
HEART-SHAPED

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The doctor said it was “heart-shaped.” He said it imitated the commonly accepted perfect symmetrical shape formed by two similar curves with a triangle cusp at its base. My sister, Amanda, was fourteen and I was ten, so neither of us could quite understand that “heart-shaped” could be anything but positive. It is used in *The Legend of Zelda* to inform gamers about the number of lives they have. It is found on our boxes of Cheerios to indicate health and low-cholesterol. It is written in text messages, plastered on cards, and doodled in diaries to indicate love, romance, and affection. But, the iconic shape of the heart actually originated from the shape of the silphium plant seeds once used by Ancient Romans as an herbal contraceptive. So to the ancient Romans of the past and to doctors of the present, “heart-shaped” is associated with infertility and prevention.¹ At fourteen years old, “heart-shaped” went from being the perfect semi-circle borders that surrounded “Amanda loves Jacob” to dented upside-down tear drops falling from her eyes as the doctor used it to describe the shape of her uterus.

My mother had picked up my sister and me early from school one morning after receiving a call that my sister fainted in the lunchroom due to excruciating abdomi-

nal pains. From school, we went directly to the family OB/GYN. We entered the pink office, my sister was seen immediately, and we lingered for what felt like days in the seating area, patiently waiting for the doctor’s “diagignoskei:” Greek for “thorough knowledge,” and the root for diagnosis.²

The doctor pulled out a folder from his drawer and juxtaposed two images on the table as he explained, “The image to the left is a normal uterus, and to the right is what your daughter has, a bicornuate uterus.” “Would she ever be able to have children?” was the question that my mother painfully asked as her eyes became watery and her hand grazed along her belly, with the other holding my sister’s head to her heart. The doctor answered this question with, “I’m sorry to say but from the looks of it, you’re daughter will never bear children. Again, I’m so sorry.” The definitive adverbial “never” echoed in my ears, saturating his words with certitude, authority and self-assurance. My sister grew cold, her eyes avoiding contact with mine, as she sat upright, staring at the white wall in front of her, embellished with pictures of normal uteri.

According to the gynecologist surgeon, Dr. Vimee Bin-

dra, “a bicornuate uterus is when the uterine cavity is made out of two elongated horns instead of the normal uterine triangular shaped cavity.”³ However, the exact cause for this condition is unknown. Science claims that my sister’s heart-shaped uterus developed because one strand of DNA, by a random chance event, had a genetic mutation, leading to irregular uterine development.⁴ So, how could this doctor’s diagnosis be so rich with confidence and jurisdiction for a condition caused by chance, embedded with unknowns? How could he act like everything he said was entirely true, rational, and scientific when science had yet to logically explain the condition?

His “thorough knowledge” was taken as fact, spoken with the voice of god and so my sister was judged infertile. In a study published in the American Journal of Medical genetics, it was found that only 1.6% of women are diagnosed with a uterine anomaly annually. This condition causes women to struggle with risks of miscarriage, premature labor, birth defects, and not having children, for the rest of their lives. For each of these women, the chances of them having a successful pregnancy were approximately 60%.⁵ However, at the time, these percentages and quantitative analyses had yet to be discovered, and I’m not even sure they would have mattered. At the time, all that mattered was the doctor’s diagnosis that forced my sister into this small percentage of unfortunate women.

Growing up with only one sibling, my sister and I used to spend hours dreaming up games we could play if we had more siblings. She would say enthusiastically, “If we had a bunch of brothers we could start

our own football team, Sam! Imagine how much fun it would be?” Some times her daydream would turn into a full life plan: “I’ll have 10 kids, you have 10 kids, and we could be neighbors some day! But no name-stealing!”

But, years went by after the diagnosis and my sister only grew colder and more distant. The daydreaming about child names and big families stopped—forever halted by the haunting judgment of the medical practitioner. She and I barely spent time together. For a while, seeing the shape of a heart reminded me of wounds, neglect, and sterility. There was no space for love and affection in that dented shape. I blamed medicine and her dented condition for putting a dent in our relationship and a dent in all of our hearts.

For seven years, my sister assumed the dents in her heart-shaped uterus meant there was no room for a child. For seven years, she believed she was infertile and, for seven years, my family believed the doctor’s diagnosis was god’s truth. As a result, she rebelled sexually, stopped using birth control, and used her diagnosed infertility to defend her sexual promiscuity. But, on the morning of June 10, 2010, my sister’s anomaly once again did the unexpected.

“Can you come in here for a minute?” my sister asked, as she directed me into her room. She patted her bed, stared at me for a while, and then finally blurted, “I’m pregnant.”

“Are you sure, Amanda? Are you really sure? Did you take a test? This isn’t just a ‘feeling,’ right?” I responded.

With her hand over her tummy, and upside-down

hearts gleefully falling from her eyes, she responded with, “Yes. Yes to everything.”

My family was less than thrilled about her being pregnant at only 22. She was a college-drop out, still lived at home, and was unmarried. So of course, the news initially set off cannons —very angry Spanish cannons. But, eventually, the mistake was overshadowed by the fortune of the situation: the doctor had misinformed us, and my sister was having a baby. Now, to my sister and my family, “heart-shaped” not only represented the dents in her uterus, but it also somehow re-adopted the meaning of love and affection.

It is true that the diagnosis incited my sister’s deviant, risky behavior that caused seven years of family devastation. But, in the end, the heartbreak was worth it. Had it not been for the misdiagnosis, my sister would still be on birth control and I would not have my beautiful nephew to whom I come home every holiday season. I wouldn’t have this nephew, with this genetic sequence, with such a unique personality, who calls me “titty” instead of “titi,” who says “I love you” when I cry, who calls me a princess when I put on lipstick.

However, my family, and especially my sister, could not forgive the doctor or medicine. It wasn’t the misdiagnosis that my sister was angry about. She was angry with herself for never getting a second opinion, for viewing the doctor as omniscient and for wholly trusting the doctor’s diagnosis to be “thorough knowledge.” She was angry that she trusted rationality too completely and didn’t leave room for life’s unexpected deviance.

Maybe the misdiagnosis isn’t that the doctor made a

claim to the best of his ability. Maybe the real misdiagnosis is in our judgments of medicine, in believing his ability was godly, and in our tendency to neglect that doctors are human, too. This misdiagnosis is something that we are all guilty of. We visit doctors and proceed to check off their symptoms: the doctor speaks authoritatively; he studied in medical school for ten years, memorized a lot of hard books, makes a lot of money, and has the backing of science. So, the doctor is god, right? This is where we place doctors on a pedestal, implicate divinity, hang onto their every word, and rationalize that because they are gods, their diagnoses of the patient must be god’s truth.

If, going forward, we all left room in every diagnosis for some of life’s unknown, then both we and doctors would understand that anything the doctors say is subjective to a certain degree. We would open our eyes to the reality that science and medicine do not know everything, and such awareness would lessen the power that diagnoses have to inflict pain. Maybe this would leave room in medicine for less hate and more forgiveness; less godliness and more humility; less cold and more warmth. This would bring an element of humanity and heart to medicine, revealing that medicine is actually just an art that is based on a science.

The stem “mis” comes from the proto-germanic stem “missa,” which means “divergent, astray.”⁶ In this way, the doctor’s misdiagnosis caused my sister to diverge from using birth control, from having healthier relationships, and from seven-years of happiness. Our misdiagnosis of doctors leads us all astray: we leads them away from their humanity and lead ourselves

away from making a little room for the irrational and believing in fate. But, it is when these diagnoses reveal themselves as imperfect, when we realize we've made a mistake, that we gain the ability to distinguish the right path from the wrong one.

Misdiagnose also comes from the gothic "misso" or "difference, change."⁷ Sometimes being led astray is what is supposed to happen when our lives need resuscitating, when we need more blood pumping through our hearts, when our lives need change. Misdiagnoses can be wake up calls that show us that life doesn't always go our way, that trusting the rational isn't always rational, that medicine and science make mistakes, and that nothing in this world is perfect. My nephew is an indirect product of a misdiagnosis; he was nurtured in a heart-shaped uterus that a doctor claimed wouldn't have the space. He's also a product of a mistake; his birth was unplanned and his mother was not ready. But, he is also responsible for bringing joy to seven years of misery. So, if you ask me, we need "missa," "misso" and "diagignoskei" because, sometimes, what we believe is "thorough knowledge" needs to be "led astray."

ENDNOTES

- 1 Rami N Khouzam, "It sure looks like a heart," *The Canadian Journal of Cardiology* (25.12: e429, December 2009).
- 2 "Misdiagnosis, n." OED Online. March 2015. Oxford University Press. <http://www.oed.com/view/Entry/119457?redirectedFrom=Misdiagnosis>
- 3 Bindra Vimee, *Practical Manual for Obstetrics and Gynecology for Residents and Fellows* (JP Medical Ltd, 2011).
- 4 Rutgers Robert Wood Johnson Medical School, "Program

Description: Center for Advanced Gynecologic Surgery." http://umg.umdnj.edu/public/clinical_services/program.asp?dept=obgyn&program=general/cags

- 5 I. Morhason-Bello, I. Ojoko, K. Owonikoko, O. Olayemi, A. Omigbodun, "Uterus bicornis unicollis; Occurrence of consecutive viable pregnancies in separate horns," *Annals of Ibadan Postgraduate Medicine* (5(2):80-82, 2007).
- 6 "Misdiagnosis, n." OED Online.
- 7 Ibid.

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- Danielle Ofri, "Doctors Have Feelings, Too," *New York Times* (27 March 2010).
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