


“Doctor Sahib, Mamnoon!”

Category: Stories

written by Mariam Baloch | October 11, 2024



His father had immigrated
to Pakistan to get Mehdi
the treatment he needed...

Growing up in Pakistan, I aspired to be a doctor. I was fascinated by movies and TV shows centered on the medical profession and the day-to-day work and lives of physicians. To me, they were superheroes, wearing white coats instead of capes.

A familiar figure in the panoply was the stereotypically brilliant and successful physician/surgeon. (Remember Dr. Melendez in *The Good Doctor*?) Insanely smart and talented, he was also hard-edged, competitive and almost robotic in his laser-sharp focus on reaching diagnoses and treating symptoms.

Observing similar traits among my mentors while in medical school and during my internship, I concluded that while perfect politeness is the norm, feeling or displaying emotion must be atypical. The message I received was that we should empathize with our patients, but not sympathize—and to the best of my ability, I emulated this attitude and behavior.

But I’ve since learned that once in a while a patient sneaks through even the most carefully constructed defense.

In my case, I encountered this patient as an intern at Dr. Ruth K.M. Pfau Civil Hospital Karachi. I was working in Medicine Unit 4, a ward for patients with chronic liver disease, diabetic foot disorders, anemia and other serious chronic complaints.

Mehdi, age fourteen, was my first patient on the ward, and my first exposure to the debilitating effects of untreated ulcerative colitis. A refugee, he

was from Kabul, Afghanistan, and his father, Mr. Kazim, had immigrated with him to Pakistan solely to get him the appropriate medical treatment.

To this day, I can picture Mehdi vividly. A shy, quiet boy, he had been on the ward for more than a month, suffering a series of complications. Despite being in great pain, he never complained; he lay quietly in bed and did whatever we asked, taking the necessary medications and relevant tests without any fuss.

Despite our team's efforts, his condition declined with each passing day. Given the severity of his condition, I knew that his health and quality of life would likely never be the same, but I was hopeful that we could help him.

From our first encounter, it became clear that we faced a huge language barrier: Mehdi and his father spoke mostly Persian with bits of Urdu, and I spoke mainly Urdu. As I cared for him over the next two months, we communicated mainly through hand gestures, with the other Pashtun and Afghan patients or attendants acting as translators.

Neither Mehdi nor his father had any formal education; they'd worked as laborers in Afghanistan. Completely alone in this country, and penniless, they were unlike any other patient-attendant duo in the hospital. Despite their circumstances, and Mehdi's worsening prognosis, they made no complaints. Frequently Mr. Kazim thanked Allah, no matter the situation. Every day he would ask me how Mehdi was doing, never fully comprehending the nature of his son's illness. At the end of our conversations, he would always say, "Mehdi is not eating like he used to." And somewhere along the way, without being aware of it, I began to call Mehdi *bacha*—a term reserved for younger brothers or sisters.

It seemed like kismet that, on his last day, I was scheduled for a twenty-four-hour call, while also being assigned to Mehdi's bed and those of fifteen other patients. Despite continuous monitoring, multidisciplinary involvement and optimal management, and despite my own inner prayers, he faded steadily throughout the day. He'd had a few close calls in the past month; I was hoping that he'd pull through this time too.

Thirty minutes after my call ended, he died.

As the rest of the staff came in that morning, nobody could believe that Mehdi was gone. He'd always bounced back before.

Mr. Kazim had gone out to fetch Mehdi some sweet buns—one of the few foods he tolerated and loved eating. While caring for another patient nearby, I heard the medical resident at Mehdi's bed call Mr. Kazim to tell him that his son had died.

I felt mentally and physically drained, but it wasn't the inquisition that the resident put me through over Mehdi's care, or my colleagues' disbelief at his death, that pierced my composure.

It was his father's parting words.

He came to me and said, "Doctor Sahib, *mamnoon!*"

Confused at being addressed so abruptly, I froze. Mr. Kazim repeated his words several times.

It took me a few minutes, and a translation, to realize that he was thanking me for looking after his son on his last day, and for doing everything possible to save him.

Throughout my entire time as a medical intern, I'd never been thanked—even while discharging healthy patients to go home.

So when this man, who had experienced such a grave loss and whose son I was unable to save, expressed gratitude to me for doing my duty, I did what I'd been conditioned to do: I barely acknowledged him, then left the room.

Only after locking myself in the restroom did I let go and cry for the loss of the young boy for whom I had prayed.

Amid my distress over Mehdi's loss, I also felt angry at being thanked. Had Mr. Kazim not done so, my colleagues would never have glimpsed my crumbling composure and my reddened, tear-rimmed eyes.

I have read research indicating that unprocessed emotions can inflict long-term detrimental damage on physicians' mental health. Not only does this harm doctors; it also potentially compromises the care they give their patients.

Rather than clinging to the notion that emotion has no place in medical practice, I believe that learning to process our inevitable emotional responses should be part of medical training—or, at the very least, that it should no longer be frowned upon.

Mehdi taught me many lessons. One of the most important was that being a doctor does not make me a robot. Experiencing emotions is acceptable, even inevitable, especially when you're caring for a patient over a long time.

I want to remember this and to stay aware of my emotions—not just to keep them from clouding my medical judgment, but also to acknowledge and respect my own humanity.