

FROM THE INSIDE



Fear and insight in the ICU bed

Bradley MacDonald^{1,2*}

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Mid-morning dressing changes, hours wasted, going through each cut methodically. Dressing off, wound cleaned, redressed. The brunt of pain dealt with by nature before giving in. The intensive care unit (ICU) nurse offers ketamine and I am obliged to say yes dressings are not even halfway done. My math of the process sways me 7 wounds, 7 drains, an hour in, just halfway.

The ketamine tablet tastes like chalk and dissolves in the nurses' hand before even making it to my mouth. She has to put it in as crumbs 3 or 4 times to ensure some accurate measure of the dose makes it. I swirl it around but it seems to dry up any saliva it comes into contact with. Dry mouth, I cough a little and remnant dust of ketamine sprays out over the starchy bleached sheets of the ICU bed. The water bottle is thrust into my hand and helps it down.

The dressing changes continue before I feel the hit. It's gradual, relief of pain starting earlier than anything. Then bugs, covering the lights of the ICU room and the walls. The whole place alive with critters crawling around the room, the walls are alive, everywhere I look. I watch as the room breathes in and out, living in a lung that dynamically changes with my breathing. In. Out. In. Out. A marmoset runs across the room climbing the computer station placed within the ICU doors. I lay back, the bass line from 'Lost in Yesterday' echoes from the TV. Du du du ba da du du du—I sink into the bed, being swallowed by the mattress.

The ICU nurse staff job is not one I envy. Although, a slow, methodical, hour-long dressing change may be a welcome change from the dying I tried weeks earlier. Maybe it was easier than managing quadruple-dosed infusions of noradrenaline. Easier than watching your patient slowly worsen despite intervention. To know that

consults with international forums of intensivists likely did nothing to stem the stampede of sepsis. Maybe long daily dressing changes were easier than telling a young wife with a baby strapped to her chest and two older kids at home that she may have to do this alone. Yes, I do not envy her job changing my dressings but, if given the option, it is a job I would gladly take compared to her other tasks.

I had reached a point where the tide had changed. For me, more time has been spent inside an ICU as a patient than ever as a doctor. The weight of experience on my knowledge has now become skewed to that of a patient whereas prior to this it was the medical minutiae that occupied my mind. It is, largely, a shift in focus. From concentrating on diagnosis, investigation, management to a focus on wellbeing, family, functional outcome. Before I would have cut off many of my thoughts about patients once they left ICU. Now I think back to them and worry I may have overlooked what they went through. That they suffered long-standing effects of their admission that I was aware of but unable to fathom. Correction that I was unable to fathom until now.

It is now a year since that day, where I sat there spaced out on medication and painfully going through dressing changes for a multifocal necrotic pyomyositis that almost claimed my life via sepsis. I am back on the paediatric wards as registrar and look completely normal. Medical life prevails.

Am I normal though? Well no, everything has changed. Before I was a human of boundless energy and enthusiasm, now this is just fatigue. I have been through the ringer, the inflexibility, the weight loss and skin loss and hair loss, the cramps and aches, the cognitive issues, and psychological hangovers. The daily cost of survival over the last year.

The sadness of post-intensive care syndrome was only improved by the gradual improvement in it and the joy of fighting for that. It was hard at first, picking oneself off the floor, getting back to the gym and back to home

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and back to life. But it got easier. It became easier to concentrate and lift my children for cuddles. Eventually, it became easier to be happy and now it is easier to live, with day-to-day tasks not only becoming something that I can manage but excel at.

When it endures. When it gets hard. When I see my colleagues on televisions and in newspapers fighting against everything for life in the face of a pandemic. I think back to the times in the ICU when all hope was lost. Because when all hope was lost they came out of the woodwork, from nowhere and everywhere. They came.

Staff willing to do anything to fight for a colleague. To fight for me for the sake of my children. The doctor who told me of his admission to hospital, talking me through dietary supplements like a bartender showing off his top-shelf liquor. The doctor who frothed on the music written down near the staff computer of music to play for me during my coma. The nurse who comforts my mother. The other who holds my newborn child, passing her around the staff base to give my wife a break. The doctor who cried with my wife and hugged her.

It was the worst time of our life and whenever we felt alone they were there. Outside of their realm. Outside of their job descriptions and outside of their pay grade. They were there. As doctors. As intensivists. As humans.

The dressing changes are almost over now. I am freaking out, taking in the dissociative state my meds have thrown me into. She stops and puts a hand on my head, stroking the long hair covering my face out of the way, she smiles. And then my small ICU world is suddenly a whole lot better.

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