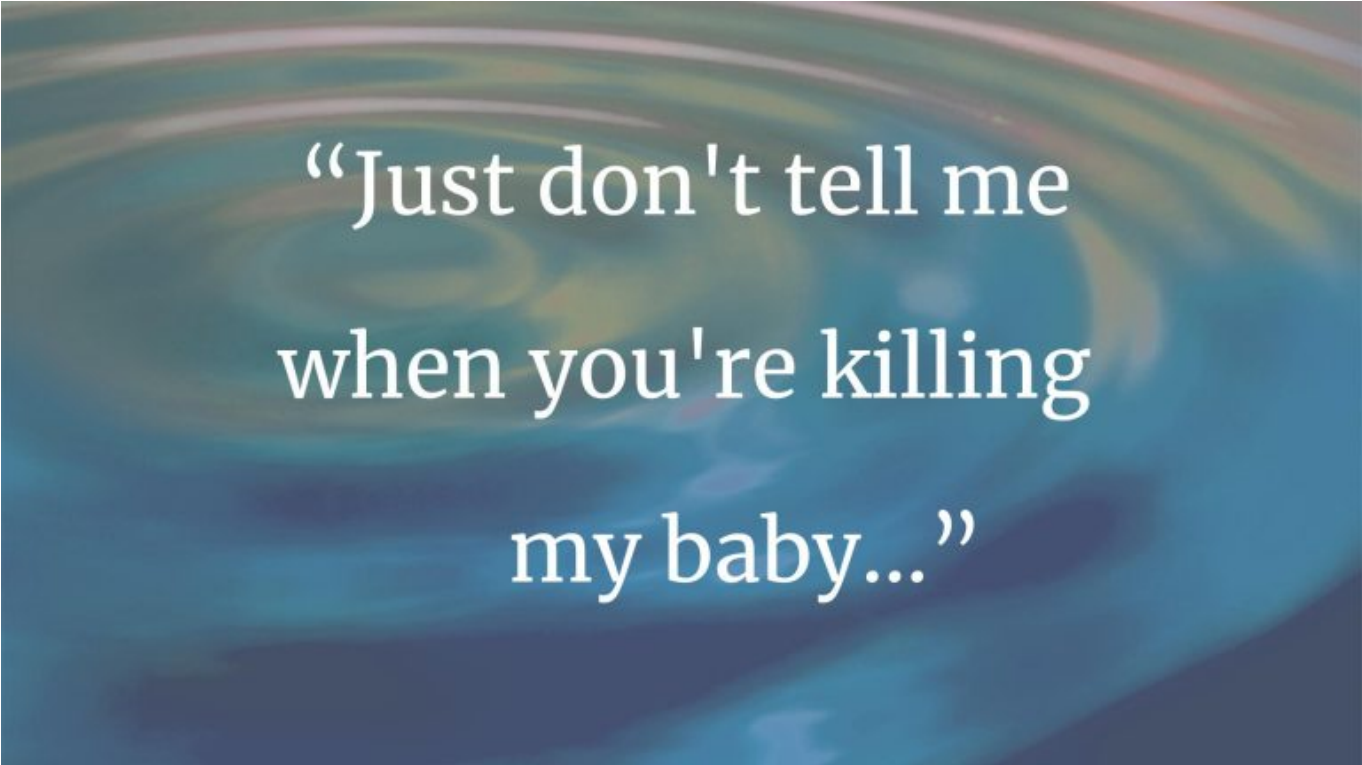


An Exception to the Rule

Category: Stories

written by Alison Hathaway | November 2, 2022



“Just don't tell me
when you're killing
my baby...”

“I usually talk through the procedure as I go,” I say, pulling on a pair of blue nitrile gloves. “So you aren’t surprised by anything, so you know when to expect a sensation.”

The patient is lying on the table, eyes fixed upwards. One of the ceiling panels is illuminated with the green leafy branches of a tree—an image meant to calm and soothe, though I doubt it’s doing much for this woman.

“Or I don’t have to talk,” I tell her, arranging the instruments on my sterile tray as silently as possible. “We can be quiet or chat about other things.”

She continues her upward gaze.

“You can talk,” she whispers. “Just don’t tell me when you’re killing my baby.” Her face pinches together, tears squeezing out the corners of her eyes.

I swallow. Breathe. Notice the tension between my shoulder blades, the heat beneath my sternum.

I step towards the exam table and place my hand gently on her forearm. Her eyes are closed tightly, brow furrowed in a pained expression. I know few details of her life: first name Megan, twenty-eight years old, fifth pregnancy, four children at home. She’s never had an abortion, doesn’t believe in abortion and yet cannot continue with the pregnancy she’s

carrying. Her last partner left her, and the person who caused this pregnancy is out of the picture.

"I can't do this alone," she'd told me after I reviewed the informed consent with her. I'd tried to reassure her by saying that most women who have abortions are already mothers, but her cold glare told me that she did not identify with these women, that I knew nothing about her situation and that although she needed an abortion, she was not thankful for the services she was going to receive.

"Are you sure you want to have an abortion today?" I try to use a voice that is both sympathetic and direct.

"Yes," she says. "I have to."

I nod slowly. "Okay."

As she lies there, in a situation in which she never imagined herself, I wonder if she might start to consider what it's like for other people in her shoes. Does she notice how her viewpoint is incongruent with the complexities of her own life? Can this inconsistency open her up to the possibility that abortion isn't murder, but life-affirming medical care for her and her family? She's mentioned that Child Protective Services might take her four kids away if she's late to pick them up today. Surely she can picture other women in her situation—struggling single moms stretched to the limit, needing an abortion because they can barely keep afloat as it is.

While she's given mostly scowls and one-word answers to staff, she's been insistent that she cannot continue the pregnancy and needs her procedure today. She's barely five weeks along, so medically and legally she has plenty of time in California, but the subtext is clear: She cannot psychologically, physically or emotionally bear to be pregnant one more day.

Ever since the Dobbs decision, my workdays have felt harder. It's not just that we've had more protesters outside our clinic or that I've started seeing more patients from out of state. It's a general feeling of unease with the human mind—its ability to judge, shame and assert power over others, even while such judgment and power cause harm. It's the mind's capacity to vehemently oppose something and then say, "But in my case, there should be an exception to the rule."

When Roe was overturned, I grieved for the people in conservative states who'd be hardest hit; I grieved for the antichoice protesters who were celebrating, because I knew some of them would find themselves needing an abortion one day—that now their options would be limited, and they would suffer even more because whatever horrible thoughts they'd had about people who have abortions, they'd now be forced to entertain about themselves.

Megan's dyed blond hair is dry and crispy, fanned out against the crinkly white exam paper. Her right arm is tattooed from shoulder to wrist; both arms are covered with small, pink bumps, some oozing with translucent yellow pus—a sign of possible substance use. When I told her about the medications we use

for sedation, reviewing the risk of respiratory depression with fentanyl, she interrupted to say she'd given Narcan to a friend once.

"He thought he was shooting meth," she'd said, "but it was laced with fent, and he stopped breathing."

"Is he doing okay now?" I'd asked.

"He's dead," she'd replied flatly.

I'd swallowed. "I'm sorry for your loss."

Megan's eyes are still closed when I ask if she's ready for her sedation medications. She nods, and the nurse connects a syringe to her IV, slowly pushes the clear liquid into her vein.

I wait until the meds have been given, then ask, "Is it okay if I start your exam?"

"Yeah," she says. "Go ahead."

The procedure only takes five minutes, but it's the hardest one I've done all week. My body feels stiff; I notice I'm holding my breath, over-gripping instruments. Megan's cervix is open from prior births, so I barely have to dilate it, and yet she cries the entire time, knees closing towards each other.

Did she ever consider having an abortion with her previous four pregnancies? Would her life be easier now if she had? Could her life be less hard if she weren't so hard on herself?

One of the things I like about my job is that I feel like I'm helping people. I've served many patients who never thought they would need or want an abortion; usually I'm able to gently support them in understanding that their decision is a compassionate one; that it will allow them more time and energy to care for the family they already have, to pursue their dreams, to finish school, etc. In the best circumstances, I can help reframe their abortion decision as an empowering one that provides bodily autonomy and control over their own destiny.

During Megan's procedure, though, I feel conflicted, like I'm not providing any real solace or relief. I've failed to connect with her in the brief time we've had; I feel the heaviness and tension of our exchange in my own body.

It is clearly painful for Megan to be here today. I assume that's why she's been shooting dagger eyes at me and staff—because if she doesn't turn her anger outward, she'll have to turn it inward. I imagine her having to reconceive her self-identity: If she's the type of person who has an abortion, then who is she? Things must feel incredibly foggy in this moment. But she probably doesn't have time for self-reflection—she has her four children to pick up, and work at 6 am tomorrow.

As I remove the speculum, Megan is still crying. "It's okay," I want to

tell her. "Abortion is normal! Abortion is health care!"

But these slogans won't dismantle the harsh expectations she's placed on herself. I can't show her that her belief system is hurting her—that if she could see things in a softer, more compassionate light, she might be able to accept herself, or perhaps even love herself, for the decision she's made today.