



Reflections

Stoic strength

Clarissa Moodie MD

Our patients mark us in different ways. Some of the marks are light scratches that graze our short-term memories. Others stick with us and furrow deep connections in our minds and hearts.

One night during my obstetrics and gynecology rotation as a first-year family medicine resident, I was the only resident on call with the staff physician. It would be memorable—some might say nerve-wracking—not only because it was my first 24-hour overnight call shift as a resident, but because that night one of my patients would mark me.

I had been assisting with deliveries all day and was feeling pretty good about my increased comfort with monitoring women through the stages of labour. At 5:00 PM, I headed to the nursing station for handover, the squeak of my clogs announcing my arrival. Our team discussed the details of each patient in labour on the floor and the pending consults in triage. Then my staff turned to me and told me I would be delivering a late miscarriage. The patient had been assessed and had provided consent in clinic earlier in the day and was already admitted to the ward.

Great. My hopes of a pleasant call shift were dashed by this solemn news. With all the pain and heartache inherent in medicine, childbirth was one area that helped me maintain a slightly rosier view of medical practice, and I considered being present at the beginning of life a real treat. Attending this labour would be very different. But, regardless of how death-denying I wanted to be, caring for this woman was one of my responsibilities as the resident on call.


I discussed the plan with my staff—2 tablets of misoprostol inserted vaginally every 4 hours, with the hope that each dose would be enough to induce delivery. I cringed as I grabbed the white formaldehyde-filled bucket for the “products of conception” and made my way to my patient’s room.

She was sitting up in bed, quietly elegant in the hospital gown, her drapes tucked neatly around her, her hands folded in her lap. A man, her husband, sat in the corner. Her son kept himself busy the way toddlers do, teetering about the room and clambering on and off her husband. It soon became obvious that my patient and her husband had only a rudimentary grasp of English,

which matched my own rudimentary and seemingly inadequate hand gestures as I re-explained the procedure. When all of her questions had been answered, she spoke to her husband in their language. As he made for the door with their son, I realized that while she was in their thoughts, this night was hers to experience alone. I gave her the first dose and, pointing to the clock, promised to check in on her in 4 hours.

During the course of the night, I kept my promise and visited at regular intervals. Part of me knew my visits were to track her progress, but another part just didn’t like the idea of her going through this process by herself. What a contrast my stoic lady was to the other patients in my care. After the screaming, sweating, and joyful crying that accompanied each birth on the labour and delivery floor had subsided, I would head back down to her silent room. Many times I asked her about pain control. If I could provide her with an analgesic, then I could at least ease her physical pain, if not her emotional suffering. But each time she answered my inquiry with a polite refusal, her expression serene.

I won’t go into details about the final result. Suffice it to say that it took 4 doses of misoprostol and she handled it with the aid of her steady overnight companions—dignity and composure. After it was over, I pressed her hands with mine, feeling the need to apologize for something that was not my fault. Although I was in the role of care provider, it was my patient who took care of me, her very green resident, with her calm self-assurance. She was beautiful.

At the end of my shift, I changed out of my scrubs and squeaky clogs. When I stepped outside the hospital, the cool morning air was refreshing. The bag on my shoulder felt light after the heaviness I had just been a part of. I made my way toward a local bakery for a scone—a detour that would soon become part of my post-call morning routine. Emotions in my throat, scone in my hand, and marks on my heart, I started my walk home, planting one sleep-deprived foot in front of the other. Then I stopped. Clutching my uneaten scone, I cried. 

Dr Moodie began her family medicine residency at the University of Toronto in Ontario and is now pursuing a career in medical editing.

Competing interests
None declared

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