

Stethoscope and Motherhood

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I left my 4-year-old son thousands of miles away to start my residency in the bustling city of New York. As an international medical graduate, everything felt overwhelmingly unfamiliar. I was enveloped in solitude. I carried his laughter with me each morning as I walked through the sterile hospital doors, a warmth that clashed with the emptiness his absence left beneath my white coat. The sparkle of the Big Apple meant nothing; the guilt clung to me like a shadow I couldn't escape.

Was it worth missing his milestones? Was it worth depriving him of my presence? These questions weighed heavily on me, but I reminded myself that I was not only a mother but also a physician, trained to learn, heal, and serve.

As another long shift unfolded, a nurse's voice cut through the morning rush, sharp with urgency:

"Room 312, Mr Z has arrived. His saturation is 89%; he is refusing oxygen and pushing everyone away."

I glanced at the sign-out sheet and hurried to assess my first admission. Mr Z was a 23-year-old patient, admitted due to cellulitis at an intravenous site, complicated by septic pulmonary embolism and infective endocarditis. His youth had been stolen by years of intravenous drug use, leaving him with hollow cheeks, sunken eyes, and a fragile frame. He gasped for breath, his eyes flickering with fear, but mistrust ran deeper than infection. To him, we were not healers but faceless members of a system in white coats that had failed him.

"I don't need anyone; I want to talk to my mom," he said in a quivering tone.

My senior resident murmured, "A difficult patient."

The words hung heavy. I paused, trying to process the meaning of those words. No textbook prepares you for a difficult patient.

Trainees and clinicians often use the term to describe patients who frequently present with mood disorders, exhibit frustrating behaviors, express anger or mistrust, are usually demanding, and are perceived as challenging to manage. But the label carries consequences. Once tagged as "difficult," patients are at greater risk of receiving suboptimal care or dropping out of the system altogether, unable to form the trusting relationships that healing demands.

I hesitated, unsure how to reach Mr Z, when Dr B, our attending physician, entered the room for morning rounds.

An air of seamless elegance radiated from Dr B. She stood tall and poised, wearing a crisp white coat adorned with a striking green brooch and her hair neatly braided. Dr B knelt beside the patient's bed and introduced herself gently yet firmly, bringing herself to Mr Z's eye level as if saying, "I see you, I hear you."

Dr B steered the conversation from illness to the blooming flowers in Central Park and New York's changing weather. Through quiet presence and unwavering empathy, Dr B knelt beside Mr Z day after day, meeting him with stories rather than symptoms, and questions rather than assumptions. I watched her steady kindness soften his guarded edges, revealing fragments of the person beneath the pain. Without ever naming it, she modeled what it meant to restore dignity, to truly see a patient, not as a diagnosis, but as a human being.

Mr Z made a remarkable recovery. Every morning, he was the first patient I sought. I would begin our conversation with anything but clinical updates—the ginger ale on the side table, my son's McQueen cars, or the tattoo on his left hand.

One day, he looked up, surprised, and cradled my green stethoscope. He shared his dreams, his quest for redemption, and his desire to make his mother proud. That was the shift. I moved from observer to participant, slowly building trust through everyday conversations. With each encounter, I felt less like a trainee completing tasks and more like a physician earning a connection. He opened up, and so did I.

On the day of discharge, Mr Z was unrecognizable, both in body and spirit. I stood there watching the emotional reunion between Mr Z and his mother, feeling the familiar knot in my chest that I carried every day while thinking of my son and mother. I had spent weeks longing for home, but standing there, I realized, this was home too.

Mr Z held my stethoscope one last time, his voice lighter with glimmers of hope, as he whispered:

"Green steth, green brooch... Superheroes in green armor."

Tears welled in my eyes as I fought to stay strong yet allowed myself to feel. The weight of everything we accomplished settled deep within me.

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Little did he know that he was the superhero, scared yet strong, shattered yet rising, teaching me resilience and the transformative power of compassion. Alongside him was Dr B, who taught me how to see beyond illness and connect through humanity.

That day, Mr Z walked out healed. And so did I.

The city lights no longer felt distant.

As I sat in the silent apartment that night, my phone buzzed, shattering the quiet. My son's innocent voice came through the receiver: "Mama, tell me a superhero story."

I smiled, gripping my stethoscope, and whispered, "Mama met one today."



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