

I Get It

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As an emergency physician, I commonly have a patient whose chief complaint is a pregnancy-related issue, whether the patient knows she is pregnant or she is just finding out. I have ordered countless quantitative β -hCGs and transvaginal ultrasounds, and reviewed both exciting and dispiriting results with patients. Throughout medical school, residency, and fellowship I have delivered this news with the same preprogrammed compassion that one develops as a young physician. While it is never pleasant to deliver news regarding a miscarriage or potential miscarriage, I rarely had thought about what happens to those patients once the disposition is in and they have gone home.

After 6 years of marriage and halfway through my emergency ultrasound fellowship, my husband and I decided to start a family. We were ecstatic the snowy day in January when the home test was positive. As a neurotic ultrasound fellow, I performed transabdominal pelvic ultrasounds at least once a week, looking for my future child. Once I was able to identify the gestational sac in the uterus at week 5, I felt instantly relieved that it was not an ectopic and that everything would be okay.

On the day of the 8-week ultrasound, my husband and I arrived at the OB office on time and ready to see the heartbeat of our first child. As soon as the ultrasound technician panned through the gestational sac and I saw the transverse and longitudinal images, my heart sank. My husband, the CPA with zero medical training, had his eyes glued to the screen, trying to figure out which small gray-and-white object was the beating heart. I could not bring myself to tell him what I had previously told innumerable emergency department (ED) patients: there was no heartbeat. My OB looked at me with that universal expression that fellow physicians give one another before that have to deliver unfortunate news. My OB explained

the age-old plan to repeat quantitative β -hCG levels and have a follow-up ultrasound in 1 week. He also added the standard phrase that precedes the likely and inevitable result: “Don’t give up hope just yet.”

Even though my clinical career has not been long, I cannot count the number of patients I have broken this news to in the ED. I have discussed with them the plan to repeat the lab work and ultrasound and then discharged them without a second thought of what the following week would be like for them. My husband and I spent the next 7 days in a horrible state of limbo. A myriad of questions ran through my head: Was I wrong on the dates? Will my quantitative β -hCG double in 2 days like it is supposed to? Will we look back on this week and laugh when we are holding our healthy baby in our arms? I unfortunately now had a more vivid idea of what happened to the patients I discharged with these same instructions.

The second ultrasound was unchanged and extinguished any little hope we had. We made the appropriate plans and looked toward the future. In true physician fashion, I had my next shift less than 48 hours after the procedure was complete. I buried myself in the work, but I knew it would only be a matter of time before I had to relive my own experience through a patient. She arrived halfway through that first shift with the standard “abdominal pain” chief complaint. The ultrasound was inconclusive. I walked into the room and felt my usual poker face failing me. I delivered to her and her husband the same news I had conveyed countless other times. This time, however, I shared the results with a deeper sense of empathy and an additional phrase: “I get it.”

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