

Rooms We Inhabit | Spaces We Hold

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Two days ago, I woke up to a message. An audio clip, wrapped in a single line of text.

“Anish, I wanted you to hear what amma’s breathing sounds like right now.”

It was from Sania – let’s call her that – the daughter of one of our elderly patients who was on end-of-life support at home. Her mother had been under the care of our palliative home-care team for just over two weeks, but their relationship with us felt much older. Sania’s messages would arrive almost every day. Sometimes with a question about medicines or symptoms. Most times as small, pulsating packets of anguish – her distress, her fear, her exhaustion finding the only safe outlet she could think of.

This one landed in the early hours of the morning.

I knew, before I pressed play, what I was about to listen to. The sound that textbooks call, with clinical distance, the “death rattle”. That wet, gurgling noise when saliva and other secretions collect in the throat, and the muscles are too weak to swallow or cough them away. It is a sound that arrives hours – sometimes days – before death. It is also a sound that can split a caregiver’s heart open.

To those who love, it is terrifying. I remember the first time I heard it, years ago, standing by a different bedside. I remember the way my stomach knotted, the way my mind reached desperately for a switch I could flip to make it stop. Over time, I have learnt that, for the person who is dying, it is usually not distressing. For the ones who sit and watch, it can feel like a storm they cannot shelter from.

Sania and her family would not have known all this.

I can picture their room without ever having been in it. The hours of vigil that bleed into each other. The caregiver’s mattress pulled close to the bed. The quiet conversations. The louder silences. The exhaustion that creeps into the bones. The worry. The guilt – for feeling tired, for wanting it to end, for daring to imagine sleep. All of it swirling together into something heavy and unnamed.

And within that swirl, Sania reaching for her phone. Pressing record. Sending a sound out into the world because she cannot yet find the words.

It would be easy to say this is a story about one family and one death. But it has been sitting with me as something else. As a reflection on a kind of leadership that we rarely give language to. The kind that is asked of in settings that live every day at the edge of grief, grieving, and death.

Most days, our teams stand at bedsides, sit on plastic chairs in cramped living rooms, perch on the thresholds of one-room homes. They bear witness. They hold hands. They adjust pillows. They change dressings. They watch families slowly realise what “there is nothing more we can do” really means. They watch the tears form, but never daring to trickle down, lest the dam bursts. They watch the lips tremble in restrained sadness. They absorb stories and regrets and unfinished sentences. They carry the weight of it all back home with them.

Sometimes grief belongs to one person. Sometimes to a family. And every now and then, everything comes together and then the grief seems to belong to an entire community. Co-travellers trying to make sense. To understand. To process.

This past week has felt like that. We have had three deaths. Two of them children. One was fourteen. The other, seven. Each feels personal. Some more than others. Numbers on a line can look cold. In the soft light of our team meetings, they never are. When the WhatsApp updates came in – one, then another, then a third – what followed was not immediate conversation, but a thick, heavy silence.

In palliative work, we often talk about acceptance as a goal. We know, intellectually, that many of the trajectories we are walking alongside cannot be altered. But when the moment finally arrives, knowledge does not fully protect the heart. The inevitability sits next to a very human, very tender despair.

In these moments, people on the frontlines are not looking for strategy or instruction. They are looking for steadiness. For someone to say, “Yes, this hurts. It is allowed to hurt.” For someone to remind them that their work mattered, even if the outcome was never going to be cure. For someone to hold a space where sadness and tears are not a sign of weakness but of having loved, and of having allowed oneself to be moved.

This is the nuance of leadership I keep circling back to. It rarely finds its way into job descriptions. It is not taught in management classrooms or leadership retreats. It does not wait neatly at the top of any organisational chart. It is a form of leadership that can sit quietly in the voice of a nurse, the presence of a counsellor, the steady gaze of a physician who does not rush to fill a silence.

It is not about resilience as a wet towel we throw over the fire, hoping to smother it. It is about presence. A unique, defining kind of presence.

A young nurse on my team recently said to me, “I had to stand before the mother with a steady face, though my heart was breaking inside. I still don’t know how I held myself together.” She had been caring for the seven-year-old boy with neuroblastoma and she had promised him a *kinder-joy* the next time she visited him. He had just passed away.

In the kind of work we do, death is never abstract. It has names, faces, favourite songs, pet peeves, half-finished plans. It has school timetables and wedding anniversary dates. It has the smell of a particular kitchen and the sound of a familiar laugh. Every time it enters a home, it rearranges that world in ways that are felt for years.

When tragedy touches any part of the community we serve, leadership is not only about protocols or resource allocation. It is about choosing to stand in the doorway with our teams and not look away. About asking, “How are you holding up?” and staying long enough to really listen to the answer. About naming the toll that accumulates over time – the layering of one loss upon another, upon another.

In teams where we talk openly, ahead of time, about this emotional burden, something powerful happens. The responsibility of holding grief does not rest on one person’s shoulders alone. It is shared, consciously. Not in silence, but in quiet acknowledgement. We begin to recognise that what we feel after standing witness to that grief is shaped by all the experiences of grief that came before. And that we do not have to navigate that landscape alone.

We learn to reach out to one another. To send a message that says, "Today was hard." To offer a hand on the shoulder, to hold their gaze and not look away, an extra few minutes at the end of a home visit. To become, for each other, the steady ground we are trying to offer our patients and their families.

Over time, I have become convinced that everyone working in human services, but especially in those where the emotional and moral weight of the work can be overwhelming, need places to lay that weight down. Not just the occasional debrief, but ongoing platforms and processes where people can be fully human. Places where grief can be spoken of in the same breath as impact, where tears are not hurriedly wiped away before a meeting begins.

We do not talk about this nearly enough. Perhaps we should.

Because each of us carries these stories home in different ways. Some in words. Some in silence. Some in sleepless nights. Some in the way we look at our own children a little more closely at the end of a long day.

Later that same morning, close to 11 a.m., another message from Sania appeared on my phone.

"Amma passed away. I am deeply thankful."

There was so much in those four words that did not need to be explained. Thankful that the vigil was over. Thankful that her mother's breath had finally softened into stillness. Thankful, perhaps, that in a moment that could have felt utterly alone, there were people who had chosen to stand beside her and carry a part of that weight.

In the quiet after I read her message, I found myself thinking not just of her mother, but of our own teams. Of the grief they had absorbed the week before, and the weeks before that. Of the grief yet to come. Of the unseen leadership they offer every single day when they walk into homes like Sania's and say, with their presence, "You do not have to do this alone."
