

Graduation Ceremony 13 – Tuesday 10<sup>th</sup> March, 13:00.

Oration – Lara Sammut

Good afternoon, Chancellor, Rector and Pro Rectors, Registrar, Deans, Members of the Academic Staff, Distinguished guests, families and fellow Graduands.

It is a privilege to address you on this occasion.

Today, we are here not because the journey was easy, but because we stayed. Stayed with questions that did not resolve quickly. Stayed with work that demanded more than we ever thought we had to give. Stayed when it would have been a lot easier to walk away. At some point along the way, many of us stopped asking *when* this would end and started asking *why* we ever thought this was a good idea.

This doctorate did not begin in an office or lecture hall. It began in a hospital waiting room. A room designed for efficiency, rather than reassurance. Quiet, clinical, and procedural, ruled by minutes that carried disproportionate weight. It was there that I learned how much meaning can reside in a pause. In early pregnancy, waiting is dense with hope, fear, and questions that arrive long before answers do. At the time, I did not know this experience would shape my doctoral journey. I only knew that “wait and see” sounded far smaller than the burden it placed on those living it. That understanding stayed with me long after I left that room - that waiting carries a weight we rarely acknowledge.

Aristotle reminds us that “we are what we repeatedly do. Excellence, then, is not an act, but a habit.” Postgraduate study is one of the ways we learn that habit; not only the habit of inquiry, but the habit of staying with difficult questions long after the discomfort begins. Very few academic journeys begin with certainty. Most begin with instinct, doubt, and experiences that refuse to be forgotten. This moment may feel inevitable now, but only because we have forgotten how uncertain the journey really was.

When I was twelve years old, faced with choosing my secondary school subjects, my instinct was to choose the sciences. I was curious, observant, and fascinated by how the human body works. Like many parents guiding a child’s future, my parents, who are sitting here today, helped shape that decision. They knew me well. I was not someone who enjoyed long hours of studying. I preferred efficiency. I liked understanding things quickly and moving on. They feared that the sciences would demand a kind of academic endurance I did not naturally possess.

So I listened. I studied business subjects at O-level and then chose languages at sixth form. On paper, my academic path moved steadily away from science, medicine and research. And yet, in ways I could not have predicted, this path led me here, standing among fellow graduands today, having completed a doctorate within the Faculty of Medicine and Surgery. Sometimes, despite our best planning, ideas have a way of finding us anyway, not necessarily because we chased them, but because they refused to let us go. It turns out it was never the science. It was the sitting still.

I am a radiographer by profession, trained in a discipline where images can *not* be abstract and decisions are not optional. Clinical work teaches you to recognise meaning under pressure, to see patterns where others see shadows, and to accept that uncertainty is not an inconvenience, but a reality.

Through my clinical work, and through my own experiences of early pregnancy complicated by uncertainty, a question began to insist on being answered. Within the hospital setting, I encountered women sitting where I once sat myself, waiting. Waiting for scans, waiting for explanations, waiting for answers. Early pregnancy is one of the most common, and yet most complex, areas of healthcare. Pregnancy loss is frequent, but prediction remains imprecise. Women are often advised to “wait and see”, not because clinicians are indifferent, but because evidence has not always kept pace with clinical demand. It was in this space, between what we observe and what we can explain, that my doctoral research took place.

My PhD examined the predictive value of first-trimester ultrasound and biochemical markers in women presenting with threatened miscarriage. At its core, the research asked a simple but consequential question: can we use both established knowledge and emerging markers more intelligently, more ethically and more compassionately? But beyond the numbers, beyond the measurements and predictive models, lies the true heart of this work. It lives in waiting rooms, in the quiet dread before a scan, in the pause before a heartbeat is found and in the resilience of women who return, again and again, to pursue motherhood after loss.

This work argues unequivocally that “wait and see” is not good enough. We can do better, and with the right data, careful interpretation, and genuine compassion, we must do better. Women’s health, particularly in early pregnancy, cannot remain something we address only once outcomes are known. By then, the most difficult part for women would have already passed.

This work was never intended to be abstract research confined to a narrow academic niche or to remain within university walls. More broadly, it reflects a belief that research only truly matters when it is shared, discussed and allowed to inform thinking beyond academia. From the outset, it was shaped by real-world concerns affecting women and their partners, and by the need to bring often-silenced experiences into wider professional and public conversations. In that sense, it contributed to national dialogue, including discussions around miscarriage leave, and to a broader recognition that early pregnancy loss deserves both clinical attention and societal acknowledgement.

None of us reach this point alone. Our journeys are shaped by supervisors, mentors, examiners, and academic staff who guided us through complexity, rather than away from it. Academic support is not simply about assessment or content; it is about rigour, challenge, and belief in students long before results are certain. Universities are not defined only by the degrees they confer, but by the quality of academic care they provide. Today’s graduands, across Master’s and doctoral levels, are here because that care was present and consistent.

To the families here today: academic journeys are never solitary, even when they appear so from the outside. Degrees may be awarded to individuals, but they are carried by families – by parents who offer steady support long before paths are clear, by partners who absorb the practical and emotional weight that study brings, and by those at home who make space, time, and reassurance possible throughout the journey. Through patience during long periods of doubt, encouragement when confidence falters, and belief offered long before outcomes are known.

And to the young adults, teens and children in the audience, including our own two daughters, who watch and observe what we choose to value: may you grow up in a society that listens to women, takes women's health seriously and uses knowledge not only with intelligence, but also with care and compassion, and when it does not, may you feel confident enough to question it, challenge it, and help change it.

To my fellow graduands, in a few moments our achievements will be formally recognised. But postgraduate education has already taught us something more enduring – that uncertainty is not something to avoid but something to engage with responsibly. Excellence, as Aristotle reminds us, is a habit. Make curiosity one of yours. Make responsibility another. We began today by acknowledging that we stayed. In a few moments, this ceremony will move forward. Names will be called. Degrees will be conferred. But in your everyday practice, remember this: progress does not begin when certainty arrives. It begins when we refuse to accept that something is “good enough”. Stay curious. Stay responsible. Stay, and do better.

Thank you