My wife was in labor. It was hour 20 or perhaps 30. I lost track of time when she shifted from words to moans. My son’s heart rate traced along on the monitor as an oscillating line with accompanying beeps. I remembered all the times I had checked such tracing for a patient, interpreting it, trusting it, relying on its omniscient ability to predict good and bad outcomes. And yet now I was doing my best to ignore it as I sat, slumped in a chair across the room, staring at the opposite wall.

This was the beginning of my journey, as a father and a physician—and the beginning of my inability to let go of my fear. The fear of the unlikely, the unpredictable, the improbable, the it’s-never-going-to-happen-to-you-it-will-only-happen-to-someone-else.

Just a few months prior, I’d been involved in what seemed like a routine delivery. The air was filled with the metallic smell of amniotic fluid and blood, and the sounds of crying and pushing. The father, stuck somewhere between tears and laughter—unsure if he should crack a joke or grab a tissue—ushered the mother through the final stages of birth. I was nervous. I was not such a hardened veteran that I assumed it would all go smoothly. With a push, the baby’s head emerged and I held it loosely. But with the next push, the head stayed still. I felt the cord wrapped tightly around the neck. I tried to reduce it but couldn’t. There was no time for mistakes. We cut the cord to allow the body to deliver, and that was when it happened—a shoulder dystocia.

I shouted orders. The woman’s legs went up and I pulled down on the head, knowing too much force could cause permanent nerve damage and too little could leave the child brain dead from hypoxia. It was an impossibly long few seconds, but the
My own son’s birth proved much less exciting. He came out happy and fierce, ready to light up our lives and change them forever. That first night in the hospital, I felt a calmness that escaped me in the months after. I trusted in the universe, despite its entropy.

Perhaps nothing could prepare one for having a child during residency. How do you prepare for the collision of two things with such an insatiable need for time? But I had failed to anticipate how caring for the sick, injured and dying would affect my ability to handle the chaos of parenting. I had pictured myself feeling annoyed by a crying baby, perhaps frustrated, or maybe numb in the throes of an 80-hour work week—a sleep-deprived dad who shushed and swung his crying child while trying to microwave his dinner. But none of those things happened. Instead, I found that I translated the cries of my baby as sounds of pain, disease, fever, cancer or some other destructive, malevolent process.

The ability to recognize disease and read into subtle findings led to an exhausting vigilance as I found myself watching my son’s every breath at night, for perhaps a second of apnea signaling the onset of SIDS, or watching his every movement for some evidence of a budding-but-reversible neurologic disease.

The worry and work wore me down, and as much as my son continued to be healthy and normal, I couldn’t shake the fear that my perfect life would come to an end. How could I ignore what I saw daily in the clinic and hospital? I understood the randomness and inevitability of mortality, and yet I still came home hoping my child would be shielded from the chaos.

At work, though, my pediatric practice flourished as I was able to connect on a much more personal level with parents of young patients. Things I might once have attributed to overly worried parents I now took seriously—a mother’s concerns over a simple virus, a father’s worry about sleep, a mother’s devastation by inadequate milk production. Weakness, however, presented itself in unexpected ways.

During my pediatric ER rotation, I found myself blindsided during a trauma case. When the ambulance brought in a toddler who’d pulled an aquarium down on himself and had suffered multiple large and painful lacerations, I felt overwhelmed. I’d made the crippling mistake of over empathizing with the parents and the patient and was subsequently overcome with emotion as the child, scared and confused, cried and searched for his mother in the crowd of unfamiliar faces. Luckily, the ER fellow took charge and I was able to fall back into my cocoon of expected emotions. I was able to do my job, but I avoided pediatric trauma cases if I could, still wary of my ability to separate work and home when faced with a horribly injured child.

As the months passed and my son went from walking to talking, I felt my love for him grow into something I never could have imagined. The father-physician complex moved into the background, and I began to trust in life’s innate ability to perpetuate and flourish despite its native fragility.

So when tragedy did strike, I felt guilty in my unpreparedness. A colleague—the most careful, thoughtful, loving and present father possible, truly the embodiment of the father-physician guardian—lost his child in a horrible, senseless accident. I was barely able to absorb the news. Yet it shattered my uneasy sense of control. He’d been there when tragedy struck—ready, prepared—but just as life seemed26 born, unstoppable, death was equally so, and while life was fleeting, death was permanent.

I left the clinic early that day and went home to hold my son. As I held him, I thought, This could be it. This could be all we have, this moment. The thought held a truth about the struggles I had found myself going through as a physician who faced death and decline every day and a father who watched life itself sprouting before him every night. I only had each moment.

Life is fragile and impermanent, but also strong and exuberant—a synchronic paradox holding that much more contrast for those of us who care for the ill. But there is beauty in this transient state. I thought of all the times I was with my son, so worried about the future and missing the present. I refused to let it consume me any longer.

In unexpected ways, confronting life’s inherent tragedy was liberating. We only have each moment, and life only exists within each.

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“I was inspired to write the piece because of the stark contrast between watching my son grow up healthy and dealing with sick and dying patients day to day.”

The Writer’s Voice | Perspective

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