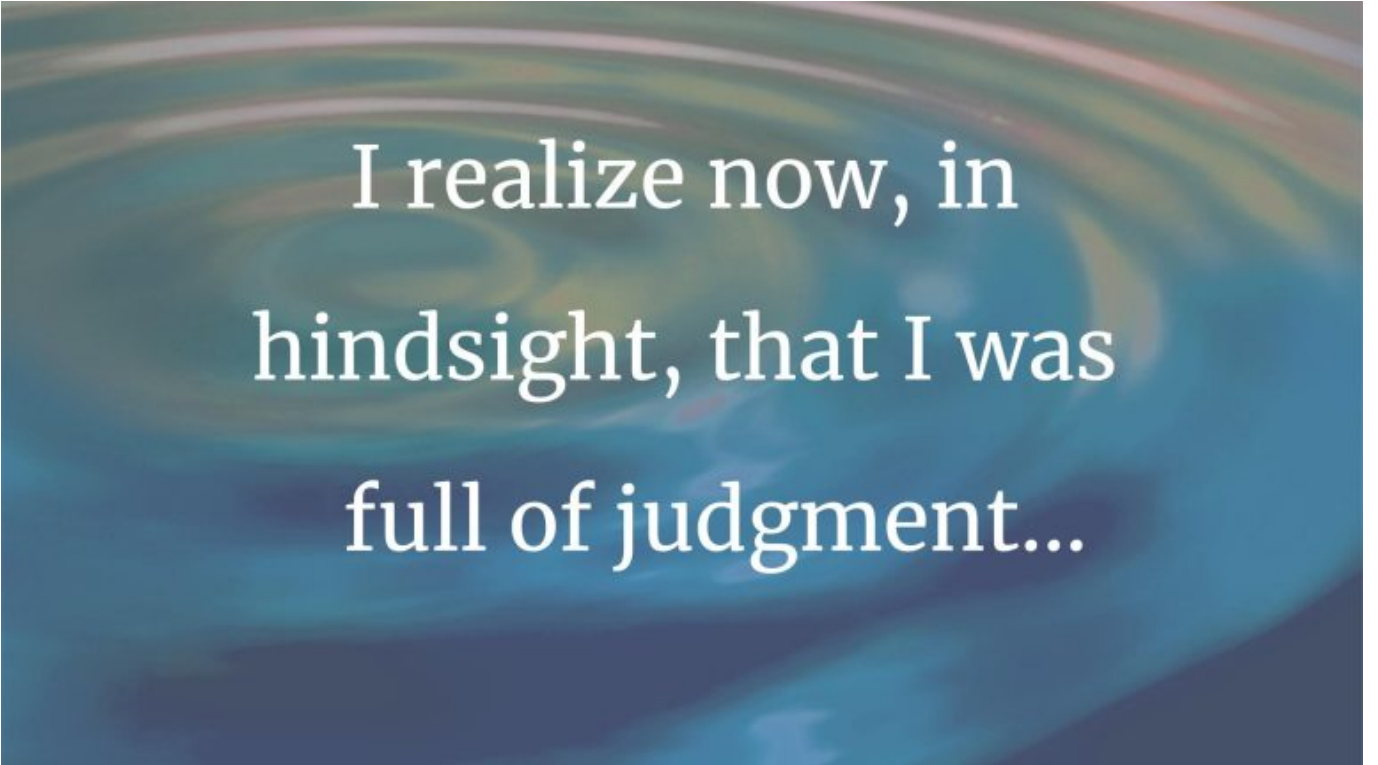


Her Call Was Tougher Than Mine

Category: Stories

written by Julie Miley Schlegel | July 19, 2024



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“Is he in pain?” Joshua’s mother asked, after I told her who I was. She had finally answered the phone after fifteen days of letting my calls go to voicemail.

“I don’t think so,” I answered. The truth was, at that point in my early career as a pediatric resident, I didn’t know whether he was in pain. “We’re giving him medicines to keep him comfortable.”

“Okay,” she said. I could hear young children laughing in the background. I knew from her obstetric records that she had five besides this newborn.

“Any questions?” I asked.

“No,” she answered. “I guess that’s it. Thank you.”

I was a new intern at a busy pediatric hospital. Back then, it was my job to stay awake for thirty-six hours straight, every third or fourth night. I was the first point of contact for a family or for the nursing staff. I wrote up the overnight admissions and rounded earlier than the supervising resident. I reported to the attending physician on how each patient had done overnight. It was my job to learn to be a real pediatrician, above and beyond the MD I’d recently earned.

At age twenty-eight, I was also four years into another kind of learning: really learning that the whole world hadn’t grown up like I did. Supportive two-parent home. College provided by my parents. Community of adults who

cared for me.

No one I'd known well, growing up, had struggled with addiction or homelessness. We'd all had enough groceries. I was never abused or neglected. And, blessing of all blessings, our physical and mental health was intact.

I was learning to be a doctor. I was learning to handle the emotions that come with being a doctor. And with being human.

I recently stumbled across a twenty-year-old journal entry I wrote about this woman's son, Joshua, the four-week-old whose brain was severely damaged and who couldn't breathe or eat on his own. Joshua, who would never walk or talk or go to kindergarten.

This small baby's suffering was hard for my heart to bear. I was frustrated that he had to endure it, and endure it alone. He didn't have one visitor the entire month I was with him.

No one came to hold his tiny hand or provide a chest for him to rest on, for skin-to-skin human contact. No mother's breast for milk. No father's proud gaze. No one called to check on him. He was nurtured only by unfamiliar hands that changed each shift.

It was my job each day to update Joshua's mother. It was the toughest call of each day—and with every day that she didn't answer, I grew more embittered on his behalf. Every day my attending physician would ask if I'd talked with her. Every day I said that I'd tried, but there was no answer.

I realize now, in hindsight, that I was full of judgment for this mother.

The only way I could make sense of Joshua's being alone was to think of him as unloved. Or inefficiently loved. Or inadequately loved. I blamed his mother for not visiting him. Each call that went to voicemail made me angrier as I considered this baby who I thought deserved better.

But then, on day fifteen, there was her voice on the other end of the line, so faint that at first I wasn't sure I'd heard correctly:

"Hello."

Her voice, and the chaotic sounds of her surroundings, melted away my judgment. Hearing her voice made her more human, made me face my own unconscious bias. It was one of the hundreds of moments in my career in which I've realized how I have formed preconceived ideas about someone without stopping to consider their perspective.

Like how it might feel to have five young children at home, and one critically ill in the hospital. Like how someone might not have the emotional capacity to handle a sick or dying newborn. Like how she might not have a ride to the hospital. Or might also be caring for an elderly, disabled grandmother. Or might be struggling to pay the rent or buy groceries.

I had to make the tough call to update her each day—but she had to make the

even tougher call to be at home, taking care of the many others who relied on her. Unable to care for this baby, she'd turned toward the other five to mother them as best she could.

I never met her in person. I didn't talk to her after that day, and I rotated off the floor where her baby lay, too small and sick to survive without lines, tubes and machines. His soul somewhere between heaven and earth, on the soul-playground for critically ill babies whose bodies lie in a hospital crib.

I don't know what happened to Joshua, or even if he survived his hospitalization. I hope that he knew that we cared. I hope that he felt peace when the love of a mother did not come easy, or did not come at all.

But, as with hundreds of lessons I carry with me from my medical training, I learned from his mom to judge a little less, to give grace a little more. With age and experience, I see that her inability to visit Joshua did not mean she didn't love him. It just meant that she didn't visit.

In our one conversation, she asked what every mother wants to know: "Is he in pain?"

The machines that tethered him to earth recorded his vital signs, but couldn't measure the pain of being a baby without his mother, or a mother unable to care for her child.

What happened with Joshua reminds me to this day that each patient has a story, and unique life circumstances. Now that I am a mother myself, I realize that his mother's wish for him would likely be the very same as mine.

It is the wish of all mothers: that our children will not be in pain.