

# Bearing Witness

She was already crowning when I stepped into the room, an unnerving stillness veiling her face. It was a counterpoint to the urgent currents in the air, an unreadable tableau I would later recognise in other women like her — women bearing scars they never chose, carved not by the body's own design but by a harsher, human touch. This was Female Genital Mutilation, a phrase I had known only from textbooks, a sterile topic of lectures. Yet no word, no image, could have prepared me for the living reality of its impact on a body in the throes of birth — writhing in agony, yet steeped in an unyielding silence.

For a suspended breath that stretched into eternity, my gloved hands hovered, trembling. The smell of antiseptic clung to the air, mixing with the salt of my own sweat; a single bead slipped from my temple, catching in the mask's edge. The clinical path was clear — a medically necessary incision — yet the scalpel felt heavier than steel. I was not just facing tissue, but history itself: dense, resistant, painfully alive.

A knot of fear tightened in my stomach — not only the fear of a misstep, but of inflicting further harm on a body already a testament to suffering. The thought felt unbearable. Yet the room waited. Her body waited.

In that chasm of hesitation, I had to choose action over paralysis, care over fear. Even as the scalpel met its mark, a deep unease settled in my chest. To cut into a scar sealed by force felt like reopening an old surgical wound — this time not with infection, but with memory. It was like stepping into the raw aftermath of a violation, becoming, in some small, necessary way, a part of its tragic narrative.

No matter how carefully I approximated the edge, there was no neat closure to be found.

A question burned: how do we offer care without reopening wounds that were never allowed to truly close?

In that moment, the line between healer and intruder felt impossibly thin.

Was I about to cause more harm in the very act of helping?

This was my first delivery, raw and unfiltered. It was the most human moment I have ever felt.

In that sacred space, our lives intersected — briefly, yet with indelible force. She was a vessel carrying the immense weight of a history I could barely fathom, etched with pain, bound by tradition, yet infused with an elemental resilience. I was a student stepping into the intricate circuitry of an unfamiliar case, bearing the heavy burden of inexperience, the crushing weight of responsibility, and the urgent, desperate need to do right.

Her body was a medical case file written in scar tissue; my own, a textbook left open to a page I never expected to need. Our shared humanity was undeniable, yet the chasm between our experiences felt vast — like disparate anatomies unable to align. That contrast forced me to question not just how we offer care, but who I was within the intricate tapestry of my patients' stories.

I still wonder what she saw in my eyes — fear, relief, or perhaps nothing at all.

Did she perceive a young doctor, earnestly striving? Or merely another pair of gloved hands in a long, unbroken lineage of those who had acted upon her body without her asking?

Can care truly be kind if it arrives too late to prevent the initial harm? That question remains with me, a quiet shadow — not haunting but simply following. Perhaps that is the point: not every question demands an answer. Some must simply be carried, like surgical instruments never returned to their tray — always in hand, always ready.

I hope she felt the brief, almost imperceptible pause in my hands, the raw care beneath my clumsy movements, the quiet awe I held as I stitched her. But I will never truly know. This is the strange, deep intimacy of medicine; we enter lives at their most vulnerable, leave an imprint, and often never encounter them again.

I remember the unexpected grip of her hand in mine — not desperation, but as if passing me something wordless and sacred. I remember the midwife's voice, a steadying anchor, as I made the incision vital for the baby's passage. I remember the piercing cry of new life, sharp and sudden, cutting through a room already thick with unspoken histories.

But more than anything, I remember the look in her eyes — not fear, not relief, but a kind of exhausted dignity that seemed to whisper: You must carry this with me now.

And I have.

No OSCE ever tested my ability to bear witness.

At first, I carried it as a palpable weight, a surgical gown tied tightly across my shoulders. I'd find myself revisiting that birth during the most mundane moments: on a bustling bus, amid the sterile hum of clinics, over a quiet cup of tea.

It was a silent presence in my mind, posing questions I could not yet name: what does it truly mean to be present at someone's most intimate, vulnerable moment when their body bears the indelible signature of something so deeply inhumane? We're taught to follow protocol. But no guideline prepares you for inherited pain etched into flesh. In the delivery suite, I knew the drill, but I didn't know how to hold space for both trauma and birth in the same breath. How do we, as clinicians, honour the miracle of birth while witnessing the shadows of past violence?

Over time, that heavy weight began to transform, becoming a kind of compass, guiding my way. I started to see with greater clarity that medicine, though rooted in anatomy and rigid protocols, is ultimately a testament to the stories people carry in their bodies — stories sometimes carved into flesh by hands that were never meant to touch them.

I wasn't entirely alone in that room. The midwife guided me clinically, her voice a calm, unwavering presence. But once the baby was safely delivered, we never spoke of what had just unfolded. I remember looking around, searching, wondering if anyone else had felt the powerful personal revelation I had, if it had struck them too. Perhaps they had witnessed it too many times to be moved. Or perhaps they were simply more adept at concealing their inner tremors.

The dynamic was efficient, instruments sterile, the air heavy with unspoken histories. No one was unkind, but no one inquired after each other's well-being either. I don't believe they intended indifference; they were busy, seasoned, perhaps in some way desensitised. In that environment, I felt both guided and strangely invisible — supported in action but left to navigate reflection alone.

We chart vitals religiously yet rarely trace the lineage of pain.

Only later, in the embrace of the Balint Society, did a raw truth finally unfurl from my lips — a story long held captive in the quiet chambers of my being. Before a gathering of kindred spirits, clinicians, and students, I gave voice to the unspeakable, peeling back layers of silence that had shrouded a deeply impactful experience.

As my words wove through the air, I saw with clarity how often we walk the medical path in solitude, our deepest emotional pulses left unspoken, lest we appear too vulnerable too

exposed. I had been trained to auscultate hearts, not histories. Her silence was not a symptom but a diagnosis I nearly missed. No stethoscope can catch the murmur of ancestral grief.

In that hushed room, the weight of my burden revealed itself. Speaking aloud, among healers who offered not judgment, only the gift of listening, allowed me to hear my own story anew. In their reflections, I found fragments of myself mirrored back: the ache of guilt, the balm of grace, the enduring desire to do better. I entered with a memory, raw and unformed, and departed with meaning.

The discussion offered not resolution but permission to sit with discomfort. One voice, a whisper that still resonates, said, “Some stories change us not because we solved them, but because we heard them.” In that room, feelings took shape — helplessness, reverence, uncertainty. Medicine revealed itself not as procedure, but presence. In theatre, we are trained to control bleeding, but what of the invisible haemorrhages — shame, memory, disempowerment?

As I listened to the echoes of others’ experiences, the isolation began to recede. In being truly heard, I found space to grow. That time of reflection did not rewrite the story but softened its sharpest edges. Perhaps this, too, is medicine.

Through that process, I began to see how reflection ripples outward, connecting not just clinicians, but the lives we touch. I have come to understand that practices like FGM, however harrowing to witness, are intricately woven into cultural tapestries I can never fully grasp. My purpose is not to cast judgment, but to listen with an open heart, to offer care that never strips away dignity.

Reflecting on her journey also revealed a broader truth: women who share her experience could find solace in a space like a Balint group, but one created with survivors in mind. A

sanctuary where stories could unfold without the shadow of shame, where grief, fear, and resilience could be voiced and honoured. Such a collective embrace might offer healing far beyond the physical, a communion of understanding that restores dignity and fosters connection. True care extends beyond the delivery room; it lives in the nurturing of emotional recovery and the quiet rebuilding of empowerment.

Questions surfaced as I considered these possibilities. Did my unease stem from the procedure itself, or from performing it in the long shadow of historical harm? How might the woman remember me, and did it truly matter? We spoke of duty, helplessness, and the weight of witnessing — how silence is often mistaken for consent. No one offered a panacea, for that was never the point. The discussion did not erase discomfort, but cradled it, honouring its presence, much like an experienced clinician sits with a challenging diagnosis.

In that rare stillness, the story, deeply personal, resonated far beyond my own experience. A consultant approached afterward, quietly affirming, “We often forget these moments matter most — thank you for reminding us.” That encounter cemented a truth I hold dear: reflective practice is not a luxury; it is a necessity. It is the crucible where we forge meaning from the unbearable, where raw experience is metabolised into growth. And perhaps, more than anything, it is how we cling to our humanity in a profession that can too easily overlook what lies beneath the surface.

What startled me most was how many others reflected parts of my story I had never fully seen. One clinician spoke of the courage it takes to navigate the hidden depths of patient-doctor dynamics. Another said, “You didn’t just deliver a baby — you bore witness.” In that shared vulnerability, I glimpsed that my uncertainty was not a flaw, but a tender mark of someone still becoming. The group offered no simple answers, but something far more precious: companionship in complexity, reassurance that reflection itself is a potent form of

care. I had mastered the mechanics of birth, but not the weight of inherited violence. My training had equipped me with precision, not presence.

The session guided me to begin naming emotions that had swirled for too long — guilt, protectiveness, deep sorrow, even nascent pride. Hearing others reflect on my narrative made it feel lighter, less solitary, less an isolated burden. I saw my discomfort not as failure, but as a luminous signal of empathy. Moments like these do not diminish us as doctors; they render us more trustworthy, more human. The group granted me permission to linger in complexity, to ask not only what I did, but who I was in that transformative moment. That subtle shift — from doing to being — remains a quiet revolution.

Most striking was the shared resonance in the room. Seasoned clinicians, students still finding their footing, all carried their own quiet dissonances. Stories emerged — whispers of regret, unsaid things, small acts that had etched themselves deeply, weighing years later. I realised, with comfort and sobering clarity, that I was not alone in being overwhelmed by moments that seemed clinically straightforward, yet were ethically and emotionally saturated. This recognition didn't dissolve discomfort but softened its edges, creating a tender space for forgiveness — of ourselves and of one another.

Her child's first cry was the overture, but it was her — the woman whose body bore an inherited hurt and whose gaze held exhausted dignity — who truly transformed me. In the tender space between contractions, she taught me more about courage than any textbook ever could. In the silence after the birth, she showed me that healing is as much about being witnessed as it is about being treated. Her story, not merely the arrival of her baby, marked the turning point in my practice. It was a quiet rebirth into a medicine that begins with reverence.

I carry her strength like a stethoscope around my neck — a continual reminder that every clinical encounter is another sacred chance to listen better than I did before, and to honour the women whose resilience makes that listening possible. I carry her not as a fleeting memory, but as a guiding presence in every patient I meet. That birth did more than refine my technique; it reshaped my attention. It made me slower to assume, quicker to inquire, more attuned to the delicate dignity that can so easily be lost in the machinery of routine care. As I journey forward in medicine, I know this won't be the last time I feel overwhelmed or unprepared. But thanks to her, I also know that being deeply affected doesn't diminish me as a doctor — it makes me more human.

Her story didn't merely prompt me to look outward, toward her culture; it compelled me to turn inward, to examine my own. I began to sift through the bedrock of beliefs I had inherited — the values I thought I knew intimately. My faith, too, speaks in whispers of dignity, compassion, and care. Yet I was forced to ask: have I truly examined how those sacred teachings are applied — or sometimes misapplied — in the name of tradition? This moment did not shatter my faith but refined it. It reminded me that belief, like medicine, must be embodied with integrity, not merely spoken. True compassion, at times, demands the courage to question even what feels most familiar.

My thoughts turned also to the women who shaped me: my mother, my grandmothers, my aunts — the foundational women of my community whose strength I had perhaps too readily taken for granted. I thought about the vast silences in our family stories — truths passed down quietly, unspoken yet deeply felt. I wondered what burdens they had carried, what pains they chose not to name. This encounter wasn't only a lesson in one woman's trauma; it gently taught me to listen differently within my own home, with patience and curiosity. In an

unexpected way, it reconnected me to my lineage — a reminder that healing often begins with hearing those closest to us, whose experiences shape the cellular memory of who we are.

What began as a clinical experience has become something far greater: a quiet, enduring commitment to listen more deeply — not only as a doctor, but as a daughter, a sister, a member of a faith community. The silence surrounding these stories is generational, but even a single honest conversation can begin to shift its weight. That, I have come to realise, is where true healing begins — not only in the body, but in the spaces where we finally dare to speak and to listen.

A year has passed since that day, yet her story has not faded. Its imprint has only deepened within me. In its wake, I sought conversations beyond my own circles, hungry for understanding. I spoke with midwives, gynaecologists, and cultural liaison officers. I volunteered with outreach programs supporting migrant women and asylum seekers, many of whom carried stories etched with similar pain and perseverance. I sat beside women whose first language was not English, listening to the cadence of survival translated through interpreters. I learned that trust is not granted to white coats; it is earned, patiently, through presence and compassion.

I began compiling resources for our medical school's women's health module — survivor narratives, leaflets, training sessions for staff — driven by a quiet hope to create something enduring. The textbooks had diagrams. Her body had footnotes they never taught us to read.

Yet for all I have done since, much remains beyond my reach. I could not gift her a different kind of birth, or speak her language, or tell her how deeply I saw her strength. I stitched with care, but I could not stitch trust or dignity back into that moment. That helplessness lingers still. Medicine trains us to manage what we can fix, but not always to sit with what cannot be

mended. She didn't consent to become a lesson, yet she revealed the anatomy of silence. In her presence, I understood the limits of clinical language — how small it feels when trying to map the contours of human pain.

I don't pretend my actions were enough. I was a student, fumbling toward understanding, guided more by instinct than certainty. But that experience taught me that growth in medicine seldom comes in revelation; it gestates quietly, in the ache of not knowing what to do and still choosing to care. That delivery wasn't just a procedure — it was an unplanned dissection of my own assumptions.

Her story did more than change how I practise medicine; it reshaped how I see the world. It made me slower to assume, quicker to ask, more alert to the dignity that can slip away in the machinery of routine care.

At work, I helped introduce reflective discussions within our obstetrics department — circles open to all staff, not only doctors. Much like Balint groups, they offer a space to speak the unspeakable: the exhaustion, guilt, awe, and tenderness that accompany our work. These gatherings remind us that empathy is not finite; it must be renewed collectively.

Through these professional ripples, I've come to understand that her story did not end in that delivery room. It continues to shape how I inhabit my role — with humility, reverence, and resolve. The woman who once lay before me in labour still guides the way I listen, the way I teach, the way I pray. She taught me that the most human moment in medicine resides not in the procedure itself, but in the quiet breath between two people — where pain, history, and hope converge.

She handed me more than her hand that day; she handed me a lifelong duty: to witness, to question, to act.

And I do.