

# Q U E R Y

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I saw a woman in my office the other morning, and no matter how hard I tried I couldn't convince her that she wasn't a bad person. She was four weeks post-abortion — a therapeutic abortion at a private clinic — and was seeing me for scheduled follow-up. Her story was one of compliance: she had been on oral contraception for five years and couldn't recall ever having missed or delayed a dose in the pertinent time frame. Her boyfriend had broken up with her shortly after the procedure — whether on account of the pregnancy or because of other issues, she wasn't sure, and it didn't matter. But since she felt so profoundly guilty about the abortion she refused to tell anyone about her situation. She didn't want to tell friends because of gossip; her parents had lost her brother to an adolescent suicide, and so she didn't want to inform them because they had already worried too much, in her view, about their surviving children.

So: no involved friends, no involved family. She was profoundly isolated, with no outlet for her grief — except me. So I listened to her talk about how she knew people who were trying and failing to conceive, and about how she should have been strong enough to carry the child to term and give it up for adoption. She told me she thought she was a failure, and she kept judging herself, saying through tears that she was a “bad person.” Her religious upbringing had taught her that abortion was wrong, and though she hadn't been practising her faith for years she kept using that vestigial appendage as a framework from which to judge her own actions.

What I had before me was a tortured young woman. And I said as much. I told her that I didn't have an irresponsible person before me,

or a person without a conscience. I told her that I believed, after hearing her story, that she did the best she possibly could under the circumstances, that she was in actual fact quite strong and resilient, and that I would have more concern for her if she treated the abortion as something trivial and cosmetic as opposed to the clearly life-altering procedure that it was for her.

I told her that she was isolated and that she should start talking about the problem with her family, at least; if anything, what she told me about her parents made it likely that they would want to know, that they would want to help her. And her friends might pleasantly surprise her — maybe they knew of someone who had been there before. I told her that although it was fine to talk about her problems in my office for fifteen minutes a week, this wasn't enough to help her with her feelings of shame and that she needed more help than I could provide.

Which brings me to my sense of inadequacy. These kinds of cases really bother me. They're the moments when I feel powerless as a physician; nothing I say can really convince this woman that she did the right thing and, if not the right thing, that she did the best she could. Every ounce of her was anguished; I could see that, but I could do nothing except encourage her to book a follow-up appointment and arrange for some counselling. Some days I feel powerless as a doctor, a mere palliatrician. That old saw of “this too shall pass,” though true, doesn't mean much to the person in anguish. I feel like such a charlatan when I reassure, when I say that it will pass, or most of it. And though I'm right, why does it seem like so little?

— *Dr. Ursus*