

The worst photo

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I often joke that the horror stories and traumatic memories of my medical career are stored in a box that I keep buried deep in the crevices of my mind. Increasingly I think that this analogy is inaccurate. If there is a box, what's really hidden there are the minor grievances, the barely noticeable daily struggles that have formed the backdrop of my formative years. Inside lie the countless eerie nights spent wandering hospital corridors, the interactions laced with micro-aggression, the regret of missed events, the biannual misery that comes with trying to prove yourself in a new job. They accumulate and threaten to overwhelm until I sweep them into the box for safekeeping. My fear is that the box will eventually explode in a dramatic outpouring of emotion, causing great embarrassment and costing me a fortune in therapy. My hope is for the alternative: that over time it will slowly dissolve away without me noticing and that quiet contentment will fill the space left behind.

Where I really guard the horror stories is more like a photo album, a display of the highs and lows that have the shiny gleam of slightly distorted memory. I pull this photo album out for junior colleagues during quiet moments and coffee breaks. Like an Irish seanchaí I tell my tales with entertaining embellishment, to have them learn from my mistakes and triumphs or at least be amused by them.

The story I tell most frequently has many such pearls of wisdom. It describes an event that happened over a few hours but was the result of weeks of big challenges and small missed opportunities for intervention. It culminated in a few short moments that form the cornerstone of the story. I call it 'The Moment in My Career of Which I am Least Proud'.

I'll begin by describing the moment. I was standing in a patient's room in the darkest hours of the morning. I was the ICU registrar on call surrounded by a team of surgeons, nurses, interns and house officers. We were with a patient who was on the margin of life and death but could probably hear me. I spoke openly and dismissively about the futility of treatment. I sneered at my surgical colleagues and made clear that I blamed them for how events had unfolded, one surgical registrar in particular. I performed a series of tasks almost sarcastically and refused any help that was offered. I behaved with all the arrogance of someone senior enough to have confidence in their actions and feel the power of their position but someone too junior to know better. When the sun eventually rose and I was relieved by a team with fresh perspectives, the change in attitude and dynamic was dramatic. The morning's arrival brought empathy for the patient, urgency and purpose to actions, and gracious collaboration between teammates. I went home feeling exhausted and uneasy and hid myself away for a period of deep introspection.

I had once been to a talk given by an occupational health consultant who said that doctors tend to admit that they're struggling and present to employee assistance programs after

three strikes, whereas other people would present with just one. In the preceding months I had succumbed to my three strikes like a true stereotype and blindly refused to acknowledge their existence.

Three months before this event unfolded, strike one hit like a train. My close friend and colleague died by his own hand. It was probably an accident, but it was also the end point of a long illness. An illness that I'd experienced with him in my desperate efforts to help.

The visceral pain of losing such an important person should have been enough for me to recognise that I couldn't continue life's great performance as if nothing had happened, but unfortunately I was no stranger to loss. One of my closest friends from university had died by suicide four years before this. There had been no ambiguity that time: she had taken six months' worth of antidepressants and died in the emergency department where we had been interns together. It was my first experience of real tragedy, my abrupt transition from childhood, and I had thrown myself into grief and let it consume me. It took two years before I was able to feel happiness again and when I resurfaced, I felt as though I'd been drifting and that I'd let so much life pass me by. I was determined not to let that happen again. Although I didn't know it at the time, there is a path of deep sadness that we can't bypass by defying it. I resolved myself to try.

My resolution was made easier by strike two: I moved across the country.

We grow accustomed to moving. We take short leases and don't keep many belongings. We become excellent at packing and storage. We put aside money for deposits and can fit our whole lives in one carload. It becomes part of the routine and the stress that comes with it usually goes unnoticed, another minor grievance to put in the box. Not this time. I packed up the car, moved across the country and lost an entire support network of friends. I moved into a house with strangers. I felt compelled to hide the intimate details of my life from these unsuspecting new housemates, and they had no idea about the path of grief I was about to embark on. Although I'd lived in that part of the country before, the friends that I did have had grown used to my not being there and were slow to call. I hoped that being anonymous in a new city and a new house would make it easier to continue the pretence of complete composure but it was the most isolated I've ever felt.

I was primed and ready for strike three, the new job.

I was an ICU registrar with pretty limited experience and I joined an understaffed, busy hospital with a one-in-five call rota. My overriding memory of that time was of endless dark hours spent alone in the hospital, worrying about which sick patient I'd overlooked and which judgement call had been wrong. The chronic low-grade anxiety was more exhausting than the hundreds of physical hours I spent there. I remember feeling that life was just relentless hours of solitude, grief and constant fear of failure.

Solitude, grief and a constant fear of failure that led me to that night in the room with the patient and 'The Moment of Which I am Least Proud'.

I spent the aftermath desperately trying to evaluate how my three strikes accounted for the way I had behaved. I had always seen unkindness as the most abhorrent of bad behaviour in the hospital environment and I was devastated to have allowed it to come from me. I took two sick days and eventually came to my conclusion. My attempt at an explanation is that my mood and demeanour were so far below baseline that the only passive action was to sink lower. The easiest route was to be scornful, unempathetic and unkind, whereas treating patients and colleagues with the compassion they deserved would have required an energy that I didn't have, a higher level that I couldn't reach.

Thus, I learned the first lesson of the story, that my wellbeing is not just important for me as an individual but equally for the people I work with and work for. My decision to 'soldier on' may have begun as a coping mechanism but had become reflected in my every movement, action and interaction, with consequences that I still deeply regret. It taught me that organisational interventions to facilitate wellbeing are not just a nice idea for a happier workforce but a priority for patient safety.

The second lesson was more surprising, I began to understand that wellbeing and wellness are more than the absence of physical and psychological illness. As a millennial I considered myself pretty au fait with mental illness, proud to be able to speak more openly about it than previous generations. Yet subconsciously I had put wellbeing and lack thereof in the same category. Despite my obvious distress I can thankfully still say that I wasn't suffering from mental illness; I had just encountered three sequential life challenges that I hadn't the tools to navigate. To be equipped for life's unexpected hardships is difficult and it comes not only from ourselves but from our surroundings, our workplace, friends and family. A collective mesh that allows us to bounce instead of falling.

Finally, while I was still deeply ashamed of the way I had acted, I slowly learned to forgive myself. As a human I am a complex shape with countless facets. The one I revealed that night was neither my brightest nor my most dark and it certainly didn't define me. With this realisation, once my period of introspection was over and I understood where I had found myself, I decided to begin to make amends.

Which brings me to the real learning point of the story – that everyone around me is a complex shape with many facets, and that kindness costs me nothing.

When I pull this story from the photo album for my junior protégés I usually skip most of what I've just recounted. I simply summarise it by saying that I was having a hard time and move on to what I consider to be the crux of the story, what happened next. I sought out the surgical registrar to whom I had been most derogatory and I apologised. I expected dismissal, indifference or possibly even reproach but instead, he cried. Not dramatic sobs or outbursts but a discreet glint that we both quietly acknowledged. He felt guilt and regret about what had happened to the patient and this was irrespective of my scornful blame in the middle of the night.

All my days of self-reflection and revelation crumbled around me. I hadn't allowed any time to consider the people involved, how their emotional states had been affected by the situation and how well they had hidden their own struggles. We strive to be empathetic

towards patients but often forget each other. It was an encounter that I hope will always prevent me from expressing stress, frustration or anxiety as contempt towards those around me.

It's a moment that I would tear from the photo album and never speak of again if it hadn't taught me so much about myself and the environment I work in. Most importantly, I hope to never again become a memory that someone else needs to store in the box