

The worst of times, the very worst of times

Sydney Carton may have said, 'It was the best of times, it was the worst of times,' in Charles Dickens' popular book *A Tale of Two Cities*, but for me, on that fateful Sunday morning, it was the worst of times, it was the very worst of times. What, you may ask, precipitated this extreme sentiment? Quite simply, I fell over. Various arcane medical conditions have meant for some time that I have to be careful to maintain a vertical equilibrium when moving. I had had a couple of falls previously, one when I grazed my right forearm against the back of a chair as I crashed to our living room carpet, the other, injury free, into a pile of convenient bean bags. My instability at 10:00 o'clock on that fateful morning of Sunday, 24th January, 2021, was more serious, much more serious. Despite attempting to stay upright, with the support of my trusty Zimmer walking frame, my body moved to the right while my feet, simply, did not. I fell heavily, frame and all, on to my right hip, on a thinly carpeted, concrete floor. I suppose it was fortunate that both our son Andrew and his wife Gerlie were with me at the time. They promptly hauled me to my feet but it quickly became apparent that some serious damage had been done because I could no longer put any weight on my right leg.

One of Mull's ambulances was duly summoned and arrived at our door less than half an hour later. I was strapped into a most uncomfortable, steel-framed chair and wheeled out to the waiting vehicle, which took me across the island to the Mull and Iona Community Hospital (MICH), our local, medical centre. Built a few years ago, on a green-field site, it is equipped with full X-ray facilities. That was the good news. Regrettably, no radiographer was on duty on Sunday, so no diagnosis of my leg was possible. That aside, the local doctor and the nursing staff were most considerate and made me as comfortable as possible. An ambulance from Oban crossed on the 1600 ferry and, in a draughty corner of CalMac's car park, I was transferred from the Mull vehicle. By six o'clock I was in A&E at Oban, waiting for their X-ray machine to warm up. Later I was informed that the top of my right femur was fractured, the ball at the top of my thigh bone had been snapped off. Surgery was required but, while they had operating facilities at Oban, they did not undertake orthopaedic procedures. I would be taken to the Royal Alexandra Hospital (RAH) at Paisley the following morning. I was bade a good night's sleep.

Early on Monday morning I was introduced to the ambulance crew who would take me on the 90 mile trip to RAH. The driver was an old acquaintance of mine who had only recently joined the Scottish Ambulance Service. Needless to say his care of me was exemplary. Two hours or so later we arrived at RAH, to find that a surgical team was already waiting for me. A long chat with the surgical registrar, a signature asked for and given, and I was wheeled into the theatre. An anaesthetist explained that he would administer an epidural anaesthetic and that I would be awake for the whole procedure. He assured me that I would feel no pain. Despite being aware of my hip being banged and thumped I had no discomfort. Ninety minutes later I was told that I was all stitched up and would be taken to a recovery ward. My bed, containing me and all my possessions was positioned in one corner of a six-bed room of Ward 23. All seemed quiet for the next two days, nurses washed me, dressed me in clean surgical gowns (I only had the clothes with me that I wearing when I fell), fed

me what appeared to be decent meals and very much left me to my own devices. Most of this revolved around observing what went on in the ward. With Covid-19 restrictions there were, of course, no visitors, no cupboards topped with Get Well cards, in fact none of the paraphernalia of normal hospital life. The staff, doctors, nurses, auxiliaries, cleaners, the lot, all wore 'scrub' type uniforms, with face masks, plastic aprons, rubber gloves and sometimes full face visors. As the saying goes, 'It was difficult telling t'other from which'. However, my quietude and serenity were about to change, and not for the better!

At 0320 on Thursday morning (28th January) I was rudely awakened to find two burly gentlemen wheeling my bed, with me in it, surrounded by all my possessions, bundled, it seemed, into a number of large plastic bags, along cold, draughty, poorly lit, glass lined corridors, via a lift, to a different part of the hospital. When I asked what was happening, one of the bed movers (porters?) explained, rather curtly, I thought, that, 'bed space was needed'. My next thought was, 'Was this a return to the days of Burke and Hare, the notorious, Edinburgh, nineteenth century body snatchers?' Would the citizens of Paisley open their copies of the *Paisley Daily Express* to read about a wet, upturned hospital bed, found abandoned in the hospital carpark, and asking what happened to its occupant? Did modern day anatomists still rely for their studies of the human form on illegally obtained cadavers? Overall, I didn't think so. Eventually, amidst this mental cotton-picking I was delivered to my new home, Ward 18. My bed and its contents were unceremoniously parked in the corner of another six-bed room, and my two erstwhile, taciturn bed transporters disappeared as quietly and mysteriously as they had arrived. I wondered later what such hospital employees do during the rest of their respective night shifts to pass the hours. Do they continue to shuffle beds in the hope of creating space for more patients? We may never know.

At about six o'clock a nurse woke me from a troubled sleep to measure my vital signs, my blood pressure, blood oxygen level and body temperature. Long gone are the days when mercury was blown up and down in the glass tube of a sphygmomanometer by a hand-held pump while the nurse listened to the patient's arm through a stethoscope. A Velcro band now encircles the arm and a battery powered machine takes over, pumping up and slowly releasing the pressure. Results are displayed on a screen. Blood oxygen levels seem to be determined by shining a red light through a finger nail, while the body temperature is measured by firing what looks like a pistol into the ear. It's all a bit mysterious, especially when the results are only recorded in the pages of a compendious logbook, and are never, it seems, discussed with the patient. Also, I have never, despite having my blood pressure measured many hundreds of times, seen any evidence of calibration checks on the assorted, electrical equipment that is used. I would have thought that a scheme that paralleled the PAT testing of portable electrical appliances would be in use. But I digress; perhaps there are support systems that I don't know about.

I asked why I had been moved to this new ward in the wee, small hours, only to be told, quite dispassionately, that I had tested positive for Covid-19 and moved to a ward where such sufferers were treated, so as not to infect any other post-surgical patients. How could I have become infected with Covid-19? My wife and I had been in virtual lock-down on a remote island since before the pandemic was discovered. It

is true that both our son and daughter-in-law, Andrew and Gerlie, make infrequent trips to the mainland, but both of them are scrupulous about their Covid hygiene, always keeping their distances from other travellers, wearing masks and gloves, with frequent use of sanitisers. I explained that I had had three swabs taken for Covid since arriving at Paisley – did they all show positive results? No, only the third one, and this would be corroborated, or not, by further tests. It was explained that the samples were sent for analysis to Glasgow Royal Infirmary, often by taxi, and the results could take 24 to 48 hours to be reported back. Also, sometimes the result was inconclusive and a repeat swab must be taken, 24 or more hours later. I began to see that my stay in RAH could be a protracted one. In order to be released from incarceration, and returned to Oban hospital or MICH for continued physiotherapy on my mended thigh joint, I must have at least two negative Covid swab tests, taken some days apart. It was all very depressing. When I add the detail that during my moonlight flit from ward to ward my mobile ‘phone charger and cable somehow got lost, and nobody could find a replacement, you can see how quiet despair began to set in.

Our son Andrew contacted his brother Simon who lives in Kirknewton, west of Edinburgh, and asked him if he could drive over to Paisley and drop off a box of essentials for me, not knowing, of course, what, if anything, could be taken to the ward for fear of further contamination. Simon enquired and found that a box was acceptable. When it arrived it contained a ‘phone charger and cable, some reading material and enough chocolate bars to start a small confectioners, plus, I must add, a box of his wife Emma’s home-made fudge! Thank you both for that lifeline.

What can I say about my sojourn in Ward 18 of RAH? The first thing I noticed was how noisy it was. Everywhere there were steel pedal bins and every time they were used the lids dropped back with a resounding crash; there was no form of damping. When you consider that nothing could be taken out of the ward except in sealed rubbish sacks you will understand that the bin lid banging was more-or-less relentless. Every member of the staff wore a plastic apron and rubber gloves for each visit to the ward. These were dumped, with a bang, into a waste bin before leaving. Hands were then carefully washed and dried with paper towels; another bang of the bin lid.

The nursing staff mostly comprised groups of young females; some of them appeared to be not long out of gymslips and pigtails. Others were more elderly, mature ladies. The younger ones were constantly chattering, just as if they were in the school playground; little of its content seemed to concern itself with patient care and none of it was said quietly. Only rarely did I encounter what I would call ‘sympathetic patient care’. Actions often appeared to be taken as if on auto-pilot, with little if any thought for the consequences. My bed was next to the window and members of staff would regularly open it a little. This had the immediate effect of me being sliced into by a blade of cold air. Before the opener could turn round I had to remonstrate loudly and ask for the window to be closed again, before I froze. Similarly with the television; each room had one, generally positioned high up on an end wall. This made viewing almost impossible unless lying flat on the back. I don’t remember any patient requesting the TV be turned on, but some interfering member of staff would consider it her duty to switch it on. Fortunately the opening channel of the set in my room consisted of a static screen advertising 1950’s popular music, and the

volume control on the hand set didn't work. So, we had a static picture with no sound – almost perfect! The next best thing to it being turned off.

Food proved to be another area of concern. While I was in the surgical recovery ward the standard of food seemed, if not to restaurant standards, then reasonably acceptable. Meals were served on porcelain plates with metal cutlery. Menus were offered and choices indicated. After being precipitated to Ward 18 this all changed. A member of staff called out the two or three choices available and that selected was delivered to the patient, on paper plates, with plastic utensils. Generally the main ingredient was served with croquette potatoes and a pile of boiled, diced carrot and turnip. The croquettes tasted as though they were made of saw dust and wood-flour while the vegetables had had every vestige of original taste completely boiled out of them. Occasionally there would be a treat. One such was the offer of beef curry and boiled rice. I thought I might enjoy that. I spent several minutes trying to chew my way through the first piece of meat, unsuccessfully, only to find that the rice had not been cooked. Any evidence of the use of curry spices was entirely absent! My observations of fellow patients seemed to indicate about a 30% food uptake. After a suitable time had elapsed the food left uneaten was dumped into a waste bin – food, plates, knives, spoons, the lot. Nothing remained, except the inevitable crash of the lid banging down. One strange feeding practice intrigued me. At every meal each patient was offered a plastic beaker containing about 200ml of milk, whether asked for, or not. I observed that very few consumed their milk and after a suitable interval they were collected up, the contents were poured down a convenient sink and the beakers were consigned to the waste bin. I made it a practice to say, 'and no milk, thank you'. I reckoned that about three litres of milk were thrown away in our room, every day! Surely this was a waste that the cash-strapped NHS could ill afford. I was particularly distressed to see that there was no procedure in place to recycle uneaten and unwanted food; this was disposed of like all other waste. I discovered, I'm not sure how, that the staff kept a supply of liquid protein supplements together with some yoghurts in a nearby refrigerator. The staff eventually got used to my request for these instead of the inedible, cooked food. After all, it would reflect badly, somewhere in the system, for a patient to die of malnutrition in a hospital!

My final bone of contention about the staff was their universal lack of attention to detail. Every bed had a call button on a cable, which could be used to summon assistance. After each of the periods of frenetic ward activity, including drug administration, in-bed washes, changes of clothing, bed making, floor cleaning, doctor's visits, the provision of physiotherapy (ten minutes per day in my case), the supply of urinal bottles, bed pans and commodes, etc, the staff vacated the room, the doors were slammed shut and relative silence descended. There might be no staff activity for two hours and more. If help was needed it was no good shouting out for a member of the staff – they were not in a position to hear. Gone are the days when there was a nurse's station in the middle of each ward, day and night. Members of the nursing staff passed along the corridor outside the ward but rarely, if at all, did they glance in to see if any patients were in difficulty or needed help. Two experiences of this problem come to mind. In the first I realised, after lights-out at bed-time, that I could not see or find my call button. I waved frantically to anyone passing the

window but all to no avail. In the end I had to telephone Andrew on the Isle of Mull and ask him to call back to the ward to ask someone to sort out my problem. Eventually a nurse came and found my button, but was obviously not happy at having her off-ward time interrupted. On the second occasion I awoke from sleep in the middle of the night on hearing a voice from the next bed to mine, which said, 'David, will you spread my butter?' I thought I must have been dreaming but a few moments later the request was repeated, 'David, will you spread my butter?' Again, I ignored it as the cry from someone dreaming, or having a night-mare. The call became more insistent and I suddenly realised that, what the lady was saying was, 'David, will you press my buzzer!' The poor patient could not call for the help that she, by now, so desperately needed. I created a mental check-list before being left to my own devices, during the day or the night. I insisted that I had to have access to: the call button, my mobile 'phone and its charging cable, the overhead bed light, my bottle of drinking water and the bed lift and tilt controls. With grudging co-operation from the staff I also arranged for the screens to be put round my bed, to cut down noise from the nurses office area (which was still not inconsiderable, despite the closed ward doors), to reduce light levels and, in general, to isolate me from my surroundings. I managed to get a reasonable amount of sleep. As an aside: I estimated that the average time that elapsed between a call button being pressed and help being provided was of the order of ten long minutes!

I must mention the peculiar circumstances surrounding my hearing aid. When I arrived I was asked by the surgical registrar to remove my face mask, to make conversation easier. In doing so it became entangled with my hearing aid, which detached the plastic sound tube. Seeing two or three young staff members standing idly by I asked one of them whether she could take the aid to the audiology department to get it repaired. She agreed with my request and when I was in the recovery ward my mended aid was returned to me, neatly packaged in a transparent envelope. In all, this was a fine service. Later, when I was in Ward 18, I realised that I had no replacement batteries and the one I had would not last much longer. Again I asked a nurse whether she could contact the audiology department and request a replacement battery. She later reported that she had been to see them but, because my name was not registered with them, they could not assist me! To give the nurse due credit, she searched in the many drawers and cupboards in the admin section and managed to find one, single battery. Fortunately this survived until I was transferred to Oban, where a technician took it upon herself to give my aid a thorough overhaul.

After several days of this existence I was mysteriously moved to a single bedded room, somewhere on the same ward. Time passed equally slowly; drugs were administered, vital signs were measured and recorded, meals, if such they can be called, were served and thrown away. I had swabs taken for Covid, each requiring 24 to 48 hours to process. There seemed to be no end in sight. I pleaded, unsuccessfully, to be transferred to Oban hospital, or, better still, to MICH on Mull, or even HOME! I had several instances of severe pain and spasms in my right thigh muscles, possibly caused by the Covid virus affecting the surgical wound on my right hip. These were treated with morphine and liquid paracetamol – a combination that was almost instantly successful as a pain relief but left me suffering bouts of 'cold turkey' when I woke up. It was all very scary. I don't remember seeing anyone from the surgical

department to enquire about the success or otherwise of my operation. After a week or so a nurse ripped off the dressing, made a cursory inspection and said that all was well. I asked when the clips or stitches could be removed, only to be told that the stitches were dissoluble and would disappear of their own accord.

It was made very clear to me that I couldn't go home, or even be transferred to Oban until I had an acceptable standard of mobility. Two members of the hospital's physiotherapy department came to see me. They provided me with a Zimmer frame and demanded that I walk to the end of the ward. Suffering, as I do, from Parkinson's Disease, combined with the aftermath of surgery and symptoms of Covid, I found it difficult enough to stand up, let alone walk. The two ladies obviously thought that I was being intransigent because they shouted 'One, Two, One, Two' expecting my feet to move forward, a pace at a time; a task that I found impossible to achieve. I asked if there were any exercises I could do before they next came to see me and I was shown some that I could perform, both while sitting up, or lying in bed. After about ten minutes they left me, promising to be back on the morrow. The next morning I did the bed-bound movements and promptly fell asleep from the physical exertion. Suddenly it was 0900 and the first people I saw were my two physios. I pleaded that I had just awakened from a very deep sleep and asked, politely, if they could possibly come back later, when I would be more alert. The answer was a resounding 'No!' As you can imagine, when I tried to walk my feet froze to the floor, I wasn't going anywhere, not until I was much more awake. The attitude of my helpers was, 'We'll see you tomorrow'. I managed to persuade one of the male ward nurses to help me walk across to the toilet, and back again, a number of times, when he could spare a few minutes. Thus I was eventually able to get the box labelled 'Mobility' ticked off, with the comment 'Ambulant, walks with a Zimmer frame and help'. How anyone who has had major leg surgery and suffered from Parkinson's and Covid can be expected to achieve a high level of mobility with just ten minutes of physiotherapy a day beggars belief!

After a month at RAH those responsible for such things decided that my two negative Covid tests, coupled with my two weeks in a separate, isolation room, declared me healthy enough to be transferred to Oban hospital for further recuperation and proper physiotherapy. On the 22nd February I was strapped to a gurney, wheeled out to a waiting ambulance and secured for the 2½ hour journey, mostly along poorly maintained, potholed and damaged roads and round the twists and turns along the side of Loch Lomond. Ambulances are not well known for their sympathetic suspension systems, they are utilitarian vehicles, designed to get the sick and injured to hospital. Of course, most people do not have to suffer for nearly three hours on such a journey. That said, I shall be forever grateful to the driver and his assistant on that particular trip for getting me far from the Royal Alexandra Hospital, Paisley. One must not forget that they had to undertake the equally long return drive.

At Oban hospital I was placed in a Covid prepared, isolation room, presumably on the assumption that I might carry on me, or in me, the last vestiges of the disease, and they didn't want any contamination. The room had been modified by having a low pressure, high volume air pump positioned behind the bed. This pumped the air from the room through a 9" diameter, wire-reinforced, flexible pipe through a transparent, plastic panel that replaced the window, which was propped wide open.

By reducing the room's pressure any residual Covid viruses or other contaminants that I might have carried from Paisley would be carried away outside the building and not infect or pollute the ward. Good thinking, Oban.

The first thing that happened after I had been settled into my new abode was to have my weight measured. To this end a large, steel framed, chair was wheeled in, not, on first inspection, unlike a portable commode. I was asked to sit in it. When I enquired why, I was told that the staff needed to know my weight. 'You needn't have brought that here,' I remonstrated, 'my weight is 98kg'. The nurse replied, 'Not any more, it's 72 kg'. Somehow I had lost a quarter of my body weight while at RAH! Another few weeks in Paisley and I might have vanished completely! It is little wonder that I didn't have strength to walk properly. When I asked about support services I was told to expect visits from physiotherapy, occupational health and nutrition specialists. I subsequently saw doctors, specialist nurses, a podiatrist and had my hearing aid serviced by a kind lady from audiology. I quickly became aware that I was going to enjoy my stay in Oban, short, of course, of being allowed home!

After a few days I was moved to a different, single bed room, and again, all my chattels moved with me. Apart from a succession of surgical gowns and some ill-fitting scrubs I had been forced to wear the clothes that I had on when I fell over. Now a kind member of the cleaning staff, who heard of my predicament, asked if she could take my clothes home with her to launder them. Apparently she often took pity on abandoned patients and provided this helpful service. She wouldn't take a penny for her troubles; not even a contribution to her soap fund. I hadn't had any opportunity to clean or cut my finger nails, which had grown long and were disgustingly dirty. I had been told that, not only was there no manicure service available at Paisley, but that the nurses were forbidden from using scissors! A kindly nurse at Oban took time out to cut my nails and trim my moustache, which had grown long enough to filter out food particles. Thank you all for your wonderful kindnesses.

Oban had a proper menu system for meals and these were all cooked on site. Every afternoon each patient was given a printed menu sheet, listing the options for breakfast, lunch and dinner on the following day. Small, medium or large portions could be preferred. Meals were served promptly, breakfast at 0800, lunch at 1300 and dinner at 1700. The food was of good quality, cooked to perfection and served on porcelain crockery with proper metal cutlery. When I tell you that rarely was a plate or bowl returned from my room that hadn't been almost licked clean you will understand the difference between locally cooked meals and those served in the Greater Glasgow area, which, someone told me, are delivered each day from Cardiff!

Daily visits by doctors, and other health professionals kept a check on my progress towards recovery until they finally decided, notwithstanding my need for improved mobility, to let me go home. On the morning of 3rd March Andrew came to fetch me and two ward nurses accompanied the porter who wheeled me away from Ward I for the final time. All three helped me get into the car for the short trip to the ferry terminal and the crossing to Mull. And, yes; all my goods and bits and bobs accompanied me, packed into sterile plastic sacks, clearly labelled, 'Patient's Property'. I wanted to provide some tangible thank-you gift, if only a box of chocolates or biscuits, but was told that these could not be accepted on to the ward.

Covid-19 still reared its ugly head! However, that aside, may I offer a giant, enormous, nay humungous, thank-you to you all; you do the NHS proud!

A few days later I was talking with one of the GPs who look after patients on Mull and he explained that he, too, had suffered a fall which resulted in a broken femur, the same injury that I had had. I asked him where he went for orthopaedic surgery, and he told me he had been to RAH at Paisley. When I asked him for his views on patient care he replied that he had no opinion – he had discharged himself the following morning!! Sydney Carton would have been pleased to know that here was one individual who had the worst of times, followed by the best of times!

David Fuller
Holy Week, 2021