The future of reproductive medicine: exploring, competing, and innovating.

Christinan Misdy*

Department of Gynecology and Obstetrics, School of Medicine, Johns Hopkins University, Baltimore, Maryland

Comparable to online dating is scrolling through the posts on the Miracles Waiting website, which connects donors and recipients of embryos. The tales are depressing. The potential recipients of the embryos typically spent years and, in many cases, tens of thousands of dollars on ineffective infertility treatments before considering embryo donation as a family-building alternative.

I made the decision to have in vitro fertilization when I was in my 30s and to freeze the embryos produced using my eggs and sperm from an unidentified donor. I was well aware of the reduction in fertility that happens as women age because I was a fertility specialist myself. In some ways, assisted reproductive technology has allowed us to get around this fact. Nonetheless, women still have a very small reproductive window in comparison to men.

I've always thought about having kids someday. I simply assumed that it would take place in the framework of a romantic relationship. Women frequently mention higher education and employment as the main reasons they put off having children. Yet it's also frequently a factor when there isn't a compatible and willing spouse. Of course, I was aware that there were no assurances. Yet in my mind, those embryos were my protection against any potential infertility in the future. I also acknowledge my relative privilege in having access to and the financial means to use this fertility preservation option [1].

The overprescription of opiates and opioid derivatives by doctors, particularly following surgeries, has been linked to the current opioid crisis. Although doctors give drugs like hydrocodone and oxycodone in the first few days following surgery with the purpose of reducing pain, these potent drugs can result in chronic use and overdose. The best way to manage pain following various surgical procedures is still being researched. Studies have mostly concentrated on sedative techniques used during the actual oocyte retrieval operation because there is now no widely recommended pain regimen for after the procedure. During oocyte retrieval, many patients undergoing in vitro fertilization are given additional narcotic painkillers, both during their post-anesthesia recovery and as part of their prescribed meds for when they return home [2].

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Leaders in the field of reproductive endocrinology and infertility should evaluate whether they are paying attention to the worries of other team members. Team members should voice concerns if they are not speaking out. Teams that feel psychologically secure are more likely to disclose issues. Leaders in the fields of reproductive endocrinology and infertility can practice inclusive leadership techniques to empower their teams and counteract the harmful impacts of hierarchy and power dynamics. Inviting team members to speak up, constructively responding to team members' comments (even when we disagree with them), incorporating team members' ideas into plans, and motivating team members through encouragement rather than by threats or rewards are some methods to promote psychologic safety [4].

The traditional approach to competence in medicine has been an individualist one. Individual competency is viewed as a constant asset that, once attained, holds true in all situations. Although vital, individual skill is insufficient to provide high-quality healthcare. In order to deal with paradoxical truths regarding cooperation, such as the fact that talented individuals can create incompetent teams, we also need to pay attention to collective competence. Conceptually, collective competence is viewed as a distributed system capability, a relational phenomena that develops out of the resources and restrictions of certain situations. The concept of collective competence is used in this article to explain how a set of paradoxical truths regarding teamwork in healthcare can be true [5].

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***Correspondence to:** Christinan Misdy, Department of Gynecology and Obstetrics, School of Medicine, Johns Hopkins University, Baltimore, Marylandn, E-mail: misdy@jhmi.edu

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