

# The Patient Who Was Naughty

[Home](#) <http://nofrillstech.net/>

Time working in a hospital, as a cleaner and as a trainee nurse, gave me an insight into how the caring instinct in humans, supposedly more advanced than that of animals, really works in practice. The hospital in question was a rather conservative model: rank, file, sex, and occupation were clearly demarcated. As staff went, there was the usual spread of talent as for any institution; some were some idealists, some hard workers, some had found a default occupation, some were the usual opportunists that always colonise or flourish in any institution. Also, there were good patients, bad patients, reluctant patients, and those who had adopted suffering as a way of life, the sort who in their turn also colonised and thrived in the institutional way of life.

Sometimes I saw amazing skill, dedicated care, and amazing recoveries, and other times, I thought that I would never want to be a hospital patient myself. The greatest lesson I learnt, from my sojourn there, was that you do not get your time over again, and how easily the basic lessons for healthy life and survival are lost, overlooked, or ignored by so many. Companion feeding, mob psychology, gullibility, and an expediently mechanistic view of the human body, all do little or nothing for general community health. For some, death comes after a hard battle against the odds, or at the end of a long life, sometimes there is dignity, sometimes there is not, and there is never dignity with death by self-destruction, however long-drawn-out or patiently faced. Sometimes, for others, death comes too easily, so indifferently, so carelessly, so quickly, so untimely. Many examples come to mind, as they do when thinking about Life, Death, the Universe and All That. But the most disturbing story was that of **The Patient Who Was Naughty....**

At that stage, almost five decades years ago, I was a first year junior, and on this particular afternoon shift, was in a medical ward, which meant mostly cancer, heart, and lung, cases, with little optimism anywhere. There was also, at the time, this one particular cardiac patient, irritable and bombastic, with an affected manner of declarative speech to go with the attitude. (I soon found out that people retain their basic nature even on their death-bed, even at the moment of death if conscious and coherent, and this patient was a good example of this phenomena, and also that, in general, skeptics have the easiest acceptance of death, but I do digress.)

This patient was quite obviously slumming it, being in a public ward, and this was evident in his attitude, apparently having come down in the world, if indeed he was ever "up", but he did have a serious heart condition, and this should have influenced subsequent events. On the evening in question, (just as one would start an old-fashioned detective story?), this patient was playing up, irritating his companions, and complaining to and vilifying the very staff who were doing their best to keep him, and all the other optimists and non-optimists, happy and comfortable. In this climate of medical accord, I went off to dinner as my turn came, to enjoy a break and some time alone.

When I returned, I checked on various patients, and was told of a patient in distress, by another concerned patient, which proved to be the aforementioned miscreant, and found him lying on the floor beside his bed, mostly naked, and muttering and moaning. On going to the staff room to get help, I was told by our Staff Nurse, (A Good Christian Girl, and Winner of the Nursing Medal the precious year,) that the unfortunate patient had been continually naughty, she knew he had been on the floor, and that to leave him there a while longer might be a good lesson, etc., etc., and then pretended not to notice when I enlisted the aid of an even more junior male nurse to lift the patient back to bed. The Staff Nurse then went to lunch.

We duly lifted the patient m from the floor, and placed him, whimpering and shivering, in his hospital bed, and were most concerned at his cold, pale, faint pulse, and incoherent condition. He was made as comfortable as possible, and a report was made to the Office, and, with the Staff Nurse being on her dinner break, a joint decision was made to call a doctor to carry out an examination. A young resident duly arrived at the ward, and I took him straight to the patient whom he then examined.

His only words were "How long has he been like that? This patient has had a massive heart attack, and you had better move him, because he does not have long to go, and in view of this, and his age, there is no longer any need to call for the emergency trolley". Which instructions we duly followed, and he duly did not last, dying an hour or so later, as his much maligned and over-burdened heart finally gave out with the shock of his recent indignity. No wonder he was rendered incoherent, his brain was well short of oxygen, and this only compounded the problem of his standing with the nurturing and caring and judgmental staff nurse....and the pain and cold would have been quite unbearable. A light sedative for a fractious patient would have made all the difference, and should have been administered, with or without his own knowledge. Ah, Largactil, the harried nurses' best friend, to be given only to the patient, of course!

Well, the whole incident has troubled my memory and conscience for many years since, for regardless of the condition, attitude, and current life-expectancy of the patient, what occurred was manslaughter due to cruel and deliberate negligence, and nothing was done about it subsequently, by me or anyone else. Oh, to be free of the associated guilt of the knowledge and consequences of other's actions. Repeating the cosy mantra about what could be done, what can be done, and knowing the difference, is definitely poor comfort to working the conscience. That this could have happened unpunished in an institution created to ensure such actions were never committed by anyone within its purlieu, official or otherwise.

There were other patients who saw what had happened due to the patients distress and disorientation, had even reported this, to no avail as previously indicated, but what of their continued well-being? What of the distress of an enquiry, even if they did survive to testify in one? To challenge the one figure in authority, and also most responsible for their own possibly critical care, could only cause serious distress. The young and overworked resident was never fully informed as to all the details of events, on a quick decision, because he would have been well in the frame for facing an enquiry into the actions of a senior nurse, through no fault of his own. The worry still was, if this occasion went unpunished, what of possible future offences?

In addition, whether or not the resident was told, who would possibly brow-beat other patients as possible witnesses, some of whom were themselves seriously ill, or, even before that, believe a mere junior male nurse or two over the word of The Good Christian Girl, and the holder of a Nursing Medal? Even in the loftiest of institutions, however highly principled, the closing of ranks at "awkward" times is always a paramount consideration. A high principle instilled may make for a somewhat better human, but never a perfect one in any circumstances, and likewise for human institutions; the symbol hides, or can even replace, the reality

Certainly, the Staff Nurse simply chose not to comment, and did not seem unduly troubled, the end presumably justified by the circumstances by her own rationale, and anyway, who knows how long the patient would have survived without his untimely hurry-up? After all, rightness and self-righteousness co-exist very expediently for the self-anointed, so conscience does not always figure in personal morality under these circumstances.

As a footnote, no, I never did qualify, in the end. I was never really fully confident in chart-reading, or in identifying and counting medication, and this preyed on my existing apprehension of making some serious and even life-threatening error. Yes, I personally would rather die away from a hospital when my time comes, and that time must also be of my own choosing, circumstances permitting, of course, and that includes no unexpected hurry-ups, at least, from anyone else, accidental or otherwise! But I have always valued highly the lessons learned during my time at the hospital about keeping one's good health, directly or indirectly, by other's choices and mistakes of self-care. Also learned, that how true the Arrow of Time flies for all mere biological entities, and that inevitably, even abruptly, it will fall to earth.