MY little child died when she was 3 weeks old. It is still so difficult to say those words. Her whole existence had been unexpected and arduous, and yet her passing away took me completely by surprise.

As a pediatric anesthetist I had seen my share of unfortunate tiny scraps of life fight their way through incredible adversity and go home in the arms of their mothers. Of course I could easily call to mind the many babies who had not. But perhaps it is the life-sustaining, life-preserving force within us, as doctors, that gave me only reasons to hope during those first weeks of life.

I got stuck into the practicalities of having a baby in NICU: accommodation organized, family jumped into the breach with my older children, breast pump hired. Very quickly one settles into the routines of NICU life: ringing the doorbell, waiting until a visit was allowed, gowning and washing, and then sitting for hours beside the incubator watching her breathe. Eye on the monitor as it would be in the OR. Eye on the ventilator.

And then the phone call.

Followed by the conversation at the bedside.

The same conversation I had delivered a hundred times before to distraught families.
I now believe and understand that one truly only hears the first few words that are spoken. After that, it is a blur, with the memory of only snippets of sentences “she will never play outside with her friends, she will never go to school.”

Six months later I returned to work. Although my life event had nothing to do with work, it had robbed me of all my confidence.

I was anxious about what the universe would throw at me as I took on the responsibility again of caring for other people’s children. Other people’s babies. Babies with similar dates of birth to my little one, who were now thriving chubby bundles. Or babies who were not thriving, who instead were struggling with their own medical problems. These children prompted me to ask myself if I could have coped with that fate which had almost been handed to me.

On a Friday morning, three weeks after my return, I was handed a preterm infant to anaesthetize for inguinal herniotomy. First on the operating list. As I gazed down at its skinny downy limbs, its soft, red, knowing face, I experienced the most piercing pain in my heart and in my mind. This was my nemesis. The siege in the night, a breach of my professional defences. My most difficult moment in two decades of practising medicine. A moment where all feelings of self must be annihilated in order to continue with the task of protecting this infant—not my infant—and then handing it back to the safety of his mother’s embrace. As a profession and as a speciality we are skilled at smoothing over our emotions so that we can get on with the business of delivering safe anesthesia. This baby, on this day, showed me how shallow that layer of professionalism can be. We both made it through.

Each of us experience bereavement in a unique way and yet hopefully we all will make our way back to employment, back to school, back to so-called normality.

These are a few of the lessons that I learnt in managing bereavement while continuing to work in an area where I was confronted with reminders every day:

The attempt to control emotions becomes a stress in itself, especially in someone who has a very developed sense of control. Allow time to leave the room, think through the issues that will activate emotion and then put them away, one by one.

Thoughts are not truths—although we place the demand of responsibility upon ourselves we cannot be responsible for every aspect of the patient journey. Guilt encumbers progress through the day.

Their pain is not your pain. Each parent that I meet has their own story which is not mine. I have my own story, and I make a conscious effort to separate the two.

The sunburnt skin of grief does heal and the foolish words of others cease to feel so harsh. Most people have no idea what to say to you when you are bereft and rush to issue platitudes, or ignore your grief entirely. They too will encounter loss as we all must.
Hope takes many forms. It is possible to take inspiration from the tiny babies that do struggle their way through infancy and go on to live with their families, bringing much joy.

Each day that passes is a tribute to the bond I have with my daughter. My work allows me to renew the wonder I felt when I held her, by being able to observe the infant—the newness of life in all its vulnerable glory—and to see her face there.

*Vita brevis.*