



By Aggie Murch

PATIENT SPOTLIGHT THE OTHER SIDE OF THE BED

“Every time a patient becomes a client an angel dies.” Glancing through my husband’s old college magazine those words shone from a commencement address for the young medical graduates of Johns Hopkins University. A small picture focused on an elderly, diminutive figure, prophetically warning of the medical business model that was spreading with the speed of a fungal spore after the first autumn’s rain. Increasingly hospitals were spending more on machines and less on personnel. Health care as it was in the first and middle of the 20th century had changed forever.

Orthopedic replacement surgeries have evolved to become highly beneficial procedures for both patients and hospitals. Those procedures require precise mechanical finesse. However, the surgeon is but the pinnacle of a pyramid of care. They must be supported by good doctors, nurses, therapists and a smooth running institution which, though it moves such patients efficiently through its system, never leaves them feeling like a business client. Such a hospital I found at St. Mary’s in San Francisco.

It began simply, with a month of twice-weekly walks wearing the wrong shoes. I displaced the navicular bone in my right foot which then strained my left knee. Surely a little rest and ice would take care of the problem. But I didn’t get rest or ice. Instead I got a flight to Europe, spent four hours on a high bar stool in Paris and I couldn’t walk home. In England three days later I played in a partnered golf competition. The 15th hole saw my game and my knee give out.

Dr. William McGann’s waiting room was brimming over with Bay Area folk sitting patiently in various states of lameness; young athletes who had beaten their bodies into a freezing standstill, the middle-aged whose joints were strained beyond weight-bearing capacity, and the elderly, living longer but with a brittleness that cried out for smooth lubrication. Many had been ‘rode hard and put away wet,’ as a cowboy would say. Two unflappable receptionists behind the counter rolled their chairs back and forth, moving us calmly through their system and America’s medical insurance web.

Angela, a young resident nurse, came into my room to say hello, ask questions, listen and then move my offending knee this way and that. She also caught that the MRI I had brought in didn’t actually have my name on it. We were fairly sure it was mine but you never know.’

For Dr. McGann and his team I had a pretty straight-

forward knee gone wonky. There was some floating “crab meat,” where I had torn my meniscus and then the tell-tale signs of arthritis closing the medial gap of the knee joint. We chatted about what could be done and discussed the procedures available. But then Dr. McGann took off 50 cc’s of synovial fluid and popped in a little cortisone. Suddenly there was no pain. No pain, and no surgery as far as I was concerned.

For the next several months I tried to repair myself any other way I could before eventually coming to admit that a knee replacement was no longer an elective procedure, but a necessary one, if I was to regain a functional level for actively living the last third of my life.

Going up our old farm-house stairs as I now was, on all fours, was not an acceptable option.

For old nurses (I mean those of us who remember being measured for our student uniforms so that the hem lines were no more than eleven inches from the ground), entering a hospital as a patient brings to the surface both our repressed fears and curiosity: fear of what we know and curiosity towards the unknown. Our eyes are quick to search out what medical and hospital procedures have been improved since ‘our day.’ In North America, science, economy and streamlined efficiency are the driving impetus to health care. Medicine has married pharmacology and surgery cleaves to anesthesiology. In many hospitals’ medical services,

efficiency and economy stand ahead of patient care and outcome. No wonder those of us who 'remember when' are apprehensive at any engagement with today's medical and surgical teams.

In the week prior to surgery it was time for one last doctor's appointment and X-rays before heading to St. Mary's hospital third floor for a pre-surgery check in. There I was met by Mahesh, the first of St. Mary's angels. Quick, spry and smiling, he knew that a morning spent being prodded and pictured before leading into an afternoon on the admitting floor for more of the same leaves a lady in deep need of a cup of tea. When Mahesh said, "Follow me please, My Lady," I replied "I'll follow you anywhere." Knowing that there was one such person within this system gave me hope and courage.

The morning of surgery my husband drove us through the last of the dawn fog to the city. I wondered how each of us accepts such an event when narrowed into that choice by our broken bodies.

Back on the third floor I changed into the hospital gown of choice, putting my clothes away into my cheerful, purple bag. Then there was the discussion about rings. 'They' want the rings off. For some women to be ring-less is the final nakedness. When my mother died, I had taken her wedding ring and slipped it onto my finger. It had never been off since. My husband put my rings in his pocket and gently slipped them back on my fingers before I woke up.

The anesthesiologist, aptly named Dr. Goode, arrived. Bright and cheery, he was quick to reassure me as he inserted and secured a large IV needle into my hand. Fluids and drugs began entering my body. The gurney wheels squeaked along the corridor.

Friendly faces; the young resident whom I tease and an Operating Room scrub nurse hang out on the railing of my gurney. Dr. McGann comes by, says hello and writes his initials, WM, on the offending knee. He hands my husband the pen, a cheap, silly, little marker that I have kept in the bedside drawer ever since. That is the pen with which all memory is erased.

They say I was coherent and chatty after surgery. Sal, the physical therapist to whom I was assigned, came to my side. A sweet and gentle young man who knew from his own early football injury the price of the wound and the seat of the soul. In all our time together I felt only his total attention, encouragement and support.

Nurses came and went with a smile, a knowing



concern and caring efficiency. Nurses love the extra autonomy the day's end and darkness gives them. For this time the patients are ours. Now, I was theirs. At shift's change the nurses came into the room in pairs, passing reports from one to the other in front of me. I listened attentively. Smiling gently, one asked, "Are you a little hard of hearing?" "Certainly not." I

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replied. "My hearing is just a little less acute than it was." Laughingly they made that notation in such a way that I never had to ask, "Pardon?" or "What was that?" with anyone again.

Nurses kept my nights pain free and brought companionship and warm wash-cloths at dawn. To watch day break through a hospital window is a slow miracle. I could see the tower of the Church of Saint Ignatius and the cloisters of the nunnery. One sensed the nuns' presence and prayers for us all.

Family, friends, physicians and therapists kept my days busy. Pain became more attentive and so did Sal. He was joined by the occupational therapists. They brought handy dandy tools - for old people - that I accepted with more gratitude than grace.

Humor returned, at the expense of the young resident, Patrick. "You are going to be a doctor?" "I am a doctor." He replied, smiling firmly. He came in early one morning and found me gown agape trying to get back into bed. We laughed, 'Good morning,' before he said, "Come on. Let's go for a walk." And so we walked, up and down the corridor, just a little bit more than before. Like a 19th-century gentleman he returned me to my bedside, then taught me a trick with my legs to get into bed by myself. We shared more laughter as I thought, Yes, now you are a doctor. That night was my last in the hospital.

The long journey home. The heaven of a familiar bed. The friendship of women as Megan brought an

ice machine and the news that Pete, who had the same operation last year, was surfing in Indonesia this week. Food and companionship entered the house in the gently haze that binds communities together. Daughters came with granddaughters. Card games of Fish and Snap were played followed by adventurous excursions to the back garden searching for caterpillars and lady bugs. In those times, pain bowed down and away.

It took two weeks before I knew that having the surgery was a good idea. Slowly, steadily, healing took place. Nurses and physical therapists came to the farm, checking this and encouraging that. Progress was measured by the discarding of those embarrassing accoutrements. First went the commodes, soon followed by the 'sock putter-oner.' Then it was the turn of the walker. The grabber and the crutches stayed a little longer. After three weeks the team stepped back and signed me off. I, my knee and my bowels were on our own. Physical therapy continued. A simple wooden cane took over for walking in public.

At the end of the month there was one more visit to Dr. McGann. He was happy with my knee and my progress and I was ecstatic. But, as a nurse, a woman and a farmer I had to ask him to those questions we all need to have answers for: How soon could a lady shave her legs after coming off of Coumadin? And when could I drive my tractor again? It had been two months now and the grass in the apple orchard was tall and dry, and waiting for me. ■

Muriel (Aggie) Murch is a nurse, writer and farmer whose works include "Journey in the Middle of the Road," published in 1995. Her short stories and poetry focus on nursing and women's health, and have been published in medical anthologies and journals. Murch also produces radio programming for KWMM (FM 90.5) in West Marin. The family farm grows organic fruit.