

Hope for the “helmet” times

Sir,

The spate of attacks has brought about a sense of doom and disillusionment among Indian doctors, especially the residents. Protests have raged on, from road roko to novel forms like coming to the hospital wearing helmets!^[1]

There has been a lot of negativity of late - the gulf between public and the doctors has widened so much so that bridging it seems impossible. In these difficult days, despair seems to be the norm. Unrealistic expectations have become common. To borrow my professor's words, people expect medicine to be a pristine island in the cesspool of Indian public life. There are bad apples in every profession, but silver linings do exist.

At times, a concerned doctor is a human shield that stands between a patient and her certain death. Acts of kindness are not done for money - there are some things in life money cannot buy. I wish to share one such event.

During my residency days, we had a patient with type 1 diabetes. She was a bubbly girl aged about 12 years. When the rest of her friends enjoyed their preteen years playing in the fields and enjoying their chocolates, she missed out on the fun. She lived a life between insulin shots. The disease that afflicted her is cruel, but it pales in comparison to the social issues she faced. Parental apathy and gender discrimination were as much a reality for her as the painful injections. There is only one thing worse than having insulin-dependent diabetes at 12 years - being a poor girl that no one wanted to have anything to do with. She was almost an orphan even though her parents were alive.

If that was not bad enough, she had an unusual condition in which her body did not accept the lifesaving insulin. It produced what are called “antibodies” - making her swing between highs and lows all the time, even without insulin. Imagine living in alternating floods and droughts. We had to act fast or lose her. The antibodies circulating in her blood had to be removed somehow.

There were no “proven” treatments for her disease. The neutralizing antibodies were too costly for her to afford. We decided to “clean” her system through a process similar to dialysis. No one knew if it would work, but we did not have much choice.

There was a problem though she needed blood donors. Unfortunately, no one in her entire family was willing to donate blood. Perhaps, they thought that they would be better off without her.

It was then that a couple of my friends stepped in. They saved her not only by treating her but also by literally donating their blood for her. That is how we treated autoimmune hypoglycemia in type 1 diabetes (due to antibodies against insulin) with plasmapheresis. Amazingly, they did not even think twice about it - it was the natural extension of patient care for them. One of them did not even know the patient's language, but kindness cuts across all barriers.

I cursed myself for not thinking like them. Perhaps, my brain is not wired that way. In a way, I had something in common with that girl. Their act of kindness left an indelible mark on our souls. The girl survived. That day, my friends ceased to be mere residents - they became superheroes in white coats.

Sure there are some villains in our field too, but the heroes and the average joes like me vastly outnumber the villains. If not for these selfless men and women, scores of people would be dying each day in poorly funded hospitals.

Some things have to be experienced to be understood. A spontaneous spring of kindness and empathy is the most beautiful thing one can experience. I was lucky to have experienced it. I hope you do too.

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