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Reflections

When Medicine Meets Mercy A Journey of Faith, Friendship, and the Miracle of Life Reflections from the COVID-19 Pandemic

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There are moments in a physician's life when clinical knowledge, experience, and professional strength seem insufficient to prepare us for what lies ahead. Moments when we are not merely doctors, but colleagues, friends, leaders, and human beings confronting uncertainty. One such experience during the COVID-19 pandemic remains deeply etched in my memory.

When COVID-19 first emerged, fear and uncertainty engulfed the medical community. We were confronting an unfamiliar disease with no established definitive treatment, rapidly evolving guidelines, and considerable apprehension among healthcare professionals.

As Head of the Department of Medicine at MTI Lady Reading Hospital, Peshawar, and Chairperson of the COVID-19 Task Force, I worked closely with colleagues from Pulmonology, Critical Care, and allied specialties to develop our clinical response. Among our important initiatives was the establishment of extensive non-invasive ventilation (NIV) services as emerging evidence and guidelines supported their use. We constituted a dedicated NIV team, with my friend and colleague, Professor Anila Basit, playing a pivotal role in leading and overseeing these services. Together, we navigated the initial chaos, explored evolving treatment strategies, and worked tirelessly to strengthen patient care. Amid this uncertainty came wonderful news.Professor Anila Basit had conceived after a ten-year struggle with primary infertility. Naturally, we were delighted, but our happiness was accompanied by concern about the risks of COVID-19 during pregnancy. I relieved Anila of her COVID-related duties to minimise her exposure and protect her long-awaited pregnancy.

For a while, everything progressed well. Unfortunately, several members of her household, including her husband, contracted COVID-19. Despite taking precautions and isolating herself, Anila eventually developed symptoms during her



third trimester. She subsequently developed pneumonia, and her respiratory condition deteriorated, requiring hospital admission followed by transfer to the intensive care unit. Suddenly, the colleague who had helped us establish our COVID-19 NIV services had become a critically ill patient herself. Every clinical decision carried considerable responsibility. NIV support was initiated, while treatment options, including tocilizumab (Actemra) and antiviral therapy, were considered in light of the evolving evidence and her pregnancy. As a well-known member of the Pulmonology community, Anila received professional input from colleagues across different institutions. Coordinating these opinions and ensuring timely decisions and continuity of care were challenging but essential.

Throughout this difficult journey, Dr Zafar Mehmood, who was serving as Medical Director of Lady Reading Hospital at the time, demonstrated exceptional leadership and compassion. He remained

personally involved, closely supervising and coordinating her care and ensuring that the necessary clinical expertise and institutional support were available. His concern extended beyond administrative responsibility; he stood beside us as a caring colleague and committed leader. His presence and guidance were a source of reassurance for the entire team. Our Obstetrics and Gynaecology team was equally supportive, particularly Dr Wajeha Syed, Associate Professor of Fetomaternal Medicine, who remained closely involved in monitoring the pregnancy and guiding obstetric decisions. As Anila's respiratory distress progressed, a Caesarean section was planned after 28 weeks of gestation, balancing maternal risks with fetal considerations. I still remember that midnight.The teams were ready. Medicine, Pulmonology, Intensive Care, Obstetrics, Fetomaternal Medicine, and Neonatology were all involved. Everyone understood the gravity of the situation, and we were all hoping and praying for a favourable outcome. The Caesarean section went well. A beautiful baby girl was born and immediately transferred to the neonatal intensive care unit, where the team was prepared to receive her. For a brief moment, we experienced immense relief. After ten years of waiting, Anila had finally become a mother. Unfortunately, our relief was short-lived. Soon after returning to the ICU, Anila developed seizures, accompanied by a sudden rise in blood pressure and aspiration. Her condition deteriorated rapidly, requiring immediate resuscitation, endotracheal intubation, and mechanical ventilation. Within approximately an hour, she developed circulatory shock and required inotropic support. The situation was extremely critical. Her family, friends, and colleagues were deeply distressed. Some family members had even begun making arrangements for her burial. As a physician, I understood the seriousness of her condition. As the clinical lead, I had to remain composed and ensure that every possible measure was being taken. But as her friend and colleague, I found the situation personally overwhelming. I kept asking myself, Ya Allah, what is Your wisdom in all this? Here was a woman who had struggled for ten years to conceive, finally experienced the joy of pregnancy, and delivered her long-awaited daughter, only to find herself fighting for survival. Would she ever have the opportunity to hold her child and experience motherhood?

Conversations about the baby's future and possible custodial arrangements had already begun among family members. Listening to these discussions was particularly painful. A child who had been so desperately wanted was now being discussed in the context of her mother's possible death. I continued reassuring the family, encouraging them to remain hopeful and pray while we pursued every possible medical intervention. Those were difficult moments. As a doctor, a leader, a colleague, a friend, and a woman, I was experiencing the same uncertainty from several different perspectives.

Gradually, however, Anila's clinical parameters began to improve. With dedicated intensive care, her condition stabilised, and within a week, she was successfully weaned off mechanical ventilation. I will never forget the moment she began talking again. She was talking non-stop! That familiar, lively Anila was back, and hearing her speak was a tremendous relief. I remember smiling and thinking, Alhamdulillah, this is our Anila!

Given her seizures and critical illness, I remained concerned about possible neurological complications. Fortunately, her CT imaging and subsequent clinical assessments were reassuring. With rehabilitation, she gradually regained her strength and made a remarkable recovery. The Little Girl Who Became a Symbol of Hope Today, Noor Fatima is a cheerful, school-going little girl who will turn six in January 2027, InshaAllah. She is the apple of her mother's eye. Whenever I see Anila with Noor Fatima, I remember those difficult days in the ICU, the midnight Caesarean section, the uncertainty surrounding her survival, and the efforts of everyone involved in her care. It is deeply gratifying to see Anila enjoying the motherhood she had waited ten years to experience.

Reflections Beyond Medicine

This experience reinforced several lessons that have stayed with me throughout my professional journey. First, the importance of multidisciplinary teamwork. The coordinated efforts of Medicine, Pulmonology, Critical Care, Obstetrics, Fetomaternal Medicine, and Neonatology were central to managing an exceptionally complex clinical situation. It demonstrated how shared expertise, timely decisions, and effective coordination can make a meaningful difference in patient care. Second, the human dimension of leadership. During a crisis, leadership requires not only clinical judgement and organisational skills but also the ability to support colleagues, reassure families, and maintain a sense of direction despite uncertainty. Most importantly, it reminded me that behind every patient is a personal story that cannot be captured through clinical parameters, investigations, or treatment outcomes alone. As physicians, we must remain guided by science and evidence, while recognising that compassion and empathy are equally important components of patient care. Anila's recovery also

strengthened my faith in Allah's mercy. We did everything within our professional capacity, but we were constantly reminded that outcomes are not entirely within our control. Not every critically ill patient survives, and not every clinical journey ends as we hope. Yet this experience reinforced the importance of perseverance, teamwork, and maintaining hope without losing sight of clinical realities.

During the pandemic, Anila and I worked together to help patients breathe when COVID-19 threatened their lives. Little did I know that one day, I would be praying for her own recovery. Today, seeing her with Noor Fatima is a reminder of those extraordinary days and the collective efforts that helped bring her through them. Some experiences remain with us long after the crisis has passed. Anila's journey is one of them a reminder that medicine is not only about treating disease, but also about caring for the lives and stories behind every patient.

Alhamdulillah.