

From Doctor to Becoming a Patient and then Regaining my Identity as a Physician

Dear Editor,

Doctors are a special breed amongst human beings. Once we join this profession, it resets our entire personality. From a simple human, we are gradually molded into one with nerves of steel. We are trained to recognize symptoms, interpret investigations, formulate differentials and reassure not only anxious patients but also their entire families. We can undergo the most horrific experiences as we diagnose and battle with various threats to humanity. We learn to maintain composure when others are frightened. Yet when the tables are turned and one finds oneself sitting opposite another treating physician or staring up at the Operation theatre ceiling, the familiar territory of medicine can suddenly feel very different.

Myasthenia gravis is a chronic autoimmune disorder characterized by antibody formation against the acetylcholine receptors on neuromuscular junctions resulting in fluctuating weakness and fatigability.¹ It is commonly referred to as snowflake disease due to extreme variations and every person's experience with the condition is completely unique. For the physician who lives with it, however, the diagnosis encompasses much more than neuromuscular transmission. The most profound aspect of a fluctuating illness is its invisibility! A patient may appear completely well during one encounter and struggle considerably at another without any obvious external sign.²

Being an ophthalmologist, I had diagnosed this condition innumerable times; ocular myasthenia many a times presenting before the systemic disease. What I realized was that being knowledgeable about disease does not make one immune to the experience of actually going through the illness, rather the knowledge becomes a double-edged sword.³ When I was first diagnosed, I experienced the first stage of grief: Denial!⁴ This chronic illness challenged my identity as a practicing doctor. However, as I braced myself for the roller coaster ride of investigations, treatments and their complications, faith profoundly altered the trajectory from falling into the trap of anger, bargaining or depression and directly landing into acceptance and then gratitude. Gratefulness for the support provided by my spouse, my family, my colleagues, the ease and affordability of the very expensive treatments, and the list went on and on. I don't mean to romanticize the experience of living with this illness, but it also came to me as a gift as it changed my understanding of what constitutes a meaningful life. My Acceptance was not synonymous with surrender. When I tried to go back from being a patient to regaining my identity as a Physician, I battled every day with the demon of this chronic unseen illness. I discovered that true strength

is knowing when to stop, adapting, asking for help and continuing in a different way and that a chronic illness does not automatically diminish professional competence.⁵ Also, when the doctor sits on both sides of the table, there is a unique growth in his empathy.⁶

As an ophthalmologist, I claim that Myasthenia gravis cleared the cataract of my inner vision and now I categorize vision in three forms: Physical vision - what we learn in ophthalmology, Professional vision - regarding success and achievements in one's career and most importantly the truest form of vision - Inner vision - how one sees his true purpose in life and how he sees everything which actually matters leading to profound gratitude.

My journey with this disease is not really "grief to recovery", rather its from grief to acceptance and adaptation.

REFERENCES

1. Narayanaswami P, Sanders DB, Wolfe GI, Benatar M, Cea G, Evoli A, et al. International consensus guidance for management of myasthenia gravis: 2020 update. *Neurology* 2021; 96(3): 114-122.
<https://doi.org/10.1212/WNL.00000000000011124>
2. McCallion J, Borsi A, Noel W, Lee J, Karmous W, Sattler S, et al. Systematic review of the patient burden of generalised myasthenia gravis in Europe, the Middle East, and Africa. *BMC Neurol* 2024; 24(1): 61.
<https://doi.org/10.1186/s12883-024-03553-y>
3. Pei M, Zhang V, Tyree E, Opler DJ. The patient in the mirror: understanding the role of doctor as patient through media. *Prim Care Companion CNS Disord* 2026; 28(3): 26m04196.
<https://doi.org/10.4088/PCC.26m04196>
4. Avis KA, Stroebe M, Schut H. Stages of grief portrayed on the internet: a systematic analysis and critical appraisal. *Front Psychol* 2021; 12: 772696.
<https://doi.org/10.3389/fpsyg.2021.772696>
5. Hutton CJ, Kay M, Round P, Barton C. Doctors' experiences when treating doctor-patients: a scoping review. *BJGP Open* 2023; 7(4): BJGPO.2023.0090.
<https://doi.org/10.3399/BJGPO.2023.0090>
6. Taylor AK, Kingstone T, Briggs TA, O'Donnell CA, Atherton H, Blane DN, et al. Reluctant pioneer: a qualitative study of doctors' experiences as patients with long COVID. *Health Expect* 2021; 24(3): 833-842.
<https://doi.org/10.1111/hex.13223>

Dr Maeirah Shafique

FCPS, FICO (UK), MRCS (Ed), CHPE

Assistant Professor Ophthalmology

Head of Ophthalmology Department Khadim Hospital, Dina Jhelum Pakistan