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An emotional reflection on the early experiences of a junior doctor within the maternity ward

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The Arabic word mercy (Rahma), a fundamental attribute of God in the Islamic tradition has its roots in the Arabic and Hebrew word for womb (Rahm)1. It is said in a Prophetic saying of Muhammad, Peace be upon him, that God's mercy and compassion for His creation is greater than that of a mother for a new born child2. Moreover, it is narrated in a Hadith Qudsi that, 'I Am Ar-Rahman. I created the "Rahm" (womb) and derived a name for it from My Name. Hence, whoever keeps it (family ties), I will keep ties to him, and whoever severs it, I will sever ties with him.' I came to deeply reflect on these ideas and sayings during an elective caesarean section I was assisting in. The mother was known to have placenta accreta, and the events that followed during and after the case had a profound effect on my practice as a junior doctor.

Foundation Year (FY1) was a difficult year for me spiritually, physically and emotionally. Difficult personal circumstances and bereavements in the family meant I couldn't quite enjoy my new job as some of my colleagues. And a sense of disillusionment from the outset lingered, making me question what path I wanted to pursue long term. Moreover, low morale within the NHS ranks was evident, and was beginning to affect me too. Six months in, and life as a doctor felt nothing more than service provision that paid a reasonable salary. Suffice to say, compassion fatigue was rife and I was finding it difficult to connect with the suffering of my patients beyond the symptoms they presented with.

This changed somewhat halfway through my placement. I was assisting my consultant in a routine Caesarean section, and we were aware of the patient's placenta accreta on her scan. I was told that the case might be difficult during the team debrief, but I didn't take much notice of it. The patient, a young lady from Ghana delivered a beautiful baby boy, with her partner present in the operating theatre.

What followed was a very dramatic shift in emotions. From the jubilance and tears of happiness from the new mother and father, the consultant and I were unable to control the patient's bleeding when we were closing the uterus. Suddenly, another consultant obstetrician was called to assist. The father and the new born were whisked away from the theatre, and the mother started to lose consciousness. The anaesthetist had triggered the major haemorrhage protocol, and the atmosphere became palpably more intense.

Despite the severity of the bleeding, I didn't think there would be any issues of mortality. From my understanding, maternal deaths through haemorrhage were a phenomenon that was more prevalent in under resourced health systems in low middle-income countries. The skilled obstetricians and anaesthetists alongside the theatre staff would surely manage the bleeding. And they did. Mother and baby had survived.

The following day, we went to see the patient on the obstetrics ward, and the family seemed happy. However, it was only when the patient was being discharged a couple of days later that I came to understand the severity of the issue from the patient's side. At the time, I was extremely busy with some administrative work, when a gentleman approached me. I immediately became concerned as I felt he would ask me to undertake another task to add to my list of jobs. Yet when we spoke, he said to me, 'thank you for what you and your team did for my wife the other day. I thought I was going to lose her'. At this point, I recognised that the gentleman was actually the husband of the patient with placenta accrete we had operated on.

I had not received gratitude like this thus far in my career. And it really made me evaluate my initial approach to the gentleman when he came to speak to me. The gravity of his words struck a sense of disappointment in myself. Whilst I was confident that the woman would survive whilst we were in the operating theatre, the perspective of the patient and the relatives is completely different. This was, and remains one of the most humbling and transformative experiences in my career so far. Although the patient's partner was thanking me for the compassionate nature in which our team dealt with the scenario, I felt his expression of gratitude was an act of compassion towards my negative state at the time. A few weeks after this incident, I spoke to a family friend who developed a post-partum haemorrhage recently. The way she described her emotions at the time whilst facing

mortality made me think that not being able to spend as much time with patients had desensitised me to their suffering. It's something that I have tried to rectify in my daily practice.

These events led to a cascade of reflections on my approach to other clinic cases. What might be a case of non-cardiac chest pain when I clerk a patient is a source of huge concern for patient and relatives for what may be a heart attack. Amid the heavy workloads and a clinicians knowledge and experience of what is truly serious or not, it is easy to forget to ask about the concerns of the patient. And to reduce a patient to their signs and symptoms alone during a busy take. I also began to appreciate that the smallest gesture or act has a huge impact on a patient and their relatives. For example, I felt that my role in the surgery was merely to hold the retractor whilst the experienced surgeons dealt with the haemorrhage. However, being in that environment meant I played a far bigger role in the patient's care in the eye of the patient's partner than I had thought. This difference in perceptions stresses the importance of acting professional and being mindful of the little things when communicating with a patient and relatives through verbal and non-verbal means.

Medicine is a tough career, and I have come to see how easy it is to lost sight of why I entered this profession in the first place. However, experiencing the gratitude of the patient's partner made me appreciate the importance of compassion on myself, and those around me. Trialling times in my life as a FY1 had unfortunately led to a sense of existential unease. This unease was countered by exploring my spiritual beliefs that put 'rahma', mercy and compassion at the centre of leading a righteous and fulfilled life, as well as establishing closer ties with my family and wider support network which was paramount to my healing. To be able to recognise this, and to reconnect with it has led to me making more of a conscious effort to connect with the patients I intend to serve, and my colleagues.

Furthermore, I have also come to understand the value of 'gratitude' in a scriptural sense, for Allah states in the Quran that, 'If you are grateful, I will increase you.' To receive gratitude and to becoming mindful of Allah's mercy in bringing ease after hardship in my life has made me appreciate the importance of practising gratitude to others and my supplications. Moreover, a sense of gratitude for the blessings around me has made me renew my sense of purpose in life through introspection, as I look to develop a career in tackle health inequalities and improve the lives of populations through Public Health and Family medicine. A lot of this work will involve advocacy to encourage people to change their health behaviours. However, had it not been for the insights I had, I wouldn't have been able to see the wisdom of the Prophetic saying, "A person who teaches goodness to others while neglecting his own soul is like an oil lamp, which illumines others while burning itself out.3"

As I look back on these events, I find it fitting that my deepened understanding of compassion and gratitude in a spiritual sense came from a case that involved motherhood, and the profound love and mercy it is associated with. Reflection on Allah's signs and blessings has been a powerful tool to transform my perspective on life as a doctor and believer, and I would recommend my colleagues with similar struggles in the healthcare profession to contemplate on the hadith, 'An hour or reflection is better than seventy years of worship,' to find lasting solutions to their problems.

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