

Episode: *Author Interview: “When Poor Practice and Poor Communication Make Grief Worse”*

Guest: Mónica Lalandá, MD, MSc

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Mónica Lalandá, an emergency medicine physician living in Spain who is also a published graphic medicine illustrator, bioethicist, and mother of two. She’s here to discuss her comic, “*There’s No Heartbeat*,” in the June 2025 issue of the Journal, [Embodiment in Art Practice](#). Dr Lalandá, thank you so much for being here.

DR MÓNICA LALANDA: Thank you for having me. It’s lovely to be here. [music fades]

[00:00:42] HOFF: To begin, can you briefly visually describe your piece and tell our listeners what they should be looking at closely in your artwork?

LALANDA: Okay. So, what I’ve done, I’ve tried to depict my own personal experience of having a miscarriage, early miscarriage, a less-than-three-month-old miscarriage, and how the process was from a medical and personal point of view and what I got to learn from it, and all the grieving I had. And also, the way I’ve managed to somehow close this grievance by drawing this comic as well, which might be a bit odd for a medical student, probably.

[00:01:23] HOFF: So, what’s the key point that you’re trying to investigate in your artwork about embodiment and ethics in your own creative processes?

LALANDA: Well, we talk a lot about the controversy of when does life start, and we are always very careful about dealing with women’s rights in terms of abortion. But when it’s just the other way around, it’s a woman who is desperate to be pregnant or really wants her pregnancy, she’s glad to have a baby, and there is a miscarriage. Then it’s just dealing with the process and dealing with the grieving that I think as a society, and as medical people, we don’t do so well. So there is controversy about when does the life start, for example, is when the baby or the embryo develops a central nervous system, or is it after the first trimester that we consider them a person or whatever? But the woman feels pregnant and feels this life from the very moment she knows she’s pregnant, and that needs to be cared for in the medical setting.

[00:02:29] HOFF: And finally, what do you think might be particularly important for health professions students and trainees to be considering about your work?

LALANDA: Okay, I want it to be a remindment, sorry, a reminder that there are certain things that need to be told and certain things that need to be avoided. For example, it's very good to tell the woman that she's not guilty. Guilt is a strong issue, a strong feeling when you've lost a pregnancy. Also the importance of being very kind and compassionate when you deal with the woman, no matter how many weeks pregnancy was. It's just you tend to dismiss if it's just a very early pregnancy loss. Being very careful with words, communication, and how we tell things, and how we convey information is just so, so important, and it's something that you remember for the rest of your life. Saying things like, "there is no heartbeat," as if your pregnancy was just some sort of a thing, but not a life.

And also, it's about dignity and the way you give the information about what's happened. For example, let the woman sit up. Don't give any information when you're still probing inside her vagina with the ultrasound to tell her that she's lost the baby or whatever. It's just do it in a dignified way. And also, explain carefully what will happen later. Whether you are sending somebody home to bleed, then she needs to know that she might pass some material that will be the embryo. She might just want to closure with some sort of ritual. At least she wants to know. To me, it was very, one of the most stressful experiences is remembering that my pregnancy went down the toilet, and it's still something that I do not forgive myself. And so, things that are the everyday life in a hospital, but it's just a one-off for a woman, and it can be such a painful experience and that will live with her for the rest of her life as well. [theme music returns]

[00:04:40] HOFF: Dr Lalanda, thank you so much for your time on the podcast today, and thank you for sharing your experience and your artwork in the Journal this month.

LALANDA: Thank you very much for having me again.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.