

A Beautiful Gift

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My favourite part about paediatric rotations is being present at deliveries. Most deliveries are a sweet concoction of excitement, exhaustion, fear and longing. It is interesting to observe the communication of those present at the delivery and their reactions as the labour progresses. Given the nature of medical teaching, we are taught about various diseases, their etiologies, pathophysiologies, treatments and prognoses. However, labour and delivery, for the most part, have been my break from this medical dark cloud, and an opportunity to admire the astounding physiology of the human body.

My pager, the familiar beeping that can instantly throw me into a fit of hypertension, tachycardia, hyperventilation and occasionally some diaphoresis, sang its dreaded song at eight in the evening that night. Thankfully, the number on my pager was “102”, which was my attending’s signal for me to rush to that room in the labour and delivery suite.

As I approached room 102, a nurse opened the door and said “little mec, fetal tracings good, no worry.” I entered the room and began my familiar exploration of the faces, emotions, interactions, sounds and smells. Immediately, I heard the husband speaking to the delivering mother in Arabic, my mother tongue. Although he spoke in a different dialect than mine, I was able to understand his attempts to comfort his wife as she bravely toiled through her exhaustion. I also noticed that at the edge of the mother’s pillow was their holy book, the Qur’an, which she was grasping during contractions. Silently, I walked to my working station to set up any equipment I may need for resuscitation. I listened as the mother forced bursts of prayers between her contractions. Although from a different faith, I recognized she was praying that the child be blessed with wisdom, courage and reverence. With two more contractions, a loudly crying male baby was delivered.

The obstetrician placed the baby in my arms and I walked to my work station while my attending stepped away to fill the necessary paperwork. As I placed the baby into the warmer and uncovered him, I recognized that he had the classical features of Down syndrome. Almost frozen in place at this finding, my mind immediately started to think of how tragic such news would be for this family. As a Middle-Eastern, I understand the great stigma that could be associated with such a diagnosis. Unlike in Canada, where people with Down syndrome are seen as valuable members of our society, in many Middle-Eastern countries, especially in poor villages, Down syndrome is regarded as a misfortune. The family’s rural dialect made it apparent to me that they were rural villagers. The father’s voice snapped me out of my still realm as he said in Arabic to his wife, “I am going to see my first son.” I realized that I would be the first person to tell this family about their child, and that my words could change this family’s life forever. I chose the words I wanted to say carefully, in the hope that they would strengthen and empower this family to bear this challenge.

The father kissed the mother’s forehead, walked towards me and asked, “Baby mag’ool?” At once, I understood that the father did not speak English well, as “mag’ool” is the rural-layman’s term for Down syndrome, but I also breathed a sigh of relief as the news would not be a complete surprise. “Your son is beautiful and is a gift from God,” I said in Arabic. The man was very happy to see someone who spoke their language. “Your son is beautiful and is a gift from God,” I repeated, which was received with him saying the common phrase, “Thank God for everything He gives.” I then explained that his son had signs of Down syndrome and would be tested for it. The father repeated, “Thank God for everything He gives.” The father then asked me if I would tell the

news to his wife and proceeded to celebrate his son with kisses, tickles, and plenty of photographs. I stepped towards the mother and said in Arabic, “Your son is beautiful and is a gift from God.” I then explained that the baby had signs of Down syndrome and that we would be investigating for it. She echoed her husband, saying, “Thank God for everything He gives.” She then told me that her maternal serum screen results had been positive, but she had refused to undergo any other investigations as terminating the pregnancy was not an option she would consider. She thanked me profusely as I stepped away. As I arrived to the warmer, the father excused himself and went towards his wife with more expressions of pride, encouragement, and comfort.

I proceeded to carry out the newborn exam, my favourite physical examination in all of medicine, with a different perspective on the definition of normalcy. As I examined the child, I appreciated that although I could rattle off the signs, etiology, pathophysiology, and complications of this condition, the sense of ‘pathology’ had not interfered with the sacred time of celebrating a new human life. Alone with the newborn, it was now my personal opportunity to appreciate this wonder and to marvel at the beauty of this child.

Before leaving, I gave the nursing team my pager number so that I could be paged in case translation was needed. For the next week, I frequently translated for the various teams that were involved, such as doctors, nurses, nutritionists, pharmacists and social workers. It was a privilege to be involved in such a capacity and to watch as a whole community of health-care teams came together with one goal: to help the family cope as best as they could. Through this, I experienced the true sense of medicine that I crave – the medicine that is not limited to many, short and unsatisfying chance encounters with different patients, but one that is defined by deeply fulfilling and mutually enriching relationships. This experience was one of the strongest driving forces in my later decision to choose family medicine as a career.

On the third day after the baby was born, I made an unplanned visit to the nursery to check on the family. The baby was in his cot sleeping as the mother was quietly humming by his side. She greeted me with the usual warmth, and I proceeded to ask my routine questions to assess how the child was doing. Before I left, I asked if the child had been named yet.

“Yes, we named him Hussein,” the mother answered in Arabic. I knew that ‘Hussein’ meant ‘little handsome one.’

“Is there a Hussein in the family?” I asked, as it is custom to name a newborn after a family member in most parts of the Middle-East.

“No,” the mother nodded.

“Why Hussein?”

She looked at me, smiled, and said in Arabic, “Because my son is beautiful and is a gift from God.”

At that, I smiled, turned and left the room, reminded of the innate beauty in every human, regardless of their ability, size, age, race, or creed. Sometimes it is truly the most humble humans that teach us the most profound lessons.

Theme: Birth | Naissance

Theme: Patients | Patients

Theme: Teaching and Learning | Enseignement et apprentissage

Stories in Family Medicine | Récits en médecine familiale [Internet] Mississauga ON: College of Family Physicians of Canada. 2008 --.

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