

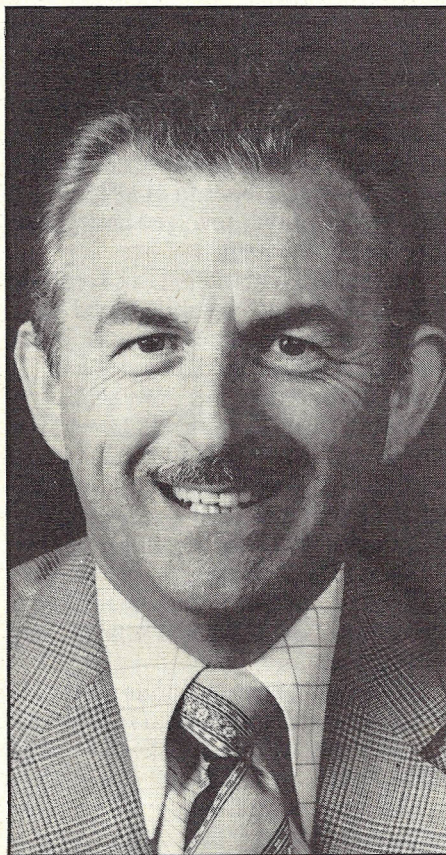
A trial of faith

Suffering can bring enrichment. TONY CARR expresses his thanks for the belief that sustained him, and for the skill of those who cared for him during his recent illness.

WHEN WALKING round wards and speaking to patients, I have often wondered how I would react if I became seriously ill and had to be admitted to hospital. So many patients seem to take their illness with great courage and determination.

I still have a vivid picture in my mind of a principal tutor who taught me and my wife Alice when we were students in Birmingham in the early 1950s. About 10 years later, we returned for a nurses' reunion and were informed that this particular tutor was a patient on a ward in the hospital, and dying.

Visitors were not allowed, but Alice and I negotiated a short visit. The lady we once knew had changed a great deal. Looking much older, she was thin, extremely ill and in pain. Once she recognised her students, she seemed to come alive. I could see tears in Alice's eyes, a most unusual reaction because she could usually keep her emotions under control, at least until it was safe to express them. It was the tutor who comforted her, saying kindly that she had achieved all her objectives and, though she knew she was dying, we were extensions of her and what she had begun.



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She continued to talk quietly of her simple faith in God. Looking at her, we saw a beautiful person radiating in her last days — a most remarkable personality.

We said our goodbyes tearfully, yet not with uncontrolled sorrow. We knew that one day we would meet again, and were grateful to have known a most exceptional person and been privileged to share her last days.

More recently I have had reason to test my reactions to serious illness. For just over a year, I have suffered from angina on effort. I received treatment for six months but, due to a normal low blood pressure, the drugs used caused fainting and the treatment was stopped. In late October 1983, with the angina causing few problems, I set off at 6am to attend the English National Board's investigating committee in London. I had considerable chest pain when closing the garage door. After resting in my car for two minutes, I felt better and drove to Newcastle to catch the train. A short walk from the car park to the station produced more pain, and walking from Warren Street station to the English National Board in Tottenham Court Road was such agony that I had

to take a glyceryl trinitrate tablet. It was a year old.

I have since found-out that the effective life of these tablets is about 10 weeks, but it worked for the rest of the day. Going back home produced some pain on walking, but the train journey was uneventful.

The walk from the station to the car park was extremely painful. I shuffled the 200 yards like an old man. Arriving home, I suffered two more attacks at rest, and then became faint. I felt ill, and was insecure about going to bed for the night in that condition. So at 11.30 pm I phoned one of my directors of nursing to seek advice. Her instruction was sound: "Come to the hospital and be admitted." Fortunately, a friend and her small family were on holiday with us, and she drove Alice and me to the hospital nine miles away.

What a relief to be met at the hospital entrance by the coronary care team complete with its red box. I was asked afterwards if the sight of this equipment was frightening, but it was just the opposite. It gave me a feeling of security.

I was soon admitted to the coronary care unit, examined in detail, a cannula inserted and, after a series of ECGs were taken, a tablet was given. I am proud to say that the staff even had to shave my chest before I was fastened to the monitoring machine, though I have to admit that it took only about a minute. After a short talk to the doctor admitting me, I said goodbye to Alice and our friend and fell asleep. Morning arrived and I felt much better and out of pain.

Feeling a fraud

After breakfast, I was seen by the medical consultant who had previously treated me. I had worked with him for several years and respected his judgment. His provisional view was that the angina had become unstable, but the fact that the pain had not returned was a good sign, and perhaps two days' observation and rest would be sufficient treatment. Already I was feeling a fraud. I realised, however, that I had felt very tired for months and slept on and off for long periods of the day.

I was fortunate to be on a unit where the sister in charge, Anne Townsend, was a nurse I had first encouraged to write for the nursing press. It was good to hear from her that in less than two years from the acceptance of her first article with her colleague Joy McCulloch, they were waiting for the

publishing date of their first book.

At 7.15pm a severe chest pain developed. The nursing staff were superb. An ECG was taken and tablets given. The pain subsided for a while but then grew worse. More ECGs and a variety of tablets followed. Orders were softly given, swallow these, bite on these, suck these. Every time the pain grew worse a reading was taken, until it seemed that the reading became more important than my pain. I now know that valuable information was being recorded but the time-lag between saying the pain was worse, a reading being taken and treatment given, seemed a long time. In fact it may only have been two or three minutes.

After about two hours of increasing

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pain, I had to face the possibility of my death. I had spoken of my faith in God through the Lord Jesus Christ many times. This seemed to be the place and time to test my simple faith. I communed with the Lord in prayer and received the peace of God in my life. I knew from that moment that my life was in His hands and I need have no concern for my future state, dead or alive. From then on my prayer revolved entirely on the relief of my pain.

As soon as I had written this I realised that it might be misunderstood in a number of ways. Then I remembered what the apostle Paul had written in his epistle to the Ephesians: "By grace you are saved, through faith and not that of yourselves, it is a gift of God, not of works lest any man should boast." My belief in God had been given to me, so my reaction to death could not be seen as boastful. I could only rest in the gift I received at the age of 16, when I had a conversion experience in a small chapel in Birmingham.

Diamorphine, intravenous pethidine and other drugs followed in succession, in an attempt to alleviate the indescribable pain, but still it persisted. Across my chest, a stabbing sensation in the back, radiating down my left arm. It was at this extreme that I was given nursing care, of such a high standard

that I could not hope for any patient to receive better. Do not misunderstand me, all the nurses were helpful, kind and supportive, but when the pain was at its height, the night sister in charge gently changed her approach. She stroked my hair, my face, held my hand and called me by my Christian name and reassured me. I believe this took great courage because despite my being a stranger, she treated me as a person in real need of support on a deeply personal level.

Black waves

There seemed to be many doctors coming and going, all reassuring me that my progress was satisfactory. I knew differently but it was kind of them to encourage me. Voices began to become detached from their faces and I became confused at times. An intravenous infusion was started. I remember saying to myself that if this is what being on heroin is like then those addicted to it must be desperate to escape from a living hell.

Alice had been kept informed by regular telephone calls to home. There were so many people round my bed in the early stages, that it was better she supported me at home with friends in prayer.

Suddenly I felt extremely ill. Black waves seemed to overwhelm me. I knew immediately, that my heart had stopped. As I became unconscious I heard the alarm sound on the monitoring equipment. Pillows being pulled away – then nothing.

I came round suddenly, or so it seemed. When I opened my eyes, several faces were looking at me. Words of reassurance were murmured by a senior registrar and it was decided that my wife had better be with me. The pain was better for a while but I must have looked a pathetic sight. By that time I was wearing an oxygen mask, had a drip in the hand, and looked extremely grey. Alice came in 20 minutes, but I did not see her till later. When she arrived she was supportive, possessing a beautiful confidence that is only born out of a deep faith. The night went in a dream. Every time I opened my eyes I saw Alice and she was always holding my hand and had a lovely smile for me.

Morning arrived. How good it was to see daylight after such a night. I had no more pain but felt weak and exhausted. Alice went home to tell my youngest daughter Vanessa that I was recovering and not to worry at school. I dozed, had breakfast, then a bedbath and a change of linen, which does wonders for one's

physical and emotional comfort.

Voices and bodies were beginning to come together again but it was early afternoon before I felt "in charge" of my thoughts and responses. A visit from the consultant in the late morning confirmed that I had had a heart attack but the damage did not seem too severe. Before my discharge I was allowed to see a tracing of the arrest which I found not at all frightening but fascinating! My reaction still surprises me.

My illness has taught me that patients suffering a heart attack need constant reassurance though it must be genuine in every respect — insincerity is sensed at once.

I found sleeping difficult for the first few nights. There is a fear of having chest pain in the night with many patients and I was deeply thankful for the comfort of prayer. I preferred it to sleeping tablets so I gently refused all drugs to help me sleep. I am sure my days were much better because of this decision.

Forty-eight hours after my attack, the infusion was stopped and I was transferred to the continuing coronary care ward. Here I came under the care of a completely different type of sister, but whose personality suited this phase of my recovery very well.

The routine of the day kept me in constant expectation. Meals, visits from the physiotherapists and doctors. The newspaper round, talking to the domestic staff and the nurses, visitors and, of course, the daily post. It was my good fortune to receive more than 100 letters and cards from a variety of people with booklets containing jokes, quotations and the like. People are so kind.

Utter exhaustion

Sister was strict about visitors. Only near relatives were allowed to see me for the first week. Even a GP friend had to be content to write me a note in the ward corridor. I believe this to be right. After the initial attack the pain goes and the only evidence of serious illness that remains is the utter exhaustion one feels at times. Visitors can and in my case did quickly induce tiredness.

What seem small events to nurses, during recovery, are great strides forward as far as the patient is concerned. First time sitting out of bed, getting fully dressed, visiting the toilet and so on. It is amazing how one's modesty is put to one side when in hospital. The first assisted shower was really something. I had the full

treatment of shower and hair shampoo. The problem was that when I was asked to hold the hand shower unit it slipped out of my hand and showered the sister. The howls and cries from the shower room produced comments from the other nursing staff for days afterwards.

After a day of walking round the room and to toilet and back I was able to walk in the corridor, and chat to other patients. I had been given a booklet on how to approach my life after a heart attack, which told me, among other things, that the chances of another one were slight. Confident in this knowledge, I stopped the first man I met. He looked a little depressed. He had been admitted twice in one month. Perhaps I would fare better next time, I

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thought, but I was wrong. The next person, when I asked him how long he had been in, replied: "I am an old hand at this, this is my fourth time." After this, I confined my conversation to world events and the weather.

I gained in one way from being seriously ill, because I was forced to make a proper evaluation of my style of living. A review of my professional commitments for 1984 showed that I was already booked to be out of Newcastle for 55 days. Other events would be added to this. It occurred to me that this was an impossible way to live, and after discussion with Alice I decided to withdraw from all my national commitments. District nursing had been of particular interest to me for 10 years and I was involved with four organisations at the policy making level. Another disappointment was to be my resignation from the English National Board.

I had looked forward to making a contribution through the whole of the board's work. My particular interest was to have been in the formation of new educational and training programmes for both first and second level nursing. I thought of the nurses who had so willingly voted for me a short while before. Even as I made the decision to resign I felt I was letting them down. On

the other hand I had my wife, family and friends to consider, and my work as a church elder in a developing church where many people were needing care and help. I believe I have made the right choice but only time will tell.

I learned much from my 12 weeks of self-rehabilitation. There is so much which is not written in textbooks. It seems to be a common fault with authors that the patient is only considered in terms of an object lesson. Take for instance the feelings of a heart attack patient at home following discharge from hospital. Sitting in a chair alone can bring on a sensation of slight pain in the chest. Any little twinge is reflected to a chest sensation. It was only after eight weeks that I was told that this was normal and called "chest consciousness," and could be dismissed as a non-event. Some live in a continual state of anxiety. I know, because I have spoken to some of them and managed to bring a little relief to their anxiety.

After the first two weeks of walking round the house and venturing to a local park 500yds away, I extended my walks. I live within 200yds of a beautiful coast line. Every day I walked at least a mile, extending to four miles. I was told that this exercise would develop my collateral blood supply. It is wonderful to rediscover simple things in life like the countryside, friends and relationships. I have, therefore, welcomed this opportunity to reassess my life and make important adjustments. It will be interesting to see if my assessment will change to any marked degree when I return to my work.

My only symptoms now apart from occasional "chest consciousness" is a sudden feeling of fatigue which demands rest and a short sleep. I hope to return to my post in one week's time. After an absence of nearly 14 weeks, I shall have to make a big adjustment but with my re-evaluation of how I should live, perhaps I will survive reasonably successfully. At least I know my limitations. No walking for up to two hours after a full meal. I cannot walk in weather much below 5°C if a wind is blowing. However, in the spring and summer further walking could produce an improvement. It is still good to be alive ☐

Acknowledgment

To the sisters and nursing staff of the coronary care unit and the continuing coronary care unit of Freeman Hospital, Newcastle-upon-Tyne, for their care and skill while I was a patient.