PUHEENVUORO

It has to be said "I am sorry"

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"Madam, there is no reason for this pregnancy to continue, one of the babies no longer has a heartbeat - take a look."

This sentence, pronounced by my perinatologist, continues to echo in my mind from time to time, even nine months after the loss of my twin daughters in the seventh month of pregnancy.

During a traumatic event, the human body instinctively shifts into a state of "fight, flight, or freeze," depending on its assessment of the situation. Emotional disconnection, a sense of detachment from my body, experiences of derealization and a simultaneous narrowing of focus to the sounds and visual details perceived—these are now clearer to me as manifestations of the autonomic nervous system's response aimed at protecting me in the face of trauma. In addition to the traumatic experience itself, I experienced the full scope of medical and administrative procedures. These have prompted me—particularly from a professional standpoint—to reflect on a specific aspect of the functioning of the healthcare system in Montenegro.

As early as 30 years ago, research had already indicated the potentially harmful impact of existing hospital procedures on the recovery of parents who have experienced perinatal loss (the loss of a child before or shortly after birth), specifically through:

1. Institutionalization of grieving – Instead of adopting an empathetic approach to a highly specific and personal loss, medical staff often respond by following detailed behavioural protocols.

2. Idealization of contact with the deceased infant – Although research offers mixed findings on whether physical contact with the deceased baby benefits parents during recovery, it has been confirmed that this option should be made available to them.

3. Homogenization of grief – The pathologization of individual grieving processes that deviate from socially or clinically accepted "norms".

4. Instruction-based grieving – Providing parents with prescriptive guidance on what is “appropriate” behaviour during mourning, which may distract them from vital aspects of their own grief process (Leon 1992).

Unfortunately, in Montenegro—as in many other countries in the Balkan region—these aforementioned procedures remain among the few that are actually practiced, even though they may hinder rather than support the recovery from a traumatic loss.

Perinatal loss (the loss of an unborn child or a stillbirth, brings with it a unique form of grief for parents—a process that differs significantly from mourning the loss of other loved ones. The impact of perinatal loss extends beyond the loss of a wanted child; it also affects self-esteem, the parental role, trust in the possibility of future healthy pregnancies—the loss of a future.

At the same time, in Montenegrin culture, such grief is often not validated. Cultural sensitivity around this topic remains very limited and is frequently expressed through dismissive forms of "support" such as: “You’ll have another,” “At least you’re healthy,” “Be thankful you have children at home,” or “It wasn’t meant to be.” These kinds of losses are often accompanied by concealment, minimization, and inappropriate normalization.

The grieving process is a prolonged journey, one that typically intensifies after discharge from the hospital and lasts far beyond the attention span and emotional capacity of friends and family members. Parents are left alone with their grief, pain, anger, and disappointment. Grieving does not merely mean “feeling bad.” It is a specific psychological process through which human beings gradually become capable of letting go of the emotional bonds they invested in someone who is no longer present, and of extending their love toward the life that still exists (Weiss, Frischer, & Richman 1989).

In this process, parents must be educated and given the opportunity for their emotions to be acknowledged and validated. The presence of professional support, including medical staff, can assist in navigating the crisis brought on by the loss, in a way that promotes a healthy grieving process and helps prevent negative psychological outcomes. Healthcare professionals can support parents by listening with empathy, providing clear medical information, responding to parental concerns, respecting the uniqueness of each situation, and facilitating ongoing care, support groups, and follow-up when needed.

In order to do so effectively, professionals must have an understanding of their own reactions to loss in general, and specifically to the death of an infant. They must also be familiar with the basic principles of the grieving process (Davis, Stewart & Harmon 1988).

A study conducted in 2020 (focus groups with parents who experienced the loss of a child at birth or before birth) revealed that parents believe healthcare providers must understand that compassionate care for the bereaved involves the following key elements:

1. RECOGNITION OF THE BABY AS AN IRREPLACEABLE INDIVIDUAL – No human being has the authority to determine the value of a child (or foetus) in the life of a parent based solely on the length of the child's life. Each child carries with it immense expectations and love, and any attempt to replace that child with another or diminish their significance causes profound pain.

2. ACKNOWLEDGMENT OF PARENTHOOD AND GRIEF – Regardless of whether the baby was stillborn or died shortly after birth, it is essential to validate the parents' role. This implicitly grants them permission to grieve.

3. ACCEPTANCE OF GRIEVING AS A LONG-TERM PROCESS WITH AVAILABLE SUPPORT – In every more developed country, psychological support following such a loss is formally provided and institutionally supported (Farrales et al. 2020).

In contrast, in Montenegro, parents face administrative violence month after month following the loss of a child—appearing before various commissions at a time when they are struggling to regain a sense of control over their lives. The level of ignorance, indifference, and lack of empathy encountered in these settings is deeply concerning.

Due to my professional background, I understood what was happening to me. As soon as I had the opportunity, I sought psychotherapeutic support and took care of both my physical and mental health. At the same time, I am fully aware that many parents do not do the same—that they receive no support, not even from their closest family members. And when it comes to medical professional support, the situation is even more concerning. In a country where changes within the healthcare system are painfully slow, where procedures are based on universal protocols aimed primarily at protecting physicians from any potential liability, where we are often subjected to the professional arrogance of those who are supposed to help us heal, and where hospital routines instil a "fear of rounds" because doctors dislike seeing clutter on bedside tables—there exists one "procedure" that requires no financial investment whatsoever. It is a "procedure" of empathetic understanding of the human experience, one that demands physicians to engage with patients in the mode of human beings. It is a procedure that requires doctors to be able to say, "I'm sorry," in the very moment when trauma begins to unfold— because such a simple act supports psychological recovery from trauma. As previously stated, doctors must be able to access their own emotional responses—because the mind cannot be separated from the body, and because one must not treat the body without emotional contact with the person they are treating.

I refuse to accept that I live in a country where shedding light on the psychological and emotional aspects of recovery from loss is perceived as indulgence—something reserved solely for psychiatrists—and where the very idea of educating doctors, particularly gynaecologists, about the importance of emotional attunement with their patients is considered intimidating.

While I am sincerely grateful for the professionally conducted medical procedures that ensured my life was not at risk, I feel deep rebellion over the lack of adequate psychological and emotional response, which is equally important in the recovery from a traumatic experience. This is why I send the following message to doctors, gynaecologists, perinatologists: When your patient is experiencing a traumatic event, you have to say: "*I'm sorry!*"

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