For the Child I Have Not Met | for the future I cannot carry

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I am writing this because sleep won't come otherwise.



Some days end when the work is done; other days it lingers, refusing to let go. Yesterday was one such day. It had stayed with me like that—in fragments, slipping me into distraction, returning with insistence I could not shake off. I had woken in the middle of the night with a strange warmth under my skin. Carrying questions, I could not answer. A helplessness I could not shake.

And an unexpected worry for a child I have never met.

The day had started like any other. Our first planned home visit was to a 45-year-old man with oral cavity cancer. Since he was no longer able to visit the hospital, he had been referred to our team for home-based palliative care. His referral notes warned us to expect maggots in his wound.

For the uninitiated, maggots are the larval stage of flies. They develop when an exposed cancer wound attracts flies that lay eggs in it. It is one of the most distressing situations—for the patient, the family, and the healthcare team.

A short stop for tea to fortify ourselves, we drove to the house. We had no idea what we were about to walk into.

It was a tiny one-bedroom house. Seven or eight family members were waiting for us. The patient lay flat on a bed in the hall, which occupied most of the room. A small window was almost entirely blocked by a TV unit, leaving very little natural light. The house was on the

first floor of a building beside an open drain—a highly likely contributing factor for maggots in wounds.

The patient himself was in delirium – alternating between thinking he was still in the hospital and not recognizing his own wife.

As we began taking the history, voices rose all at once—his wife, mother, sister, and brother-in-law, each carrying their own account, their own urgency. Yet beneath the overlapping words, something more complex seemed to be simmering: a tension between the patient's wife and mother. It was not in the words, but it in what was unsaid between them. They rarely met each other's eyes, and in the mother's remarks, there were subtle suggestions that perhaps the wife was falling short.

In contrast, the wife remained mostly silent. She spoke only when gently prompted. She appeared young—no more than thirty—with a frail frame, sunken eyes, and a worry that seemed to rest permanently on her brow. There was also a quiet strength about her. When I handed her the consent form, she did something I had not witnessed before: she read each line aloud to the family, carefully, deliberately, ensuring that every word was understood. Only after this did she sign, giving her consent for her husband's home care—not hastily, but with full awareness and intention.

She listened intently to every instruction we gave and every suggestion that might reduce her husband's suffering.

Once we had finished taking the history, our nurse uncovered the wound.

And, our concern quickly turned into relief. There were no maggots.

The wound was remarkably well maintained. There was no discharge, no foul smell, and no obvious signs of neglect.

The wife – as the primary caregiver - was doing a remarkable job.

As the nurse continued with the dressing, the patient's brother-in-law and nephew pulled me aside. They wanted to know about the prognosis.

"How long does he have?"

It is a question we are trained to answer. With empathy. With understanding. With authenticity that reflects the uncertain reality of the situation.

While we stood outside talking, I had felt the patient's mother watching us, trying to listen in on the conversation unfolding outside.

The conversation gradually turned toward the family.

The patient had an eight-year-old daughter. I learned that his wife had been estranged from her own family since their marriage. There had been no contact for years. The brother-in-law said, "She was a burden her family disposed of, and they've had no contact with her since". Clearly a relationship that had disappeared over time.

"was it a love marriage"? "was it only because she was a girl"? "what was that *burden"?*

Questions surfaced in my mind—about the circumstances, about what might have led to such a rupture—but they remained unasked. It did not feel like the right moment, nor the right space, to pursue them.

The brother-in-law told me he was willing to support the wife and child financially, provided they all continued living together. But he also knew how strained the relationship between the patient's mother and wife had become. His concern was not just about the present, but about what life would look like for them after the patient was gone—especially how two grieving individuals, already at odds, might continue to share the same home.

He wanted me to help solve the problem. He wanted me to secure the child's future.

I had started my day preparing to remove maggots from a wound. Instead, I found myself being handed the future of an eight-year-old child. It wasn't something I had expected. It wasn't something I could simply refuse and walk away from. And it certainly wasn't something within my control.

By then, the wound dressing had been completed. The wife had watched every step carefully, asked questions, and had been prepared for what she needed to continue to do.

Now it was time to discuss the patient's prognosis with the family.

There just wasn't enough space inside the house. So it was that about ten people, gathered in the narrow passage outside.

The mother seemed to set aside – almost dismiss - the prognosis, turning instead to her own journey—speaking of the years she had spent caring for her son and his family, and how she continued to work to support them even now.

Then, more assertively, with unmistakable resolve, she said she was tired. That she had given all she could. That the responsibility of care would now have to rest with someone else.

The words were directed at the wife.

The wife remained silent.

After a pause, the conversation shifted again—this time toward the child.

"As soon as my son dies," the mother said, "I will take my granddaughter with me and raise her well. Nobody can stop me."

I was taken aback. She spoke with a certainty that filled the room. There was no hesitation in her voice, only conviction.

What could I possibly say?

She continued. Trying to explain what lay beneath that certainty — that she did not want the child to grow up feeling abandoned, that she knew what it meant to raise children in the absence of a father, and that she believed she could give her granddaughter a stable and loving home. It was, in her own way, an expression of care. But it carried with it the weight of unresolved hurt, of a relationship with her daughter-in-law that had long been strained.

Every sentence was heavy.

Throughout the conversation, she held unwavering eye contact with me. As if searching for affirmation. Or perhaps, she expected judgment.

“She will live with me, and she will die with me”, she ended. Almost defiantly.

I felt frozen.

She wasn't speaking from cruelty. She genuinely wanted what she believed was best for her granddaughter. But beneath her words was years of anger and resentment directed toward her daughter-in-law, and that anger gave her love a harsh voice.

And yet, I knew I could not offer what she was asking for.

I could not decide what was right for that child. I could not chart the course of her future.

I have been trained as a doctor. I know how to treat disease. I know how to relieve pain. I know how to clean a wound infested with maggots.

But, how do I hold a question like that—the future of an eight-year-old—and know where my role begins and where it ends? How do I secure the future of an eight-year-old?



This is the unstated complexity of palliative care, especially in the intimacy of home visits. We are invited into spaces shaped by familial history, by relationships, by unspoken tensions and deep affections. We witness lives at a point of profound vulnerability. And in doing so, we find ourselves walking a careful line—between presence and distance, between care and restraint.

We cannot become completely attached to the people we meet, nor can we remain entirely detached from the lives we briefly become part of.

That day, I found myself grateful for something unexpected—that the family felt able to speak openly, even in their uncertainty, even in their conflict. There was trust in that moment.

I did not offer them a solution.

And perhaps, I did not need to.

Families, in their own time, often find ways to move forward—however imperfectly, however differently from what we might imagine. I can only hope that as they find their own way, they will do what is best for that little girl.

The responsibility of that child's future was never mine to carry.

And yet, for a brief while, it rested with me. Perhaps my conscience needed to try.

And, it stayed long enough to leave an imprint—a presence, a possibility. A place in my mind.

That night my mind returned to her. And in that space, it felt as though something had resolved itself—as though an answer had been found, for a question that was never truly mine to answer.

For a child I had not met, but could not entirely forget.

Names have been changed to protect privacy.

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Kidwai Memorial Institute of Oncology is a premier Regional Cancer Centre in Bangalore. Saranam works as an extension of its Department of Palliative Medicine to deliver home-care services across Greater Bangalore.