



MOTHERS in MEDICINE

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The silent sacrifices BEHIND THE WHITE COAT



ILLUSTRATION: ADRIN SARWAR

Behind every late-night emergency call and every life saved in the ICU, there is a quiet reality often overlooked: the home life of the physician. For children of doctors, the “white coat” isn’t just a symbol of prestige; it is a schedule-shifter, a source of both immense pride and lingering anxiety.

ADRIN SARWAR

For many of these children, the concept of a “normal” 9-to-5 parent didn’t exist. Instead, they were “trained” from infancy to handle the sudden absence of a mother or father.

“My mom used to go on duty very early in the morning. I gradually got used to it,” says Tabassum Reza Dewan, now a doctor herself. “I was trained for that from a very early age. I understood that she was doing something very important. That’s why I

convinced myself that her leaving in the morning was more important than her staying home.”

Saima Ahmed Joya, an architect, shares a similar sentiment of mental preparation. “Actually, my mother managed everything very beautifully, we were mentally prepared that she had to go for such emergency work. Knowing my mother was involved in something so good, helping people, made us feel proud from childhood.”

However, this preparation didn’t always mask the sting of a parent’s absence. For Abrar Ahmed, a Computer Science student at IUB, the earliest memories are colored by the heartbreak of separation. “My mom would take me to class, and she would be with me for some while and then leave for work. I cried whenever she left.”

THE SIREN AND THE SACRIFICE

The pager or the ambulance siren often stole precious family time. Children of doctors often struggled with the feeling of sharing their parents with the world. Abrar notes candidly that “When my mother would work night shifts during my childhood, it made me feel like the patients were more important than me.”

Tabassum recalls the visceral fear associated with the job. “Sometimes I used to be scared when she’d go on night shifts, an ambulance with a siren would come to

pick her up. Seeing the ambulance and her leaving at night made me feel afraid for her.” Even when the parents returned, the hospital followed them home. “When she’d return with an anxious face, I’d be scared,” Tabassum remembers.

HOW DOES A DOCTOR-PARENT MANAGE?

From grandmothers to nannies, the “extended” family is what kept the household running. “Our grandmother would come stay with us, or we went to my aunt’s house,” says Saima. Tabassum adds that her grandmother was her primary caregiver. For Abrar, it was the househelps who filled the gaps, though he notes he didn’t feel lonely because other family members were present to take care of me.

PRIDE OVERCOMES ALL

Despite the missed moments, a deep sense of awe prevails. Abrar reflects, “I feel proud and so happy for everything she has accomplished. I feel relieved that all those sacrifices paid off.” Saima echoes this gratitude, noting, “Knowing my mother was involved in something so good, helping people made us feel proud from childhood. We never felt bad about her leaving. She balanced things so perfectly.” Ultimately, life as a doctor’s child is a lesson in empathy, the realisation that a missed bedtime story often means a better ending for someone else’s life.

Raising an emotionally intelligent child

ADRIN SARWAR

In our culture, the “good child” is often the one who is quiet, obedient, and follows instructions without a fuss. We see a child sitting still and think, “What a wonderful job the parents did!” But according to psychological counsellor Sabrina Islam Setu of PHWC, we might be looking at the wrong metrics.

“True emotional health is not about silence or obedience,” says Setu. “It is about emotional awareness, the ability of a child to understand and express what they feel inside.” For many parents, particularly those in high-stress professions like medicine, the challenge isn’t just about teaching good behavior. It’s about building an emotional bridge that remains even when work calls them away.

DIFFERENT STAGES OF FEELING

Emotional awareness looks different as a child grows. According to Setu, the role of a parent, particularly the mother, must evolve with the child’s development:

DE-FROCKING

“The main difficulty is not a lack of love,” Setu explains. It’s staying in ‘hospital mode.’ At home, children don’t need correction or evaluation; they need



ILLUSTRATION: ADRIN SARWAR

warmth and presence. Setu suggests a process of “de-frocking.” This is a mental “role-switch” that happens before walking through the door. A simple moment of silence and a conscious reminder, “At work I solve problems, but at home I connect.”

CONSISTENCY OVER PRESENCE

A common guilt among medical professionals is the “emergency call” that pulls them away from dinner or bedtime.

- » **EARLY CHILDHOOD (2-4 YEARS):** They need parents to help them label feelings.
- » **THE SCHOOL YEARS (5-7 YEARS):** A mother’s listening ear teaches them that sharing is safe.
- » **PRE-TEEN (8-12 YEARS):** Focus on being “emotionally available.”
- » **THE TEENAGE YEARS:** The child needs a safe harbor, not a commanding officer.

Many worry their child will feel “second-best” to a patient. However, Setu reassures parents that emotional connection is built through reliability, not just physical hours spent together. “What protects a child emotionally is repair,” she says. When you return, acknowledge the absence with honesty.

VALIDATION FIRST

Perhaps the most transformative tool

in a parent’s arsenal is the “Validation First” rule. Most children don’t misbehave because they are “naughty,” but because they are overwhelmed. “Before correcting behavior, recognise the emotion,” Setu advises. If a child refuses to share a toy, don’t start with a lecture on selfishness. Start by saying, “I can see you’re upset and don’t want to share right now.”

Raising an emotional child in a fast-paced world is a marathon, not a sprint. Whether it is explaining a late night at the hospital or navigating a toddler’s tantrum, the core remains the same: making the child feel understood.