

Infant of his mother.

As I read through one of my patient's charts, scrolling all the way to their first documented note, this phrase brought tears to my eyes.

When an infant is born, the convention in hospital charting is not to refer to them by their given name, but as the infant of their mother.

I've tried to reflect on why this short phrase provoked such a visceral reaction, and I think it's because it is unabashedly human. Protocols, operative notes, screening pathways, and clinical practice guidelines all attempt to standardize medicine, to render it black and white. But the reality is that medicine lives in the grey – medicine brings out the ugly truths, the tough conversations, and news that can derail even the most stoic. Humans are not always rational and, if you've ever rotated on surgery, you will know that neither are their bowels. Scarce is the medical student that has not interviewed the 90-year-old who holds a conversation perfectly lucidly until pausing to ask for their long-deceased mother. This is humanity.

In his novel, *Things Fall Apart*, Chinua Achebe writes, "man belongs to his fatherland when things are good and life is sweet. But when there is sorrow and bitterness he finds refuge in his motherland. Your mother is there to protect you. She is buried there. And that is why we say that mother is supreme." Medicine is the fatherland that pushes the boundaries of innovation, proudly taking a scalpel to the hearts of newborns who survive and grow old enough to forget the name of their surgeon. Medicine is also the motherland that supports the days-old preemie who wasn't quite so lucky until they take their last breath, that sits with families as hope gives way to grief, or that admits the 4-year-old with bronchiolitis at 3 AM because a mother's concern deserves to be taken seriously. In the trauma bay, the same warm blankets are offered to the elderly widow who succumbs to an epidural bleed as to the unscathed new driver who, in a blind right turn while intoxicated, failed to see her.

Perhaps the best-known example of this dichotomy is the age-old tale of Moses; cast adrift upon the Nile by a mother seeking to save him from a homeland that threatened his life, the Levite was raised in Pharaoh's court, yet destiny compelled him to return to his motherland, not as a fugitive child but as its deliverer.

On my family medicine rotation, I met a young woman who'd been brought to the emergency department by her mother as she expressed suicidal ideation. This was the first time I'd ever spoken to someone actively suicidal, and I was nervous. I hurriedly read through UpToDate and compiled a mental list of questions I wanted to ask. Mnemonics floated through my head – MSIGECAPS, DIGFAST, SADPERSONS – all attempts to impose black and white upon something fundamentally grey. As the interview progressed and we sank down the Columbia Suicidal Severity Scale, I realized that she would need a Form 1, and prompt psychiatric assessment. I asked about her protective factors – things that bring her joy and dissuade her from harming herself – and she said, "my mother; I could never do something like that to her." Even in the darkest times, the fortunate among us find solace in the motherland.

Her answer reminded me of something I had once considered self-evident in my evolutionary biology class: that your mother is the only relative who is undoubtedly related to you. As I scrubbed into my first caesarean section and saw a mother hold onto her vernix-covered newborn with a grip that could hold

atoms together, I realized this truth. This child was more than a name on a chart. They were her infant, living proof of her.

In my brief time in medicine, I have learned that little is promised; before even the most routine procedure, the clinician must consent their patient and make them aware of any risks – perforation, infection, bleeding, pain, reactions to anesthesia, thrombosis, the list goes on. One thing, however, is guaranteed: just as we enter this world as infants of our mothers, life has a way of reminding us that we never fully cease to be.

All patients and individuals described in this essay are fictional or composite representations, with the exception of the narrator.

Work Cited

Achebe, Chinua. *Things Fall Apart*. Penguin Books, 17 June 1958.