of being at an institution that fosters a sense of community among residents, and one where I feel very supported. Being the intern, as it turns out, is not so bad. As time goes on, I am more and more exposed to the different types of practices within obstetrics and gynecology, and I am realizing more than ever that this field is what you make of it. As the years of my residency loom ahead, I am confident that the challenge ahead is one that I will face knowing that I could not possibly be doing anything else.

DISTRICT VII

*Charles Gibbs, MD
Cordova, TN*

Since my fourth year of residency, I have carried an "it's a boy" cigar in my white coat breast pocket. Most people I meet are confused by it; I have girls, there are no recent male additions to my family, and I do not smoke. It was given to me by the proud father of a baby I will never forget.

I followed this child's mother throughout her course and performed her amniocentesis, which confirmed trisomy 18 with multiple congenital anomalies. She was difficult to care for because of

what I considered pathological denial—she continued to insist her child was “perfect” in the face of all evidence to the contrary. In spite of this conflict, she trusted me, and insisted that only I see her in clinic. After much consternation on the part of myself and several attending physicians, she underwent her cesarean delivery.

The first words she said upon seeing Shane were “See, he *is* perfect.” Shane’s father, also thrilled, presented me with the “It’s a Boy” cigar. He proudly informed me that this cigar was part of a special purchase—he wanted “real” cigars, not cheap hospital-gift-shop candy ones. At first, I saw only Shane’s small jaw, his fused digits, his tiny chest and rocker-bottom feet, none of these “perfect” by any measure. Visiting him, and holding him over the next 3 days, however, completely changed this opinion. Those tiny three-fingered hands would wrap around my finger just like any other baby’s; he tried to push back with his rocker-bottom feet just like my girls did; he slept in his daddy’s arms just like all the other “normal” boys down in the well-baby nursery. On the day Shane died, after only 3 days, I came late to the conclusion that his mother had never doubted ... that he was perfect. His chromosomes weren’t perfect, his hands, feet, chest, and face weren’t perfect, but he was. The unique element that made him part of our lives—soul, essence, consciousness—was completely perfect and whole despite the imperfections that had formed his body. I do not know if he had one conscious thought or one genuine emotion towards his family or me; I only know the impact he had on my thoughts and emotions.

I have had patients with sadder stories, with smaller and sicker children, with situations that were more difficult for their families to understand. In residency and practice I have dealt with frightening medical complications, complex, life-altering management decisions, and issues of death and dying. Shane, however, taught me that while an obstetrician has a profound impact on his or her patients at a pivotal moment of their lives—the birth of their child—the child has an even more profound effect on the obstetrician. It is as if the child becomes a part of your life; mixes his substance with yours, makes you somehow more of a person, not just a better doctor. Holding Shane, this life which I did not create, this developmental process which I did not control, this outcome which I could not change, I felt heart-broken and humbled, but also uplifted by the privilege of knowing him. In that moment, more than ever before, I was the most proud and thankful that I chosen obstetrics and gynecology.

That is why I carry around this battered old cigar. It reminds me how fortunate I am to be intimately involved in the lives of others. We have a unique opportunity to connect directly with two profoundly linked individuals at the same time. Even more exceptionally, one of these patients is a completely new, fresh, innocent life; sometimes filled with infinite potential, sometimes only present for the moment, but its reality is undeniable. There is a reason most of us were “hooked” by this specialty after our first delivery—that little baby stirs some emotion in us that compels us to brave the long hours and sleepless nights, to look beyond the rigorous training, to ignore a changing and sometimes discouraging practice environment in order to experience that feeling every day. I’m not sure if it is spiritual or just emotional, but it is real. That cigar in my pocket reminds me of tiny, perfect Shane, but also of that indescribable, intangible human connection that makes this wonderful profession worthwhile.

DISTRICT VIII

Jennifer Nicholson, MD
Ottawa, ON

Ten years ago, as I walked back to my call room at 3 AM, through the halls of a quiet and sleepy hospital, I was overcome by a sensation of deep satisfaction mixed with pleasure. I had just finished helping a woman safely deliver her baby and had witnessed again that miracle we call birth. I was in medical school at the time, and I have never forgotten that incredible feeling.

Obstetrics and gynecology is an amazing discipline. As obstetrician-gynecologists we are allowed to hear womens’ most personal stories, help them unravel the mysteries of their reproductive health, release them from the bonds of their menstrual cycles, and attend the births of their children. Admittedly, I will always have a strong attachment to the practice of obstetrics but over the years I have learned to appreciate the full breadth of obstetrics and gynecology in the pursuit of providing health care to women.

I did not enter the specialty of obstetrics and gynecology upon the completion of medical school. Instead, I joined the ranks of family physicians and learned how to treat medical illness, offer encouragement, listen to the elderly, manage emergencies and, of course, deliver babies, looking after both mom and newborn. It was as a family physician that I began to recognize not only the diversity of

women's health but the need of women to have a health care provider with whom they feel safe enough to talk to.

Although I worked at sexually transmitted diseases clinics, prescribed contraception, performed many Pap tests, worked through postpartum depressions, and cajoled women into doing their breast self-examinations, I found myself wanting to do more, to be able to actually fix some of the problems that women were bringing to me. Sometimes it takes women years of putting up with flooding menses or painful sex before they will overcome their inhibitions or take the time out of their busy lives looking after others to come forward and tell someone. I didn't want to just tell a woman about her options, I wanted to be able to give them to her.

I consider myself fortunate. Ten years after medical school I can tell this story from the vantage point of a resident in obstetrics and gynecology, and cannot even begin to detail how much more I have learned. The diversity of the specialty alone is phenomenal. Where else could you treat debilitating menorrhagia, remove a life-threatening ectopic pregnancy, diagnose uterine cancer, and deliver a couple of babies on the same day? Talk about job satisfaction.

I understand that even this is just a beginning. I envision a lifetime of learning. There are no boundaries to women's health. It includes the struggles of women of different nations, arising from multitudes of backgrounds, ethnic groups, and societies dealing with issues I have never experienced and illnesses I have not yet seen. I accept the challenge of being a women's health care provider and look forward to it. There will always be problems to face and crises to deal with but nothing worthwhile is ever easy.

My journey down this path began simply enough, with a mother's scream and a baby's first cry, but over time I have discovered the complexity and richness of the discipline we call Women's Health. It is truly a privilege to care for and assist these wonderful women whom I have the honor of referring to as my patients. My opinion is biased, but I believe there is no profession so rewarding as obstetrics and gynecology.

ARMED FORCES DISTRICT

*Maureen Farrell
Carlsbad, CA*

It is 4:35 on a rainy November afternoon. After a full day of clinics, I am ready to finish my paperwork, pack up my leftovers from lunch, and begin the bat-

tle with commuters on the rain-slicked freeway. Then, the all-too familiar ringing of my pager disrupts the routine. I feel a wave of regret: tonight was supposed to be spent baking holiday cookies with Maggie, my 3-year-old daughter. As I dial the numbers for labor and delivery, I sense the disappointment my family will feel if I am late, again. A nurse's voice sounds tense.

"We need you," she says. "Right now."

My on-call colleague is already prepping for surgery. A 28-year-old patient with a previa is hemorrhaging, and they are rushing her back to the operating room. I feel my feet move without conscious control. In seconds I am scrubbed and gowned. Before I know it, I am pushing back the folds of skin that entrap a child and threaten its life before it begins.

What is "right" with obstetrics and gynecology, you ask? How do we continue to invite young doctors into this field, fraught with the difficulties of long, unpredictable hours and rising malpractice insurance? How do we convince someone to take all this on? The answer is simple: in no other medical specialty can a doctor work with such a variety of challenges and reap such immense rewards. We are primary care doctors and surgeons. We are women's health advocates and specialists. We are at times social workers and labor coaches. We force the frontier of embryology and reproductive research.

Practicing obstetrics and gynecology allows me to care for women in a multitude of roles daily. From welcoming with anticipation a newborn child to diagnosing a horrifying malignancy, this specialty provides opportunities to significantly affect a woman's well-being. The integration of medical expertise, surgical precision and simple compassion are vital in the treatment of women. It is this multifaceted scope of care that drew me into this gratifying specialty, and it continues to fuel my passion for my profession.

Technical acumen in surgery and an unwavering expertise in the medical supervision of disease are the expectations of our patients, but the most important aspect in caring for them is an understanding of the life transitions that they are undergoing. Whether interacting with a healthy postmenopausal woman concerned about hormone supplementation, a first-time laboring mother worried about her baby's heart rate, or a nervous preoperative patient anxious about her soon-to-be diagnosed pelvic mass, it is the comprehension of the mental struggles confronting these women that allows us to know our patients. Understanding that what we find to be a

routine part of our practice is often a scary and angst provoking experience, is paramount if the physician truly intends to care for the whole woman. Only when the totality of a person is considered can you genuinely expect to help. It is this complete care that has led to my most rewarding relationships with patients.

At the end of the day, I fundamentally believe that a doctor's calling is still rooted in healing. Whereas research provides us with the necessary science for healing, our compassion imparts to us the art of healing. In obstetrics and gynecology, healing includes a continuum of care. We heal by predicting disease susceptibility, preventing disease development, and treating disease manifestations. As we provide this essential care, we encounter many obstacles such as increasing litigation, inadequate reimbursements, and skyrocketing insurance rates.

These work to disenfranchise us and overshadow the wonders of our job. We are not in it for the money, the easy hours, or the public glorification. We chose this career because we treasure the intimate connections that we experience every day. And we continue to remain dedicated to this career because we know that we impact lives every day.

It is 7:45 PM when I push the button on my visor, opening my garage door. The rain has stopped falling and the glowing lights in the windows of my house sparkle as the drops evaporate. Maggie has fallen asleep on the couch. I put my briefcase down and sit next to her. Her blue eyes open and she smiles at me. Then she frowns and says, "Mommy, you're late!"

I stroke her hair, pull her close, and tell her a story. This story is about a little girl born tonight, a little girl named Sara, who will sleep next to her exhausted, but overjoyed, mother.