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**For Families Like Mine**

*Fiona Griffin*

“What do you think our kids will look like?”

 My girlfriend asks me this sometimes, her grin spreading across her face. I laugh, imagining tiny versions of us running around—their small hands, their laughter, the life we’d build together. But her question lingers long after the moment passes. More questions start to creep in: How will we afford it? How will we even make it happen? As a queer person in medicine, the path to parenthood feels fraught with obstacles—financial, logistical, and systemic. These questions have always been in the back of my mind.

At academic events for women in medicine, family planning often becomes a focal point. I remember sitting in the audience at one “Female Surgeons and Personal Life” panel.

 “It’s something that should be talked about more,” an orthopedic surgeon said,

her voice fervent. “Plan as early as you can.”

Hearing this advice didn’t just raise questions about timing. It raised questions about feasibility. Even with the best timing, my path to parenthood involves unique considerations. Building a family requires a meticulous and daunting level of planning, preparation, and persistence. It’s not just a matter of waiting for the right moment—it’s navigating a system that wasn’t built with families like mine in mind.

 In Rhode Island, a 2024 bill aimed to expand fertility coverage for same-sex couples. Although it did not pass, I reached out to legislators advocating for the bill, hoping to support its rehearing. Eventually, I met with the sponsoring House Representatives.

“How can I help?”

 That question became the cornerstone of my advocacy work. Since then, I’ve hosted events at my medical school to raise awareness, bringing representatives to campus to speak directly with students. I’ve partnered with organizations like GLAAD, Planned Parenthood and connected with physicians to better understand the systemic barriers queer couples face.

At the most recent AMA-MSS Bioethics Grand Rounds, I presented on the exclusionary language in fertility laws.

“Most policies define infertility through a heterosexual framework,” I explained. “They recognize infertility only as the inability to conceive after one year of unprotected intercourse. That definition inherently excludes same-sex couples—not because their needs are any less medical, but because the law fails to account for their existence.”

After the talk, a colleague approached me.

 “I hadn’t thought about it that way,” they said. I was reminded of the power reshaping narratives.

Advocating for fertility equity has reiterated how systemic gaps don’t just affect individuals, but they ripple outward, shaping entire communities. Women in medicine already face infertility rates far above the national average, compounded by the demands of delayed childbearing during training. For queer women, these challenges are even more profound, magnified by financial barriers and systemic exclusion.

Sometimes, it feels deeply ironic to be training in a field dedicated to care while being denied care. However, this irony fuels my resolve. I’ve learned that advocacy isn’t just about addressing systemic inequity, but rather creating opportunities for change. This work has deepened my empathy for patients who face similarly inequitable systems, and it has strengthened my belief that medicine must evolve to meet the needs of everyone it serves, including those who deliver it. I look forward to the world where my family isn’t seen as an exception, but as a valued part of society.

**Biography**

Fiona S. Griffin (she/her) is an M.D. Candidate at the Warren Alpert Medical School of Brown University, where she is President of the LGBTQ+ Medical Student Pride Alliance (MSPA) and leader of the Bioethics Preclinical Elective. Originally from Braintree, MA, she graduated from Columbia University’s School of Professional Studies in 2023 with a Masters in Bioethics, and the University of California, Los Angeles, with a degree in Genetics and Society in 2021. Her professional interests include plastic surgery, bioethics, and neuroscience. She is an avid runner.