



Dr Caitlin Dunne

Infertility, Part 1: Why infertility patients deserve our attention

As a physician, I believe that prospective mothers are some of the most rewarding patients I see. There is rarely another time in a patient's life when she is so motivated to achieve a health care goal. This is even more the case with infertility patients. Often by the time a woman reaches my office she has done hours of research, taken supplements, consulted her primary care doctor many times, and perhaps even spent thousands of dollars on alternative medicine. During the years of trying for a baby, couples endure an emotional rollercoaster of monthly optimism at ovulation followed by the crash that comes with menses confirming that "it didn't work." Because of the stigma attached to infertility, many patients do not share their struggles with friends and family. The Internet offers forums, blogs, and chat groups that can be both helpful and harmful. Unscrupulous websites prey on women at this vulnerable time, offering fertility treatments not founded on scientific evidence or even physiological plausibility. As doctors we

know we cannot change the fact that infertility exists. What we can change is the sense that our patients with infertility are alone. Part of helping our patients means simply starting the conversation.

The other day, waiting in the operating room lounge, I overheard two male surgeons talking about prostate specific antigen testing. One said, "Yeah, I am a little young to worry about PSA I guess, but I had mine checked last year. You know, might as well." The other responded, "Sure. Makes sense. Mine was high a few years back so . . . had to deal with that." It was a normal, casual conversation, and it struck me that we should strive to make conversations about infertility as commonplace. For example, as doctors we (and our spouses) are particularly susceptible to infertility simply because we take so many years to complete our education before we start a family. What if we talked about our anti-Müllerian hormone results the same way my fellow surgeons casually discussed PSA? Seems simple, but it would require a brave candidness to admit that women, doctors, and even wom-

en doctors are concerned about their future fertility.

I have had the privilege of treating medical colleagues for infertility. Most of them do not tell each other they have gone through treatment. My hope is that we, as physicians, can lead the way in adjusting how we think about infertility—that we can strip away the stigma so that the single, female surgical resident freezing her eggs does not feel she has to conceal the fact that she is thinking about one day, maybe, being a parent.

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