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Doctors as Mothers

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Doctors as Mothers

Cover Page Footnote

Today I thank everybody who has been a part of my journey.

“DOCTORS AS MOTHERS”

To become a doctor was my parents’ dream and my intent. It was me who chose duty before family. It was me who was always excited by the stories of doctors managing emergencies, working throughout the nights to save patients. And it was the same thing that I did in my residency years, proudly and sincerely, earning a lot of appreciation from both my patients’ parents as well as my colleagues and seniors. Like an average Indian girl, I got married, that too by choice, and became a mother, again by choice.

And then began the never-ending struggle of balancing compromises with deadlines and a race called life.

Both I and my husband, a dermatologist, started our careers as consultants in a newly established private medical college in my husband’s hometown. My department had two consultants in their 60’s, who only looked after the outpatient departments. As a young, fresh M.D., I was given the charge of a whole inpatient department with general as well as Intensive Care Units, meaning that practically speaking I was on call everyday 24x7. This being a new institute, the everyday admissions varied from 1 to 5 in the ICU and about 5-10 in the general ward: we were not very busy.

The supporting staff consisted of 1 or 2 nurses per shift in the general ward and 1-2 nurses per shift in the ICUs. No trained house doctor was posted. So my daily routine consisted of waking up at 5 in the morning, getting myself and my daughter ready, cooking, and waiting for the baby sitter to come.

The moment my daughter’s babysitter, a young girl around 15, entered the house, I used to be ready to tell her, “Rani, Kiya did not eat enough of her porridge today. Don’t forget to carry two bananas when you take her to Dr Kalpna’s house. Kids eat better while they play. And do come back in time to soak dal and rice.”

The departmental hours started at 9 am with my usual greetings, “Good Morning, Sir,” to one of the two senior consultants who often used to comment, “Why are you always panting, Sandhya? Come, let’s have a cup of tea.”

“Sure, Sir, but after rounds,” I would say and rush off. Then the day began in the hospital with my going immediately for rounds and completing them in 1 or 2 hours depending upon the patient load and provided the patients in ICU were stable during that duration. If a patient turned critical in the ICU, then my returning to the OPD all depended upon the ICU patient’s condition and the expertise of the nursing staff posted that day. In between, I had to attend labor calls as well.

The whole chaos used to continue until 2 pm when, during my one-hour lunch break, I would rush back to my 2-year-old daughter waiting inside the hospital premises with her babysitter Rani. The babysitter used to be ready with all the complaints, “Didi, the khichdi you made today was too watery. I had to change Kiya’s clothes twice while feeding her.”

While I would rush into the kitchen to cook a quick lunch of dal and rice, she would continue, “Didi, Kiya has become very fussy. Pooja was telling me today that Preesha and Priyal have started eating on their own.”

By 3 pm, it used to be time to return to the department, and Rani never failed to remind me to come back from hospital between 4:30 and 5 pm: “*Andhera hone se pehle ghar pahunchana hai Didi, nahin to Maa dategi.*” (*I have to reach home before it’s dark, otherwise mother will scold me*), she used to say.

Between 3-5, if things were calm at the hospital, then fine; otherwise, if there was a sick patient in the ICU, then I used to inform Rani on the intercom to drop off my daughter in the ICU while leaving.

As for my husband, he used to leave at 4 pm every day for the city twenty kilometers from the institute where he was trying to establish his private practice. “I do not want to be dependent on others for my living. I have to establish my own.”

And then until 11 pm at night, it was just me and my daughter, either in the ICU where she used to sit in the breastfeeding chamber for mothers or in the nurses’ room while I was intubating some child or doing an urgent peritoneal dialysis or an ICD. When I got free, both of us left for me to cook again and feed both her and myself. Sometimes we used to come back again for further rounds; sometimes we used to take a stroll just outside the IPD building in case I got an emergency call and could rush inside without wasting time.

This went on until one day when I left the OPD much later than usual, at around 2:45pm, after disposing an OPD of 100 patients. I had just sat down to eat a quick lunch when my phone rang with the ICU calling me to attend a patient with respiratory distress.

“How come the patient did not go to casualty and straightaway came to the PICU?” I asked.

“The patient’s father is saying that he is a hospital staff member and is demanding you to come and see the child immediately,” the nurse replied.

I was annoyed. I was already having a hectic day, and now.... I left my lunch and tiredly started walking towards the hospital. My phone started ringing again. I was so irritated that I did not pick up the phone. I reached the hospital and started attending to the breathless child. It turned out that the child had an acute exacerbation of bronchial asthma and I felt sorry for being irritated at the

nurse's phone call. Obviously, the child needed me, and for the next 30 minutes, I forgot everything but the child. I had just finished stabilizing the child and was giving further instructions to the nursing staff when another staff informed me that I was being called by the Director for Administration of the hospital immediately. Having finished with the patient, I left the PICU to see the D.A. in his office. As a young MBA in his late thirties, the D.A. was the son of the founder of the Institute and had just joined the Institute; he was in the process of establishing his authority over the intellectual medical community of his hospital.

He started bombarding me as soon as I was inside his office: "Every other day there is a complaint against you, Dr Sandhya. Last week there were 3 expiries in a single day in your PICU. Today you were late in attending to an emergency. I also have reports that you are causing a lot of financial loss to our hospital. Complaints have been made against you that you don't attend your patients properly and try to manage them telephonically."

"Sorry, Sir" was the only thing that I, stunned and bewildered at his outburst, could manage to utter. When, finally, I got a chance to speak, I started to say, "Sir, I am trying to manage everything to the best of my efforts; even my daughter sits in ICU while I manage patients..."

But before I could finish, he snorted, "I don't care, and what you do with your daughter is none of my business. You never came to me with your problems if you had any."

I could have fought any war, stood amidst all arguments, replied in any manner possible, but after this one statement of his, I went silent....

Somewhere down the lane he was right. I had caused some financial losses to the institute by not getting the patients billed for certain expensive procedures I performed for their kids and by requesting the Medical Superintendent wave off the expenses of poor patients even if it meant giving up my share of the so-called incentives which the hospital used to give me. I did sometimes give instructions to the nursing staff telephonically when the phone rang at unusual times or times when I had just started feeding my daughter. I did lose 3 patients in a single day; so what if they were cases of Hepatic encephalopathy Stage 4 or severe acute Encephalitic syndrome? Yes, I never went to him with any complaints as my alma mater had never taught me to complain regarding my circumstances. I was just a paediatrician and it was my duty to serve children, no matter how.

I left his office, feeling insulted, angry, confused, helpless. I went to my husband's chamber. "Both of us are resigning from this hospital immediately," I barked angrily. "This place values neither me nor my child. How can somebody talk about my child like this?" was my justification.

Both of us submitted our resignations on the same day. But in the evening, when my husband came back late as usual, in a tone of negotiation, he suggested I review my decision.

“Try to remember, did you really dispose of any patient telephonically; try to understand the administrator, he did not mean what he said”: these were the various lines he quoted.

I was already reeling under the events of the afternoon and expecting some relief from my husband’s side, but his comments!!! That night I could not sleep or rather sat thinking about my position in my house, in my department, in the institute as a whole.

With a small kid to take care of, from cooking meals to managing patients, from taking my daughter for walks so that she would love the outdoors to checking the diet charts of my patients, I was trying to be a paediatrician on every front. While I was ensuring the well-being of my patients, how could I leave behind my daughter behind? My parents lived far off and were unable to stay with me. Although I was in my husband’s hometown, my in-laws were so busy with their own retired social life, that I was instructed to avail myself of their help only in an emergency. I had no time for myself, no time to think about having any grievances. And it was only now that I realized that I was not even allowed to feel hurt.

Or was it really me who was responsible for the whole chaos? Why was I thinking that I needed any help? Why was I thinking whether I was allowed to have grievances or not?

That night I decided to take a break to understand where I stood and to understand what really mattered to me. How much could I demand from myself? I told myself that, whether right or wrong, my first priority was myself, then my daughter, and then my profession.

My husband withdrew his resignation, but I persisted. “Who will support your demands if I resign?” The comment that he made that night has remained with me till today and perhaps will be there throughout my life. My parents had always instilled in me a deep sense of pride in being self-reliant. In my college days, when I got only a meager amount for my expenses, I was too proud to ask anything from them; I used to manage with whatever I got and still used to save something. To me, marriage never meant that I was asking someone else to support me. I took a year off, stayed at home, spent time with my daughter, worked to plan my life ahead, and joined a local clinic to support myself.

This was 12 years ago. Again I chose both motherhood and my profession, but this time on my terms. I became a part-time faculty member at the same private medical college to fulfill my love for academics and stayed at home in the evenings to raise my daughters. Today my husband is the Head of his department, while I got my promotions late, having lost two and half years. My salary is less. My husband also has a good private practice, but I don’t. My husband is a well-known figure in his field, but I am not.

What did I achieve? The satisfaction of giving my 100 percent while in hospital or with my kids. The satisfaction of being well known among my colleagues and students as the most innovative professional in the institute with several projects and research papers to my credit, having a client

group where my patients' parents visit the hospital just to talk to me, and of being invited to my daughter's school for a speech on Mother's Day when she was being sworn in as the student President of Junior school. Maybe I am not successful in worldly terms, but for me I am a proud paediatrician and equally proud mother and yes, financially independent. Every day I dream of my daughters becoming doctors, famous in their fields, and I promise myself that they will never have to lose their promotions, their salary, or their reputation, for they will always have me as a rock at their back.