

Episode 54 – Changing attitudes to medical care and childlessness

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SPEAKERS

Michael Hughes, Berenice Howard-Smith, Gail Miller, Sarah Lawrence

Gail Miller 00:00

But there has to be a way to let them know it is absolutely fine to and it's appropriate, it's a boundary that you are setting to tell your healthcare professional. "I want this in my chart. So it is a flag that everyone will see". And it's okay to send it if you can't say during the visit, because maybe face-to-face is difficult. Or you're now triggered just as you're walking into the doctor's office, it's fine to send them a message or call them at a different time when you're not feeling triggered to say, "I want this on my record, please don't ask me about X, Y, and Z". And certainly if it's a paper chart, which I honestly miss; I missed the days of paper charts. And we you know, at the front, we always had were able to put a sticky saying, you know, don't bring this up with the patient or they're sensitive about this. So there's always a way to do that

Berenice Howard-Smith 01:15

Welcome to the full stop podcast with me Berenice Howard-Smith, Michael Hughes and Sarah Lawrence. The award winning Full Stop monthly podcast is an ongoing conversation that began in May 2019. Our guests bring their authentic voices to a wide range of topics that share a connection with childlessness. Our hope is that with our guests, we can help you craft your own narrative and explore what it means to be part of the childless community. You're warmly invited to continue the conversation in our online Full Stop community, which is open to all who are childless, not by choice for any reason. Here you can discuss the podcast episodes, meet the guests chat to us and create new connections in friendships.

Michael Hughes 02:04

We welcome all to listen to our stories to inform those who do not identify as chocolates, so they can begin to understand and support chocolates not by choice friends, colleagues, relatives. This episode spans across three continents with our guest Gail Miller. Gail works in healthcare in the US and through her personal story came to realise how many exclusions there were for childless people. Gail noticed how lack of knowledge and healthcare education on childlessness influenced how patients or

colleagues were treated, and vowed to do something about it. Listen to find out how. And if you work in any area where you're in regular contact with children, such as education or hospitality, you may find some of the approaches in this episode helpful to you.

Berenice Howard-Smith 02:53

I agree with that kind of do different voices

Berenice Howard-Smith 02:56

because you can speak to different satellite voices didn't you? I always wanted the Brian blessing one.

Sarah Lawrence 03:04

Really?

Gail Miller 03:05

I didn't know there were different options for voices.

Michael Hughes 03:13

My brother in law loves the Australian one. So in the UK, where he puts the Australian model on

Berenice Howard-Smith 03:22

I have never investigated our Sat Nav to that degree. I just sit there and and we get along just fine. Me and sat nav lady.

Michael Hughes 03:29

I don't know which one of these. Is it? Tom? Tom, I can't remember but one of them when you change it to Australia and it will say something like, you know, get a some of these cliché words. And then if you've gone to a beach, it'll say yeah, you're here. So if you're going for lunch, don't let the seagulls pinch your chips. Really? Yeah. Yeah.

Berenice Howard-Smith 03:56

So there are seagulls world wide pinching chips? I always think it's a phenomenon attributed to Cornwall.

Sarah Lawrence 04:13

Do you know I love them. I think they're amazing. I remember one of my favourite memories of my granddad yet. He had saved the biggest chip drenched in vinegar and he was you could tell he was salivating at the prospect of this last chip at the bottom of his cone. And he threw it out and it just got it just to his lips and this seagull literally came so close he felt the feathers across his face. Oh yeah, and my granddad never used to swear he was gutted!.

Michael Hughes 04:49

I didn't realise they'll get like come at you.

Sarah Lawrence 04:54

Scary. Welcome to the madhouse. How are you this morning?

Gail Miller 05:11

Good. I am good. Thank you. How are all of you? Very okay. We're glad to be here.

Sarah Lawrence 05:19

Thank you for getting up so early.

Gail Miller 05:21

Yeah. Oh, absolutely. And as you know, I explained how have a new puppy. So I was up. Hey happened to be up. Today. That wasn't the plan. This was a last minute decision to get adopt this new puppy. He's a mini Aussie. We love Australian shepherds. And we have three others who are in the bedroom right now. But um, yeah, he is quite a handful. It's been a long time since we had a puppy puppy. So. Yeah. Yeah. In case you didn't know they're worth it. The last two that we adopted, they were brother and sister. Um, they were eight months which is still you know, puppy but not that really puppy stage with the biting and yeah, that so this has been a kind of a learning experience. I haven't dealt with this.

Berenice Howard-Smith 07:06

I dealt with it in my A levels and my grandparents dogs. One of them arrived and she had twelve puppies. So they had one point fourteen dogs and appeared in a local paper. They came around to take pictures; it was chaos! T hey are lovely. Very lovely. Yeah. And it's worth it in the end. So yeah, it is. Yeah, totally worth it.

Sarah Lawrence 07:55

So I guess we should do introductions, really. 10 minutes we've seen We've done chips. We've done dogs! So Gail, many of our listeners may not meet be familiar with you and your work. So I was wondering if you could sort of talk a little bit about who you are and what you do and how you come to be on this podcast, I guess.

Gail Miller 08:18

I'm so I'm Gail Miller, I am, ironically if you want to say that I am a maternal foetal medicine doctor. So I take care of women with high risk pregnancies, which people never feel to point that out to me that I am childless not by choice. And I still do this this work, which is I do part time. I'm also a life coach for women who are childless, not by choice, because that was that's my journey. And when I was at the point in my life, and I don't know if you want to know my old story, but when I've reached the point in my life, where it's like, okay, this is I have to accept this. And I have to do work through this. I had a wonderful therapist and a wonderful coach. Neither one was childless, and neither one fully understood what I was going through. My therapist, even at one point said, Oh, she didn't acknowledge that she didn't know she actually said to me, Oh, I know how you feel because I had a high risk pregnancy. And I thought, okay, I would never minimise someone's grief over having a high risk pregnancy because that does cause grief as well. But no, you don't know what it feels like. You went home with twins. You don't know what it feels like to know that that will never happen for you.

Gail Miller 10:01

I actually started working with my therapist for family stuff and decided, okay, I'm not going to talk to her about this, because she doesn't get it, then my coach, it said, I will never understand. I mean, nobody understands what anybody else is going through, we're just walking in different different path, different shoes. But, um, you know, she acknowledged, this is not my experience, but I'm here to help you. And so what she helped me with was like, I learned how to kind of coach myself. And that's when I was when I finally came to, okay, I can enjoy life again. It's not the life that I had planned at all, but I can enjoy life and also acknowledge that I'm still sad about this. And I will have, you know, triggers, etc. But I now need to help other people with this. And so that's when I said, Okay, I want to become a coach, because that's what helped me the most. And I'm not putting down therapist, my therapist was wonderful in other ways, but that was what helped me. And so I specifically went to, through training for to become a life coach, so that I could help women who are childless, not by choice, and, you know, the life coaching is always in general. But in the meantime, I was studying on my own reading about, you know, the psychology, the, you know, the emotions, and you know, all the studies on women and men who our child is not by choice not to exclude men, but coaching men is very different than women. And so, because my life has been working with women and understanding at least how to, how to speak to women, and, you know, I, most women are like, you want to talk about your motions, and most men are like, it just gets to the point.

Gail Miller 12:14

And don't really want don't really want to go through all the and I am the kind of person who like, Yeah, let's go through all this stuff. And so my choice was to, you know, work with women who are childless, not by choice, and that's what I do. But what has come up? Well, I mean, what I had always heard from, from my patients in a long time, would be those who would have, you know, let's say pregnancy losses, and now they are pregnant, but it is still a trauma. Even if you are now pregnant, even if you've gone through a successful pregnancy and you've had a child, having a pregnancy loss is a trauma, and you will feel the effects of that regardless. And they would tell me the things that doctors would say doctors, nurses, it's it's everyone in health care. Oh, well, at least it was early, or somebody who had a stillbirth?

Gail Miller 13:18

Well, at least you didn't deliver the child raise the child and then lose, there's no at least there's there's pain. Um, and so that was what I had experienced and, you know, talking to my patients and then as I was working with women, who are now childless, not by choice now I'm hearing the other stories that I'd also experienced, but thought, okay, it just must be me. And that was, you know, the, the insensitive comments about being childless the assumptions, the, the assumption that it's okay to bring it up, when it's not even necessary for the appointment. And so that's when I, you know, I've gathered these stories, and it's like, I have to say something about this. And so I, when one night it was actually didn't have a puppy, but it was in the middle of the night I woke up, couldn't sleep and like, Okay, I'm gonna write this and sent this article, because I was really hoping it's a healthcare forum. And so I was really hoping to reach people in healthcare, so they would understand these things are not okay to say and to ask about and these assumptions and so that's what brought me to to this topic. Yeah. long winded answer.

Sarah Lawrence 14:51

No, it's a very interesting answer. It's interesting. I was reading the article and it was, obviously it wasn't just childlessness because you've got a foot in basically both camps, haven't you? So you can kind of see, I guess that holistic picture. But I guess what I took away from it was the fact that you could be going in with a sore throat. And then that becomes the topic of art. You know, the question is, are you pregnant or, or something along those lines? And I guess it's, that's what stayed with me was, because I would imagine and correct me if I'm wrong, Michael, please tell me if I'm wrong. If a chap goes in with a sore throat, are they going to be asking you about oh, no, your genitalia? I wouldn't have thought so because it's just irrelevant, isn't it?

Michael Hughes 15:37

No, they wouldn't.

Sarah Lawrence 15:40

But for women, apparently a sore throat means that then you can start asking very intrusive questions.

Berenice Howard-Smith 15:48

Yeah, yes, you had a dentist as well, when I've been to the dentist, literally just to walk in. And I actually walked out, because it had no relevance to the fact that I was just signing into the practice, literally signing in as a new patient. And it was either at risk. Are you pregnant? What's that got to do with signing up? Because actually, when we think about the process of signing up to the point where you might need your first appointment, could be that "not now/no/maybe later". When we're actually just making a gentle inquiry about joining a practice not actually when we're having treatment, as well. It's bizarre that we're asked so much.

Gail Miller 16:39

Yes, yes. It you know, what's interesting, is that very recently, in a physician group that I'm in someone anonymously, so I don't know this person, but posted asking, like, if the situation that happened was okay. And it happened to be a male at a staff meeting, the manager, the practice manager brought up that your coverage for was now allowed for IVF. I don't know if that's the case, where you are, but most, most places don't cover IVF most insurance and most employers, and so this was a change. And she was bringing it up and explaining and then said in front of everybody brought up and said, well, hopefully doctor, so and so you won't need this coverage.

Gail Miller 17:38

Why is that? In? So why is it okay? You're you're talking about something? If there wasn't a question, it wasn't this person said, he's never brought this up before. There's no issues that he knows of. He's not trying to have a child now. But why would you even joke about this? This is having a child, whether it's be conceived by on your own or IVF, or you can't have a child? It is the one of the most, if not the most personal of things. And so why do people think it's okay to talk about it, and to just bring it up and ask about other people.

Berenice Howard-Smith 18:25

We've recently in our thread stuff, we've just joined threads. And this is actually something that popped up was that dismissiveness of IVF on something I was reading that lead me to writing about for World Childless Week and childless in the media. And I was trying to do some research. And it's amazing how light hearted in a way or joking, there's a kind of a humour about it. And I was going back and looking through it. And it was about actually it was about friends, I went back to the TV show Friends, and how it was literally delivered the entire thing about the characters Monica and Chandler not being able to have children, as being kind of it was done for punch lines. But actually, if you were in the position, that the time when you couldn't, then you would feel it was you know, literally it was punch, and it was a light heartedness of the whole thing. And the dismissiveness that I found just literally in like, you know, an hour of research of what was readily available, how is how is infertility treated? And childlessness just generally in popular culture, particularly in the 90s there was a kind of like a start of it coming into, I think, kind of popular culture, I guess, because of maybe what happened in terms of IVF and Louise Brown, and then it became something that was put into narratives, but there were numerous examples. In America quite a bit, you know, Friends, there was the X Files. Here's the topic, it's a big problem. Now we're going to drop it and go on to something else. Because it's easy to get past it was that perception of the ease of which people can kind of recover from it. I think that's still kind of lingers, I think, in people's minds, in what places in appropriate places, because it's meant to be easy, and almost every single storyline ended up with a miracle or adoption. It becomes flimsy and light hearted. And of course, it's not. If people haven't been through it, they take it. What do they take it from what they've seen and read in the media? It's scary.

Gail Miller 20:46

Yeah, exactly. As you said, it was kind of a joke, it turns into a joke and response to his posts, because he posted asking like, this was upsetting, was, in my wrong to be upset. And what was more upsetting to me, even with the hundreds of answers, and this is a physician group. So hundreds of answers from physicians, oh, you're taking it too seriously? Don't you know, You're too sensitive, you're done? And then I responded. And I was like, no, no, I'm sorry, you are all wrong about this. And thankfully, I had many people who responded to me saying, you know, exactly, but still the vast majority of these hundreds of replies from physicians.

Gail Miller 21:41

And I don't mean to be cutting down all of my colleagues, but the reality is in healthcare, it's used as a punch line, or as a, it's just fertility status, reproductive history is just used as something is a way to, you know, to establish repour. Like in the general population, you know, people think, oh, asking about when are you going to have a baby? Or why don't you have kids or all of these questions, they think this is a way of getting to know someone, and it's benign, and it's anything but benign. But you would hope that people who are supposed to be caring for others would at least be open to understanding this is, you know, you're you're wrong about this, that this is not something you just use to establish her core. This is a very sensitive topic. And so yeah, it was really disturbing to see hundreds of responses telling this person, you're being too sensitive, just take it as a joke. It's not a joke. It's personal. And you don't have the right to bring this up in front of in front of anybody, much less all of this staff and my colleagues. And so, um, yeah, there's a lot of disturbing behaviours, and questions and comments. And again, I'm talking, this happened to be a physician group, but you know, people hear this from the minute they walk in, like you said, sometimes it's in a form. Sometimes it's the receptionist, just asking,

you know, a medical assistant, a nurse, and no one stops to think how personal and how painful this could be for someone.

Sarah Lawrence 23:39

It's, it's funny, you say that girl, because I remember, I think we're gonna have to pop a trigger warning on this one. But I remember after my miscarriage, I, I had to go and get some antibiotics because I developed a, an infection, unfortunately. And I remember talking, having had having to have repeated conversations with a receptionist around my medical issue, you know, why do you why do you want this? What is this about? And I remember saying to them, with the greatest respect, you're not medically trained, you are just a receptionist, I don't want to keep having to repeat of what is a very painful story in an office because I was at work. And I got this real sense as well, that there was this pervading culture of the receptionist having a right to ask some very invasive questions of somebody that was clearly in distress, to justify why I needed help, at a time when I was actually feeling very vulnerable. And I wonder, I sort of look at it now. And I wonder if there is and I don't mean this to be quite so broad brush. But I wonder if there's like a pervading misogyny around the right to have that information and the right to ask those questions of a woman in a vulnerable state. situation I want to do, how do you find that? Do you find that too broad brush? What do you think?

Gail Miller 25:05

Oh, no, I think you hit the nail on the head. Yeah, I think, um, there is just this, this overarching theme in society, that one, you know, women and men should have children. I mean, that's so for even those who are child free by choice, it's certainly not the same feeling when you're asked these questions. But they also, you know, feel that the uncomfortable the discomfort and it's, you know, this is none of your business, but certainly, when it's something that's painful to you. But there's just this, this world wide view that that is the most important thing in the world. And so, you know, we need, it's our business, and we need to push you and we need to put our assumptions on you. And we need to put our judgement on you. And it shouldn't exist anywhere, but it certainly shouldn't exist in healthcare. Because who then wants to go to a visit? Who wants to have to call when you know, you're going to be prodded with questions that are not pertinent for someone who's scheduling?

Gail Miller 26:38

Or certainly, you know, you, you have to explain and say, you know, you know, I had a miscarriage, this is what's going on now, but you shouldn't have so they know, like, how much time? I mean, at least in the States, it's like, do you get 10 minutes? Or do you get a 20 minute appointment? Like, it's such limited time that you're allowed? Um, so So sometimes, to that degree, it's pertinent, but the continued questioning is not, um, it just, it just isn't, especially since you will probably then have to repeat it, because they're going to have you talked to the nurse, and then you're going to, they're going to have the nurse practitioner.

Gail Miller 27:22

And, you know, it's just not necessary. And a little bit of empathy and sensitivity goes a long way. But it's just so lacking the understanding of how painful and how personal this is, is just lacking.

Sarah Lawrence 27:44

Yeah, completely. I mean, just by context. I mean, that was so hard to have three conversations that day, because they kept misplacing my notes. Oh, yeah. We've made a note of it, then the second time, yeah, yeah, sorry, we, we've misplaced it. And then the third time, I basically I said, right, that's it, I'm driving down there. And I'm going to sit in the waiting room until one of you actually takes the time to talk to me properly. And I'm somebody that is professionally trained. And I ended up making a complaint about it. And it didn't get very far. To be honest, there wasn't an awful lot of empathy in even considering the complaint. And I wouldn't usually complain about it. I mean, it's a waste of everybody's time, if I'm honest with you, but such was my distress at being asked those questions by somebody, you know, three times, you don't really want it repeating again, and again, for other people that are in a similar position. And I'll be honest, the doctor wasn't much better.

Sarah Lawrence 28:39

We ended up on I'm not religious, and then it's absolutely no disrespect to anybody that is but the conversation I had with the doctor was, Well, God obviously didn't want your child to survive. And I was like, hang on, that's not the conversation we're having here.

Sarah Lawrence 28:56

Yeah, this one in the world I you know, I don't want that bought in, I need you to be empathic and just sign me off work. That was the conversation. So it was all ends up and not a good experience. And as you quite rightly say, it put me off going to the doctors for a very long time afterwards. In fact, I still get anxiety now, when I go into the doctor about something gynaecological or non gynaecological because I think, are they going to take me seriously? What is the conversation I'm going to end up having? Am I going to have to reference my childlessness, you know, any of my infertility story? Just, you know, last time I went in, it was for something innocuous as a skin thing, and I still had that anxiety. Are we going to end up talking about this?

Berenice Howard-Smith 29:44

've had similar experiences to you? Very similar. I'm actually still get very anxious going into the doctor's I'm just wondering how many of our listeners are the same I really don't like going you literally have to drag me there kicking and screaming because of the insensitivity and again, I wasn't followed up on when I've miscarried. And my issue was around the fact that I had private IVF. Again, props and triggers on here. So private IVF, and also, NHS IVF. As far as the NHS goes, and the private IVF didn't count, but when it came to COVID, and of course, vulnerability in my immune system, everything broke through the neck. So I had to sort of start to piece that story together, myself, it wasn't relevant then. But of course, there was the gap in all of the information. At a time, when, of course, the healthcare system was under stress. And I have huge empathy with people working particularly, I think, specifically in this country with the NHS in its terrible state of affairs at the moment and absolutely, thoroughly support and grateful for the NHS. But these pockets of, of problems, the fact that you Sarah have had an incident, I've had an incident and neither of us liked to complain. So we never likes going to the doctor, but when you've got all of this kind of mind, swearing, stuff going on mess and tangled in your head about something that anything, what you mean, it's just even just going in, and like the smell of the place everything about it.

Berenice Howard-Smith 31:20

One of the things I just wanted to ask is, we had a thing a couple of days ago, actually, that I was talking to somebody about, about how people how people can move forward from that. What's the best if you're in that situation, and there is an issue, people often can feel that they have no agency, no power and nothing. Clearly, your your writing is wonderful. That took much courage to do that. How did that feel for you? And what would be your advice to anyone listening, who's clearly I've been in the situation, but like Sarah, a bit like Berenice, and I've seen it play out in the way that you've talked about Gail, what, what can I do? What, is there any any way forward? Anything that I hate to say that victims have to educate people, because I hate that, that we have to explain that to people, but what's a good thing to do? What's a good action? If people are into that situation? And they find themselves really struggling? Sarah, I'm sure you've got some advice on this as well.

Gail Miller 32:33

I'll let go. Okay, okay. Well, one I not that I am that happy to hear this. But I it's comforting to know, it's not just a US problem, that, you know, the, this, the visits with physicians with health care are often insensitive in general, unfortunately, and I was thinking was just a US thing. So that doesn't make it okay, that it's elsewhere too. But it's, you know, I guess nice to I don't know how to phrase that. But it's good to know, it's not just a US problem. Now, that doesn't make it okay. Um, so, you know, it is it's a trigger going to me, nobody wants to go to the doctor, I don't want to the doctor. And I've been in those situations as well, where they, they won't listen, they, they don't want to take the time and I get it, I'm in practice, still small degree. So I get that. We don't have a lot of time, but there is a way to not make your patient feel like, you know, they're just on this, you know, production line. And there's a way to not make them feel like you don't have the time to listen to them. But that being said, that will take a whole lot of education of, you know, health care. What I what I recommend, and one is, I recommend writing out your history to the degree that you are comfortable with. But I always also say like it doesn't have to be detailed, you know, you don't have to go through, you know how many cycles and IVF you did or if you want to that's absolutely fine. But if that's triggering, I would just summarise your history had this many miscarriages, I would start at the top. This is a very sensitive topic for me. If it's not pertinent, if it's not relevant, please don't ask me. Here's the information that you need. And I would give that to the either. Send that to them. And everything here is electronic. So I can send a note to my physician's office ahead of time, if that's an option, but I would also walk in with that printed out and hand it to them. Now, you know, we all know there are plenty of people who no matter what you say, are not going to be sensitive to this or empathetic. And so you may still be faced with this, these comments and questions. The problem is when we are when we're triggered, we, you know, you get stung, you don't know what to say, you're, you're angry, you're frustrated, you're hurting, you want to cry. Um, and you can think of what to say, or you know what to say, but for some reason, we feel like saying to someone else, doctor, or anybody else, you know, that's not something I want to talk about, or it's not your business. We feel like we're being rude. I mean, that's what I hear. And I, I am the same way. And I hear this too, I don't want to be rude. Well, that question or the comments, and is rude. Also, you are not being rude, you're setting a boundary. So what I when I do this, before I go to events, family events, friend gathering, doctor's visits, I practice the, "it's personal, I don't want to talk about it," I say it in my head, I practice it in a meet saying it to the mirror, so that when that situation comes up,

Gail Miller 36:42

I can take a step back, take a deep breath in, and then be able to say, and my voice may be shaky, but I'm still able to remember because I've practised this, so much be able to say, that's not, you know, this personal or, or whatever it is, I'm at the point, like I'm old enough now, and comfortable enough, and I've practised enough that I'm okay with saying, That's not okay to say to me, or it's none of your business. That's hard. For some people. It comes with age and experience for some reason, some people never get to that point. So figure out the wording beforehand that you will feel comfortable with when you've practised but definitely, you need to, we think it's, you know, what good is that going to do, but that visualisation of you saying these things, and then practice actually practising it and saying it to a mirror over and over, helps immensely when you're in that situation. It's not that you won't feel the sadness, or the anger or the frustration, and all the other emotions that come with this. But you'll be able to, it'll come up, roll off your tongue more easily. So but I definitely highly recommend writing out your history and letting it know and saying, I want this on my record, I want this document on my record, so that you know my history. And I don't have to be asked every time.

Sarah Lawrence 38:14

I love that. I say to my clients always, always practice your responses when you're not triggered because your brain just goes and you're not. "What do I say?" I love that I think that's a really top tip especially, I'm saying I can see them looking at my records and you want something that's like a post it note, don't you say? Do not ask me about this please. Endometriosis . That's my record. I think that's a brilliant idea. Thank you for that.

Berenice Howard-Smith 38:48

I love that. Thank you. Yeah, that was such a brilliant answer. I'm sure that will make a lot of people feel that they've got more agency for themselves as well, when they go into these situations.

Gail Miller 38:58

Yeah. And I don't know what the records are like elsewhere. But I'm here a lot. A lot of it is electronic. But and there are sticky notes. There are most of the programmes have an electronic sticky note that says, you know, that gives you that option to put in the things that patients don't want to talk about that are you know, we're sensitive about this. So that if they can't imagine that the Electronic Records in the UK and in Australia and elsewhere don't have that option.

Gail Miller 39:38

But there has to be a way to let them know it is absolutely fine to and it's appropriate. It's a boundary that you are setting to tell your healthcare professional. I want this in my chart. So it is a flag that everyone will see. If you can't, during the visit, because maybe face to face is difficult, or you're now triggered, just because you're walking into the doctor's office, it's fine to send them a message or call them at a different time when you're not upset to say, I want this on my record, please don't ask me about XY and Z. And certainly, if it's a paper chart, which I honestly miss, but I missed the days of paper charts. And we, you know, at the front, we always had were able to put a sticky, saying, you know, don't bring this up with the patient, or they're sensitive about this. So there's always a way to do that.

Gail Miller 40:46

And you have every right to let your healthcare professional know that you want that documented on your chart.

Sarah Lawrence 40:56

Thank you, we just had a comment come in actually, about changing from a male GP to female one, in order to address some of the issues that they were having around constantly being recommended the pill, which they said that they didn't want, and but it kept coming up.

Sarah Lawrence 41:13

So the change to the female one. I know that's difficult for every sort of setting, in terms of doctors and things. But I actually I did that as well, at one point, I changed away from that male GP to the female one, and I insisted on it because of what had happened. But that can be an option. Or alternatively, the other thing I did as well, because when I moved, I decided I wasn't going to, I was going to actually look at the the ratings of the local GP, which you can do for the NHS in the UK. I don't know whether that's a facility in Australia, or America or other countries. But it meant that actually, I could look at the ratings and see what people were saying about each GP. And there was one that was more local that got some atrocious reviews, and the one that I'm with is further away. But it was actually good. And I've had some good experiences there are with their locums and their GPs. So that can kind of give you back that empowerment as well can't sit back. And you know what? Let me go have a look at the reviews. Oh, yeah. Thank you for that.

Berenice Howard-Smith 42:15

Michael, do you want to say something, I can see you've got your hand up

Michael Hughes 42:18

I'm gonna take us off on a slightly different tack. Because it's not often we get a medical professional, that. So there's a couple of experiences that that both Vickie and I have had, over the time, taking our own GP, taking your ageing parents to different chickpeas, and we've been able to between the two of us bring up subjects about childlessness. And one of the things that, that our GPs have said (there's probably three or four of them. So it's not a large sample size), they've said what can you give us? Because we've got no resources, you know, we don't have anything to point these people to who are childless. Is there anything you have? Is there any pamphlets or any anything that we could give out? And that to me that that was quite shocking, because I thought really is in the medical profession. Is childlessness actually a thing that is recognised? So I would really love to hear your opinion on that go?

Gail Miller 43:35

Yeah, no, it's not. I mean, that's bottom line, is it really, it really isn't? Um, there's such a lack of understanding. So again, I'm in these physician groups, and I'm there very often, women are posting it saying, you know, I haven't found the right person. I'm, you know, how many years old? Should I freeze my eggs? And everybody's Yes.

Gail Miller 44:08

Does anyone have to worry about it anything, even physicians don't recognise that freezing your eggs is not a guarantee. There will often be people posting about the fertility struggles that they're having.

And the answers are very glib, just have IVF. And neither, there's really such a lack of understanding it and again, like I don't know anything about nothing. I don't understand the neurosurgeon. I don't understand what radiologists Do you know, so. So I don't expect every other specialty to understand and know that IVF is not a guarantee. In fact, you're more likely not to get pregnant during a cycle.

Gail Miller 44:57

Unfortunately, no, they don't they don't understand. And I cannot tell you how many when I talk about what I do, and they say, Well, are you childless? Yes, I am. Um, and they get the you can feel the discomfort, their discomfort, like they're uncomfortable because you shouldn't there's something wrong with you, or, you know, or the pity which I greatly dislike. And so no, there is a lack of understanding, am I you know, I just started with a new gynaecologist and is nice as she was, and she took time to, to talk to me, she never once asked me, your child, and I didn't tell her what I did. She didn't even know I was a physician. She didn't know that I life coaches know what I do. She didn't ask, is this a sensitive topic? Is this something you might want help with?

Gail Miller 46:06

And I've had women who are, you know, menopausal postmenopausal, who are childless, who never have had an end, they're grieving. And no one is asking them at their visits? Is this something you would like help with, and nobody's recognising that some of the symptoms, you know, our emotional, or emotions often come out in physical symptoms, and nobody's putting those pieces together, that you know, you are, could be feeling this way, because you are grieving. And you've, you've never had helped with this. But no one talks about it, nobody asks about it.

Gail Miller 46:54

And you get the answers that are just very glib, or they become uncomfortable, and they offer you pity, and then they move on. And it's like, I don't want your discomfort. I definitely don't want your pity. And I don't want you to move on. Or maybe I do maybe today I do. I don't want to talk about it. But at least gives me the option of saying, you know, can I help you in some way? Can I guide you to some resource to a therapist to a coach to somebody, it doesn't even it doesn't even get addressed. And I recently gave a talk about this, about why you shouldn't be talking about the you know, the things not to say and not to ask, and it was meant for healthcare professionals. And they just don't want to hear about it. And they truly did not want to hear about it.

Michael Hughes 47:49

Or not like one of the things that still sticks with both Vicki and I is the very last time she went to see a gynaecologist about the guy who did all the IVF for us. He sort of said, well, you probably need to give up. Vicky was close to 40. You, you probably Yeah, in this you probably need to stop now. And yet, she was obviously not gobsmacked. Didn't know what to say about it. You know, there's a very, as well, you will know, a very, very big life decision. And she walked out of these rooms with no plan, no support. No nothing. And that was Yeah, it took us 10 years to figure that out. That we that there was nothing that we did that. That it was yeah, it's the medical profession and I'm not having I'm not smashing the medical profession at all, but there is certainly a huge gap.

Berenice Howard-Smith 49:02

We walked out of the clinic and it was just like your eggs are scrambled that I was told were "scrambled" There's just nothing. Just this gap. There was counselling, you have to go back to the place where you suffer this trauma, because there wasn't counselling anywhere else. And this is what's so wonderful about your coaching Gail and Sarah what you do and all the other counsellors and coaches out there people can find that, but certainly my experience was that I didn't want to go back to the place where really, my life fell apart in order to have someone tell me in that building, I mean, the connotation of building itself is really hard and actually just driving down that road again, is so hard. I remember having to come off all these tablets, and being utterly incapable of being able to count them. And having to say, to my husband, can you please do that I couldn't know how to do this. I don't know how I meant to do this kind of context thing. I don't know what that's like. I don't know what I'm doing. When there's no one to ask.

Berenice Howard-Smith 50:43

Having to have the vaccine for Covid and needle phobia, because the last time I had a needle near me was because of infertility. The volunteers who clearly were brilliant at what they were doing. But I had to go in and sit there and say, I'm really not comfortable. And I'm feeling I can feel it now that we are sitting here talking about it, The enormity of the situation that we were all in, but also my little world where it was hard. I just sat there in the corner. And someone came up to me, he said, Are you alright? And I just said, well, actually, I'm finding it traumatic because of my association with needles and infertility. He said, Oh, well, you never know. you could try again. It's not that I'm not grateful for the vaccine. It's actually, you know, the situation that people were in the time. And, again, some of that trauma around needles. Again, I think people would need to phobia in general having problems. But again, people can have a connotation with needles or different things like that, because it really ever get touched on as a problem.

Gail Miller 53:40

Yeah.

Sarah Lawrence 53:42

I guess I'm just gobsmacked to the fact that this isn't recognised by a medical profession that you would know about this. There's almost like a squeamishness about it. I think that comes through and I was reading us a little while ago, but that endometriosis is prolific in numbers as diabetes. But there's this kind of squeamishness when it comes to talking around female gynaecological health, you know, and it's also, you know, talking about chaps as well, breast cancer, men can get breast cancer, but there's no conversations around that as almost, but when it comes to childlessness, this this complete blank, whereas, you know, we know, I mean, you know, everyone that's been through IVF, and people that I've talked to know that there's a high probability of it not work. So it's baffling to me that actually this is just such a blind spot.

Berenice Howard-Smith 54:44

Came up on the female leader, she on LinkedIn the other day, and I had to go in and crush out some words because it was a major kind of big thing on on LinkedIn, the female lead and they had a thing, a poll. Are you considering egg freezing? Yes, or No. And it was just that Oh, my God. And I thought I tried to keep it professional LinkedIn, because when she said, But no, actually, this is just so wrong. But

you know, again, you're leading to this myth. I mean, the whole the whole account does it annoys me but occasionally does go in and just have to wrote, you know, rights and wrongs and misperceptions is that this is not something you just kind of nip out and do it. This is comes as more of us that arm doesn't work for them, they're out, do the statistics tell us that?

Berenice Howard-Smith 55:36

It's particularly So Michael, can I ask a quick question of you? And they're just in men and men's health care?

Berenice Howard-Smith 55:44

Would you put in your question back to back to you and Gail's answer? Would you be comfortable as a guy going to your surgery to your doctor is saying that that approach of this is what's happened to me and to my wife?

Berenice Howard-Smith 56:01

Here's my notes. Does that level of sensitivity? Is that also kind of a difference in genders? Would you be comfortable with that? Do you think men would be that that work for you?

Michael Hughes 56:12

I can only really talk for myself. And just say that, yeah. I guess age in a knowing at once. Yeah, I don't. I don't I don't think I'd have a problem with that. To be quite honest. I'd be quite upfront with. Yeah. If we're going to talk about this, we're going to talk about it if we're not, we're not. Yeah, but I think that's yeah, look, I think there's a whole different dynamic there for me. Like if I if I go more my GP now She's exceptionally empathetic woman. So I don't need to worry about that sort of thing. But yeah, if I don't think I'd have problems with, you know, being upfront with anyone else. If that's exactly the question. Yeah, it was thinking about the sort of perception.

Berenice Howard-Smith 57:15

Thank you I know that conversations I've had along the way, just thanks to being a friendship with you, and also my husband as well. And just thinking of how that sometimes plays run and going back to Sarah's point as well about the general misogyny and how people treat it, I think as well. Just interesting observation as to how it goes goes, goes back to what Gail said about your men just want to get to the point.

Michael Hughes 57:40

I will take the recent heart thing that so there was someone who probably won't listen to this. So my brother had a heart attack a quarter young age. And so that's the that's the fear for everyone, especially me, and my similar genetic makeup. So well. So I've gone to the doctor said, right, this, this is what happened. This is what happened to him. What can we do? How can we investigate this? So I'm here in front of the ball, and she's said - go seem him. Five minutes later, I'm outta there.. And I've gone to see a specialist and we're doing investigation. That's what sort of doctor's appointments like for me.

Sarah Lawrence 58:50

Wow, Bish, bash, Bosh. There's so much more than that. For me. I'll be going in with me anxiety and worrying, Oh God, what am I going to be asked?

Berenice Howard-Smith 59:02

Freaking out be like a whole mental health moment!

Michael Hughes 59:09

Don't get me wrong there is there's anxiety there. Because you know, I'm going in there thinking about, you know, how am I going to have a heart attack? You know, am I am I is my life coming to a close? So, yeah, there's anxiety, but through the activity of going to do there is some, I guess some reassurance or way for me to work that out.

Sarah Lawrence 59:32

Yeah, that makes sense. Yeah, completely.

Berenice Howard-Smith 59:35

Yeah.

Gail Miller 59:36

Exactly. Like you got to the point with, you know, this is what's happened and this is what I want to do. And I would go in with a story and and then after, like, you know, 510 minutes get to the point of Yeah, I have this family history. And so this is what I'm concerned about. Men tip not all but men, typically Like, get to the mind. And women, including myself, like I want to talk a little story for.

Michael Hughes 1:00:09

So talking talking about stories. Gail, you did the TEDx talk, didn't you?

Gail Miller 1:00:14

I did, I did.

Michael Hughes 1:00:15

What was that experience like?

Gail Miller 1:00:16

So I will tell you that I, you know, people are commonly afraid of public speaking, I need to the point of it wasn't just public speaking, I just didn't want to be in front of anybody included. Well, this is long before zoom. And so even if I had to stand up on a podium with other people, and I'm not speaking anything, I would, I couldn't. And I decided I had this message. And I needed to push through my fear here and do this. And so it was to two purposes to this TEDx talk was one two, I want this message to get out and to, I need to get past this fear. So it was it was so empowering. It was working through the talk, writing it working through my story, writing it and trying to get the message out so that there was an understanding one I wanted to include childless, not by choice, but also for people to recognise that everyone experiences loss, let's not minimise that. And also, you are normal for having the feelings that come with loss. I am very anti toxic positivity. If you don't haven't heard at all what I am very anti toxic

positivity. I'm gonna leave it at that. And so it was very empowering to be able to get this message across to talk about childlessness to talk about allowing feelings to talk about not minimising this and telling someone to just, you know, move on. And in the middle of the talk is, I mean, I was absolutely terrified. But in the middle of it, I was like, I am having fun. And so it was, um, it was an amazing thing for me, because I just never envisioned myself having fun, public speaking. I was nervous, the empowerment of getting this message across overcame the nervousness and my voice, my voice - you may not recognise it, but it was shaky as I listened to it, but not as shaky as it has been in the past when I've, you know, when you go through residency and all that you have to give talks and oh, man like it typically when you're a resident, you're near a training or fellow and you're giving talks, the older physicians will grill you with questions afterwards. And they would never do that to me, because my voice was shaking so badly. pitied me, so nobody would like bombard me with the questions. So this talk when I listened to it, like I hear the shakiness, but it's, the others don't, because it's not what I used to experience. I don't know if that answered your question. But it was an amazing experience, to the point where I do another one.

Michael Hughes 1:00:21

That's what I wanted. I just want to draw your perspective on what it was like. So congratulations, and kudos to you for challenging that fear that you have. Thank you. And for anybody else who has a message that you whether it's to do with childlessness, or anything else, I highly, highly recommend doing a TEDx talk, because it is empowering to know you have this audience listening to your message, and it's an important message so I highly recommend that nominating on TEDx. I think that's how you do it in this process - you can nominate people that that nominate you again Gail so you get a second try!

Sarah Lawrence 1:04:44

We've had some stuff in the comments and we don't name people but the person who has commented does work in the NHS and says that not all notes are electronic in the UK. So it might well be that it's different in other countries as well.

Gail Miller 1:05:12

You could tell your gynaecologist, you don't want to speak about something. But if you went to see another specialty than you cannot look through all of the previous records, and they're told that it's not an area of expertise, and they can't necessarily look at that area. So if you went, presumably, for one particular thing, it was gynaecology, if you went for something else, they may well ask you, again, because they wouldn't have access to that particular part of the file. I think I'm right in, in summarising that,

Berenice Howard-Smith 1:05:42

I'm hoping that they'll put some comments back, if not, but they have said it's not actually shared between different areas as well. So if you were treated in Kent, and you went to Scotland, the hospital in Scotland might not know your medical record. So it feels like the answer there is probably that sounds awful, but you have to kind of keep this take this printout with you. That's pretty tough to do. But maybe that's the answer to that. But that's not again, possibly not so efficient.

Gail Miller 1:06:17

It's in the US. And that obviously, will vary, I guess, in different countries around the world, bearing in mind where all of our listeners come from to, but also to touch on another comment, which is that of course, people who, like you work in health care to ask those questions themselves, because they, they have to, as well. And this person is saying that they have to ask, because of that children due to genetic links in cancer. And that's really hard. And again, another area that that needs support for its staff within and patients to it's both ways, isn't it?

Gail Miller 1:06:57

It is attribution. Those questions are really, really great. And those observations as well. Yeah. And so what I what I, when I've given this lecture to healthcare professionals about how you have this conversation, I always tell them, you just because someone doesn't want to talk about it, sometimes you still need to, like for instance, you know, if there's genetic risks for cancer or other other diseases, but there's a way to present it where you explain first, you don't just, you know, oh, so do you have any x y&z Just very simple, you know, this may be something sensitive to you. I'm gonna this is why I have to ask about it. Again, when I explain this, physicians often don't want to hear that. And it's like, it's just a simple statement, showing some sensitivity and, and explaining to someone why it's needed. Because we often don't know I mean, I've been asked things as a physician from another specialty. They're asking me and I'm thinking, why do you need to know this? And I said, Why are you asking me this? And they explain, but tell me first, even if it's doesn't have to do with fertility issues or childlessness. It's so there's really no reason why we can't stop and think that you don't, you didn't go to medical school or whatever your field, you know, if you're a nurse practitioner, whatever, this person didn't go through that they're not going to know why you're asking this. But unfortunately, in healthcare, they don't want to don't want to hear this. But it is very simple. This may be sensitive for you. This is why I have to ask about it.

Berenice Howard-Smith 1:09:14

I hate to use word victim, it's not the right word. But it's I can't think of another one off the top of my head. But it's, it's what we have to then ask or explain. But actually, if it was the other way around, it's just just leave the eights some of that pressure. Yeah. Yeah.

Sarah Lawrence 1:09:32

I guess it also context helps us understand why they need it. Because we've we've come into this gone well, you know, we've got scenarios where they don't need it. And then that, that gets us I guess, defensive or, you know, trying to protect ourselves. But actually, you know, like the example we had if you're, if you're unfortunately having cancer treatment, you need to have that question go look, we need to know whether you pass potentially passed it on to somebody else through genetics. So, that to me got up. Okay, that makes sense. Okay, I can take off my protective armour now. And I can answer that question. So that makes sense to me.

Sarah Lawrence 1:10:09

What's your future plans, Gail? Have you've got any anything coming up where you're talking about this further, because it's such a fascinating topic, isn't it?

Gail Miller 1:10:18

It is I am, I don't have anything scheduled. But I'm working with some people to bring this to light. Because it's, it's, as I'm doing more coaching and hearing more stories, I get more infuriated. And so my way of dealing with that is, I need to change the system. And so that's what a you know, even a simple, I've had people complain, understandably, that, you know, they asked me, if I'm pregnant, are trying to get pregnant. And nobody explained that the reason that they're asking is because they're ordering an x ray. Again, a very simple, I have to ask, because we're ordering an x ray. And we need to know if you're pregnant, or I'm ordering this medication, I need to know if it's going to potentially affect a pregnancy, it takes five seconds to say that. And so if you can't tell, I'm very passionate about how you communicate with patients, in terms of reproductive history, and in general.

1:11:31

Just because I share the frustrations as a patient, but also is hearing from my patients, my clients about the really insensitive behaviours and approaches to health care visits. So it's a topic that's, you know, just even, you know, my husband had surgery, as they said recently, and the doctor said to him, before the surgery, I was sitting there with them, and I heard it, you won't have any pain after. And then and right before that was a visit before the surgery. And then the day I'm in the pre op area, she said the same thing. Again, she doesn't know I'm a physician. And each time I'm thinking like, I know what you're going to be doing. It's not my specialty, but I know what you're going to be doing. You're taking a piece of an organ out, you're, you're using all this doing all this manipulation on his body, and how can that not hurt, hurt? And it was like he did. And he went in afterwards, he was shocked that he was in pain in significant pain. And I was so furious afterwards that this doctor has obviously never talked to her patients afterwards and really understood what they go through. So it's, it's, it's something I'm very passionate about it when it comes to childlessness, but also, in general.

Sarah Lawrence 1:13:20

I love that as this is managing expectations, isn't it? You know, even if it's not the childlessness stuff, it's that being honest, isn't it, you can be in a bit of pain, and we've been tinkering with your organs I'm afraid it's gonna hurt. But it's I think all of that really sort of permeates through when you combine it with the squeamishness and the blind spots. And it makes for a very frustrating triggering experience for people that haven't been able to have children don't necessarily understand the process that they're going through, or why they're being asked it and, you know, my work with, you know, clients, and my experience has been you have to slap the armour on and you're waiting for the trigger. So as soon as I say that, that question, do you have children's? Why do you want to know, and you're instantly defensive, because what's that got to do with anything? So it's kind of a, almost like a meeting in the middle. If your communication is good, I then understand why you're asking and then perhaps I don't need to slap the armour on. I can be okay with it. Because it's a fascinating area. So, you know, obviously with the number of people in this community impacts so many people. It's just such an invisible topic, isn't it?

Gail Miller 1:14:37

It is, yeah, it really is. So I am going to keep writing about it. And keep talking about it because it's, you know, obviously near and dear to my heart. But you know, if I can just change one healthcare professional at a time. More would be better but I'll Start with one at a time.

Sarah Lawrence 1:15:03

Just got picture of us with pom poms on going yeah, go Gail!

Gail Miller 1:15:08

I'm gonna keep that in my head.

Berenice Howard-Smith 1:15:10

I think everyone in the in our chat will be very, very keen to do that too with you. It's going a bit wild.

Michael Hughes 1:15:16

Can I just put it out there? I won't use use pom poms

Sarah Lawrence 1:15:23

You'd look great in pom poms

Michael Hughes 1:15:37

Thank you for listening. We hope you found Gail's work as inspiring as we did, by members of a full stop community in our audience, some of whom work in the NHS and in health care across Europe, and other parts of the world. And we've shared some of their questions in our audio.

Michael Hughes 1:15:56

After we ended the recording, they had a powerful discussion with Gail and lots of ideas took shape. And we're keeping in touch with everyone to find out more and you're welcome to contact Gail or us if you'd like to create change with us. All the details are on the show notes on our website, [www dot the full stop pod.com](http://www.thefullstop.com)

Michael Hughes 1:16:17

Where you can also sign up for our listeners lists newsletter which keeps you up to date with what's going on in our world. And you can find out more about joining the full stop community as ever. It's important for us to let you know you are not alone

Berenice Howard-Smith 1:16:37

That's a good place to end, on pom poms...

Gail Miller 1:16:40

Yeah, so I love that closing on pom poms!.