

The Language of the Butterfly

Tears streamed down my face. There was a dim light somewhere in the distance—faint and flickering. I could see it, and I was desperate to reach it. But my body would not move; it lay unresponsive, as if it no longer belonged to me. In the nightmare, I tried to call for someone, but no sound ever came.

Then I jolted awake.

The darkness did not vanish—instead, it reorganised itself into something sterile and very real.

I still remember the harsh fluorescent lights burning above me. Machines hummed and beeped with indifferent rhythms. My throat ached from having been intubated. My limbs felt borrowed. I had just regained consciousness after eight days lying prone in the Intensive Care Unit (ICU) at SickKids Hospital, antibiotics coursing steadily through me.

Only later did I learn what had happened.

When I arrived at the hospital, I was cyanotic—my lips tinged blue from a body starved of oxygen. At some point in the emergency department waiting room, while *Sleeping Beauty* played on one of those bulky televisions perched on a rolling cart—an unmistakable relic of the 2000s—I lost consciousness. I was admitted to the ICU soon after with Streptococcal meningitis. Later, my parents would tell me that my doctors had prepared them for the worst. They were given a one percent chance that I would survive.

When I was at my lowest—when my body felt weakest and most unfamiliar—what steadied me were not the numbers or the scientific explanations. It was steady and deliberate presence. Even when I was scared—when the morning blood work came without fail, pulling me from the little sleep I fought so hard to find; when I braced myself for the nasal endoscopy; when I dreaded the removal of the NG tube—the presence of the care team surrounding my bed carried a quiet calm. I remember eyes crinkling above masks, the softness of a smile I could sense, a gloved hand slipping gently into mine as the pain peaked. Their voices anchored me. Their composure became my own.

That was my first lesson in what it means to feel safe: before patients understand information, they feel it. Communication is not confined to words. It lives in tone, posture, eye contact—and even in the objects we choose to place in a room. One of my nurses hand-made a silk pink butterfly and fastened it gently to the wall beside my bed. From its wings cascaded long white ribbons, each inscribed with names—family members, teachers, friends. At a time when my world had narrowed to the confines of a hospital room, the butterfly expanded it again. I would watch the ribbons shift softly with the movement in the room, tracing the names with my eyes, reminding myself that I was still connected to something beyond the monitors and machines. When the sunlight filtered in through the window, it would catch on the wings and ribbons, casting a quiet warmth against the wall.

A quiet reminder that I was not alone.

And yet, there were moments when I felt profoundly alone. Especially during the brief hours when my parents had to leave to shower or eat. They were never gone long, maybe two hours at most. But in the hospital, time stretches. Those two hours felt like an eternity. The room would grow unbearably still, and the machines seemed louder.

When I was finally alert enough to understand full conversations, I remember my attending physician sitting with my family and explaining what had happened in language we could grasp. She acknowledged that the road to recovery would be difficult—that after so many days sedated and lying prone, my body was deconditioned. Walking, speaking, and even sitting upright would take time and work.

She was honest about the hardship. But she did not strip away hope. Later, she stood at my bedside and pinky-promised—yes, pinky-promised—to watch a few minutes of my favourite show with me each afternoon. It was an almost childlike gesture. But to a frightened 7-year-old tethered to monitors, it was a lifeline. In that moment, I was not simply a case of meningitis. I was just a little girl who liked watching TV.

Three weeks after being transferred out of the ICU, I was discharged. Survival, however, was not restoration. I could not walk without assistance. My speech was halting, as though my tongue had forgotten its purpose. I sat in a wheelchair watching children bike down the street, their laughter effortless. Instead of getting my life back, I began a year-long stretch of weekly physiotherapy. I remember crying at every session for the first few months, because I felt so weak. Yet my physiotherapist never rushed me. When words tangled in my mouth, she waited—not finishing my sentences with impatience. When I trembled trying to stand, she did not focus on the distance I had yet to walk. She celebrated the inch I had gained. She explained each movement—why we repeated it, how the muscles were relearning, what progress truly looked like.

The permanent pressure-point scars on my chin, the side of my face, and my left knee trace the story my body carries. They remind me that I survived because of medicine. But I healed because of the people. What preserved my spirit was communication—spoken and unspoken: the steady explanations, the eye-level conversations, the pinky promise, the silk butterfly on the wall. Because I had meningitis, I was placed on isolation. Gowns, gloves, masks—barriers that could have easily become distance. Yet the clinicians who took the extra moments to put on their PPE and step fully into my room, instead of speaking from the doorway, made all the difference. Their willingness to cross that threshold communicated something no statistic could: I was worth the effort.

Communication is not an accessory to care; it is care. A prognosis delivered without compassion can wound as deeply as disease. A hurried explanation can magnify fear. But a steady voice, an honest conversation, an act of reassurance—these anchor patients and families when medicine alone feels uncertain.

Clinical excellence saves lives, but human connection gives those lives meaning. As a first-year psychiatry resident, I now encounter these moments from the other side of the bed. I stand not as a frightened child, but as a clinician, facing families while delivering news that is heavy and prognoses that are uncertain. I am constantly reminded that even when we cannot offer a cure, we can always choose patience and recognize the person before us.

On my Child and Adolescent Psychiatry rotation at the CHEO, I met a young patient who sat curled into the corner of the chair, their gaze fixed on the floor. Questions were met with silence or a small shrug. The room carried that familiar tension—the kind that tempts you to keep asking, to fill the quiet with words. Instead, I noticed the small Labubu clutched tightly in their hands.

“That looks important,” I said, keeping my voice gentle.

Their grip loosened, just slightly. Their eyes lifted for a moment—not to answer, but to acknowledge. It was a small shift, almost imperceptible. But in that moment, I was reminded that before patients can respond to what we say, they need to feel seen. I recognised something familiar—the same quiet presence that had once steadied me.

My parents were once told my chance of survival was one percent. Excellent medical care saved my life. But it was the voices, the eye contact, the willingness to step fully into my room that sustained it.

Nearly two decades later, the same pink butterfly still hangs on the wall in my bedroom. Its ribbons, worn with time, still carry the names of the people who stood beside me when I could not stand on my own. They showed me that how we speak, how we stand, and how we show up for our patients can restore dignity. That lesson continues to shape the physician I am becoming.

Words: 1342