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My Work is for a King

ONE PHRASE, VARIED MEANINGS

"*My work is for a King*".

The motto of Dame Edith Brown, this phrase adorns the walls of Christian Medical College, Ludhiana, India, the institution that she founded over 125 years ago (Fig. 1).

What does this statement mean, and what does it convey to health professionals? The same sentence can mean different things, in an individual-specific and situation-specific manner. For one, it may mean submitting one's work as an offering to a higher authority on earth, e.g., a supervisor or boss. For another, it may suggest that every work is being done for a spiritual leader or 'guru'. Irrespective of the person and place involved, however, *"My work is for a King"* shares the concept of finding joy and satisfaction in one's profession and work.

MAY YOU NEVER SIT IDLE

A traditional Multani (Saraiki) blessing states: *"May you never sit idle"*.[1]

While this is meant as a blessing, a prayer for a "full and joyful" life, the person at the receiving end may have his or her own opinion about work. One may view work as drudgery, or as punishment. Overworked doctors and nurses, whether at junior, mid-career or senior level, will have a rational excuse to explain their viewpoint. However, such thought process has no benefit. In fact, thinking about work as an unwanted chore leads to negativity, and kickstarts a vicious cycle of self-pity and deprecation. These feelings may be magnified by the not-so-insignificant social demands of patients and the public.

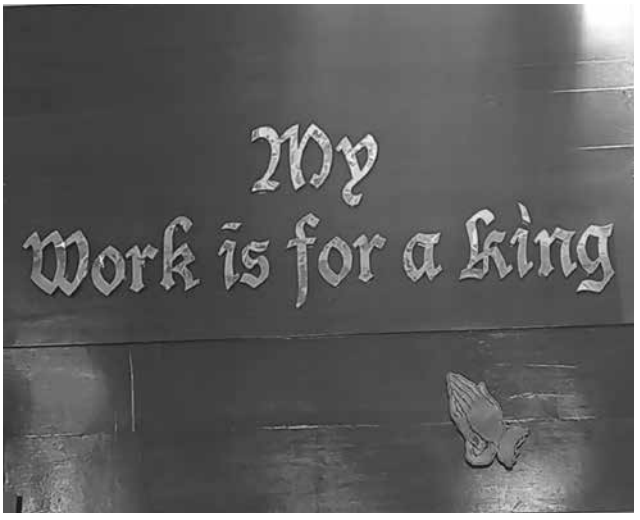


Figure 1.

Dame Edith Brown offers a way out of this self-defeatist quagmire. *"My work is for a King"* reminds us that whatever work we do should be viewed as a service or offering to a higher authority, to our Creator. God may be present in any form, and can appear disguised as a humble patient. If we accept this concept, suddenly our attitude towards work will change. Once we view God in every patient we encountered, we will begin treating him or her as such.

Now, every clinical, administrative, public health or academic challenge appears as an opportunity to serve our "King" or Creator. A challenging case, or a complex academic question, should be treated like an arduous pilgrimage or a difficult religious fast, and approached with expectant optimism. If one welcomes these opportunities with joy, a positive feedback mechanism or

virtuous cycle of satisfaction and happiness will automatically be set in motion.

UNIVERSAL PHILOSOPHY

The concept of working for a King holds relevance for each and every person on earth. Once we internalize this concept, our quality of work, as well as quality of life, automatically improve.

Dame Edith Brown's ideology was inspired by The Holy Bible. However, similar philosophy is followed by other spiritual scriptures as well.[2-4]

"…it is not advisable to abandon a prescribed duty…"

—Bhagavad Gita 18:7

"…do perform your allotted duty; for action is superior to inaction."

—Bhagavad Gita 3:8

"Man will not get anything unless he works hard."

—Surah al-Najm, 53:39

(One who works is the friend of Allah, and one who does not work is considered, by Allah, to be His enemy.)

"Verily, Allah loves that when anyone of you does something he does it perfectly."

—Al Bukhari

Rabindranath Tagore, the national poet of India, summed this eloquently:[5]

"I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy."

ADMISSION

We, the authors, admit that we sometimes consider routine clinical work as nonsatisfying and nongratifying. We then remind ourselves of Dame Edith Brown's words and lo and behold, our work becomes joy.

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Characterization of Resolution of Incident Ovarian Cysts

Smaller ovarian cysts smaller than 3 cm resolve faster than cysts that are larger than 6 cm, suggests a study published in the journal *Obstetrics & Gynecology*.[1]

Over a 30-year period, 47,762 people were enrolled in the University of Kentucky Ovarian Cancer Screening Trial (UK-OCST), 2638 of whom had incident cysts. The objective of the study was to determine the surveillance intervals of these incident ovarian cysts. Various factors associated with the resolution of the cysts such as age, body mass index (BMI), use of hormone replacement therapy (HRT), cyst diameter, cyst structure, menopausal status and family history of ovarian cancer were also assessed.

Of the 2,638 women who had incident cysts, 1,667 (63.2%) had cyst resolution in 1.2 years, while the cysts persisted in 971 (34.8%) women. While the resolution rates of unilocular and septated cysts within a year were comparable (35.4% and 36.7%, respectively), the unilocular cysts had a shorter time to resolution (mean 1.89 years vs. 2.58 years, respectively). Cysts smaller than 3 cm, whether unilocular or septated, resolved more quickly than those larger than 6 cm. Younger age, premenopausal status (except for synchronous bilateral cysts) and family history of ovarian cancer were factors linked to percent resolution. Non-use of HRT and age ≥70 years were linked to a faster cyst resolution rate. Cyst resolution time was not correlated with BMI or family history.

This study highlights the different resolution times for ovarian cysts in relation to the age, cyst structure, cyst size and use of HRT. This will help guide clinicians to plan their line of management, whether to go in for surgery or continue monitoring the cyst.

Reference

1. Lasher A, et al. Variables associated with resolution and persistence of ovarian cysts. Obstet Gynecol. 2023 Oct. 12.