

# **NHS - The Final Indignity**

## **The New NHS – The Final Indignity**

I started training as a nurse in 1980 because I wanted to care for people, help those that could be helped and comfort those who were at the end of their lives. Over the following decades I've seen the NHS, and British nursing in general, decline into a medical production line, where efficiency is paramount. Caring is an inefficient waste of resources. Holding a patient's hand if they're worried, repeatedly explaining a procedure until the patient understands what's about to happen and is at ease with the procedure, all take much too much time in this super-efficient New NHS we now have. Giving the patient a pre-printed leaflet is much more time efficient and therefore has become the modern way the NHS is run.

Intensive Care was the last bastion of individualised patient care. Where a patient could get all the care they needed and the staffing levels allowed for this to happen. Unfortunately this last bastion of real nursing was destined to fall also. The High Dependency Unit was frequently so busy it became no more than a glorified production line, not unlike the general hospital wards. The Intensive Care Unit, although with some good successes, was more frequently filled with patients who had effectively died days or weeks beforehand, but because of a modern view that death was always preventable and nobody should ever die, it now took days or weeks of needless suffering before the effectively dead were deemed officially dead. If a surgical mistake happened to cause the patient's worsening condition in the first place, then the need to just go on and on, and never give up, was dramatically intensified. I have comforted relatives of patients in these situations more often than I care to remember. I then reached my personal final straw with a lovely little old lady I will refer to as Mrs.S. This was an indignity markedly more profound than I'd ever seen before and was an indignity too far for me.

## **Mrs. S – A Patient Too Far**

As I recall from memory, without the benefit of medical notes, the story of Mrs.S is as follows:

Mrs.S was initially admitted to hospital for a small routine operation and no complications were envisaged by her family. This was to be an unfortunate trust that would eventually turn into a lingering nightmare. An unexpected surgical complication, I refrain from using the word mistake on legal grounds, was to bring this poor lady into the Intensive Care Unit. After weeks of care she was fit to return to the ward again. A success story you would expect to hear.

In short order Mrs.S was readmitted to the Intensive Care Unit barely conscious after being found by her family (not the ward staff) sitting unresponsive in the chair beside her bed. She had eaten & drunk virtually nothing in the days since her transfer to the ward in a bright and cheerful mood. I was the admitting nurse on this occasion and thereby became the named nurse to Mrs.S.

At first her recovery was promising, but this wasn't to continue. As her condition was significantly weakened, her ability to recover became less and less possible. Contracting CDiff made things worse and a failing liver resulted in infected ascitic fluids swelling her abdomen and causing marked sepsis. All the stops were pulled out and the medical machine went into overdrive in an attempt to save this poor little old lady.

I'd love to say all the reasons for the intensity of treatment were purely as a desire to see Mrs.S recover and live a happy life with her family, but I'd be lying to myself if I did. On many occasions during her last few weeks of supposed life the ICU Consultants had considered that all had been done and a dignified end might in fact be considered. The final decision was that of the surgeon in charge of her overall care, and he was keen to keep going and going. I won't say this decision was probably motivated because of the original "complication", but you can form your own opinion about this. A request by the family to not return to the surgical wards again if she recovered enough was refused by the surgeon despite matrons being involved on behalf of the family. He was in charge of her ultimate care and it would stay that way regardless.

When the tight fitting oxygen ventilation mask started to cause pressure sores on her nose, threatening to turn her face into one big disintegrating mess, full tube ventilation was recommenced. When her fingers, hands, toes, feet and buttocks turned purple with ischaemia, her medication was changed. When any attempt at faecal management failed due to no anal tone she was kept clean by intense nursing care alone. I can only praise the nurses for assisting me in doing everything possible, that we were allowed to, to keep Mrs.S as comfortable as we could.

A dignified end to life was inevitably impossible under these circumstances. I could do nothing more to help this lady other than keep her as comfortable as I could within the confines imposed upon me by medical staff. This was not care of the sick or comforting of the dying that I had originally started nursing for. This was purely weeks of unnecessary torture, and I was powerless to do anything to help. My faith in the NHS and any pretence of humanity that it purports to harbour has been totally destroyed by this final incident. If Mrs.S's deteriorating condition hadn't been due to a "complication" during surgery, I feel she would have received humane decisions and not have been treated the way she was.

### **In Conclusion**

Read this statement of what I found carefully, for am probably now dead myself. I feel I should have done more to stop this indignity, screamed louder maybe, complained more, stopped the subtle wording of miniscule hope to the family in order that they agree to go on longer and longer. I voiced my disgust to charge nurses and consultants alike, but all were constrained by the original operating surgeon's decision not to give up under any circumstances. My personal opinion of why this decision was reached should be evident.

I hope in some way this posthumous statement of mine helps prevent anyone else ever being treated in this way. The NHS and British nursing used to be the envy of the world. Successive governments have destroyed a great organisation and turned it into a factory where managers blame the staff if the line slows down for any reason.

I sign off in the knowledge that the only part of the NHS I'll ever see from this day on is the mortuary, where I care not what they do with my remains.

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