

OLIVIA ONG

BACK
ON
MY
FEET

From doctor to patient: an inspirational
memoir of traumatic injury, faith and hope



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BACK ON MY FEET

Dr Olivia Ong

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Prologue | Self-triage

Royal Talbot Rehabilitation Centre

10 September 2008, 2.50pm

‘Code blue in the carpark. Code blue in the carpark.’

I heard the words blasting from the PA system of the Royal Talbot Rehabilitation Centre and a chilling realisation washed over me. *I was the code blue.*

Code blue is a medical emergency.

Code blue means a life-or-death situation.

I was lying on the pavement on my left shoulder, curled in a foetal position, trying to piece together what had just happened. My senses heightened, I took in every detail. The fluffy clouds in the clear blue sky. Enormous eucalyptus trees on my right. Number plates, tyres and hubcaps looming at eye level.

Scanning my surroundings, I registered the muffled voices and concerned faces of several onlookers who must have witnessed the incident. They seemed to be some distance away, as if scared to come closer. Perhaps they were afraid of doing something to harm me further.

The pain radiated out of my body in relentless waves. The epicentre, a searing intensity in my lower back, felt like a fiery knot pulling everything inward. The sound of my ragged breathing amplified the tension, grounding me in the reality of the moment.

My vision blurred momentarily as the pain surged. It was as if an invisible force were clamped onto my spine, squeezing and twisting without release. The sharp agony felt like a lightning strike, as though my lower back had split apart.

A group of doctors rushed toward me from the main entrance of the Royal Talbot Rehabilitation Hospital, where I was supposed to be inside starting my training session. The sound of their hurried footsteps on the pavement echoed loudly in my ears. As they approached I recognised them instantly: they were the rehabilitation doctors I'd been training with for the past seven months. Seeing their familiar faces in such an unfamiliar context was jarring and surreal.

I focused on the sound of my shallow breathing and the faint, irregular thumping of my heart. I could feel the cold, rough texture of the pavement beneath me, the immeasurable pain in my back, and the sweat on my palms.

My senses worked overtime, providing the doctor in me with details to methodically assess my body's condition as I pieced together what was happening.

I was triaging myself. Triage was a skill I'd learned during my emergency medicine training in medical school, but I'd never needed to use it before.

Triaging patients involved looking for signs of serious illness or injury needing immediate treatment. These emergency signs were connected to systems of the body: Airway/Breathing, Circulation and Dehydration, which we'd learned to recall as ABCD.

The fact that I was able to think meant I didn't have a traumatic head injury. That was good news.

Lying on the ground, I assessed my Airway and Breathing. I closed my eyes briefly, focusing on the sensation of air entering and leaving my lungs. I could feel the slight rise and fall of my chest and hear the shallow rhythm of my breathing, which was steady but rapid, likely a result of heightened anxiety. My body felt heavy, the gritty texture of the road pressing against my back, but I noted that I wasn't in respiratory distress. Step one: my Airway and Breathing were OK.

The second step of triage was to assess my Circulation for signs of shock. My automatic doctor's impulse was to place my first three fingers just below my right thumb. I could feel the radial pulse in my right wrist. Still beating strongly.

There was no immediate sensation of lightheadedness or extreme cold, which are signs often associated with shock. I glanced down at my body and was comforted to observe no visible pooling of blood around me. I reassured myself that my Circulation seemed stable. Step two was complete: no signs of shock.

I forgot all about Dehydration as a fresh thought hit me. *Could the bleeding be all internal? If that's the case, I need an ambulance now!*

Then my heart lurched as I came to a sudden realisation.

I can't move my legs, I can't feel my legs.

This is not good.

1 | Becoming a doctor

Schoolgirl to rehabilitation registrar

1979 to 2008

I've always wanted to be a doctor.

As a child, I would stand in awe in front of The Human Body Experience, a life-sized anatomical exhibit at the local science centre. The walk-through structure was shaped like a giant human body; you could climb through the mouth, crawl down the oesophagus, listen to the thump of the giant mechanical heart and gaze up at the web of branching nerves through translucent panels. The lungs inflated with each artificial breath, and I'd press my ear to the side, captivated by the rhythmic whoosh of air. I remember pausing in front of the brain model, tracing its intricate folds with my eyes and wondering how something so small could hold all our thoughts, emotions and memories.

I was especially intrigued by the nervous system – its vast network of connections, its delicate communication pathways, and the way it orchestrates every movement, sensation, function. It was this intricate system, once so awe-inspiring at The Human Body Experience, that I would one day have to understand in a completely different way: within my own body.

*

My parents tell me the only conversation topic that consistently lit me up was talking about how I wanted to use medicine to make a difference to the world. Unlike other parents I know, they didn't force me into it. In this respect I was very different from the stereotypical Asian kids who end up becoming high achievers because their parents put a lot of pressure on them. All the pressure on *me* was self-inflicted.

Have you heard the joke about the two high-achieving Asian doctors who walk into a bar?

Clearly, the bar wasn't high enough.

I can laugh now, but for most of my life, *I* was that person: the textbook high achiever. I was born in 1979 in Singapore, where my parents – resilient, industrious and self-sacrificing – ran a small family business while raising me and my two younger brothers, William and Andrew.

My childhood was shaped by the rhythms of discipline, duty and striving. Ours was a home where hard work was not just expected, it was also modelled. My father, stoic and quietly principled, taught me the value of perseverance. My mother, a blend of warmth and determination, juggled household responsibilities with entrepreneurial grit.

There was little room for complaint and even less for emotional vulnerability. My parents encouraged me to carry my weight, but they didn't push me to measure my worth solely by grades. The pressure to excel in every sphere was *my own* interpretation of the values they modelled.

Over time, I internalised what it meant to succeed: work hard, aim high, stay composed. Being a high achiever meant being disciplined, setting ambitious goals and hitting them. It meant showing up with answers, not problems. Most of all, it meant appearing to have it all together – holding everything in place while showing a polished exterior, no matter what chaos might be unfolding internally.

The high achiever copes. She pushes through. She doesn't falter. That was who I thought I had to be.

In my trips to the Singapore Science Centre, what fascinated me wasn't just the science – it was also the wonder. I didn't have the words for it then, but something about that exhibit made me feel the presence of intention, of design. Thanks to my regular attendance at Sunday school, I saw not just biology, but divinity too. I marvelled at the complexity of the circulatory system, the precision of muscle and bone, and I quietly believed. Only God could create something this remarkable.

I felt connected to the characters in the Bible stories we learned about each Sunday. The story of Job was especially powerful to me. Job was a man who feared God and shunned evil. He was such a good man that God boasted about him to Satan. God gave Satan permission to test Job's faith, to see how strong it would be if he had to endure loss, grief and pain. Job lost all of his property, his children died, and he suffered great physical agony.

Ultimately, Job's faith prevailed over his suffering. In the midst of his pain and anguish, Job concluded that God must have a plan for everything, and that his own trials must surely have a greater purpose than simply punishment. In the end, God restored to Job all that he had lost, and gave him twice as much as he'd had before.

As a child, I understood that Job represented the power of faith over extreme adversity. Part of me already knew that faith was going to be very important in my life. The extreme adversity would arrive unexpectedly.

*

My parents' business involved importing and distributing consumer goods, which meant regular travel between Singapore – where much of the sourcing and logistics was handled – and Indonesia – where many of their customers and suppliers were based. Weekends, school holidays and

sometimes even school terms were shaped around these trips, as my parents managed operations in both countries.

My frequent moves fed a craving for change and exploration. Each transition meant adjusting to a new rhythm, a new environment, learning to find my place. Travel became one of my deepest values – a passion further instilled in me by childhood trips to Los Angeles and Disneyland Anaheim. The magic of Disneyland wasn't just in the rides or the colourful parades; it was in the sense of freedom they awakened in me. For a child whose daily life was defined by routine, discipline and the expectations of school and family, stepping into a place where imagination ruled felt like discovering another version of myself. In Disneyland, no one cared about my report card or how neatly I had folded my clothes that morning; the only requirements were to play, to explore, to dream.

Those trips to the United States were rare and precious gifts, wrapped up in long-haul flights, the unfamiliar scents of hotel rooms, and the thrill of navigating new streets. They opened my eyes to a bigger world, one that existed far beyond the tight-knit communities of Singapore and Indonesia. With hindsight, I see that those experiences planted the seeds of the resilience and adaptability I would lean on years later, both in my medical career and in my journey to recovery.

*

As a teenager, I did work experience with my father's friend, Dr Wei She Sheng. As I watched Dr Wei communicating with his patients, deep down I felt sure that God had a plan for *me* to cure illnesses too. I could see how much his patients respected his wisdom and knowledge, and I fantasised about how my patients would adore me too – just like they adored Dr Doug Ross on the

American TV drama *ER*. Even now I'm not embarrassed to admit that my passion for medicine was fuelled partly by God and partly by George Clooney!

I read book after book on biology and the human body, feeling confident that God had created man in His own image. The human body is a wonderful machine; to me, the fact that any one of its intricate parts exists is a demonstration that they are the work of an intelligent and skilful designer.

At Raffles, the best girls' school in Singapore, I was surrounded by a group of perfectionists and overachievers – and I welcomed that. You don't have to be Asian to know that such an environment can encourage high achievers to push themselves even harder. My principal and teachers taught me to be an empowered and confident female leader. I remember feeling idealistic and inspired, and imagined being able to influence the world one day.

In this hothouse atmosphere, I put a lot of pressure on myself, and in Year Eight, aged 14, I developed stress eating habits. All that deep-fried comfort food from Long John Silver or McDonald's after school led to 20 kilograms of weight gain in one year. I felt intense shame at my appearance and my self-esteem plummeted. Boys my age made fun of me as I struggled to board a bus, my thighs rubbing together.

The period of weight gain overlapped with a brief 'emo' phase. Dressing in black, hiding in loose clothing and immersing myself in moody music felt like putting on armour against the world's judgment. My parents saw their happy daughter transform into a quiet and sullen teenager. To cheer me up, they'd take me out – to Long John Silver or McDonald's.

In Year Nine, when I was 15, my school placed me in a weight-loss group with other overweight students, and we would run laps around the school during lunch breaks. Over the course of a year, I lost the 20 kilos I had gained.

By junior college – Year Eleven – I had slimmed down but remained painfully shy. I never looked in mirrors and never looked people in the eye. While the worst of the weight issues had passed, stress eating lingered as a coping mechanism, and I stayed aware of how quickly old habits could resurface under pressure.

I kept to myself and focused on my studies. The only way to feel good about myself again was to excel in my A Level exams so I could get accepted into medical school. My determination to become a doctor had never wavered.

*

At the community centres and old folks' homes where I volunteered every week, I felt much more at ease with myself. This service was organised by my school as an extracurricular activity, but for me, faith provided extra motivation.

Among the residents and other volunteers, I could authentically be myself, with no criticism, judgment or dirty looks. I felt deep compassion and empathy for the residents, who often had dementia or intellectual or physical disabilities. Whether it was feeding them or reading to them, I felt I was contributing to something bigger than myself and countering the injustice of their circumstances.

The team spirit among the volunteers added to the sense of belonging. Two of my closest classmates, Aili and Sapna, joined me in this work. We were the same age, teenagers trying to

make sense of the world, and volunteering became our shared act of purpose. There was laughter between tasks, and whispered reflections after difficult visits. These friendships – rooted in service rather than competition – felt pure and nourishing. In that space, I wasn't just doing something good, I was also learning who I wanted to become.

It was through this hands-on, person-to-person care that more seeds of my future in medicine were quietly planted. I wasn't yet thinking in terms of diagnoses or treatments; I simply wanted to help people feel seen and cared for. Long before I wore a stethoscope or studied neuroanatomy, I was learning how to listen, how to show up for people, and how to carry their stories with humility: skills that became the foundations of the doctor I would one day be.

Over time, I began to realise that the desire to ease suffering, to connect through empathy and to restore a sense of agency in others was in fact the heart of medicine. The turning point came in my final year of junior college. I was sitting at my desk one evening, surrounded by revision notes for biology and chemistry, when the thought struck me with quiet certainty: becoming a doctor wasn't about prestige or parental expectations, it was about purpose. It was about merging my love of science with the human connection I had come to value so deeply. Medicine, I realised, would allow me to serve both the mind and the body. It offered the structure I craved, the challenge I welcomed, and the impact I yearned to make.

From that moment on, the path ahead felt clear. I knew the journey would be long and demanding – but I knew without doubt it was mine.

*

I chose to study in Melbourne, largely because my parents valued the Australian education system and believed it would give me broader career opportunities than staying in Singapore. We also had extended family in Australia, which made the move feel less daunting.

I started medical school in 1999, full of purpose and pride. Walking into orientation week at the University of Melbourne, I felt the weight and thrill of having made it, being one of the select few chosen for this path.

The lectures were dense with information, the labs brimming with new tools and vocabulary, and the anatomy tutorials – reverent, fascinating and a little overwhelming – reminded me of those early days in the Singapore Science Centre, where I first marvelled at the intricacies of the human body. It was exhilarating to finally begin the work I had dreamed of for so long.

It was at medical school that I met April, and we soon became inseparable. Together we navigated the gruelling years of study, sharing countless late-night cramming sessions and moments of laughter amidst the stress. She got to know me better than almost anyone – my quirks, my pet peeves, the little things that made me tick. She didn't mind that I always had to sit in the front row in lectures. She found it amusing how I couldn't stand the sound of people chewing gum. She even respected my refusal to highlight textbooks in anything but yellow. April would choose to pursue emergency medicine as her speciality, a field that matched her quick thinking and calm under pressure. Through all the turmoil of the years that followed, she would remain my faithful best friend.

I excelled in medical school by the metrics given to me. I studied hard, scored well, kept my head down and absorbed what was required. It wouldn't be until many years later – through personal experience – that I would begin to question the very frameworks I had once tried so hard to grasp.

In 2004 I graduated as a doctor. I was 25 years old. My parents travelled from Singapore to attend the ceremony. When the Dean of the Medical School called my name, it was with genuine pride and gratitude that I walked up to the stage and took my Bachelor of Medicine and Surgery and Bachelor of Medical Science certificates in my hand. I couldn't wait for my internship to begin.

That final year, my younger brother William had started living with me as he prepared for his last year of high school called foundation studies at Trinity College, Parkville. In 2005, he would embark on a Commerce degree at the University of Melbourne, with the goal of becoming an accountant. We were sharing a modest but comfortable apartment at College Square in Carlton, an apartment our father had purchased for us. It was a formative time for both of us, filled with late-night study sessions, home-cooked meals and quiet moments of sibling support that I now look back on with great fondness.

By the time William followed me to Australia, I had built a full life here – friendships, and the beginnings of a professional network. Melbourne had become home; I loved its culture, its pace and the sense of personal freedom I felt living there. The idea of returning to Singapore never really took hold. The thought of uprooting everything I had created in Melbourne simply didn't appeal.

*

Since my days of standing wide-eyed in front of the brain model at the Singapore Science Centre, I'd been captivated by the mystery and complexity of the human mind. That fascination crystallised into a career ambition: I chose to pursue neurosurgery as my future speciality.

During my final year of medical school, I'd had the opportunity to observe complex neurosurgical procedures to remove brain tumours. I'd watched, transfixed, as my supervising professor performed conscious surgeries that required precise localisation of speech and motor centres. I'd observed the delicate implantation of vagal nerve stimulators to treat epilepsy, the intricate repair of the cervical spine, and even the reconstruction of skull defects. Each operation was an orchestration of knowledge, dexterity and nerve – literally and figuratively.

What captivated me most was the idea that as a neurosurgeon, I would never stop learning. The complexity of the brain demanded humility and relentless improvement. Every case was a new challenge, and each small advancement could change a patient's life. That hunger for mastery, that drive to push the limits of my own capabilities, resonated with something fundamental in me. I didn't realise it at the time, but this very trait – this willingness to confront the unknown and evolve – would become the cornerstone of my future.

*

Since I'd moved to Melbourne, my faith had become an anchor during the turbulence of medical training. But it had taken time to find the right church. I missed the close-knit community I'd grown up with in Singapore, and in my first year in Australia I'd visited several congregations, never quite settling.

Eventually, I found a small church where the sermons resonated and the people felt genuine, and I started attending regularly. I enjoyed the familiar rhythm of worship, the warmth of post-service conversations, and the comfort of again belonging somewhere.

One Sunday, three months into my internship, I noticed a guy I'd never seen before quietly packing up chairs after the service. He was tall and thoughtful, and carried a calm presence that seemed to slow the room around him. Something in me registered him before I even realised it, a flicker of curiosity I couldn't quite explain.

A mutual friend introduced us that day without any prompting. I remember saying hello, my voice a touch softer than usual, and glancing at him shyly. He gazed back, a small smile flickering in his eyes, and for a moment it felt like we'd been pulled into our own wordless conversation. Something about the simplicity of that moment between us – two people in their mid-20s, not quite sure where life was leading – felt unexpectedly significant.

As I got to know him, I learned John had grown up in the beach town of Kota Kinabalu in Sabah, Malaysia, framed by turquoise waters and in the shadow of Mount Kinabalu. His father, a retired engineer, had instilled in him a love of precision and quiet diligence, while his mother, a stay-at-home parent, had anchored the family with warmth and care. The youngest of five children, John was used to observing before speaking, a quality that gave him an air of calm attentiveness.

He had moved to Australia in 1992 to complete Year 12, then studied aerospace engineering before earning a Master's degree in IT. Now he was working as a business analyst at the University of Melbourne, applying his sharp problem-solving skills to streamlining systems and processes. But he was also a skilled illustrator whose detailed, expressive drawings had won numerous art competitions when he was at school.

At first, our conversations were light and tentative – chats over post-service coffee, shared laughs during group outings with church friends. But something about John's quiet steadiness drew me in. He was never the loudest in the room, but always the one listening carefully, noticing the little

things. He remembered my exam dates, sent me Bible verses when I was stressed, and walked me home after fellowship meetings when it was late.

One day three months into our friendship I was very ill with a head cold and unable to work. John delivered some comforting home-cooked rice porridge to my apartment. When he confessed he wanted to be my boyfriend, I was happy and said yes. Until then I had been so focused on my career that I had never really allowed myself space for romantic vulnerability. But with John, it felt different. Somehow I knew that he would be an anchor of support for me, no matter what the future held.

When we started dating, we took things slowly. There was no pressure to perform or impress. I could just be myself, flaws and all – and he met me there, with calm reassurance.

I remember one evening we sat opposite each other over dinner at our favourite Chinese restaurant, Rose Garden on Elizabeth Street. He looked up to me and said: ‘You don’t have to do everything alone, Olivia.’

It was such a simple statement, but it caught me off guard. I’d spent most of my life priding myself on self-sufficiency. Yet here was someone offering me partnership – not to rescue me, but to walk alongside me.

Our relationship was grounded in faith, friendship and mutual respect. John didn’t come from a medical background, which I found refreshing, but his work in IT was demanding in a different way. He understood my long hours, my emotional exhaustion and the weight of responsibility I carried as a junior doctor. He never tried to fix things; he just stood beside me, steady and kind, a quiet harbour in the whirlwind of hospital life.

*

It was three months after meeting John that I decided to abandon my plan to specialise in neurosurgery. Despite my deep passion for the human brain, I'd come to realise that sustaining a career in such a demanding speciality would be near-impossible while nurturing a serious relationship. Neurosurgery is an implacable master. You're on call 24/7, carrying the burden of life-and-death decisions with every shift. The expectations – from both patients and society – are sky-high, and one misstep could result in devastating outcomes. Even when you do everything right, things can go wrong. It's a craft that leaves little room for rest, much less for love.

With hindsight, I can see how medicine's structure assumes a model of total availability, traditionally enabled by a partner – usually a woman – who handles life outside of work. At the time, though, I simply accepted that to be a neurosurgeon meant giving everything, and that 'everything' left no space for a life outside hospital. Back then, I saw it as a trade-off. Medicine would always be there, I reasoned, but true love – *this* love – only came once in a lifetime.

*

Six months after we first met, on my 26th birthday in October 2005, John proposed in a beautiful winery on the Mornington Peninsula. It was a decision that felt both bold and gentle: choosing love, choosing partnership, choosing a future that allowed room for both of us.

The next year and a half were a season of learning to share our lives in deeper ways. We spent weekends exploring Melbourne's café scene, visiting markets and meeting each other's friends. Wedding planning was woven into those months: evenings spent poring over guest lists, venue options and the myriad small details that seemed so important at the time.

Career-wise, I settled into the demands of hospital life while trying to carve out time for a relationship that mattered more to me with each passing week. Although I had stepped away from neurosurgery, I still had my sights set on completing specialist training, now as a surgeon. I believed this path would give me more flexibility while still challenging me intellectually and allowing me to care for patients with complex needs. John was still working as a business analyst at the University of Melbourne, and our schedules didn't always align, but we made the most of our time together.

Our wedding in December 2006 blended the best of both our worlds. I wore a traditional white gown, while our reception incorporated nods to our respective Singaporean and Malaysian Chinese roots – from the food to subtle touches in the décor.

Friends who would later play pivotal roles in my life were there celebrating with us, alongside our families. My best friend April stood beside me as my bridesmaid. Her steady, radiant presence made the day even more special. I'd asked Kylie, a close friend from church, to act as my matron of honour as a symbol of the bond that had developed between us over many years.

It was the first time I had met John's parents in person; their pride in their youngest son shone through every conversation. Meeting them confirmed everything I'd imagined: they were gracious, warm and clearly thrilled to see their youngest son find his true love.

For our honeymoon, we escaped to Bangkok, spending our days under cloudless skies and our evenings talking about the life we wanted to build together. Soon afterwards we bought a modest house in the southeast Melbourne suburb of Oakleigh East. Turning it into a home became our first shared project: choosing paint colours, assembling furniture and negotiating whose taste would

win out in each room. Adjusting to married life was its own adventure, filled with laughter, small disagreements, and a growing appreciation for the steady partnership we were building.

*

I continued my medical residency for about two years, through our engagement and into our early married life, before events pushed me to re-evaluate my career direction yet again. In 2007 I spent a term as a hospital medical officer in a geriatric and rehabilitation hospital, the Kingston Centre. It wasn't a post I had sought out intentionally; rather, it came about through the routine process of rotating through different hospital departments every few months as part of medical training.

At the time, I still had my sights set on surgical training, but to my surprise, I discovered that I loved the holistic approach of rehabilitation medicine. Unlike other specialities that centre on diagnosing diseases and delivering medical 'cures', rehabilitation medicine focuses on maximising independence, promoting participation and improving quality of life – often when a cure is no longer possible. This unexpected placement introduced me to a different pace and a different philosophy, one centred on restoring function and dignity, often over long periods of time.

Working as a rehabilitation physician was a sharp contrast to the ambitions I'd had as a young medical student. Back then, I wanted to 'fix' things – to be the kind of doctor who cut out tumours, who made broken brains and spines whole again. My passion for neurosurgery had come from a deep respect for the brain and nervous system, but also from a belief that the best medicine was curative medicine.

In hindsight, I realise that in my zeal for neurosurgery I may have lost sight of something I had already grasped at the 'turning point' in my final year at school: that medicine is as much about

the mind as the body. Rehabilitation medicine brought me back to that truth, reminding me that healing is not only about a cure, but also about helping people adapt, recover and find meaning in changed circumstances.

Working in rehabilitation medicine required patience, collaboration and a holistic understanding of the person beyond their diagnosis. I found myself growing increasingly curious about this field. It was subtle work, but profoundly human. It took me back to my service in old people's homes as a teenager, and to my realisation that medicine was as much about the mind as the body.

I found it so satisfying that I embarked on a rehabilitation medicine traineeship as soon as I could, in August 2007. It was a decision that would plant the seeds of a future I couldn't possibly have imagined at the time.

Training in this new field, I rediscovered my earlier realisations about healing. It wasn't always about reversing the injury or restoring the body to what it had been before. It was also about meeting people where they were, understanding their goals, and helping them live fully, on their own terms. Ironically, it was my background in neuroscience and neurosurgical training that had first allowed me to grasp the complexity of recovery. In rehab, that scientific foundation was still relevant, but at its best it was paired with empathy and creativity. That shift in mindset – moving from cure to care, from fixing to restoring – would become profoundly personal later in my life.

I worked extremely hard to graduate from St Vincent's Clinical School, I survived my internship year, and I worked my butt off as a resident. I was the youngest rehabilitation medicine registrar in my training program. In the medical training hierarchy, a registrar is a doctor who has completed their internship and residency years and is now undertaking specialist training in a specific field.

Rushing and running through my rounds, it felt like I was being chased, barrelling along, not thinking where I was headed, not knowing how or when I was going to stop. Despite my successes, I felt that if I paused the autopilot and stopped all my striving, I would lose momentum, everything I'd worked for, in an instant. Slowing down wasn't an option; it felt like a kind of failure. My days blurred into each other: ward rounds, team meetings, rushing through new consultations, skipping meals, barely sleeping. This wasn't unusual; it was normal. Every young doctor I knew was running on fumes.

I had no inkling of just how much I was about to lose. One moment, one accident, would cause all of it to stop, immediately.

2 | The accident

St George's Hospital to Royal Talbot Rehabilitation Centre

10 September 2008

By late 2008, I was in my second year of training as a rehabilitation registrar. On 10 September, I woke as usual to a feeling of dread as I thought about the day ahead of me. I brushed it off as stress or fatigue, failing to recognise that in fact it was burnout.

My nervous system was dysregulated, caught in a constant state of hypervigilance. My body, always on alert, had forgotten how to rest. I had ignored the headaches, the shallow breathing, the perpetual hollowed-out feeling in my chest. I didn't realise my body was trying to warn me that something was profoundly wrong.

I now see that it was a combination of an unforgiving system and my own unforgiving self.

*

It had started as long ago as medical school. As the months of study passed, I had begun to notice that something was missing.

Our curriculum was intensely focused on the technical and the scientific, on pathologies and protocols. Patients were often reduced to case numbers or diagnostic puzzles to be solved under time pressure. The emphasis was on being correct, efficient and emotionally contained: skills that had their place, of course, but often felt cold when disconnected from the human being on the other side of the bed.

There was little space for reflection, for grief, for questioning. Compassion was assumed to exist, but rarely taught or modelled. Vulnerability, if it surfaced, was to be managed quietly, privately.

The ideal doctor was always upright, tireless and unflappable. There was no room for a hypothetical doctor with a disability; no place where such a physician, no matter how passionate about helping others, could belong, let alone thrive. It wasn't hostility towards disability so much as absence – absence of role models, of inclusive teaching, of questions like 'What if the *doctor* needs help?' Back then, I wouldn't have called any of this ableism, but I recognise it only too clearly now.

As a woman, I also started to feel the subtle but unmistakable presence of sexism in the system. It was in the dismissive tone of some senior clinicians, the sideways glances, the unspoken but ever-present need for women to work twice as hard to be taken seriously. There was a quiet expectation that as a woman, you would put your head down and prove yourself over and over again.

No one talked openly about these things, but everyone knew they existed. Looking back, I see how those early experiences shaped my belief that professionalism often meant silencing parts of myself. I see that the unspoken ideals of medicine – endurance, perfectionism, detachment – left no room for illness, disability or difference.

After medical school, during my early training, self-worth was tied to how far you could push yourself. I remember the quiet pressure not to sit down on long ward rounds, even when your legs ached. Once, a junior doctor confessed to feeling overwhelmed, and their supervisor shot back: 'If you can't handle this, you're in the wrong profession.'

Those words stung – and stayed. We never talked about mental health, only work ethic. Resting, asking for help or showing vulnerability were quietly equated with weakness. The doctors who skipped meals, stayed the latest and never said no were celebrated as heroes. It created a hidden cultural norm where self-punishment was mistaken for professionalism.

The prejudices, relentless pace and impossible standards built into the system had set the stage, but my own inner drive to overperform, overdeliver and never show weakness magnified their impact. I can see now that many of my colleagues, including some women, coped better, because they could set boundaries or let go of perfectionism in ways I couldn't at the time.

As a high achiever, I had a habit of beating myself up when I made even the smallest of mistakes. In fact, sometimes I even beat myself up *in anticipation* of making a mistake. I would ruminate for days if I stumbled over presenting a case to a superior, endlessly replaying every word in my head and convincing myself I had sounded incompetent. If I forgot to follow up a blood test or delayed charting a medication by even an hour, I would spiral into guilt, imagining the worst possible consequences and branding myself careless. Even when nothing had gone wrong, I would lie awake at night thinking, *What if I missed something? What if I overlooked a red flag?*

This constant inner pressure was exhausting. The idea of self-compassion was an oxymoron – a luxury at best, and at worst, a sign of weakness. If I was tired, I just pushed harder. If I made a mistake, I convinced myself I had to work twice as hard to prove myself again. I measured my worth by how useful I was to others, and how little I needed for myself.

Rehabilitation medicine, with its focus on communication, teamwork and continuity of care, had seemed to offer a way out. I loved the trainees I connected with, and at first, I really enjoyed

learning about the various topics within the field. Before too long, however, I felt myself starting to lose heart once again.

On the surface, I was doing what I had trained for: working in a job that demanded rigorous clinical reasoning, complex patient management and endless analytical thinking. My left brain was always switched on, making decisions, solving problems, ticking boxes. But I was dismayed at how little time or space there seemed to be for creativity, introspection or emotional expression: the very things that had inspired me to enter this field. My love for rehabilitation medicine hadn't changed, but I was losing my sense of purpose, and the joy that had brought me into medicine in the first place. I'd begun to disconnect from the patients I'd once cared so deeply for. I'd become irritable and cynical, reacting sharply one minute, then slipping into a kind of emotional numbness the next. Nothing seemed to matter any more. There were days when I'd stare blankly at my computer screen and wonder, *What's the point?*

I had failed to recognise the creeping signs of burnout. What I was experiencing was the erosion of empathy – not just for my patients, but also for myself.

*

I was currently six weeks into a placement in aged-care rehab at St George's Hospital, Kew. I had another four and a half months to go before starting a neurorehabilitation registrar role at Royal Talbot Rehabilitation Centre in February 2009, and I had just accepted a spinal rehabilitation registrar post at Caulfield Hospital starting in August 2009.

I was already looking forward to the change: I was not enjoying my current stint at St George's. The workload was crazy. Sometimes I was so stressed I wanted to cry. Sitting the rehabilitation

medicine entrance exams earlier in the year, as well as learning to adjust to the role of a specialist-in-training, had left me physically and emotionally drained.

As a registrar, four years out from university, I was expected to take on far more responsibility than I had as a junior doctor. It was a steep learning curve. My boss, Jill, was a specialist with more than 20 years' experience in aged care rehabilitation, known in a hospital setting as a consultant – the next level up from a registrar. Consultants expected their new registrars to turn up on their first day, intuitively grasp what to do, and hit the ground running. This meant leading ward rounds, managing complex patient cases, liaising with multidisciplinary teams, supervising junior doctors, and contributing to teaching and research.

I had underestimated just how much would be expected of me. I was supposed to be 'all things to all people'. The role demanded not just clinical knowledge, but also decision-making under pressure and high-level leadership skills. Yet I was reluctant to lead because I felt like an imposter: despite my qualifications and hard-earned accomplishments, a small, persistent voice in my head kept asking whether I truly belonged, whether I was good enough. I was the one interns and residents were meant to lean on when they felt overwhelmed, but paradoxically, I was performing the job so spectacularly well that no one knew how overwhelmed *I* felt.

I knew there would be a lot of hospital admissions today. Patients from acute-care hospitals were often moved to St George's by midweek, making Wednesdays reliably hectic. Yesterday afternoon the whiteboard in the handover room had already been brimming with names and we'd all braced ourselves for a long, demanding Wednesday.

Today it would be my responsibility to complete the new admissions, and I'd have to finish them all by 1 pm so I could eat something before my Australasian Fellowship of Rehabilitation Medicine (AFRM) tutorial at Talbot. These tutorials were a mandatory part of my registrar training.

When I arrived in the aged care ward that morning, my resident doctor James handed me my patient list with an easy smile, his posture unhurried, as though the pressures of the ward never quite reached him. I couldn't help but be curious: *Why does he seem so calm while I feel like I'm drowning?*

It wasn't just James. I had often noticed male residents seemed more at ease, less burdened, less scrutinised. As a female registrar, I felt I had to constantly *prove* my competence, while my male colleagues were assumed to be capable by default. There was a quiet double standard at play – one that left me walking a tighter rope, always wary of being seen as too soft, too emotional, too unsure.

I scanned the patient list and sighed. There were 40 patients to see, and *I* would have to make every single decision. I had to take responsibility for answering questions and contributing to decisions, even though Jill was ultimately leading the ward round. I felt defeated before we'd even begun.

At 8.30 am we started our first round and were quickly swept up in a tidal wave. Jill led the way, clipboard in hand, moving briskly from one bed to the next. I scrambled to keep up, scribbling notes furiously, mentally tracking diagnoses, medications and follow-up tasks while trying not to miss a word.

The corridors buzzed with noise – beeping monitors, rushing staff and the occasional overhead intercom paging one of us for immediate attention. My pager went off again and again, the shrill

tone slicing through the air like a whip. Nurses appeared every few minutes with urgent updates or requests.

‘Can you chart Panadol for Bed 7?’

‘We need fluids stat for Bed 12.’

Sweat gathered beneath my collar. I could feel my heart pounding, my breath catching, as I juggled competing demands and my own rising panic.

Once the ward round with Jill had finished around late morning, James moved with calm efficiency, ticking off jobs with a coolness that I both admired and resented. ‘Bed 15 has a fever of 40 degrees. The nurse just paged me,’ he reported. ‘I’ll go and see what it’s all about.’

‘OK, rejoin me when you can,’ I said, sighing heavily. Now I was on my own, and soon felt frustrated at having to answer each and every patient’s and nurse’s question.

‘Can you please chart Mr A’s Warfarin order?’

‘Mr B’s blood pressure is high. Can you please review him?’

‘My wife’s left leg is swollen, can you please have a look?’

Before and after the ward round, I squeezed in my clinical work: talking to patients and their families about their diagnoses, which often meant sharing bad news. James and I were repeatedly interrupted by staff and patients’ family members. I felt like I was sprinting on a treadmill, barely staying upright, constantly scanning for the next urgent thing. There was no time to think, no time to breathe; all I could do was run, respond and hope nothing slipped through the cracks. I distinctly

recall scolding myself at one point for needing to use the bathroom, wishing I could use a catheter instead.

By midday I was exhausted.

Just before 1 pm I finished all the admission paperwork and handed the last new patient over to James, who still seemed relaxed despite the busy and frenetic morning we'd had. 'Call me on my mobile if you need my help, OK?' I said as he nodded and waved goodbye.

I emerged from the hospital into a glorious sunny afternoon, suddenly very hungry, and grateful that I could eat a quick lunch with my colleague Julie before she drove us to the tutorial. At 2:45 pm Julie pulled into the Talbot carpark and we both got out and began walking towards the hospital. I remember smiling, relieved to have an afternoon away from the ward after my chaotic and stressful morning.

Julie and I stopped about 250 metres from the hospital entrance and stood chatting while we waited for a mutual friend, Joanne. We happened to be standing by a safety embankment about 10 metres behind a disabled parking spot, where an old brown Toyota was parked.

One or two minutes later, out of the corner of my eye I noticed the Toyota's engine starting up so it could reverse out of the parking spot. I didn't think much of it. There was plenty of space for it to manoeuvre.

I heard an engine revving louder and louder. The sound made me uneasy, but for some reason I didn't move.

Then, in a split second, I was hurled into the air, weightless and disoriented, before crashing to the ground with a sickening thud. It reverberated through my body, and for a heartbeat, the world seemed to go silent, except for the rush of blood to my ears and the sharp gasp that tore from my lungs.

In that suspended moment, a single thought pierced the haze: *Something is terribly wrong*. Then the searing pain hit, radiating through me like fire.

I opened my eyes. I was lying on the ground. I could see the clear blue sky.

I was alive. *Thank God!*

Then I felt an excruciating pain in my lower back.

3 | The operation

Royal Talbot Rehabilitation Centre to Alfred Hospital

10 September 2008, 3pm

I couldn't move my body. I have never felt so terrified in my entire life. I wanted to scream for help but nothing came out.

Fear and panic triggered a wave of physical responses. My muscles tensed, my heart raced and I felt a knot of unease deep inside. My adrenal glands released a surge of adrenaline and cortisol to help me run away from danger. In this case, the car was the danger. But there was no running away from it.

The adrenaline and cortisol elevated my blood pressure and I started breathing even faster. Panicking. To my surprise, I could actually feel blood flowing away from my heart and into my torso.

What was shocking to me was that the blood flow seemed to stop there. I couldn't feel the adrenaline in my legs. Even though my body was preparing for fight or flight, my legs were paralysed.

Suddenly what I needed was very simple: I just wanted John to be with me, and my parents too. I needed them to comfort, hold and reassure me. I felt helpless, hopeless and utterly alone.

My body was in a foetal position that I could not shift. Each time I tried to straighten my spine I felt sharp, knifelike pain in my lower back and stopped, remembering my emergency medicine training.

Despite my terror, the doctor in me understood that I had broken my back and sustained some kind of spinal cord injury. I was aware that I should try not to move, in order to prevent this from becoming worse. Being unable to move my legs, I knew, even as I lay there helpless, that I was experiencing what doctors call ‘spinal shock’. My circulation had been cut off abruptly, causing blood flow to the spinal cord to stop instantly and resulting in a loss of feeling and movement.

Only a few months ago I’d been studying spinal shock and the different types of spinal cord injury for my rehabilitation medicine entrance exam. I had sailed through it.

One of my fellow trainee doctors, Mekala, stopped and knelt beside me, tears streaming down her face. Her voice trembled as she told me she had witnessed my accident, her distress palpable in every word. She’d watched in horror as the old Toyota suddenly jolted backward, colliding with the embankment and slamming into Julie and me. It turned out that the elderly driver, who had severe dementia, had intended to reverse out of the parking spot but had accidentally hit the accelerator instead of the brake. In a split second, his car had surged forward uncontrollably – turning a routine moment into the unthinkable.

The air around me felt thick and heavy with tension as my fellow trainees worked to assess my condition. Their furrowed brows, tense expressions, frantic voices and hurried movements conveyed the gravity of the situation all too clearly.

The entire thing felt like a disorienting, surreal nightmare that I couldn’t escape. It was as if I were detached from my own body, helplessly watching events unfold from a distance. The sheer impossibility of what had happened made it hard to believe any of this was real.

Can I please wake up? I pleaded silently with God, desperate for some reprieve. But no matter how hard I wished, the reality remained – raw, unrelenting and inescapable.

Wendy, the Talbot's head injury rehab consultant, began coordinating the code blue. Her calm, authoritative voice cut through the tension.

'Please insert a cannula into her arm,' she instructed one of the junior doctors, Mohit, who was a friend of mine. Mohit nodded, his hands trembling slightly as he attempted to insert the intravenous cannula. I could feel the sting of each attempt and the pressure as he struggled to find a vein. My arm felt cold from the repeated pricks, and his growing frustration was evident in the way his shoulders tightened. It must have taken nerves of steel to attempt something so precise on a friend.

Finally Wendy stepped in, her steady hands making quick work of inserting the cannula into my left forearm.

Looking up, I scanned the faces of the doctors and nurses surrounding me. Their expressions were heavy with sadness and concern, but their voices carried encouragement. 'Hang in there,' they said repeatedly.

My friend Joanne leaned in to reassure me. I suddenly remembered that Julie and I had been waiting for her when the accident happened.

My thoughts wandered to work. There was so much left undone. 'Joanne, could you please let my resident James know I won't be coming in to work tomorrow?' I asked. She nodded, her expression softening, as if this were the most normal thing for me to say.

I glanced at my left arm and exhaled in relief. My watch, a wedding gift from my parents, was still in place, and my wedding and engagement bands were sitting securely on my ring finger. Despite everything, I found comfort in the presence of those small but significant reminders of the life I was fighting to hold on to.

The Talbot was a rehab hospital and had no emergency department, so I'd need to wait for an ambulance to get here. Two police officers arrived first. I could hear their low voices as they spoke to two doctors who must have witnessed my accident.

The murmur of their conversation barely registered as I noticed Julie. Her face bore visible cuts, the edges raw and red against her pale skin. I realised she must have been struck by the same car. Her face was bloodied and marked by lacerations; I guessed they were from one of the car windows, which must have shattered on impact. But she was standing. Her posture was unsteady, her weight subtly shifted to one side as if she were shielding an injured leg. Her movements were slow and deliberate, her face wincing with each step. It was clear she was trying to hide the pain, but her body betrayed her struggle.

I overheard her quietly telling another doctor that she had hurt her knee and might have a concussion. Her hand drifted to her forehead repeatedly, almost unconsciously, as though she were trying to soothe an ache that wouldn't relent. Her usually composed demeanour now seemed tinged with vulnerability, and her slightly unfocused gaze told me she was still processing what had happened. Perhaps she was in shock.

The memory of her, calm and cheerful as we stood together waiting for Joanne, flashed through my mind. Her laughter and light conversation now felt like echoes from a different world. The sight of her, hurt but upright, struck me deeply.

Then an intense feeling of anger washed over me.

Where is the driver who hit me?

My heart pounded as my eyes darted around, searching for him. Out of my peripheral vision, I saw an old man standing with the policemen, his posture uneasy. My stomach churned. I had listened to many sermons on forgiveness, but right now they were all forgotten.

He ruined my life!

The words echoed in my mind as I trembled with rage, clenching my fists so tightly my knuckles turned white. My body felt hot, as though anger itself were coursing through my veins, igniting every nerve. I imagined all the good things I had done for people – years of kindness, compassion and effort – and now this. This moment, this driver, had proven my worst fear: that kind acts are not rewarded, that good people are punished for doing good, while bad people, like this man, walk away scot-free. Each thought stoked the fire of my fury, the weight of injustice pressing down on me as I lay helpless on the cold ground.

By this point it felt as though I had been lying there forever, the hard pavement digging into my back as I ruminated on how I would confront the driver if given the chance. Each passing second magnified my anger, my breathing shallow and fast as I seethed with indignation.

Then, cutting through my storm of thoughts, I heard the phrase that finally brought relief.

‘The paramedics are here! That wasn’t long, it was just 10 minutes!’ Wendy exclaimed, her voice full of reassurance.

Geez, 10 minutes? It felt like 10 years! I thought.

The sound of the ambulance siren, followed by the sight of two paramedics in their uniforms, gave me a momentary reprieve, a small glimmer of hope amidst my inner turmoil. Even though my nervous system was completely overwhelmed – my chest tight, my thoughts spiralling, my body screaming in pain – something extraordinary happened. Through the chaos, I heard a calm, steady voice in my mind. It was telling me that everything would be all right. I believe in that moment I heard the voice of God. I could almost feel His arms wrapping themselves around me, offering comfort and protection. A warm sense of peace began to bloom within me, like the first rays of sunlight breaking through a storm.

Then I could feel the firm but steady hands of the paramedics securing me in place on the stretcher, the straps holding me tightly. I remained in a foetal position, lying on my left shoulder. The distant murmur of Wendy's voice, giving details of my condition, merged with the sharp clicks and clinks of their equipment. They were using spinal motion restriction to prevent any injury to my spinal cord.

The clear blue sky above me seemed to blur as I was carefully lifted into the ambulance, the stretcher tilting slightly. Finally I heard the thunk of the stretcher locking into place. I felt a growing sense of safety.

The paramedics asked for permission to put my watch and rings into a little plastic bag. I could hear the crinkle as they sealed it and placed it next to me on the stretcher, the faint sound a comforting reminder that my precious items were safe, even if everything else felt uncertain.

One of the paramedics sat in the back with me. 'Can we cut your jacket off so that we can put you in a gown?' he asked. I nodded. That dark green tweed was my favourite jacket. I could feel the cold edge of the scissors as they snipped through the fabric, the sound of each cut sharp and final.

Julie was put into the ambulance next to me. Her face bore the unmistakable signs of trauma. The contrast between us was impossible to ignore: *she* could still move about, while *I* was strapped to the cold, rigid stretcher.

We didn't exchange words, but the quiet between us was profound, charged with unspoken understanding. Our shared experience created a connection that needed no words. I could feel the weight of her presence, the shared vulnerability that bound us in that moment, as we both faced the uncertainty of what lay ahead.

The ambulance got underway, the faint hum of the engine and the occasional jolt as it moved adding to the surreal atmosphere.

So many panicked thoughts ran through my head.

Will I ever be a doctor again after all of this? What if all my hard work has been for nothing?

Will John be able to handle all of this? I've let him down ...

Will my parents cry themselves to sleep every night?

The occasional crackles of the paramedics' radio sounded distant, drowned out by the pounding of my heart. The cold, hard surface of the stretcher pressed into my left shoulder, amplifying my sense of helplessness and isolation.

Tears welled up, hot and stinging, and rolled down my cheeks. I was too overwhelmed to wipe them away. My hands were clenched tightly at my sides as I fought the wave of panic. Despite the presence of Julie and the paramedic, the small confines of the ambulance felt like a cavern of

loneliness, where fear echoed louder than the sounds outside. I wished desperately that John were there, to hold my hand, to comfort me.

The paramedic asked me where I wanted to go and although Julie's injuries were only slight, she looked to me to decide and nodded her agreement. I was also surprised, because I'd expected we would head straight to the Austin Hospital, well known for its continuous care, from emergency treatment to ongoing support. But the Austin Hospital had no beds and couldn't accept me as a patient. So he gave me a choice between two hospitals: St Vincent's or the Alfred.

There was no contest. 'Take me to the Alfred,' I said.

With the siren blaring, we were now on our way across the Yarra to the Alfred Hospital, Melbourne's major trauma centre and one of the best teaching hospitals in Victoria.

But I would arrive there as a patient, instead of as a doctor.

*

Sometime later, I lay in the Alfred emergency department hospital bay, waiting to be seen by an orthopaedic doctor. The fluorescent lights shone mercilessly above me, while the muffled sounds of hospital activity – footsteps, distant conversations and the occasional beeping of monitors – continued as if nothing at all had changed. As if life as I knew it had not come to a screeching halt.

John walked in through the curtains of the hospital bay, his face a mixture of relief and worry. My heart leaped to see him and I fought back tears at his presence, familiar amid all the strangeness. In that moment, everything felt raw and fragile, but the warmth of his love grounded me, reminding me that even in the face of such uncertainty, I wasn't alone.

The orthopaedic doctor on duty arrived, introduced himself as David and pulled a chair up to my bed.

‘I’m here to talk to you about your spine and what we need to do moving forward,’ he said. His calm voice and compassionate manner immediately put me at ease. ‘The scans show a significant fracture in your lower back. Right now, our priorities are to stabilise your spine and manage your pain.’

David’s words were measured, but the gravity of what he was saying hit me hard.

‘Will I walk again?’ I asked suddenly, my voice barely above a whisper. I dreaded the answer but was desperate to know. I couldn’t look at John, who was sitting on the other side of the hospital bed.

David met my gaze. ‘It’s too early to say for certain. There are no guarantees, but what I *can* promise you is that we’ll do everything we can to help you through this.’

His honesty was both devastating and strangely comforting. I clung to the hope in his voice as I tried to process the magnitude of what lay ahead.

The next step was a CT scan of my lower back. David explained that the scan would provide a clearer picture of how badly my spine was damaged, and identify any fractures.

His tone was calm and clinical, but my heart raced.

As they prepared to wheel me to the radiology department, I turned to look at John. He stood with his arms crossed tightly over his chest, his expression a mixture of worry and helplessness. He

didn't reach for my hand, and I didn't ask him to. The unspoken weight of the moment hung between us, the space separating us filled with fear neither of us could quite articulate.

'It's going to be OK,' he said softly, trying to convince himself as much as me.

I nodded, forcing a small smile, though my insides churned with anxiety.

The sound of the wheels clicking into place broke the silence, signalling that it was time. As the bed began to move, I kept my eyes on John, his figure shrinking into the distance as I turned a corner. My chest tightened as I fought back tears, longing for reassurance that he couldn't give me. All I could do was carry his words with me into the sterile unknown of the radiology department.

When I was a resident I had ordered countless CT scans without once thinking about how it was for the patient to experience one. As the porters wheeled me into the radiology room, I noticed how stark and clinical everything looked – the sterile white walls, the sharp glint of the metal equipment.

To transfer me from the trolley to the CT table, the porters had to navigate a delicate and precise process. Despite their best efforts, the transfer was excruciating, with sharp waves of pain radiating through my body at every shift and adjustment.

Inside the scanner, I was surprised by the mechanical hum – and by how cold it was. I lay still on my left side, as instructed, listening to the technician's calm voice reverberate through the intercom, guiding me step by step through the process. The machine's rhythmic, hypnotic whirring enveloped me in its banal monotony. In less than 15 minutes, it was over.

*

The porters wheeled me back to John in the hospital bay. David soon returned to discuss what the scan had shown.

The sadness in his eyes made my heart sink. His voice was steady but heavy as he informed me that I had a burst L2 vertebra and a dislocation between L1 and L2 in my lower spine. I needed emergency surgery to stabilise my spine.

This can't be happening, I thought, the implications of his words crushing me. They echoed in my mind, almost drowning out the world around me. My throat went dry, and my vision blurred as tears welled up. I could feel my hands gripping the edges of the hospital bed as if holding on for survival.

A broken back doesn't always mean a spinal cord injury. Damage occurs when the spinal cord is compressed, and these injuries are classified by both their level – *where* along the spine the damage occurred – and their completeness – the degree of function that remains.

In simple terms, an L1–L2 dislocation with a burst fracture of the L2 vertebra meant my back was broken in half, compressing the end of my spinal cord where the nerves to the legs branch out.

The site of the dislocation indicated I had a lower-level spinal cord injury. The higher the level of injury, the more widespread the impact. Higher-level injuries typically result in quadriplegia, where all four limbs are affected, whereas lower-level injuries may result in paraplegia, affecting only the legs.

If even the slightest sensation or movement is preserved below the injury site, the injury is classified as incomplete. The more incomplete the injury, the greater the potential for recovery. My spinal cord injury was incomplete.

It's interesting what grief does to us. David had explained my injury from an orthopaedic perspective – which bones in my back were broken and what that meant structurally. Part of me was still in denial: I had the smallest of hopes that it was an orthopaedic injury that could be fixed with surgery. My brain refused to believe that I had sustained a severe, life-changing spinal cord injury.

John was under no such illusions. He sat slumped in the chair beside me, devastated. He grasped, before I could, that our lives would never be the same. That the future we had envisioned together had just shifted in an irreversible way.

He understood, in that crushing moment, the enormity of what my spinal cord injury meant: the loss of independence, the unimaginable challenges ahead, and the emotional weight we would both carry. He understood that his role would change too – from husband to caregiver, from partner in a shared life to anchor in a storm we never saw coming.

John might have grasped more than I did in that moment, but both of us understood that the surgery was about protecting what little hope remained. And it was happening now.

My hand trembled as I signed the consent form. I turned to John and our eyes met – mine filled with disbelief, his with despair. Neither of us could find the words to speak.

*

The fluorescent lights above me whizzed by one after another as the stretcher glided along the corridor towards the operating theatre. My heart pounded. John walked beside me, his hand brushing mine for reassurance, though I could see the worry etched deeply on his face.

I lost sight of him as the operating theatre doors swung closed behind me. The sterile scent of antiseptic filled the air, and the cold, clinical atmosphere was suffocating.

In all my life, I had never felt so scared and distraught at the same time. My mind spiralled and my thoughts raced like a relentless tide.

We have never been apart before.

What if this is the moment that separates us forever?

The image of John's face flashed before me – his warm smile, the way his eyes lit up when he laughed – and a pang of fear clenched my chest. The thought of never holding his hand or seeing his face again utterly crushed me.

At that moment, David and his boss, Susan, entered the theatre. Susan approached my bedside, her eyes meeting mine as she gently explained the details of the upcoming operation. 'We'll be performing an L1–L2 fusion,' she said. 'We'll also place plates from T12 to L4 to stabilise your spine, as the fracture you've sustained is very unstable.'

But it was what she didn't mention outright that struck me the hardest: the unspoken urgency. Without immediate surgery, there was a real risk that the instability in my spine could worsen, causing further damage to my spinal cord and leading to even greater loss of function. This wasn't

just about fixing bones – it was about preventing further devastation. And there was always the possibility that, even with perfect execution, the damage already done might be permanent.

The anaesthetist, Sam, stepped forward to place an intravenous line. I felt the cold sting of antiseptic on my skin and the sharp prick of the needle, but it barely registered as the weight of the moment consumed me. The last thing I saw was the concerned yet composed faces of the medical team before darkness enveloped me.

*

I woke up in the recovery room. It was evening. The fluorescent lights above me and the beeping of monitors nearby were disorienting, but the realisation slowly dawned on me: *I'm alive!*

Turning my head, I saw John in a chair next to me, his body slumped with exhaustion. The sight of him brought tears to my eyes.

The next thing I noticed was a startling, profound awareness: I could feel my legs. Not ghostly, disconnected sensations, but real, tangible feelings. I couldn't move them, but the fact that I could feel them filled me with a bittersweet mix of hope and despair. Overwhelmed by gratitude, I whispered a silent prayer of thanks to God. It was as if my body, battered and broken, were sending me a signal – a whisper of possibility that amidst the chaos, there was something still worth fighting for.

The searing pain in my lower back was unrelenting, a fiery brand that refused to be ignored. And along with my newfound awareness came a deep, dull ache from my visceral organs, a persistent reminder of the trauma my body had endured.

After the operation, my younger brother William came to see me. He told me he had already called our parents, who immediately cut short their holiday in New York City and booked the first available flight back to Melbourne.

*

An hour or so later, Susan and David visited me in the recovery room. Susan gently reassured me that my spine had been successfully stabilised. They had performed a fusion that had secured my vertebrae and prevented further damage. The surgery had lasted five hours. I now had a 20-centimetre vertical scar along my back. While a long road of recovery still lay ahead, the first critical step was completed – one that had potentially saved my life.

I clung to the gratitude in my heart, but a quiet dread began to creep over me. I wasn't sure how I would face the days to come, but I knew they would test me in ways I had never imagined.