Reflections on motherhood as a GP: Empathy in action!

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I am a GP and mother which I find occupies more than 100% of my time! My interests include self care, medical complexity and the anthropological role of the doctor.

Introduction

Experiencing motherhood directly has helped me complete another few sections of the jigsaw puzzle of the human condition and in this way has made me a better GP, I hope. Personally, I have found the most efficacious doctors have been those who can think in a joined up way, listen to all my concerns, compute them and repackage them in a way which means I can move forward. Personal experiences enable us to do this better.

I can reflect as a GP only on my own personal experiences of motherhood. Motherhood is such a narrative experience. Its uniqueness for every mum and family requires specific validation even though there are almost always common themes, such as tiredness.

If I had to summarise the experience of motherhood as a GP into one word it would be humility, although as I write, I can hear my husband laughing! I think he'd say I wasn't particularly humble, bossing him around, exercising my leadership skills at home.

Embarking on motherhood is a real leveler – I know many doctor-mums who have really struggled with such a change in pace and self-perceived success. At the same time, I have met mums who were described as so-called 'teenage pregnancies' who thrive. There are so many different factors – often amounting to how isolated that woman is in going about her task. At the end, we are all women with a brand new role and job description and it doesn't take long for us to understand that no matter how hard we try there will be successes and failures every day. The best laid plans of mice and men are frequently thwarted by a small being designed to push your boundaries while simultaneously triggering sheer devotion and sheer frustration. Working harder at it, pouring more and more of ourselves in as we so often do in medicine, so often makes everything worse! It is a very good lesson in why self-care and accepting what is good enough is so important as a mum and a GP. One thing I try to say to all mums is that in times of great distress or challenge, remember the 'put them down for five minutes in a safe place and walk away rule'. The transference of being unable to satisfy their unmet need can be hugely intense. It is small wonder that some are driven to respond to this with shaking, or similar.

Early experiences of motherhood

Motherhood is grounding no matter who you are at the start. I felt so ill with nausea and vomiting, with anaemia (from a previous miscarriage) yet work goes on. An ENT consultant I was working for helpfully reminded me as a trainee when I struggled with nausea and vomiting that, 'pregnancy is not an illness'. The archaic hierarchical structure that remains in some surgical cultures stopped me telling him how it really is. I cried when I heard a brilliant BBC Radio *Woman's Hour* report on this topic. Past unhelpful attitudes to pregnancy-related symptoms in part led me to delay seeking medical advice for severe bleeding. I also knew from my first labour how much illness comes with a hospital admission – it truly is a place to 'save a life' or die when every

other option fails. I cannot imagine a less holistic healing environment than an acute hospitaI ward. Every effort should be made to provide a better healing environment, as well as one more conducive to sleep. In my case the stress of being an inpatient pushed my blood pressure up – which led to four-hourly medication to control it.

Like many other doctor mums I know, I had brutal childbirth experiences. I inwardly smirked at my fellow NCT group members' plans for home births. 'Ha' I thought, 'they'll learn…' and then balked when they all got away with it and I was the one with all the interventions and hospital nightmares! Maybe it has something to do with being older.

I have found that nothing helps me validate my patients' concerns as much as having had similar experiences myself. After horrendous labours which have been the biggest reminders to my psyche that we are indeed physical animals born of the earth, I experienced two long hospital admissions, in maternity wards and in the children's hospital, that really taught me what it's like to be a patient or a patient's parent. After I presented my sick neonate, including test results, in what I thought was a very concise summary to the ward round, a nurse took me aside and told me to 'just be his mum…' As if I can shut down my 'medical brain' on command. And yet I knew she was trying to help me. But it was still true that no one had chased the group B strep swabs taken at a different hospital!

What being a GP brings to motherhood

After such epic early motherhood experiences I have been glad that being a GP helps with being a mum: I already knew how to tell if a newborn is breathing and didn't spend hours watching them or holding a mirror to their mouth. Being awake all night was not a brand new experience and therefore much less traumatic. I had already started to nurture my own resilience in the face of multi-factorial adversity. I knew what constituted a real crisis rather than what just *felt* like one. The well-practised communication skills are invaluable at home, for example 'echoing' works very well with a child (when I am very busy multi-tasking and I don't know what my four-year-old is talking about).

What being a mum brings to being a GP

My mother-in-law says children are sent to teach us patience. They teach us so much. I barely need to say that being a mum helps with being a GP. For instance, empathy; and the ability to give pragmatic rather than guideline/textbook/default risk-averse advice; meaningful validation of exhaustion as well as the far-reaching consequences of family breakdown. Being a mum has also led directly to a more comprehensive appreciation of the consequences of the loss of a mum to families and the ripples this creates. For example, an eight-year-old presented to me with 'travel sickness' that wouldn't respond to tablets. She came with her devoted but perplexed grandparents. It transpired that the child had lost her mum when she was eight months old. She also had anxiety and school difficulties, in spite of the amazing efforts of the grandparents. Nobody else in the family, including her father, was able to bear her resemblance to her dead mother. I cried and cried to myself when that consultation had finished, faithfully fixing myself a tea no matter how late I was running.

Ultimately, motherhood re-sensitises us. Perhaps this is a combination of the labour, the 'hormones', the time away from workplace pressures, the role as an empathiser, advocate and problem-solver for a small, adorable, dependent non-formed-word communicator. Being a doctor needs objectivity and calm. Overreacting emotionally to every human sadness would make it difficult to complete medical training, let alone make it through a morning surgery. Having some time off being a doctor but occupying another 24-hour caring role, often as a patient or mother of a patient, has definitely increased my empathy for all of those forming part of a family – by about a trillion billion, as my four-year-old would say!

I have an increased love for the six-week newborn checks. What a privilege to interact with a (mostly) well brand-new human! A chance to formally welcome them to the human race on behalf of our profession. What a great perk of the job! It would be greatly missed were it to be sub-contracted out as not cost-effective! I always remember my sister-in-law saying after my first son was born: 'Well done you two. What a great job you are doing – he's thriving.' The relief and pleasure I see in parents when I repeat this comment in consultations means I consider saying this to every new mum I see. I find they often say, 'Really? You think so? I'm not so sure, thank you' and I hope it increases their confidence and nurtures trust in their own instincts – they are truly the world's expert in the care of that other human. A lack of response to this praise would mean I've totally misjudged my communication (it's not yet happened but I'm sure it will one day) or would raise a suspicion that there is something else going on: perhaps they live with grandma who is doing everything or mum is indeed struggling.

Advancing my empathy skills…

As I write this my four-month-old is suffering with croup and this has made this writing process so very much harder. The first time my eldest son had bronchiolitis, aged 14 weeks, I would have cut my own arm off if it would have stopped him suffering. Experiencing motherhood is like experiencing a physiological and therefore very tangible definition of empathy; after all my heart and respiratory rate are directly linked to that of my baby's. I used to claim that the reason my first son didn't cry much when he had his immunisations was that I was able to stay so calm because I was so pleased for him to be receiving

one of the best achievements of modern medicine. I would think of the many children in the developing world who don't have this opportunity to help them to simply survive. Of course, I was proved wrong with my second son and learnt that perhaps it may have been partly their personalities after all, another humbling experience! But I have countless times felt their reaction to my conscious calm breathing or relaxation – the origin of transference.

I am also experiencing a profoundly increased empathy for children in general, especially growing up in a world that it so IT heavy. Our civilisation is experiencing exponential social change; parents' experiences now differ greatly from that of their child's. Every generation experiences social change but I don't believe it has previously moved at this rate. Imagine going home from school and not being able to escape the social clutches of your peers through texting or social media. Anyone can post an unpleasant picture of you 24 hours a day, invading what should be your nurturing, neutral, unconditionally loving home environment.

Every day brings back long-forgotten childhood moments triggered by a simple smell or a Dick Bruna book. My husband and I call them 'Ratatouille moments' after the excellent children's film 'Ratatouille'. For example, remembering how it felt to lack your own autonomy, how it was to feel so secure in mum's cuddles. These 'Ratatouille moments' have really helped my consultations with children, including them as early as I can. I aim to really target their concerns and not just those of the parents. I hope a positive experience at this stage could affect their whole life of health-seeking behaviour: confidence, setting what is normal, the importance of self-care and the sense that they are in charge of their own health.

Communicating with patients…

I often say that I am always at least 25% with my children whether they are physically with me or not. I used to balk at those women who would ask me a question and then promptly not listen to the answer, as they were simultaneously distracted by their child. 'What poor communication' I used to think, and now I am that person. I just acknowledge it and apologise to the adult concerned. I hope makes up for my deficit slightly.

I reflect on 'safety nets' and the double messages we give our patients. Come back 'if they have any breathing difficulties' means so many things to so many people. But being too specific doesn't help either and may disempower mum from bringing a child back. I realise we are expecting a lot from our patients, especially during this austerity drive. Yet more self-care has to be a big part of the future.

I received a meningitis awareness leaflet from my heath visitor. So I read it as a mother, then I read it as a GP. It made me think how much judgement and intuition goes into the assessment; how very skilled it is; how I have a decade of knowledge and experience and still it's certainly not easy. And I hear the voices: the GP said 'it's just a virus' or 'it's nothing'. We can't always get it right, as a colleague told me once.

…increases understanding of social context

Motherhood has shown me that community and social context are everything. I have a new respect for single parents or anyone where this is made harder. Motherhood in my amazingly supportive community is clearly a very different experience. Strangers' smiles and the trusting of other mums or dads in cafés while I pop to the loo, reminds me motherhood is not a lone task. It was never meant to be mum and baby in a room together all day, with the odd walk round the park to kill time until dad gets home from work. The group helps to get a feel for what's normal; and the catharsis of venting normal frustrations with our children, our partners, the house-work! Community helps enjoyment of life at every stage. I went to a colouring group 'for all ages' – with my four-year-old son, my 18-week-old baby and my husband. The group leader explained about mindfulness, for instance, how colouring-in had helped pain relief, and loneliness and even the symptoms of Parkinson's disease in groups she had run in the past. Few drugs I know can have such wide-reaching effects.

Friends without children look sympathetically at me and think it's the end of my social life, but raising children is one of the most social things I have done! I've made so many new friends, not only other mums, but having children in tow becomes a talking point – their own parenting experiences, offering support and words of wisdom or just delighting in the wonder of a little ones' smile.

The importance of self-care has finally hit home and translated into my own behaviour change…

'What's good for mum is good for baby.' I love to say this! I tell my patients that when I get stressed at home, the whole family falls apart. I try to get across that it isn't learning mandarin that's important in baby mandarin (or its equivalent), that there is no point slavishly following a Gina Ford routine, or trying for perfect attachment parenting, if this very process is destroying mum's sense of wellbeing. Because the little being attached to you is modeling on your own behaviours how to look after himself. For me, mum and baby yoga is brilliant because it relieves my aches and pains from childcare and it releases endorphins to ease my overburdened mind. Then because my baby gets a happier mummy back at the end of class, he wins too. We need to take care of our own health for the sake of our own children that we protect in so many other ways. I am truly realising the importance of self-care and its positive feedback loops. This seems especially relevant to a GP right now in today's climate of such poor morale.

Learning from motherhood of a school-age child

I love my new daily ritual in the school gate community culture. What a privilege! I don't mind saying that my GP skills help me here too: listening, validating anxieties and an ease with being honest to strangers. I will miss this so much when I return to work – I really feel that my young August boy who started school at age four years and 14 days next to girls who were already five got a lot from these discussions. It's back to the catharsis and knowing what's normal and hilarious laughing as well. So I don't always pass on my anxiety about his performance or lack of social skills onto my son, therefore freeing him to learn, make his mistakes and me just love and support him, with gentle advice rather than over parent him and make him feel that he has failed or is abnormal in some way.

My favourite school gate moment was returning with our new family member, baby Fergus, with everyone saying 'well done!', and my elder son really basking in this praise too, running around my feet shouting, 'hooray for mummy hooray for mummy', with a massive smile on his face full of joy – surely one of the best moments of my life!

At the school gate I am reminded of the role of the GP as a Western 'everyday anthropologist': I am equipped with skills to read between the lines in terms of family situations and dynamics. I am armed with social experience and have a unique frame of reference and have been told I am an attractive choice of confidante because I am unshockable.

I've given lots of medical advice at the school gate as a known GP: rashes, viral illnesses, head injuries from toddler falls, dying parents and possible scarlet fever to name but a few. I am obviously very careful to not treat friends and family so mainly listen, offer very general advice and in particular, signposting to appropriate services. This reminds me how complex our 'patient pathways' are. Why should our patients be expert in the choice of 111 versus pharmacist versus 999 versus attendance at A&E? We can educate and encourage appropriate service use but we cannot expect this.

A new understanding of what 'family doctor' means

So much about the normal human life cycle seems to fall into place. We have a renewed need for our parents (to whom we thought we had bid farewell in our 20s) who are desperately needed again to coo over our offspring (with such efficacy that no one else really can achieve). They also provide pragmatic childcare or financial and emotional support. For example, a 3-year-old not sleeping is going to be the whole family's problem. Also, I now know the main reason mum is asking me to check her seemingly well viral child is not just for 'reassurance' but because they are so tired they've lost objectivity, perspective and confidence in their own judgements. This is especially so if mum isn't there at all and dad has brought them and can't actually give us the history!

I now appreciate how regularly children appear worse at night. A simple question like, 'how's the sleep going in your house?', accompanied by a knowing tone or look often reveals a tirade of frustration and distress.

Motherhood and the pitfalls of being a doctor and a parent of a patient

I take my four-month-old to water babies. Wow! We submerge them on their first session! I'm sure baby aspirated water and swallowed water and air; I'm sure he will get used to it but not so sure about the story that being submerged before birth will seamlessly transition to swimming! That night he develops stridor. I am knackered! I wake my husband for a second opinion – he is a hospital doctor. Conclusion: he has a chemical tracheitis from the chlorine! Yikes! Call 111 for objective opinion has become our mantra. They send the paramedics and within a few minutes baby has dexamethasone for his croup. 'The physician who treats himself has a fool for a patient!' to misquote Voltaire. In our (fairly frequent) experience, 111, paramedics, out-of-hours practitioners and acute paediatric services have been incredibly positive.

Conclusions

To us, family life and general practice still seem so much more compatible, compared with hospital medicine that my husband practices. However I do not think I could have completed my GP training without the extensive support of my own parents and parents-in-law.

Successful childcare is inherently mindful. A new baby reminds us of the simple things that yield the greatest pleasures in life. They respond to smiles, music, facial expression, dancing. This makes me contemplate and reprioritise what 'I want our family life to look like' but also that I want to make more non-pharmaceutical prescriptions. I want to re-enforce, even more so than before, the positive health benefits our communities can provide to counteract the all-pervasive tide of the pharmaceutical industry's profit margins.

I have learned to treasure the satisfaction of completing a task because motherhood means never finishing anything!

But still, motherhood is hard. The highs are epically high, and the lows are epically low. The tiredness I feel is not just like that of a long shift. The word 'tired' like the word 'pain' encompasses so many different aspects of human experience. Tiredness of motherhood includes derealisation, fogginess of thought and chronicity like that of work, but also a 'deep ache into my bones', as one of my mother friends describes it.

To summarise – I feel that GP-mothers have unique insights and skills in the world of motherhood. And mothers have unique skills and insights to use in the world of general practice. Though of course, even with 'unique insights', I still frequently get it wrong!