

“Can we share some reasons why patients might not trust doctors?” the woman at the head of the circle asked. She crossed her legs and leaned forward, “Anyone?”

We responded with a reflexiveness akin to saying our own names: *Tuskegee, Henrietta Lacks, the Nazis, eugenics, Dr. Death, “that guy who artificially inseminated all those women,” and the list went on.* We were gathered here at 5 pm on a Wednesday for an optional skills session. The school had thoughtfully hired four women from a local group who specialized in teaching America’s future health professionals the elusive pelvic exam. The skills session would include a discussion on taking a careful history and an instructional session on how to perform the exam. They would finish the night by receiving a pelvic exam from each of us so that we would one day be able to do a pap smear with little insult. But first, we would talk about trauma.

Several months ago, we received our short white coats – tokens of our progression through medical school. We took an oath in front of our friends and family, an oath where, to everyone’s surprise, we do not actually pledge to “do no harm.” In fact, the original Hippocratic Oath has largely been replaced by a Physician’s Oath, as the former has lines about promising not to perform surgery or have intimate relations with our patients. Nonetheless, it attempts to convey that we will do our best to help patients in life and death, maintain their privacy, and protect ourselves throughout the process. We have good intent, but we cannot guarantee our impact; we cannot promise that we will never cause harm.

Many of us in the room that night were women who had received a pelvic exam before and knew the dance: take off your pants, try to hide your underwear somewhere in the rest of your clothes, sweat through the thin sheet of paper below your back, and try to relax when told to do so. When it came to performing one, though, we had little experience to leverage. We knew what a pap smear was, what showed up under the microscope, and how to interpret the findings, but these were only concepts. We had not fumbled through the practice of opening a speculum or placing a gentle hand against someone’s inner thigh.

As we discussed the infamous medical professionals who collectively hurt thousands of patients in their time, I found myself retracting. I would never form a militant group that castrates and maims patients without ever blinking an eye; and yet, I also understood that it was in everyone’s best interest for me to patiently sit through these slaps on the wrist and acknowledge medicine’s dark history. During the session, I promised myself that I would master how to perform a trauma-informed pelvic exam so that my patients would never suffer.

A few deep breaths and small group assignments later, we met our instructors and simultaneous future patients in the staged exam rooms. One of the women was perched on the exam table with a sheet across her waist. The other stood next to her with gloved hands and asked us to introduce ourselves. She then explained the procedure at length, let all of us practice opening the speculum, and demonstrated the procedure with the help of the other instructor. Then she asked who wanted to go first.

One of my professors once said that early medical school is a place that anthropologists aspire to be: generally accepted into the community but still naive enough to notice the intricacies of its culture. That night, we were transitioning from the patient to the professional, searching for ways to be good doctors one day. We wanted to know where to place our hands, what to say and how to say it, and have faith that the patients we encountered were better for it. Perhaps that is why we constantly looked for permission; we sought assurance that what we were doing was right.

We all gathered around this woman's stirruped legs and looked down the barrel of the instrument placed in her vagina. It was her third exam in a row, and each of us was having trouble finding her cervix. With several guided shifts, it popped into view. We inched closer. There it was: the pearly pink organ that warranted all of this discomfort.

If the woman was a real patient presenting for medical care, we would scrape the cervix with a plastic spatula and send the sample off for testing. In this same universe, we would get the results back several days later and tell her that she definitively did not have cervical cancer-- that she could come back in three years to do the dance again, but until then, she had been granted a clean bill of health. In this universe, I also imagine that she would smile, proud that she took control of her reproductive health in a way that only a twenty-first century woman could.

Then, growing along her cervix, amongst all of its grandiosity, was a spot of red. The spot grew until it obscured the view, and when the metal left her body, a drop of blood fell to the floor. My heart sank as sharply as my gaze.

That same morning, the other people in my life woke up to their alarms. Maybe they brewed themselves coffee before commuting to work. They packed their lunch, said their I love yous, made phone calls, and sent emails. Maybe they got in an argument and then had to choke out an apology. No matter what happened, it was abundantly clear to me that there was only person in my life who woke up equipped to hurt someone like this: me. We had caused this woman enough pain that it was tangible, staring up at us from the linoleum.

At our instructor's cue, we took an intermission. Our patient sat up and gingerly cleaned the blood off herself as we all faced the wall in a small effort to grant her privacy. No one spoke until it was time for the next practice exam. This time, I could not help but notice her grimacing throughout despite stating emphatically that she was alright. She had agreed to do this for our benefit, but I could not shake the guilt.

I imagine that when the monsters of medicine's past planned their days, they too told themselves that mankind would benefit from their newfound skills and knowledge. Performing pap smears does not compare to history's medical horrors, but it may remind us that harm can be born from the power to do so, rather than purely ill intent. As we progress through our training, patients trust us enough to be vulnerable, and we have a responsibility to balance the scales.

I think of her often. In the clinic, in the operating room, is that drop of blood shining in the fluorescent light. It reminds me to be kind and thoughtful, but mostly to be scared; to know that my actions are not always benign to the body or spirit and that it is not enough to mean well.