OBSERVATIONS FROM A HOSPITAL BED

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Benoni

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This is my 5th post-operative day in a State hospital following the removal of a gangrenous pelvic appendix. That most unpleasant post-operative nausea and vomiting and that much anticipated but yet dreaded first bowel movement are things of the past. Notwithstanding the discomfort of a horrible rubber drain sticking out of my abdomen like a lonely road sign indicating the direction the cocci ought to travel, I am beginning to sit up and take notice of the things about me.

It has been forcibly brought home to me how little we doctors really know what is happening to our hospital patient who, we fondly believe, is having a perfect rest. Is this at all possible under the following conditions? Just look at this brief 24-hour routine schedule, which I jotted down today and which, mark you, does not include any special treatment such as injections or medicines and also does not include the palaver of a bowel movement or the effort of being polite, pleasant and informative to well-meaning visitors:

4.15 a.m. A nurse barges into room, switches on a bright blinding light and without a 'Good morning' or any other salutation, shouts from the door, 'Tea or coffee'?
4.30 a.m. Nurse fetches cup.
4.35 a.m. to 4.45 a.m. Washed.
4.55 a.m. A mouth wash is brought in and I brush my teeth.
5.12 a.m. Door opens and a nurse peeps in.
5.35 a.m. Bed is made up.
5.45 a.m. Staff nurse makes a round with the night sister.
6.35 a.m. Staff nurse takes temperature.
6.50 a.m. Nurse fetches 'bottle'.
7.10 a.m. Nurse brings in breakfast tray.
7.25 a.m. Staff nurse takes temperature.
7.30 a.m. Servant brings in flowers.
7.35 a.m. Nurse brings in clean towels.
7.36 a.m. Servant removes breakfast tray.
7.40 a.m. Two nurses do a real proper job of making up the bed.
7.50 a.m. Native boy sweeps the floor.
7.55 a.m. Another Native boy polishes the floor and dusts.
8.05 a.m. Newspaper boy.
8.10 a.m. Native girl scrubs the bedside locker and washbasin.
8.55 a.m. The sister has a look round!
10.00 a.m. Tea is brought in.
10.15 a.m. Washed, and bed is made up.
10.30 a.m. Native girl brings jug of water.
11.15 a.m. Staff nurse looks in and cannot resist a few tugs at the bed.
11.30 a.m. Tray brought in for lunch.
11.45 a.m. A very young and obviously most inexperienced little nurse flutters in with, 'Are you a four-hourly temp.'?

and forthwith proceeds to take my temperature by leaving the thermometer in my mouth for just as long as it takes her to determine my pulse.
11.50 a.m. to 12.20 p.m. Routine of lunch.
2.00 p.m. Nurse takes temperature.
2.03 p.m. Sister stands at the door and says, 'Are you all right, doctor'?
2.05 p.m. Native boy sweeps a floor that is shining with cleanliness.
2.15 p.m. Two nurses displaying no interest whatsoever in my hacking cough or tearing abdomen, roll me from side to side and up and down to put on clean sheets.
2.35 p.m. Tea time.
2.45 p.m. Native removes tea cup.
2.50 p.m. Visit from staff nurse.
3.00 to 4.00 p.m. Visitors.
4.35 p.m. Nurse removes flowers
4.37 p.m. Nurse replenishes jug of water.
4.45 p.m. Two nurses come in to rub my back and make up the bed.
5.00 p.m. Nurse brings in empty tray for supper.
5.15 p.m. Nurse asks whether there are any ash trays to be emptied!
5.27 p.m. to 5.45 p.m. Supper.
5.50 p.m. Nurse looks for cups.
5.55 p.m. Two junior nurses, without showing the slightest interest in me or my distended, painful, rubber-drain carrying abdomen, roll me over to rub my back. All the time they chatter happily about the lovely picture they saw last night, and 'Oh boy, when I'm off next time, I'm going to .... etc.' My back finished, I am hauled up to the sitting position and my bed again very neatly made up—the whole operation concluded without a personal comment or enquiry!
6.05 p.m. An assistant matron, duly accompanied by the staff nurse, does a round.
6.25 p.m. Temperature taken and bed pulled straight.
7.00 to 7.30 p.m. Visitors.
7.55 p.m. Nurse peeps in at the door.
8.00 p.m. Nurse brings a cup of Milo.
8.05 p.m. Day staff nurse says Good night.
8.05 p.m. to 9.00 p.m. Relax and enjoy some peace, recovering from the multitudinous shocks of the day.
9.00 p.m. Knowing that the same ordeal is to start at 4.00 a.m. tomorrow and also aware of the fact that I have no hope of going to sleep at 9.00 p.m., I now resort to a Seconal, with variable consequences!

A review of this schedule will show that it is no exaggeration to say that, as a routine, someone will enter your room at least 50 times a day.

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This is my 12th post-operative day and, because things have not just been quite normal, I am still in hospital. This has given me a chance to chat with other patients, lay and professional, and to record some further observations.

The above-recorded routine varies only very slightly from day to day and is rigidly and relentlessly adhered to, irrespective of what the patient is suffering from. In fact the majority of the junior nurses, who do the bulk of the work, have no idea what your complaint is. A colleague, suffering from coronary thrombosis, felt particularly sore about the deadly routine and lack of peace.

Another very strong impression one gets is the impersonal nature of the extensive attention one receives. This impression is no doubt due to the fact that over a 24-hour period no less than 2 sisters, 3 staff nurses and 11 nurses have attended to you in some way or another .... in fact a troop of nurses, training to become Florence Nightingales but without a spark of humanity or other evidence to justify the choice of their careers. Under the present set-up any humanism is of course almost impossible; witness the spectacle of a young nurse trying to be friendly by having a chat with the patient or looking at the head-lines of his morning paper, only to find that austere, bureaucratic ward sister remarks unexpectedly from the door, 'Nurse, will you please carry on with your work'.

The deadly routine of the junior nurse's job suggests that it is more important to keep her busy than the patient at peace. One is therefore constrained to ask, 'Is it not much better to have a comfortable patient in a somewhat untidy bed than a repeatedly harassed patient in a meticulously tidy one?'

After a week or so in hospital you come to realize that a whole troop of nurses have looked at and after you but nobody has nursed you. This lack of recognition of the fact that there is an imperative human need, which is particularly active during illness, and the fact that a sick person craves for human contact, are no doubt the result of the terrific scientific advance of medicine. As professor Khine puts it, 'Where science stepped in the soul stepped out'.

At the birth of this century medicine was still essentially the *art* of healing and man was still regarded as greater than the sum of his parts and as a member of a family and of society—Medicine's outlook was 'holistic'. As a result of the staggering array of modern scientific advances in medicine, the 20th century has witnessed striking achievements. The torrent of scientific discovery, however, has rushed on so impetuously that it has all but engulfed the humanism of medicine. I am well aware of the profound impact this has had on the medical profession but never, until now, have I given it a thought that the nursing profession may have undergone a similar fate.

CONCLUSION

In conclusion I would like to suggest two alterations in the hospital routine which may help to satisfy the patient's craving for human contact and more undisturbed rest.

1. The procedures between 4 a.m. and 7 a.m. could be completely eliminated with great benefit to the patient.

2. Less work would then be required of the night staff and thus 2 or 3 nurses could be transferred to day duties. In the ward I am in at present this would result in the 25 patients being cared for by 2 staff nurses and 8 or 9 nurses. Now I suggest that each nurse attends to 2 or 3 patients only and all the nurses and patients are supervised by the 2 staff nurses. This set-up will certainly give the nurse a personal interest in her patient, because she ministers to all his needs, and the patient in turn will feel that he is being cared for by an individual with all her potential humanism instead of an inhuman institution.

Finally, before going home tomorrow and back to practice within a week or two, I should like to record my gratitude for having experienced the patient's angle. This experience has enabled me to find a more realistic expression of the lofty ideals of our profession in the philosophy of William Osler, who said: 'I have three personal ideals: One, to do the day's work well and not bother about tomorrow. The second ideal has been to act the Golden Rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief comes to meet it with the courage befitting a man'.