# Hospital

## Part 1:Hospital 1

About half way into December 2023 my legs gave up supporting the rest of my body and I entered hospital to find out why this was happening and how it could be treated. What follows is a tale of two hospitals. The first was to find out a cause and when this was determined the second hospital was where my much-weakened legs could receive intensive treatment to bring them back to life.

### Hospital 1

For the next few days I underwent more tests than I can remember. Multiple scans. Medicines I had never come across before and electrical charges that made my legs twitch. I had forgotten my past experience of hospitals that a patient needed two physical passports before they could progress to a ward. These were fully functioning bowels and clear evidence that one's urine was draining at an acceptable rate. I should have known what would happen when I arrived at the A & E. 'Have your bowels moved recently?' And after a very short while there was the familiar announcement 'We can see that you have an unhealthy level of urine retention'. If the answer to first question was 'No! (As it was always with me) I would be put on a liberal supply of laxatives until, at last there was some material evidence that my bowels were responding to a regime of Movicol and enemas. Dealing with urine retention was far more abrupt. A catheter was inserted into one's penis to aid the flow of urine. It's hard to describe how awful this operation is. Not painful but always hard to shake off a dread that something alien, and menacing, was about to take up residence in one's penis. It was impossible to ignore the intermittent tingling, a

reminder by the catheter that it was alive and well in that most sensitive part of the body. From my previous visits to Hospital 1 I knew that removing a catheter was far more unsettling to its insertion. I've always been horrified by the length of the catheter's medical wire. Removal is done in one continuous pull and you can finally see a length of wire that looks capable of stretching up the spine and into the brain.

So this was what the first few days of my stay in Hospital 1 were like. At least two tests a day until they were certain as to what what had caused my legs to fold up so abruptly. My days were spent trying to find a bodily position that would allow me to ignore the presence of the intrusive wire in my penis. Nights and the regular supply of mild opiates meant that it wasn't until the next morning that the laxatives swallowed the day before were able to reveal their truth. If, like me, you have suffered a lifetime of chronic constipation I could only smile at their feeble attempts by the staff to make me shit. It was only after I had the equivalent of laxative dynamite that the dam broke. Unfortunately, this happened in the middle of the night and it was not until I woke the next morning that I discovered the extent of my faecal relief. This dreadful shaming event kept recurring for a few nights until a young nurse, who must have understood my predicament, rescued me. She strapped me into multiple layers medical pads-more humiliatingly known as 'Adult Nappies' – laced me with my usual dose of laxatives and sent me off into the night. Just as I was getting into bed and I felt something touch my cheek and a voice say 'A hair.'

I must have been in my first ward- named the Penthouse because there was nothing above it – for almost a week, plenty of time to become familiar with its

physical layout and with the night-time rhythms and those of the day. The mornings saw the patients trying to adjust themselves to the ailments that sleep had quietened for a few hours. Late morning, or afternoons, were the times for visitors, generally something the patients would welcome but not always. One character, a regular visitor, would arrive waving his arms and talking, and laughing so that we were all able to follow his contribution to the conversation. He seemed to believe that the energy on show by his overly animated behaviour would infect the patient and so hasten their recovery. Inevitably, mutual exhaustion would set in. The goodbyes would be said, some would bolt for the exit, others were reluctant to go and would stretch out their farewells into ever increasing complexities. Some patients would mark their feelings by falling asleep, oblivious to the voices drifting around their bed.

Food, liquids, protections against the body's unpredictable leakages and learning how to navigate to the toilet in the dark without injury gradually settled into a predictable pattern. Because of the space available between purely medical events I would spend much time drifting off into daydreams. These pleasant abstractions would usually be brought to a close with fresh news about my legs. Some of these diagnoses were terrifying. Brain scans for Parkinson's, checking for nerve damage to my legs and on and on. Days passed until, finally, an answer about my leg trouble arrived. Lack of exercise, or rather too abruptly stopping the exercise I had been doing. At the time I failed to understand that this non-medical classification altered my place in the nursing hierarchy. I was now at the centre of some nasty crossfire the physio personnel and the ward sister of Penthouse. What kept my spirits up during this unpleasant time was Jackie, perhaps my all time favourite nurse. She was a Liverpudlian and so had a non-stop joking attitude to everything happening

around her. Older than the other nurses, her experience saw her able to act on any request before I thought of it myself. Soon after I had a diagnosis I passed into the care of the physio team who exercise regime was at odds with the regular nursing staff. I soon realised that relations between these two arms of my treatment were not friendly and the point of dispute seemed to be that I still occupied a bed but would need a short walk every day to get my legs moving again. Almost straight away I was moved to another ward where I was dropped in a corner away from the main action. The sister of the new ward left me in no doubt that I was not wanted and that I would receive only basic care and certainly no exercises would take place. 'Didn't I realise that I was looking after patients that were dying?' Not much could be said in reply to that except to fib to the physio who would visit me each day to see how my exercises were progressing. After this refusal to help me start these rudimentary exercises I took to my bed and for the final few days in hospital 1 I went into a sulk, feeling unloved. The day came when, at last, I left that miserable ward where only the dying deserved attention. I was slid into the back of a pocket-sized ambulance and away I went across town dressed in my pyjamas, to Hospital 2.

## Intermission

## Things I Have Learned in Hospital

### Space

One consequence of being confined to a bed was space. The abruptness of leaving home had meant that I entered the hospital with only a few belongings. I never seemed able to manage what stuff I did have within the space available to me. You slide into your bed taking with you home space that, as you will soon find out, is very different to bed space. Being confined to bed means that your things seemed to never stop exceeding available space. They always seem

to be out of reach at the end of the bed. To retrieve them would mean pulling back the sheets and covers only to have the problem get worse as all the things that were already carefully distributed on the bed, within reach, fall to the floor. This situation means a decision has to be made whether to retrieve whatever it is that has ended up on the floor. I could break the rules and wait until the nurses are not looking. Independent travel was one of the first rules I received in both hospitals 1 and 2. *Don't get out of bed without the help of a nurse.* An alternative was to ask a nurse to pick up them up. This meant handing over one's action to another set of priorities and might mean a long wait until the nurse 'found the time' to help out. This lack of space never relented and it was not long before I began to feel like a child throwing his toys out of a cot. A chair is placed on either side of the bed and these make up the only 'legal' places allowed if you are out bed. Stuff has to be stored on either side of the bed which meant in my case there would always be lottery as to which side I would be sitting in relation to what stuff I needed. Walking stick, tissues, clean underwear, notebook, reading, telephone, etc., etc., they were all in different places around my bed. Getting the television up and running…another chapter! Some days it felt as if I had spent the whole day finding or retrieving items that were not to hand. Stuff would vanish and reappear in strange unexplored places. Space required never seemed to match space available and so there was a constant, low-level anxiety about where you were in relation to everything else.

Wrappings

One cause of frustration for the whole time I was in The Penthouse and then ward 4 of Hospital 2 was the packaging that most of the items our meals presented themselves. From salt and pepper to orange juice, sugar, coffee and

the queen of them all cornflakes, were protected from the outside world by baffling barriers. Tearing the packets in the wrong direction would result in the contents dropping onto the tray and get mixed in with all the other disasters. A good example of this was the sachet that coffee came in. Tear it in the wrong way and most of the contents would spray out and land nowhere near the cup it was intended for. The result was that all I had to drink was a thin, brownish liquid with no kick for the rest of the day. Similarly, the orange juice. Just by looking at the juice container it was impossible to tell if one of the catering staff had opened before it arrived with me. I couldn't tell if the top was no longer attached to the drink and if I made the wrong decision and tried open it when it was already open the orange juice would fly open and the juice would land over me. Not my favourite way to start the day. One of the most recalcitrant packets, one that I could never open the whole while I was a patient, was the one cornflakes came in. It would persecute me the whole while I was in hospital 1 and hospital 2. (In my non-hospital life I never ate cornflakes but it was too early for institutional eggs.) Packet opening eluded me so the only way to get at the contents was to ask a passer bye to open it for me. Even when I was shown how to open the packet it made no difference. One morning something predictable happened. I brought my fist down hard on the packet. Scooping up the crumbs that I then added to the milk and so created a new breakfast cereal, cornflake mush. A feeling of resignation settled on me in Hospital 2. I came to the realisation that the package skills I had acquired in an earlier time of my life were now redundant. I was too old to make the necessary changes needed to join the package revolution and so get access to my cornflakes.

## Part 2: Hospital 2

### Ward 4

The two young women who had picked me up in Hospital 1 helped me onto my new bed – ward 4 bed 17 – said goodbye and left singing a selection of their favourite pop songs, just as they had in the ambulance. Mid-afternoon and I was exhausted by all the excitement. But it wasn't long before I realised that ward 4 was very different to the experience I had in Hospital 1. Everyone seemed pleased to see me and openly welcomed me on board. I fell asleep and was woken up just in time for the evening meal. After that it was back to sleep, this time with the help of an Endone. Evidently, there was a different drug regime in ward 4 to my last hospital visit. Then, to get anything stronger than Panadol required a doctor's permission and a long wait. Plenty of time tomorrow to start getting acquainted with the three other patients in the ward as well as with the nurses. With a couple of exceptions, they were all young Nepalese women who spoke excellent English apart from one linguistic hurdle they could never understand and that was my habit of making sardonic commentaries about the more personal situations I found myself in.

In the morning much more was revealed about my fellow patients. There were just four of us, all men. Our beds were placed opposite one another, which meant that we could see, and watch, each other all the time our curtains were drawn. One 'wall' of the ward was glass with a door that opened out onto a narrow balcony. This was much-favoured place by visitors who needed a break from 'visiting' but were worried that leaving too early might cause offence. Daytime in Ward 4 was full of sunlight and, if such a thing were possible in hospital, cheerful. The first thing I noticed was that whilst we were all patients

with disabilities there were great differences in the severity of our impairments. For my time in ward 4 I was the most mobile out of the four of us, with one exception that I will deal with later. But that did not affect the way we were all given a similar set of rules about how we should behave during our stay. We were expected to remain in our beds until our gym appointments arrived. The idea of a gym visit was utterly alien for some of us. For them, just to feel their feet on the floor counted as a successful gym visit. The great fear of the staff was that one of us would fall. This was not an unreasonable concern given that most of us couldn't get out of bed unaided, nor even stand upright for more than a few seconds. (Well most of us.) The rule was that to make any journeys out of bed, the patient had to be accompanied by a nurse. Someone would closely watch over you even when, as I described earlier, we were getting out of bed to pick something off the floor. Having a shower with a friend, which I remember could be fun, but being watched over by a young woman whilst sitting on the toilet took some getting used to. Of the many nurses who accompanied me to the toilet my favourite was the one on weekend duty. She would always address me as 'Good sir' and 'Are you done good sir?' and would always want to confirm that my time on the toilet had been a success. The you - must - always - be - accompanied - by - a - nurse - when – out – of – your - bed rule made all that had previously been personal and private was now transparent and visible to the ever-watchful staff. Solitary activities were difficult to sustain outside of the gaze of the staff.

Bed 20

Bed 20 was directly opposite me so any occupant and myself would have to negotiate how often we were permitted to directly observe one another. This hardly applied with my first opposite number who was very rarely at rest,

either in, or on his bed. The occupant of bed 20, Robert, was a man in his early fifties, someone who was always leaving his bed to explore the other wards, or better still, begin a conversation with one of us. Sometimes he would prowl, perhaps looking for a way out, sometimes he would just stroll aimlessly about the ward, preoccupied with the baffling predicament he found himself in. What never changed was his constant movement. There was a rumour that his discharge papers had been held up and this might be the cause of the agitation that filled his days. Obviously he was no longer bound by the rules that the rest of us had to observe. He was upright and could walk unaided.

I always got the impression that Robert was the kind of person who was only comfortable in the open air, so maybe another source of his restlessness might be that he was stuck indoors. He would sit out on the balcony until he could no longer tolerate having no one to talk to and then he would come inside primed for a conversation. He'd been told that his discharge papers were delayed but he hadn't been told when they would be ready. He was permanently poised to leave and had long stopped wearing a patient gown. After breakfast he would, occasionally stretch out on his bed but always fully dressed. His curtains were hardly closed; something that only underscored the outdoors feel to his personality. Even his minimalist style of dress – jeans and cut off pullover – only added to a personality that disliked coverings.

Because he didn't know when, his discharge would arrive; Robert filled his empty time with the one thing he loved the most. Talking about the characters and events that had filled up his life. He would be ever alert for when an opportunity arose so that he could tell us more about his times overseas and his travels throughout Australia. Once launched he would pitch his address to

the whole ward and have little or no sense of how long he had been speaking. For us listeners, it became dangerous to speak to him, either to ask him a question or comment on anything happening in the ward. Robert always seemed able to discover a link that would allow him to open up more pages of his autobiography. In all fairness, Robert's descriptions of his life were often engaging. He been as a salesman for medical equipment and had travelled in Asia, Latin America and Australia. (As he often observed the need for such medical equipment was worldwide.) He could transform the mundane events of a salesman into all kinds of engaging stories. On the day his discharge papers were promised his wife and two sons arrived to take him home. It was then I learned of another side to Robert. He was of Italian descent and the family all spoke fluent Italian with one another, something he had never mentioned in all his tales as a salesman.

After Robert's departure the next occupant of bed 20 was a very poorly lady who was, I think, in her eighties. She was extremely aggressive and I suspect well into dementia. Her struggles to get off the bed-and I suspect escape from the hospital – continued until she had tired herself out. She too was of Italian heritage and her command of English not that strong. I never understood why she was in ward 4 because the rest of us had various motor difficulties not the kinds of psychological disintegration suffered by the Italian lady. From time to time she would let out awful bi-lingual screams and it was not until they (nurses and family members) managed to get her to swallow something to quieten her down that the rest of the ward could also settle down. The distressed state of this poor woman – I never knew her name – rendered it impossible for me to treat this occupant of bed 20 in the same way I had done with Robert. For much of the time family members surrounded her bed and

obscured any view of what was taking place. I decided that, instead I would describe the dynamics of the visitors, who I assumed were mostly members of the same family. What follows is part description and part a dramatisation of what I could see happening around the bed opposite.

The earliest person to arrive was an elderly man who I took to be her husband. He always carried a large bag which was essential for the attention he paid to the intimate needs of the patient-straightening the bedclothes, tidying her bedside possessions, brushing her hair and making sure her drinks were refreshed – all pointed to a lifetime of a shared routine between husband and wife. On the occasions I was able to catch sight of him he always seemed, understandably, overwhelmed by his wife's decline. His careful attentions seemed to calm her but when more people had arrived, be they nurses or family, the trouble would begin. Even after visitors had begun to arrive the husband, who hardly moved from his bedside chair, seemed to shrink and withdraw from the situation.

Mid-morning, and the number of people grouped around the old lady's bed had increased. The first cohort was mainly women and children. The junior visitors, whose ages stretched from toddlers to babes in arms, immediately raised the noise level in the ward. There was a gentle rivalry between the women – perhaps they were daughters – each convinced that they were the one best suited to making their mother more comfortable. The result was jostling amongst them as to who should be comforter-in-chief. No matter how many visitors left the number around the bed seemed to remain constant, always being refreshed by new arrivals.

Later, when the men started to arrive the tone of the bedside gathering began to change. Whilst it was the women who attended to the immediate needs of their mother the men took possession of the diagnosis and treatment. The arrival of a medic would spark off an immediate interrogation, by what I took to be two brothers, about the condition of the patient. Once the poor person had escaped the arm waving brothers, the absence of handy targets lead to them arguing with one another. At this point I put on my anthropology cap. The disputes could have been about the ownership of the mother. Might it not be a dispute between brothers as to who would take the place of the husband/father so that it would be their concerns about the welfare their mother alone that would be paramount.

Amongst the visitors there would occasionally be teenage boys and girls. When they arrived they would be immediately ushered to Gran's bedside. What they saw there seemed to affect them in different ways. The girls remained in the heart of the pack grouped around the bed but the boys wouldn't linger. Gradually they would move away from the bed and out into clear space where they would check their phones and consult their watches to see how much longer the visit would last.

When the visitors had gone the only people left were the patient and the husband. She, agitated by the stimulus created by the visitors, began to quieten down. At the end of the day he remained a sad figure who had sat quietly through the disputes amongst the men, arguments that had left him of no consequence in the decisions of family matters. Eventually he would get up to leave carrying the same bag that he had brought to the bedside in the morning.

Bed 19

There could hardly be a sharper contrast than the one between the noisy attempts of bed 20 to escape to anywhere that wasn't a hospital and the stillness that surrounded the patient in bed 19. He (I never knew his name.) was already in the ward when I arrived. His bed was next to the window and so daylight would always colour his corner of the ward a brilliant white. Often it was necessary to draw one of the blinds so that his sleep wasn't disturbed. Whenever I cast my mind back to bed 19 I have singular image. It is still, with no movement. It was only on rare occasions when the staff thought he should have some exercise. This was always a difficult operation that required several nurses along with specialised walking equipment. He was a large man whose body widened considerably towards his waist. It took three nurses just to get him upright, something he was never very keen on. Getting him to the toilet was a military campaign that exhausted everyone those who were helping. His body never changed shape in response to his movements. It never seemed to bend to accommodate the physical demands any task required and I wondered, as I'm sure he did, how he was going to manage on the toilet. It was a few days before I realised what his body shape reminded me of. When he was sitting on his bed so that only his torso and his head were visible he resembled one of the pieces of the Viking chess set found in Scotland.

Lunchtime and he always had the same visitor who, I think, was the partner of bed 19. I had the feeling the feeling that both of them had been part of the music industry. I would occasionally hear the word 'gigs' mentioned and on rare occasions the music of Bob Dylan would drift softly over the ward. Two,

quiet, old men loving music that had been written a lifetime ago. Probably when they were young.

Lunch, and the visitor would help him with his food and after this they would play chess for a couple of hours or read to each other, sometimes from a newspaper, sometimes from a book, but after a while the visitor would leave and the patient would fall asleep. Bed 19 would return to a whisper.

Bed 18

The occupant of bed 18 was a friendly young man named Ian, probably in his late twenties. He arrived soon after me and the way the Paramedics carried him to his bed I guessed his condition was serious. I never found out what had happened to him, only what the consequences were. Whatever it was had rendered him unable to stand and so not able to walk. His paralysis stretched from his mouth down to his feet, which meant that all his bodily needs required the attention of the nurses and regular visitors Whenever he was readied for some kind of 'exercise' he would have to be strapped into something resembling a metal exoskeleton that would keep him upright. It took an age strapping him into this frame before he was ready to make a few sad movements that were a parody of walking.

He had two visitors, morning and evening, his mother and his girlfriend. They would arrive at different times, but always one would be in place by breakfast. Either would and one or the other would be in attendance for most of the day. At first, it appeared that mother and girlfriend were working in harmony but after watching them for a while I came to the conclusion that there was a

struggle to own Ian solely for themselves, or at least capture most of his attention and be the exclusive object of his affection.

The tension between mother and girlfriend was evident at the start of the day and at its close, in the late afternoon. In the morning, whoever arrived first would not only have sole access to Ian at the same time appearing as the most attentive of his carers. Mum was late middle aged so she probably found it easier to be up and about than the girlfriend and so arrive at the hospital first. The same uncertainty took place in the evening when it came to leave Ian. The first to go – and it was usually his mother – would leave the girlfriend having Ian all to herself. His mother would offset being outsmarted by visiting Ian when the girlfriend was tied up with work. This would give her a whole day to look after her son free of the rivalry that usually accompanied completing the essential tasks-and there were many-that Ian needed to maintain his body. When both were present there was a deal of 'no, I'll do it' or 'I think you'll find he likes it like this'.

However much his mother tried to keep up with the girlfriend she had a trump card – sex, or rather intimate touching. After Mum had left the curtains would be drawn and they settled down together in Ian's bed. They did this without one of them falling to the floor and so setting off the alarm with the nursing staff. Despite Ian's almost total paralysis the sounds of pleasure from both of them indicated that they were having a good time.

Alongside this rivalry between the two women was a tragic concern for Ian's condition. When they watched him being strapped into the frame, and when they spoke gently words of encouragement trying to help him walk (One either

side) they both had expressions that flickered between hope and despair. After I left I hoped that Ian would at least learn to move without his frame.

Bed 17

Bed 17 was where I lived and this is what happened to me in Hospital 2. I went to the gym twice a day to help my legs support me again. It was in the gym that I understood that after the predations of disease, age and the misfortunes of birth there was no ideal shape for the human body. None of us working hard at our exercises approached the shape presented to us by the advertising and fashion industries. The most shocking shapes were so confronting as to test our common humanity and yet, like me, they performed the steps and lifted the weights.

I left Hospital 2 constipated but I no longer needed to worry about unhealthy urine retention and catheter withdrawal. Most important was that my legs were starting to hold me up. As the run-about set off to take me home two nurses were sitting in the sun having their lunch. They waved goodbye. I waved back.

For my dear wife Jenni who died a few weeks after I came out of hospital.