The Shortest Stories and the Power of Parental Presence

We all have those moments. Moments in our lives that we can look back on and say, “That was it. That was the time when everything changed.” Those moments are seared in our memories like the afterglow of a long burned-out lightbulb. Negatives remain on closed eyelids, blurred a little by time but always there. With just a heartbeat, they pull back into sharp focus. This was one such moment, a moment that changed how I practice medicine.

It has been said that patients do not have stories, discrete episodes with a beginning, a middle, and an end; rather they have lives. And while clinicians may pay attention to a single health care encounter, we should be mindful that this is one of many in a life. This “story” took place at 7:48 AM on a Sunday morning one October. It was a story that had begun 9 months earlier. And for those involved, the end of this story was the end of a life.

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midwife’s behest, she and her husband were making their way in. A waddle to reception, a swift wheelchair ride, and they were in the birthing suite. The overnight bag, having lain by the front door for so long, was thrown into the corner of the room and soon forgotten as she put on an oversize gown.

The midwife and the mother-to-be exchanged words, “Where’s the trace? Where’s the effin’ trace?” she muttered just loud enough to be audible. The resident got off the stool so quickly that it slid into the wall. Picking up the phone on the wall she tapped numbers and was patched through to the switchboard. Whispered words floated down the phone line, words unheard by the parents-to-be, words that were soon echoed by an overhead address. There was an audible click, as the speaker came to life.

“Code green, code green, birthing room 2.” Doors slammed open and a horde of faceless blue scrubs entered the room. Orderlies had already jammed another trolley in as the attending doctor made his way around to the foot of the bed. She was going to go to the operating theater for an emergency operation. Yes, it had to happen now. No, they didn’t know what was going on.

And with that they were on their way, the husband jogging behind to keep up. Another blue-clad orderly barged open the doors to the operating theater. Harsh white fluorescence carved apart dark as she crossed the threshold. He, devoid of the proper credentials, was left behind to sit and wait...

Sitting in the half light of recovery on a Sunday morning, he wondered what was going on behind those doors, as the team scrambled to deliver their neonate. Another overhead announcement and another troupe of helpers entered the forbidden room. Silence once more. And then the noise. Footsteps, slow, clip-clopping on the vinyl.

“I’m sorry, Dr Tagg. I have some very bad news for you... Despite everything, we were unable to save...” And with those words, I was lost.

They say that the most dangerous days of our lives are the day you are born and the day you die. Despite 1 in 10 babies needing some form of stimulation to breathe at birth, usually a hasty rub down with a rough towel and colors change from purple to pink. There is an indrawing of breath, a cry, then time for photos, and the pediatrician carries on with their day. As a pediatrician I have been to many such codes, grateful to hand over the wriggling infant to a smiling parent.

When the parents are present, listening, they are fully aware of what you are doing. They watch you,
knowing that you are doing your best. And on those rare occasions when things do not go according to algorithm, they are there. They know, before you tell them, that their longed-for child’s story has come to an end. The literature suggests that parental presence does not hinder and can help when outcomes are poor. Being allowed to be present can help the grieving process. Being left outside the room can only lead to more questions. As a physician, I wanted to know that everything was done properly. As a father, I just wanted to know that everything was done. Standing outside the room robbed me of that opportunity.

If I had been given the choice, I would have liked to be in that room, so, when 5 years later, I was given the chance, I took it.

I was taking a walk outside with our eldest daughter as her newborn sister was having her routine hearing screen. The overhead speakers clicked to life and that voice again.


“To lose one child may be regarded as a misfortune, to lose two looks like carelessness,” Oscar Wilde never wrote. It did not feel like carelessness to me. That was our room. It couldn’t be happening again. We made our way to room 2 just after the code team. Rather than being pushed aside and out of the door, I was gently nudged to the front, so I could see what was happening. A helpful medical student took our older children away and distracted them, and I watched. Rosie was placed on the Resuscitator, and the neonatal fellow applied some positive pressure while explaining, to the entire room, what was going on. She looked over to me to let me know that I was included in this conversation. Only when our eyes connected did she recognize me. She had been one of my residents many years before and was now nearing the end of her specialist training.

Squeeze—release—release
Squeeze—release—release

I knew that the team were following their training. I knew that the they were doing their best. There was no doubt in my mind.

Skilled hands found a threadlike vein. A bolus of fluids. More breaths. Skin changing from gray to pink. A toe wriggling. The room could breathe again, just like little Rosie.

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