

## **Mrs. S – A Patient Too Far**

As I recall from memory, without the benefit of medical notes, the story of Mrs. S is as follows:

Mrs. S was initially admitted to hospital for a small routine operation and her family envisaged no complications on her admission to the hospital. This was to be an unfortunate trust that would eventually turn into a lingering nightmare for both patient and family alike. An unexpected surgical complication (I refrain from using the work mistake on legal grounds) was to bring this poor lady into the Intensive Care Unit. After weeks of care she was finally fit to return to the ward again. Another success story of the Intensive Care Unit you would expect to hear.

In short order Mrs. S was readmitted back onto the Intensive Care Unit, barely conscious after being found by her family (not the ward staff) sitting unresponsive in the chair beside her bed. She had eaten & drank virtually nothing in the days since her transfer to the ward in a bright and cheerful mood. I was the admitting nurse on this second occasion and thereby became the named nurse to Mrs. S. It was to be my last named patient and the final straw that destroyed both my faith in the NHS and my own sanity.

At first her recovery was promising, but this wasn't to continue. As her condition was significantly weakened, her ability to recover became less and less possible. Contracting CDiff made things worse and a failing liver resulted in infected ascitic fluids swelling her abdomen and causing marked sepsis. All the stops were pulled out and the medical machine went into overdrive in an attempt to save this poor little old lady. At first we were hopeful of a reasonable chance of success like the first admission, but this soon became an obvious forlorn hope.

I'd love to say all the reasons for the intensity of treatment were purely as a desire to see Mrs. S recover and live a happy full life with her family, but I'd be lying to myself if I did. On many occasions during her last few weeks of supposed life the ICU Consultants had considered that all had been done and a dignified end might in fact be considered. The final decision was that of the surgeon in charge of her overall care, and he was keen to keep going and going. I won't say this decision was probably motivated because of the original "complication", but you can form your own opinion about this. The surgeon, despite matrons being involved on behalf of the family, refused a request by the family for her not to return to the surgical wards again if she recovered sufficiently. He was in charge of her ultimate care and it would stay that way regardless and she'd be back on the ward she arrived from if she ever became well enough to leave the ICU.

When the tight fitting oxygen ventilation mask started to cause pressure sores on her nose, threatening to turn her face into one big disintegrating mess, full tube ventilation was recommenced despite a prior decision to limit treatment to maintain her dignity. When her fingers, hands, toes, feet and buttocks turned purple with ischaemia, one of her medications was stopped. When any attempt at faecal management failed due to zero anal tone she was kept clean by intense nursing care alone. I can only praise the ICU nurses for assisting me in doing everything humanly possible, that we were allowed to, to keep Mrs. S as comfortable as

we could. Even the ICU Consultants gave their all, but the surgeon had their hands tied. They could only advise & suggest limitations under the circumstances.

A dignified end to life under these circumstances was inevitably impossible. I could do nothing more to help this lady other than keep her as comfortable as possible, within the confines imposed upon me by medical instructions. This was not a case of caring for the sick or comforting of the dying that I had originally started nursing for. This was purely weeks of unnecessary torture, and I was powerless to do anything to help. My faith in the NHS and any pretence of humanity that it purports to harbour was totally destroyed by this final incident. If Mrs. S's deteriorating condition hadn't been due to a "complication" during surgery, I feel she would have received humane decisions and not have been treated the way she was. It sickens me to think I was in any way complicit with this barbarism of modern health care.

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