

It Will Be O.K.

Cindy Uypitching, MD

I wasn't sure exactly what it was that caught my eye, or my heart. The way she lowered her eyes? The way she tugged at her sleeves or played with her hands? There was something about her that felt gray—unsure. A part of me just wanted to ignore it. I had a busy schedule as clinic resident, and asking questions would likely open up a can of worms. I really don't have time.

According to Mom, she was brought in because she was complaining of pelvic pain with some vaginal discharge. "A week" her mother said, "No, a couple of days," back and forth this small argument went on, my mind not really caring. Pelvic pain, vaginal discharge, whatever, let's get on with it! The moment I asked Mom to leave, I immediately felt the air ease up, and she had a surprisingly sweet smile. What a difference. I was completely caught off guard.

"I'm here to help," I said, and I meant it. I'm the kind of doctor who gets sick a lot, so I also mean it when I say, "Trust me, this works!" Since there are a number of aches and pains I have experienced, there are numerous therapies I have tried. Sometimes, I try certain things just for the sake of being able to tell my

patients firsthand how easy or hard certain therapies or medications are to take. In every way, I want to experience things firsthand. I just feel it gives you more leverage when you've done it yourself. I can say things with conviction. This was not going to work today.

"I am here to help," I say again. She looks at me, hesitant at first, looks down into her hands and shyly, slowly, tells me that she has been sexually molested since the age of 11. Maybe the age she grew breasts? When her curves started to show? I couldn't stop asking questions, although a part of me was screaming, "Stop!" It was too painful to hear. Yet I felt obligated, challenged to help her through. I felt anger rise, I wondered if she could hear it in my voice, see it in my body language. Tears were in my voice when I told her, "It's not your fault" as she continued to answer questions, where and how "Daddy" touched her there, or how her 15-year-old cousin told her to take her pants off because he wanted to "check something out." As if that was not enough, she had been slapped, hit, and hit with extension cords. I almost excused myself, wanting to run out. Scream, cry, hit something, throw up, ask for help, something.

I can't do this. I can't do this. I can't do this. But there I was, plant-

ed in that chair. I couldn't believe I was still there. I must do this.

Abdominal pain I can handle, "It burns when I pee," I can handle. Even vaginal discharge is relatively easy. There's always a drug for something! Those who have been there tell you that medical school doesn't really prepare you for the first death you pronounce, the adrenaline rush of the first code blue you lead, the joy of that first delivery. Well here is another event you are not prepared for: the emotional turmoil of reporting your first child sexual abuse case.

What do I tell this girl? What is the cure to a lost childhood? The salve to the pain of a broken spirit? As I have done in other cases, what could I give to her and with all conviction say, "Trust me, this works"?

As I started to move I saw the fear in her eyes. She knew full well what I was about to do (as obligated by California law.) I stopped for a second to tell her, as reassuringly as I could, "It will be O.K." It was clear she knew that even I was not convinced.

Correspondence: Address correspondence to Dr Uypitching, USC-California Hospital Medical Center, Family Medicine Residency Program, 1400 S. Grand Avenue, Suite 101, Los Angeles, CA 90015-3011. 213-741-1319. Fax: 213-741-1434. uypitchi@usc.edu.

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