

The Day the Screen Remained Still: A Lesson on Compassion

Leah Liszak

As I walked my patient to the exam room, she was beaming with excitement. Her appreciation for this pregnancy was evident before we even spoke. Her smile spanned from ear to ear. Her right hand gently supported her growing abdomen proudly. I first met this patient two weeks prior at her 20-week fetal anatomy scan. That last appointment was a magical moment as it was my first time seeing an ultrasound of a twin pregnancy. But what was even more special was watching the parents' faces. They were filled with so much love as they saw the flutter of their unborn twins' hearts. Today at her 22-week appointment, I shared the same excitement. She spoke quickly and excitedly, telling me about their plans for their gender reveal party with their friends and family. As she became comfortable, she shared her journey to get to this pregnancy. She described her and her partner's years of infertility, miscarriages, and appointments they went through to make it to this point. How every appointment felt as if she was living in one of her dreams. But today, the room was filled with conversation, laughter, and joy before the ultrasound machine was even turned on.

However, only minutes later, what was meant to be another glimpse of her future family, quickly became a moment of despair. Their future as a family had come to a catastrophic halt. The silence on the screen was deafening. There was no sign of movement, nor a heartbeat. No matter the doppler's position, the silence on the screen remained permanent. As the ultrasound progressed, her expression transformed from excitement to panic, finally to devastation. The desperation in her eyes as tears rolled down her cheeks will forever be etched in my memory. As I gently pressed a paper towel on her abdomen to clean the gel, my hands had never felt heavier. Reality had set in. She had lost her twins. In that moment, as a student, I could not simply offer her a diagnosis or management of care that would suffice or heal not only the physical but also the emotional experience she had just embarked upon. What she needed most was compassion.

Dr. Linda Brodsky drew strength from powerful words to propel her during the most challenging moments of training and in her practice as a physician. If I had to choose one word to capture my vision for gender equity in medicine, it would be *compassion*. Compassion is frequently mislabeled as softness; some would even describe it as a weakness or a trait to be restrained, rather than celebrated. Yet, compassion is one of the most demanding and courageous acts demonstrated in medicine. It requires presence when it's easier to retreat, and vulnerability when

compartmentalizing feels safer. Compassion is an emotional exertion that is far too often undervalued and underappreciated.

In that exam room, which could be the worst day of this patient's life, compassion meant sitting with her in any capacity she needed rather than rushing to fill the silence. It meant acknowledging the cruelty of losing this long-awaited pregnancy. This was the loss of her future family that she relentlessly pursued and hoped for. Allowing her to cry, allowing myself to feel the immensity, and in that moment understanding that medicine, at its core is about human connection. Women's ability to feel emotions has historically been framed as a "liability" in medicine. Yet, time and time again, research continues to find that patients of women physicians have equal, if not better outcomes than their male counterparts. Female physicians also consistently engage in more patient-centered conversations. This, therefore, fosters relationships that lead to greater treatment adherence and better medical outcomes.

As a future female physician, my commitment to compassion in medicine is shaped not only by my training but also by my family's history. Unfortunately, infertility is a diagnosis that is intertwined in my lineage as well as my reason for pursuing medicine. Five of my six great aunts and uncles were sterile for reasons that remain unknown. Due to the stigmatization of infertility at the time, their experiences were silenced. Furthermore, their questions about their ability to build a family went unanswered. My family lived their lives with a condition that medicine could not explain at the time. Witnessing this impact on my own family members and now on my patients has taught me that compassion in medicine is not optional; it is essential.

Furthermore, Dr. Brodsky's mission of "helping women physicians get the jobs they want, be paid what they deserve, and have it all" resonates deeply with me, as compassion is an emotional labor where female physicians excel. To achieve gender equity, we must build systems that value relational care as much as they do procedural skill and leadership. Medicine should not demand emotional detachment to be deemed "successful". Therefore, it requires a structural redefinition of what we value in medicine to include emotional intelligence and compassion as a means of clinical value.

As I continue my career in medicine, compassion will remain a necessary trait for my success. One I use when sharing heartbreaking news with patients. A guide in advocacy, when pushing for systems that recognize the value of emotional labor and patient-centered care. I also impart it to future female physicians as they navigate a profession that too often demands they harden

themselves to succeed. As a form of appreciation for all of the female mentors I've had throughout my life and training, for the time and wisdom they've poured into me. Compassion is not a trait to be restrained; it is a strength to foster. It is how I honor my patients, my family's history, and the legacy of physicians like Dr. Linda Brodsky. Building systems that value compassion will cultivate a system of medicine where gender equity is not a future goal, but a lived experience where women physicians are empowered to lead, feel, and thrive.

Biography:

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Leah Lyszak is a third-year M.D. candidate at St. George's University. Having roots in the northern suburbs of Detroit, she graduated cum laude from Oakland University in 2023, where she studied Biomedical Sciences. She served as the SMILEs Orphanage Home Coordinator for the St. George's University Humanism Service Organization in St. George, Grenada, where she fostered impactful relationships with at-risk female youth and developed seminars to support their personal growth. She is also a member of the Gender Equity Task Force with the American Medical Women's Association. Through both her extracurricular involvement and academic pursuits, she is passionate about building a career in Obstetrics and Gynecology that advances equitable reproductive health care.

