

## Confessions of a medical mother

*Doctors know many things, but mothers know best*

The daycare centre will never know. Three-hourly paracetamol through the night at double the recommended dose, a couple of shots of chlorpheniramine and a bit of leftover amoxicillin from the last bout of otitis media thrown in (never mind that it was for a different child). This medical mother is free to face the fully-booked day ahead.

School days begin and shrink the working day. First it's school drop-off; then cramming a 10-hour work day into six; spending the next three running between music, sport, and playing at a friend's house; and stealing 10 minutes to buy some food for dinner — all conducted with efficiency and alacrity. Nothing more, really, than a long day of appointments and housecalls, with a twist.

Adolescence hits the household and it's not quite so simple. All those refined counselling and negotiation skills, the wisdom so often shared with concerned parent patients and with adolescent patients themselves, somehow get lost in the dirty underwear and half-eaten lunches that have decorated the teenager's bedroom floor for the past three weeks.

Still, life hums along on autopilot, with only the occasional interruption of a sleepless night caring for a sick child, or worrying about a patient — the suicidal teenager, the unwell infant, the bad news I have to break. I suppose there's a selflessness that comes with both job descriptions; it passes unnoticed, almost always.

But there are times when being a medical mother hits me in the face. My first-born arrived 10 weeks early, not long after I had completed six months as a paediatric registrar in neonatal

intensive care. Despite the panic, fear, grief, delight and excitement, the irony didn't escape me.

As I watched my baby fail to thrive, the mother and the doctor in me started fighting one another. Doctors make terrible patients, and medical parents are particularly neurotic about their own offspring. I knew these as medical facts. The vaguely smug expressions on the faces of the hospital staff every time I asked a question reinforced the fact that I fitted the medical mother stereotype. But the mother in me eventually won. She made a fuss, and a new diagnosis forced a change in my child's care that should have happened two weeks earlier. I learned a lesson about medicine that I haven't forgotten: mothers know best.



Becoming a mother changed the way I understood the practice of medicine. Intuition can be as powerful a diagnostic tool as a battery of expensive medical investigations. Empathy takes on a whole new meaning. "Treatment" becomes a limiting concept in the light of real people with real lives, like the lives of my children.

And when I start to forget what day it is and who I am, I remember something that happened years ago. I had taken the two oldest children, then four and five years old, into work. One said, "This looks like Dr Phill's (their GP's) room!"

"Yes! It's a doctor's office, just like Dr Phill's."

"But you're not a doctor! You're a mummy!"

**Melissa S-L Kang**

Lecturer, Department of General Practice  
University of Sydney at Westmead Hospital, NSW  
mkang@med.usyd.edu.au