When I Became the Family: How Losing My Son Changed the Healthcare Worker I Am

By Ingrida Jogminienė

Senior Nursing Assistant in A&E

I have worked in healthcare for many years. My work has taken me through community care, learning disability services and frontline acute care. Over the years I have cared for people when they were frightened, distressed, unwell or at some of the most vulnerable moments of their lives. I have stood beside worried families.

I have seen mental-health crises, addiction, disability, illness, trauma and loss. For many years I thought I understood what it felt like to be on the other side of healthcare. Then my son died at only 19. Suddenly, I was not the healthcare worker anymore. I was the family. I was the mum. I became the person asking questions, reading records, remembering conversations and trying to understand years of contact with different services. That experience

has changed me in ways I am still trying to understand. It has changed me as a mother and as a person, but it has also changed the healthcare worker I am.

Seeing the person behind the behaviour

Working with people with learning disabilities taught me many years ago that behaviour can be communication. Not everybody can explain what they are feeling. Sometimes distress looks like anger. Sometimes fear looks like refusal. Sometimes somebody who appears difficult is actually overwhelmed. But after everything I have experienced with my own son, I understand this much more deeply.

My son's difficulties did not suddenly begin when he was 19. There had been years of anxiety, difficulties at school, emotional distress, self-harm, impulsivity, substance use and mental-health crises. Different professionals saw different parts of his life. One might see anxiety. Another might see behaviour. Another might see substance use. Another might see safeguarding concerns. But my son did not live his life as separate problems belonging to separate services. He was one young person living one life. Later, as a young adult, he was diagnosed with ADHD.

I am not saying ADHD explains everything that happened to him. Life is much more complicated than one diagnosis. But it made me look backwards and ask whether some things that had previously been seen simply as behaviour might also have been signs that something underneath needed to be understood. That has stayed with me. Now, when somebody is angry, impulsive, withdrawn, self-harming, using substances or repeatedly coming into crisis, I think there is another question we should always be willing to ask: What are we not seeing yet?

Families know another part of the story

Being on the family side has also changed the way I see relatives. Families do not always have the answers. We can be emotional because we love the person. We may repeat ourselves. We may not always communicate perfectly when we are frightened. But families often know something that cannot be learned from one appointment. We know the history. We know what our child was like years ago. We notice changes. We see what happens outside the hospital or consulting room. And sometimes we know that something is wrong even when we cannot explain it perfectly.

Now when I see a parent desperately trying to get somebody to listen, I understand that differently. What may look like a difficult or demanding relative may actually be a frightened mother or father saying: Please listen to me. I am scared something is being missed. Listening to families does not mean professionals must agree with everything they say. It means being willing to hear them and ask why they are so worried.

Crisis has a history

Frontline healthcare often meets people when something has already reached crisis. An overdose. A mental-health emergency. An injury. A young person who simply cannot cope anymore. Of-course we must deal with what is happening in front of us. But now I find myself thinking much more about everything that happened before that moment. What was happening six months ago? What happened at school? Were they waiting for help? How many times had they already tried to communicate that they were struggling? How many different professionals had already seen different parts of their life? Sometimes in emergency care we are only seeing the latest page of a very

long story. We cannot prevent every crisis. We cannot predict every tragedy. I know that more painfully than I ever wanted to. But I also believe we should never stop asking whether something could have been understood earlier.

Going back to work after losing my son

Going back to frontline healthcare after losing my son has been one of the hardest things I have ever done.

There are times when I am caring for a young person in crisis and it touches very close to home. There are frightened parents standing beside beds. There are families waiting for answers. Sometimes I recognise that fear because I have been that parent. But I still put on my uniform. I still walk through those doors. And I still care for the person in front of me. Grief does not disappear when you put on a uniform. That has taught me something else too: healthcare workers can be carrying enormous things in their own lives while continuing to care for others. We need compassion for patients and families, but we also need compassion for the people doing the caring.

I am not the same healthcare worker anymore

I notice different things now. I think more about the person behind the presentation, the history behind the crisis and the family member who may be trying desperately to explain something important.

I am more aware of how much language matters. Words written in records can follow a person for years. Describing somebody as difficult, manipulative, non-compliant or attention-seeking can shape how the next professional sees them before they have even walked into the room. Sometimes those words may

describe what someone observed, but we should still ask what the behaviour might be communicating and whether another explanation is possible. I also understand more clearly how frightening it is for families when different services each hold one part of the story but nobody seems to hold the whole picture.

Good healthcare is not only about the treatment we provide in one moment. It is also about curiosity, continuity, communication and being willing to look again when the explanation in front of us does not fully fit.

What I carry forward

There is an ongoing inquest into my son's death, so I am careful not to make conclusions about matters that are still being examined. I do not know whether every question I have will ever be answered. What I do know is that losing him has permanently changed the way I understand care. I cannot undo what happened to my son, but I can carry what I have learned into every shift and every person I meet. I can remember that behaviour may be communication.

I can listen when a family says something does not feel right. I can ask what came before the crisis. I can be careful with the words I use. I can see the person, not only the presentation in front of me. None of us in healthcare can know everything or prevent every tragedy. But we can remain curious. We can listen. We can ask one more question. We can show kindness to a frightened patient, a worried relative or a colleague who is carrying something we cannot see. Sometimes we may never know how much that one moment of listening, understanding or kindness matters.