

Out of control

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The night stretches indefinitely in my confined, generic, plastic-finished hospital room. Green and blue lights from multiple electric devices penetrate the general white haze from carpark fluoros leaking around inadequate blinds. Insistent buzzing call-bells irregularly intrude over the conversational hum from the nursing station. The ingenious bed that bends in two places with the touch of a button carries a hard vinyl mattress, topped by scrunched stale sheets, unchanged over multiple, restless, sweaty days.

The sensations of my body overwhelm those external irritants. Whole organ systems, never despised but long taken for granted, have belatedly forced themselves into acute focus. Breathing, coughing, eating, shitting, pissing – all protest. Painful sensations strive to dominate the full canvas of my consciousness. Some functions, not the breathing at this point, come to a stuttering halt. Tubes are placed into natural and unnatural orifices, providing relief and sustenance while adding discomfort and stripping dignity.

Extensive knowledge of tissues, organs and pathological processes accumulated from years of study, surgical experience and listening to patients' stories torture rather than comfort me. Sure, it is terrible to be ignorant, but there must be a middle state of knowing the principles and not the detail. With each internally generated sensation, each progressive complication, my hyper-informed fears expand rapidly, then funnel down a cascade of faltering physiologies and converge on doomsday endpoints. This is of course why doctors should not treat themselves or their loved ones. There is no rational middle ground. Symptoms are either dismissed or catastrophised. It is nothing, or it is death.

Anxiety rises, contributing to a vicious cycle of physiological inhibition and dysfunction. I seek distraction. Pain relief and a book. Chapters of *Cloud cuckoo land* demand attention and concentration but the bleak scenes preceding the fall of Constantinople resonate too closely with my sense of impending doom, and I must stop. A thoughtful podcast on 'consenting adults' exploring underlying themes of human dignity temporarily diverts my attention. I sleep for a short time, but the pain intrudes again, and I am starkly awake.

I have seldom felt so vulnerable, so helpless, so exposed and lacking control. It is hard to see beyond the next wave of pain. COVID cancels loving visitors. Contemplation of days confined to this bleak space augments panic. Efficient nurses come in and out at regular prescribed intervals. Most are pleasant, competently proceeding through their list of tasks, but only a few comfort. They are the exceptions, their immediate sense of empathy reaching into the misery: 'This could be me. I'm sorry I can't make you better, but I feel for you.' They connect as fellow humans, but why are they so rare?

The doctor, a long-term colleague, visits attentively, wryly accepting the common understanding that a fellow surgeon's recovery is never going to be uncomplicated. I suspect he has not yet visualised himself in patient mode. After an intimate examination I am left exposed and sullied from no ill intent, simply thoughtlessness; an inability to see the scene through another's eyes.

My clinical life scrolls fast-forward through my memory bank. I did always try to show, to experience, empathy. That was a prominent part of my reputation. The times I failed or, at least, didn't try enough are now brought forward on the screen, flashing for a moment, and then dissolving. My warm words of reassurance hollowed by the lack of lived experience.

My body has failed me. My constant companion preceding birth, usually so reliable and sometimes unappreciated, has struck out for a break. If it is so fragile, how am I to have confidence in the future?

I have often seen my patients in this state, especially young people with cancer. The cancer is treated, the odds may be favourable, but they live in a state of heightened anxiety, interpreting each new sensation as a signal of the end. Their body has failed them once and they know it can do so again. Together, they and I have spent hours and money on reassuring examinations and tests which have sometimes helped, and on other occasions only exacerbated their anxiety. We have discussed together the possibility of the cancer returning despite world's best treatment, and the possibility it would never return, but the inevitability of us all dying in the end regardless. This was supposed to encourage living our remaining lives to the full and leaving things that cannot be changed up to God, nature, or the universe. This sometimes seemed to help. Some patients told me their quality, meaning and zest for life all improved after their cancer diagnosis. Others were more prosaic. Some continued in a downhill spiral of anxiety and depression culminating in paralysing, stifling despair. With which group will I merge?

The day before the operation I completed my usual five-kilometre beach run in good time, although I was noticing the gradual effects of age. More aches, less upper body strength, a reduced ability to sustain heavy work but overall, with some smug pride, I felt vital, vigorous and virile. This contributed to my sense of self, well-being and autonomy. That feeling began to slip as I approached the admissions clerk. It slid further when my clothes were exchanged for a generic, backless hospital gown with faulty press studs, exposing buttocks and shoulders. Two days post-operatively the bathroom mirror confronts me with a yellow-grey, haggard, unshaven face, a bent shuffling body festooned with plastic pipes, one disappearing into the focus of my virility. The fallen. Pride stripped bare. A glimpse of a future?

This should not be a surprise. I have seen, shared and mourned with many of my patients, my parents and some of my children as their bodies became less functional, less beautiful and less acceptable. We have worked together exploring the mysteries and fundamentals of life. What are we when our bodies no longer work, when our contributions shrivel, when we become dependent on others for basic life functions? My saving mantra –the bedrock faith undergirding denial, grief, anger and struggle towards acceptance – was a profound belief that we are all precious just being, not necessarily doing. Faced with sudden decrepitude, I

struggle to reach the peace I have urged upon others. It is a profound shock to my self-image, self-knowledge, self-worth to admit to the fragility of my construct.

I berate myself. If this physical and mental shut-down, this loss of function and agency, can happen with one small, planned provocation, how will I stand up faced with a major disruption? War, starvation, injury, isolation, cancer, a frozen Gulag. The stories of survival and thriving in hardship are evidence of human resilience, courage and persistence. Would I contribute to them, or would I be the one in the corner, curled foetally, moaning with self-pity and willing the end? I hope I would be brave, retain awareness of others and a sense of duty, but I don't know. This current pathetic state makes me fear I would fail in the larger arena. The possibility casts a shadow into my future.

In retrospect, with passing time and healing allowing some objectivity, this episode resolves into a medium sized surgical procedure followed by several common, reversible, post-operative complications. I think of the thousands of people I have operated on, often with much more serious diagnoses, larger and more dangerous operations, worse complications and for some, lifelong disability or early death. I have inflicted all the indignities and necessary interventions I have just experienced, and much worse, on hundreds of vulnerable, frightened fellow humans. At times, especially in younger years, there was a degree of bravado. This could be exacerbated in situations where I felt out of my depth, or if, I now reflect with deep shame, there was an attempt to impress others. I see it replicated in new generations of young doctors. The tightly held, guarded but fragile belief that the patient is the other, different, one of the suffering tribes to whom doctors administer aid, but never join. We are the healers. We are strong. We help. We do not get sick.

It is difficult to enter fully into the suffering of another. It is not possible to choose future health workers only from among those who have suffered, felt vulnerable, or have lived experience. Even lived experience fades, softens and blurs in time, and occasionally may even desensitise and erupt as hardened attitudes. From my experience as a patient, and as a powerless father of sick children, the single mollifying characteristic, the light in the darkness, the balm for raging fear, is to sense that the healer can, however indistinctly, visualise themselves in this situation. This could be me. This could be my life.