

In Search of an Answer

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“HIS CONDITION IS critical, and he may not make it. But we are doing all we can to help him get through this.” Their eyes welled up with tears. They held on tightly to each other and wept quietly. I sat there with them, like I did with all parents who had a child in the intensive care unit (ICU), morose, trying to make them believe I felt their pain. But the fact is, I couldn’t—or rather, I didn’t want to.

After working in the pediatric ICU for nearly 8 months as part of my specialist training, and after repeatedly having gone through this same sequence, I had numbed all feeling of sympathy. “Empathize with them,” a senior consultant told me on my first day in the ICU. “Only then will they feel comforted.” And at first that’s what I did, or at least attempted to do. But then I realized that the emotional burden starts to outweigh the already overwhelming physical stress of working in an ICU. My personal time had become affected by thoughts of worried parents and sick children. I started distancing myself from becoming emotionally attached to the parents and families of those seriously ill children. I couldn’t even look them in the eye anymore. Sentences were strung together with words that didn’t mean much. I must have sounded like a broken record, mouthing rote phrases. I hated being the bearer of bad news. But this was part of my job, something that had to be done. So I just did my job, conveying sad news in what I thought must be the most heartless way possible, telling myself, “Why should I burden myself with their sorrow? Haven’t I got enough to worry about in my own life?”

I sat with this child’s parents in the counseling room as an awkward silence fell. Their child had been admitted to the ICU 3 days before after experiencing multiple episodes of seizures and a high fever. After a thorough investigation, he was diagnosed with meningoencephalitis, but the treatment seemed ineffective, and he

remained comatose. It was my duty, as the resident doctor, to convey to the parents the condition of their child, which I would usually do twice a day. But with no improvement in the last 48 hours, my repeated attempts to calm their nerves were becoming inadequate. They needed to hear something more positive.

The child’s parents were in their mid-40s, and he was their only son. They both looked frazzled and exhausted. The boy’s mother suddenly broke the silence. “What has he done to deserve this? Why does our innocent child have to suffer so much?” she asked, tears rolling down her face. She looked to me for an answer. There was something in her eyes—a look of earnestness, a look of sincerity in wanting an answer. She wasn’t looking for a scientific explanation—the kind of explanation I had given every time I talked with them. She wanted something more. Although I didn’t have an answer for her, it stirred up something in me. For the first time in 8 months, I actually *felt* something.

I returned home that day, confused. I hadn’t thought about the question before. Why were all these children suffering so much? What had they done to deserve so much pain? As a doctor, I’ve always tried to explain things from a scientific perspective. But science had no answers here.

I spent the next week in introspection, spending every waking moment trying to find an answer. Instead, only more questions arose. The more I thought about it, the more complicated it seemed. Some nights were even spent trying to rationalize and make sense of things. Having been brought up in a devout Catholic family, God was very real to me. So the question remained: Why would God allow innocents to suffer? Has He abandoned humanity?

I turned to the Bible and came across passages that seemed to address my doubts. “God does not act wickedly” (Job 34:12); God is distressed by our suffering (Isaiah 63:9). This affirmed to me that God didn’t cause the suffering I was witnessing. I came across the thoughts of Mother Teresa of Calcutta, who was then being canonized in Rome: “I still think the greatest suffering is being lonely, feeling unloved, just having no one. I have come more and more to realize that it is being unwanted that

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is the worst disease that any human being can ever experience.”

It dawned on me that perhaps I was asking the wrong question. It is impossible to understand why we suffer. Instead, the more important question is, how can we ease one another’s suffering? To me, faith is important. Belief in a higher power gives me hope that suffering will end.

My perspective changed after this revelation. I realized that no matter how difficult or painful it may be for me as a doctor to empathize with parents, I will never understand how deeply painful it must be for them. Just as they are there for their child in difficult moments, I as a doctor should be there for them. My task would not end with treating their child. Instead, it would begin with helping them cope, even when they can’t find the answer.