



Reflections

Defying Deaths Embrace

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As I sit in my office in the busy outpatient department on a worn-out chair that groans every time I make the tiniest of movement, a glass topped table in front of me with numerous scratches from the years of use, I turn the leaves of my life's story in my mind's eye.

A look into the distressed mirror just above the hand washing station placed behind my table in the small room where I sit, makes me cringe at the greying hair and the fine lines that years of experience have left behind. Each grey strand bearing witness to the lifetime of hard work, the years of relentless effort, unflinching dedication and persistence. The face bears subtle marks of ageing; the wrinkles beginning to appear here and there. I contemplate the number of times I have had to mask my emotions and appear composed while a storm of feelings battered me, each time leaving the line a little deeper, more noticeable. I feel destitute in beauty yet affluent in wisdom.

These are only the visible markings. If someone were to pull out my heart, I'm sure they would find a ramshackle organ, but one that has the strongest vigour and beats with steady resolve. A heart from which you can hear wails of sorrow, cries of anger, sobs of hurt, bellows of pain but also shrieks of joy, whispers of hope, guffaws of laughter and roars of triumph. For though the bird is caged it sings the sweet song of hope and courage.

Time has rarely been our friend. We find it slipping through our fingers like water. We know how crucial it is for the patients to come to us in a certain window, if we miss that window we lose the patient. We remain ready to always act, as we know that a patient will not give us a warning before he collapses. You are ready the moment you step outside your home, to wage a war, every day of your life. How many times a day do you ask yourself, what if he had come earlier, what if a doctor was there when it happened, what if the treatment was started earlier? Have I done my best, could I have done anything else? There is no looking back, for you cannot turn back the wheel of time. You can but learn and move on.

Working in Pakistan, in a government hospital, looking



after the less fortunate people of our nation is a challenge. One that you face daily, that haunts you throughout the day and lurks in your sleep at night. Your hands are tied, your eyes blindfolded and you face not one but innumerable enemies; enemies that you cannot fathom ----- poverty, lack of education, tradition, patriarchy, lack of hospital staff, lack of equipment, absence of required investigations, a dearth of medications, just to name a few. You are a warrior without weapons, yet you have the valour to combat till the last breath. You expect nothing short of the best outcome for your patients for failure is not an option.

When our patients come to the hospital, they require assistance from the smallest of things like the way to the laboratory, understanding information the doctor is trying to give them, the language barrier taking a toll, their literacy limiting their mental capacities, they've

already spent the little they had on the fare to come this far. With no place to stay, empty pockets and void eyes they look up to you waiting for a miracle..... and lo and behold miracles do happen!

As I shake off my thoughts and take my seat so that I can see my next patient, the door opens and in walks a short lean man wearing a blue shalwar kamiz. His grey hair is combed neatly back; his eyes beam behind the glasses he wears and his mouth breaks into a wide smile. Behind him walks a young man, around six feet tall. He is wearing a pristine white shirt and black trousers that skirt his freshly polished boots. Just the sight of them makes my heart sing with joy.

Today I will take you around twenty years down my memory lane. I was a young doctor in the department of general medicine. A 14-year-old boy had been brought from a far-flung area by his parents. He had a history of unrelenting fever since the last few months. He had been gradually losing his appetite and weight. The family had sought treatment in the vicinity, but there had been no improvement in the young boy's ailment. By the time he came to us he was frail, too feeble even to go to the washroom by himself. I remember the male bay stretching before me with metal beds on either side, covered in white sheets that had been meticulously tied in the corners and tucked away by the diligent staff. An ammoniacal odour pervaded the air, creaking wooden benches were placed on the side of each bed adjacent to the little orange cabinet with peeling paint, provided to each patient to store his belongings. His bed was the second from the left. On it he lay listless, just a skeleton wrapped in a cloak of paper-thin skin, his temples wasted, his cheek bones prominent and his shoulders hunched. Clad in a white shalwar kamiz that was too loose for him, he stared with dull eyes into nothingness. His mouth was dry and parched, he wouldn't talk as if uttering a single word would make him crumble to the ground. Sitting on the bench besides him were his parents, apprehensive and terrified, moving around object aimlessly trying to avoid their son's gaze. They knew in the depths of their hearts that their son was struggling for his very existence.

He had developed lymph nodes in the cervical region over the last few weeks and a few of them appeared to be matted. He also had hepatosplenomegaly.

Back in the day our professor had an unsaid rule that if you were unable to diagnose a patient in three days it meant that you were not good enough for the job. This expectation that our teacher had from us made us work to our maximum potential not only for the fear of disappointing her but also because we challenged ourselves to soar to higher peaks of accomplishment. However, diagnosing this patient in three days did not seem plausible. A senior doctor and I were working as a team

ceaselessly to get to a diagnosis. Our patient needed invasive tests; he would surely require an excision biopsy and that would require at least 10 days at the time for preparation and reporting. These were days before immunocytochemistry was readily available, even getting a CT scan urgently required significant effort.

Our patient was getting weaker by the day; every day we found that a little life had forsaken him. His family was buckling under immense emotional and financial pressure. They had spent all their life's savings on their son's illness, trying to get him better, and we did not have an answer yet. An FNAC was performed which showed caseating granulomas. Consequently, he was started on anti-tuberculous therapy. Although anti tuberculous therapy takes some time to have an impact, our patient was surely slipping away. We needed the report of the histopathology, and we needed it fast. Daily visits to the laboratory and reviews with pathologists ultimately gave us the report which showed Hodgkin's lymphoma. Our professor decided that he needed to be administered chemotherapy on an urgent basis. The family had already exhausted their reserves. The department of Oncology at that time just had a few beds and all of them were occupied with critically ill patients. His referral to another hospital meant that he would lose precious days and time was a treasure he did not possess. It seemed that the angel of death was hovering by his bedside ready to whisk him away.

Our audacious professor decided to administer chemotherapy in the medical ward. The patient was shifted to a side room. Finances for chemotherapy arranged from the ward fund and donations from benevolent doctors. Amid uncertainty and fear of losing our patient we were successful in administering his first cycle of chemotherapy. Slowly but surely, he started gaining strength, his appetite started coming back and he also started to regain some of the weight. Over the course of the next few months, though he struggled with the side effects of therapy, life slowly began to diffuse back into his body. As light spreads through every corner of a dilapidated and uninhabited edifice and drives out the dark, life also seemed to drive out the shadow of death. His eyes shone brighter than ever, the apples of his cheeks turned a healthy pink, and his face appeared luminous. It was as if every cell of his body had imbibed energy to fit into his clothing and he now walked upright with newfound confidence and courage.

Twenty years forward, he walked into my OPD. A man now with a family. He earned a technician's degree. The gratefulness in their eyes cannot be described and to this day they continue to thank us with reverence, although it wasn't the doctors who saved him, we were just pawns who checkmated the king; playing our part in the destiny carved out by Allah. They hold their hands

up in prayers, and I am sure it is their prayers that have given me and many like me, the strength to serve my patients in a similar manner. It is our patients' prayers that give us the power to face every day with dignity and honour, that give us respect and fulfil our hearts desires. After all, isn't it why we became doctors in the first place? Not just to serve and earn respect but also for the infinite prayers we get every day without even asking for them.

When I look back on those days I remember a sense of fear, urgency, anxiety, even impending doom. I salute

my professor for being bold enough to act and not to put the responsibility of saving a life on some other department or hospital when time was of essence, when a delay could have cost a family their son.

Actions save, and contemplation sometimes must wait!

'You do not write your life with words... You write it with actions. What you think is not important. It is only important what you do.'

— Patrick Ness