

MODERN LOVE

Who Is Trusted to Have a Child?

As a married gay man and an emergency pediatrician, I continue to wrestle with expectations of having a ‘traditional’ family life.

By Daniel Lam

Sept. 8, 2023

A few years ago, while I was completing my pediatrics residency, I spent a month working in the newborn nursery. Each day, our team gathered in a narrow corridor on the fourth floor of the county hospital and looked through a tall pane of glass into a room full of babies. Nurses would clean and change them, and then we would do our exams and write our notes.

When the babies cried, we would hold them until they quieted. The room filled and emptied, babies coming in and out all day, their wheeled bassinets arranged in haphazard rows like shopping carts left out in an empty parking lot.

One day, on a slow morning with only one laboring mother on the board, we did our rounds with the attending pediatrician, decided who would do circumcisions, who was too jaundiced and needed to start phototherapy. A nurse gave me a baby to hold, and I balanced him in one hand while checking off vitals with the other.

There were a few newborn exams to do, notes to write. I ate lunch in the cafeteria and then did some discharges, watching young parents beaming (yet terrified) at the small bundle in their arms as they disappeared down the hall and through the elevator doors. My attending let me go home early, so I left.

I breezed through the early afternoon traffic. At home I ate a snack and watched Netflix on my computer until my husband arrived. He asked me how my day was, and I said it was fine. Then I walked up to him for a hug, fell into his arms, and cried.

Part of me hadn’t left the nursery, and it broke me, to be close and yet so far from parenthood. Although I was holding my husband, my arms still held the weight of the baby I was carrying just hours before, forcing me to consider a life I had never let myself feel I deserved.

One of the reasons I didn’t come out as gay until I was 27 was that I didn’t want to give up the idea of having a wife. At 33, I have learned to let that go, the faceless woman I’ve carried around in my mind for so long. I recognize her now as an embodiment of everything I was at risk of losing if I ever let my secret slip: a traditional marriage and family, including the notion of fatherhood, or at least how I was taught to perceive it — schoolyard logic that’s been seared into my mind in which there can’t exist a father without a mother, or a mother without a father, or a child without either of them.

“There are other ways,” my husband told me one day.

We talk about children sporadically, during commercial breaks of “RuPaul’s Drag Race” or between bites of food while we’re eating dinner. He doesn’t mean to be cryptic, but, regardless, I know what he’s saying — we’re fortunate to have options. But it’s hard for me to seriously consider them. It’s so easy to get overwhelmed. The money, the ethics, the lawyers.

I imagine interviewing surrogates and egg donors — more faceless women haunting my mind — trying to glean an entire genome from a conversation, appraising traits as I would the ingredients of a cake, balancing a family history of diabetes or glaucoma with blue or brown eyes, light or dark hair, left-handedness, autism, height, a penchant for math.

Sometimes I’m envious of the way parenthood seems to have been passed around among everyone I know, pervasive as a cold, and how, for many, the formula for having children could be something so simple as the product of sex over time.

My father tells me whenever he meets a gay couple who have children — a gentle prod from the grandfather in him — and there’s a certain heaviness I’m left with when he’s done, a reminder of how I’m different, of all the things I grew up

believing that no longer pertain to me.

He noticed that heaviness once when we were on the phone, after he had told me about a couple who had recently gone through the adoption process and were still, a full year later, waiting for their son to arrive. After he explained it all to me, he paused for a moment, then said, “You know, it seems like one of the most unromantic things in the world.”

Before starting my residency, I asked my therapist if it was OK for me to be gay and a pediatrician. He looked pained at my question, and I immediately regretted having asked it. I was on the cusp of coming out and unsure of so many things, interpreting shame as perversion, attraction as fetish.

I used to volunteer to teach Sunday school at my church, and one time I noticed the pastor staring at me from the doorway while I carried a boy to the top of a plastic slide. I tried to acknowledge him, but he didn’t say anything. He just continued staring, his lips pressed together as if he were trying to decide something.

I knew that look. I had seen it before and have seen it since, always amid an uneasy silence, as if there might be something on me, something ugly and despicable, that somehow everybody but me can see.

I get fewer of those looks now that I’m a pediatrician, which is perhaps why I studied medicine in the first place, my interactions with others scaffolded within the confines of the doctor-patient relationship. I’ve always been good with roles, the affirmation of a job well done providing the validation I never felt I deserved. And children often see roles more than people — father, mother, stranger, friend — which is maybe why I feel so comfortable around them.

At times, I feel like I’m a better clinician for my ability to focus on my role more than myself, to see the child as a patient, their tears and screaming symptoms of an illness rather than emotions of distress. But there are other times, usually small moments in a quiet day, when it hits me, the emptiness from having ignored myself for so long, times when I recognize the life before me, a newborn baby small enough to fit in my hands, and I imagine a future where something so precious and so loved could possibly feel at home with someone like me.

It has been harder for me to want to have children since becoming a pediatrician. Admittedly, my perspective is skewed. I have been trained to expect bronchiolitis at every corner, pneumonia and sepsis a constant threat. I have seen skin broken too many times for chest tubes, burr holes, wound packing and nerve blocks, pudgy arms and legs poked for blood draws, fluids and antibiotics.

My niece and nephew are toddlers, both unstoppable, and it’s always an adjustment when I see them, how little they need me, how capable they are, how fragile they aren’t.

Especially after starting my fellowship in pediatric emergency medicine, experience has taught me to anticipate disaster. There’s a running joke among my colleagues that takes the form of a growing list of all the things we’ll never let our children do: eating uncut grapes or hot dogs, riding ATVs and visiting a trampoline park.

It’s a joke because we take it to an unfathomable extreme, each item laughable only when it is far enough removed from the tragedy it came from, the lesson learned too late that nothing — no one — is ever truly ours.

I have my own list that I share in these moments, despite my ambivalence about parenthood. It’s a way of having children without having children, a way of blending in, which is something I have become expert at. A part of me tells myself that this should be enough, these brief glimpses I get into the lives of my patients, as if, held end to end, they constitute something real to cherish.

But that voice is just an echo of the ones I have heard whispered behind my back many times before, an accompaniment to the puzzling stares telling me that the world hasn’t decided quite yet if I’m able to be trusted.

A few months ago, I met with a boy who had come to the emergency room for painful urination. He was 16, and when I explained to him and his parents that I would have to examine his genitals, he balked.

“He’s a doctor; he’s just doing his job,” his father said. And then, as if to reassure his son further, he added, “It’s not like he’s gay or anything.”

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A version of this article appears in print on , Section ST, Page 8 of the New York edition with the headline: That Feeling of Emptiness Remains Untreated