A PATIENT PERSPECTIVE: **OLGA'S EXPERIENCE OF THE INTENSIVE CARE UNIT**

INTRODUCTION

My story began with me feeling unwell in March 2023. I was working abroad and feeling unwell, and I knew as I was getting on the plane home that I would need to see my general practitioner (GP) as soon as possible. When I saw him, he diagnosed me with double pneumonia. I was relieved, weirdly. I was sort of reassured that it was more than a chest infection.

I went to bed that night and woke up at 4.00am unable to breathe. I called an ambulance and was unconscious when it arrived. And so began 10 weeks where I journeyed through three hospitals and three Intensive Care Units (ICUs).

OLGA'S ICU STAY

I have no memory of Hospital 1/ICU 1 – a lot of my story was relayed to me after 6 weeks of treatment, including all of what happened in Hospital 1 and the first 5–6 weeks of what happened in Hospital 2/ICU 2. I had pneumonia, sepsis, and mitral valve regurgitation from an undiagnosed rheumatic fever as a child.

I 'woke up' at the end of April in ICU 2, having had a tracheostomy in an attempt to get me off a ventilator after 5 weeks. I was very agitated when I woke up, and most definitely in a delirious state; I was totally reliant on the people who worked in that ICU. I had a strong sense of gratitude.

When things calmed down, I had an overwhelming sense of people being very patient with me. I was being hoisted to be moved; all of that was told to me afterwards. I'm pretty sanguine about it and I'm not particularly grossed out, but I felt sorry sometimes for the people looking after me.

I'm a bit of a sucker for a medical drama on TV, and I was going, "This is all reinforcing my understanding of how a hospital operates." Because I had the tracheostomy, I couldn't speak and I had a temporary voice box that the staff tried to show me how to use, but I couldn't move my hands properly in order to use it. So my overwhelming sense of all of that was to just do what I was told. Considering how busy medical staff are in this country, all that we know about resourcing and staff shortages and the demands on services, it still strikes me how patient they were and how much time they took to explain things to me; they waited for me to give a thumbs up to everything they did. At one point I thought we were in a TV show. My notes say that I had persistent delirium.

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I remember quite comfortably chatting to people, or at least thinking I was, and just sort of 'treading water' until I figured things out in my head. In some cases, I was thinking everything was just in preparation for filming later. The first time I wore pyjamas was a big deal; the staff told my sister to bring in ones with buttons, as doing them up would be a task that would get my fingers moving. The poor therapist was showing me what to do, but I was thinking and then saying, "I'll do it later when the cameras are rolling." I did later have some memory of delirium, where I thought I was being drugged. I dreamed about being kidnapped, but not all the crazy dreams were bad. Some were upsetting with traumatic content, while others were kind of heroic or great fun, like one where I was in a play with Olivia Coleman. Like, I wasn't just going to be in a play with any old eejit! But there was something about the play that involved me being in a hospital bed.

CONTENTS PRINT

I couldn’t hold a pen properly and I couldn’t hold my phone. Although I was very frustrated with that, I do remember that quite a few people told me at the time that I was very good-humoured. But in the main I felt mostly grateful.

The other key thing that stood out for me in Hospital/ICU 2 was exhaustion. My reality was that everything took enormous effort, and I was ‘managed’ around the clock: the air-pumped bed to stop me getting sores, the movement of the machines, the amount of wires and gadgets and tubes that were involved, and the hole in my throat.

Everything was just very weird. My body didn’t feel like my own, and what a momentous occasion it was to stand up! But it felt like climbing a mountain. It’s humbling. The best thing was the kindness of the staff, even when I was still having wonky nightmares. My first shower was a weird mix of it being very normal for the staff, but a very special thing for me. I felt like I was special to them. I remember that one day I was really cross, properly angry; maybe I’d had a crazy delirium moment again, but it felt more rooted in the reality of being in that state, in a hospital. I had a suction tube to clear my own secretions from my lungs. It was really gluey, and I threw up. On lying down, I remember feeling very sorry for the nurse cleaning up all of that stuff. That combination of the nasal feeding tube, tracheostomy, and gluey suction was pretty awful.

I remember that I became slightly fixated on the feeding tube because it was making me feel unwell. I was kind of ranting and raving, without sound, pointing at it. I really felt like I was trapped, and I was sick of throwing up – and probably also tired of the lack of independence.

But even then, I also felt incredibly well looked after. The dietitian was amazing, explaining about what I was being fed. I remember that when they took the tracheostomy tube out, they made sure that I gave the thumbs up. I remember laughing, being so impressed by being awake for a procedure! I guess it felt like I had some control again.

Before the tracheostomy tube removal, I had been asleep for all previous procedures. There was a huge amount of plastic coming out, and I was fascinated seeing what it looked like. I was also fascinated by the hole, and someone later offered to take a picture of it on my phone for me. I found that respectful and considerate, and basically, patient-centric.

I felt more in control now, being awake, and happy to use that control. This was another kind of stand-up moment for me because I felt able to talk and ask questions. I didn’t yet know that I had sepsis, obviously, but then it had developed pretty quickly. Thinking about sepsis and Savita Halappanavar, I didn’t want to become a famous coroner case in that way. I felt really well looked after by all the staff, even when I was leaving the ICU. They kept me longer than usual because they were not prepared to release me onto an ordinary ward, as I needed to be in a room on my own.

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There were still further investigations to be done, and I had to be on a cardiac ward for that. The ICU staff told me that it was very unusual not be able to bring someone around quickly and that they suspected I had another underlying problem. On my last night in ICU 2, while I was literally being tucked in and made really comfortable for the night, I joked to the nurse, “Who’s going to tuck me in tomorrow?”

I think I spent 30 minutes in the private room that I had been moved into from ICU before I got bumped so that a patient with COVID-19 could have an isolation room. The ward was just as amazing as the ICU. I still needed assistance with a lot of things; for example, I was to have assisted showers, as I hadn’t yet had a shower on my own. I was pretty ‘unplugged’, but I still had the feeding tube and some lines. I probably would have waited 3 days if I’d waited for an assisted shower. They just didn’t have enough staff or nurses to assist me; I felt so sorry for them. That’s to do with resources, and that’s the nature of public hospitals in Ireland. I didn’t want to be that person saying “I need this, I need that, I need the other.” Then I thought, you know something, if I just go and shower by myself, what is the worst that can happen? I didn’t mean to be glib about it, but it was a bit of a sharp change being on a ward. But I also remember thinking this was ridiculous; how are the nurses meant to do their jobs when they’re so understaffed?

In the ICU, the staff made sure that I was very comfortable when I was going to sleep, knowing that sleep is so valuable for healing in an ICU setting. But in the ward, it becomes more about what the system needs. In the ICU, it was all about one individual being especially cared for.

I spent a total of 2 weeks in the cardiac ward of Hospital 2. I was due to have the heart valve surgery there, but it got bumped due to pressure on that hospital’s operating theatres. I started doing rehabilitation to recover from the 6 weeks I had spent in a coma or lying down on a ventilator and being artificially moved. I was pounding the hallways by the cardiac ward; it was a big day when I was allowed to go farther than the end of the corridor. I was very motivated about getting my strength back. I got off the feeding tube by negotiating with the dietitian

CONTENTS PRINT

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who followed me after discharge from ICU. "You'll never be able to eat enough calories," she said. "We have to build you up." I was like, "You haven't seen me go. I can absolutely eat as much ice cream and custard as is necessary." I found all of that really positive in terms of follow-on care. I was in a ward with a lot of older men with diabetes who were all on sugar-free diets, and I was like, "I'm having more ice cream here. My high-calorie, high-energy diet!" I was so lucky to have been given such a good start to my recovery.

When I left Hospital 2 to go for surgery in Hospital 3, I brought a card and chocolates to the ICU in Hospital 2. I really wanted to say thanks in some way. When I was writing the card, I found myself saying I really felt like they had given me an almost maternalistic or paternalistic type of care, and that they had given me a really good start to my real recovery, emotionally and psychologically as well as physically. There were two consultants who I saw quite a bit of. One was a heart consultant and the other was an ICU specialist; I keep thinking of them as 'players' on my 'TV show'. I remember thinking, "These people are like, like the big brains, the biggest brains," and they were just so human and straight-talking, but not condescending. There was also a specialist tracheostomy nurse who I just thought was great craic. I remember being fascinated about why someone would want to work in an ICU as a specialist in nursing. It was kind of obvious to me afterwards what a clinical level they operate at. I asked each of them at one point or another why they were doing what they do.

I had a lot of support from my family and friends. But then I had to face the fact that I needed open-heart surgery. It turned out there was something very wrong with my heart, which explained why they couldn't get me out of the coma for so long. That, I think, was very overwhelming.

I decided not to tell too many people that I was going to have open-heart surgery. I didn't really talk about it too much; I needed to keep my head together. But when the surgeon came and saw me, he said, "You look a whole lot better than what I was expecting. You're on the right side of 50 to have this kind of surgery." He was really kind and gave me some confidence about it. I remember asking the cardiologist, "What would you do if you were me?" She said, "I guess there's something to be said for doing the surgery now before you go home", it all in one go." Which is where I was heading to anyway. She wasn't taking the ultimate decision away but was giving me another bit of confidence. That surgery didn't end up happening in Hospital 2 because the operating theatres were blocked up. These blockages in the public health system are not anyone's fault; there were people in there who were undergoing tests for a very long time. I became very aware of that while I was in the hospital. At one point I was to have an angiogram, and it got delayed by 2 days because that hospital deals with every emergency cardiac case for half the city, so of course scheduled surgeries get bumped for things like emergency stents.

But on the brighter side, there was a sense of community and great camaraderie on that ward in hospital 2. There was one really wealthy man who I christened 'the Chair of the Board'; he was great fun and very positive. He was retired and had made a small fortune. But he was there for 3 weeks waiting for his treatment because he wasn't an emergency. It's kind of interesting because the best part about the public health system is that hospitals don't kick you out; it's not all about commerce. There was a homeless person on that ward who was equally fascinating and had a very interesting life. He was clearly very smart and well educated, but he'd just had a run of bad luck and a very toxic divorce, and was living in a hostel. The staff were trying to organise a lot of social care stuff for him.

I ended up staying on the ward in Hospital 2 for 4 days longer than I needed to. My surgeon also worked in Hospital 3, so I ended up going there to have the surgery done because the operating theatres weren't available in Hospital 2. I suppose the more political 'citizen Olga' was fully engaged, having all this debate about this blended public health system, because what was happening to me was making me anxious. I went from a public to a private hospital, and having experienced both, the care in both is all that it should be. I remember going into the operating theatre in Hospital 3 and people being incredibly kind there, and really reassuring. I remember waking up and feeling like I was in a scene from *Star Trek*, with the sliding doors; it all fell very high-tech and really interesting, a little bit like being in a TV show. I remembered it feeling very clean, clinical, and high-powered in the clinical sense.

In ICU 3 I remember being awake and in an awful lot of pain. The nurse who was assigned to me was very nice and really kind, even though they were clearly busy. There were only two times when I felt like I was a burden to people in the whole 10 weeks I spent in hospital, and both of them, unfortunately, were in Hospital 3. Which is

CONTENTS PRINT

a pity, because the staff were so good in so many other ways. Hospital 3 had all the salubrious surroundings; the meals were restaurant quality compared with Hospital 2, and the bathroom was amazing and spotless compared with a shared one. But for all that, they were still under huge pressure all the time. They told me that I was going to be in ICU for 2 days, and I wasn't. They let me back up to a room on a ward after only one day, which I took as a good sign even though I wasn't expecting that quite so early. I was discharged from Hospital 3 with a list of the things I needed to do to protect myself after open-heart surgery, but these weren't really compatible with what I had been through for the 9 weeks prior to that surgery. Like all the stuff about how you move, not moving or using your arms. I couldn't actually do any of those things because my legs weren't strong enough yet, and I couldn't seem to absorb and retain the information. This is going to make me sound a bit smart-alecky, but we got such a laugh out of the book about what you can expect after surgery: things like croquet and what kind of golf you could play and what you could do in the garden. I wasn't a private patient booking in with my private consultant, and that book highlighted that there was something slightly class-based about Hospital 3.

I knew I couldn't play croquet for 4 weeks, but there was no answer to how I would get my drain stitches out a week after discharge, which, I was told, was essential. They just told me to go to my GP. But my GP was 100 miles away, so I ended up going to a Vhi clinic.

The hospital staff did a 1-hour session with me on going home, all based on not using my arms to get out of bed or a chair, but they didn't really have an answer when I explained about my 'coma legs 'from being in ICU for so long.

The hospital gave me a number for a nurse who would liaise with me if I needed additional scar management, including the option of texting a picture. My scar did 'weep', and they had sort of terrified me about movement and not damaging the wiring that closed my breastbone after the surgery. I sent a photo in to ask if it was OK, and I never heard back. I was also going to be on warfarin for life, and because of that, they told me I would need to go to my GP to have my bloods tested every week. I found that disconnect to be very prevalent in retrospect – they told me that I couldn't do anything for 6 weeks, and my GP was 100 miles away. How was that going to work?

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In fairness, Hospital 2 initially told me that I would go over to Hospital 3 for surgery and then come back to Hospital 2 for my recovery. Then they said no, I was going to stay in Hospital 3 for my recovery, but then I would come back and attend Hospital 2 for my outpatients. But it actually became really tricky to get back into Hospital 2. I was stuck; I fell between two stools. Luckily for me, Hospital 2 did take me back, and I went to the warfarin clinic there.

Presumably, my heart surgery rehabilitation in Hospital 3 would have been something like, 'sell a kidney to pay for rehab'. Then I got a call from a very nice woman in Hospital 1 who offered for me to attend rehabilitation there. Hospital 1 was in Kilkenny, and even though I was living back with my sister in Dublin, I've always kind of split my time between Kilkenny and Dublin. But I was impressed that they followed up with me even though I had spent only 2 days there. But then I was like, God, this is interesting; Hospital 3 couldn't even take out two stitches, but now two public hospitals were saying, "You can do your rehab here, let's bring you in for your assessment." I found the heart rehabilitation in Hospital 2 brilliant, because again, there were people there from all walks of life. Some were great craic, real characters, and very motivating. It's fascinating to see the difference between two types of hospital. I can't say I didn't get great care in Hospital 3; I did. But it cost the insurance company tens of thousands of euro for 7 days. In Hospital 2, I was a citizen getting 7 weeks of ICU care without charge, and with huge kindness on top of that. The health care assistants in both Hospitals 2 and 3 were an unbelievable bunch of people. Smart, and totally professional in every way.

I had had my birthday while I was unconscious in ICU in Hospital 2. I told myself that a year after my discharge from Hospital 3 would be plenty of time to be going on about my medical journey. Beyond that, another birthday would have passed and after a certain point, you can turn into a bit of a bore. I was asked to do an interview for *The Irish Times*, with a journalist I admire a lot, and I decided that was a good way to draw a line under my experience and to tell my story. It gave it context and helped me articulate how positive I feel about it. That might seem counter-intuitive, but overall, being in ICU was a wake-up call, and I felt that I was given the best chance of a full recovery because of my treatment in ICU 2 in particular.

On the first anniversary of my leaving the hospital, I sent a card to the ICU in Hospital 2 to say that I was still grateful.

CONTENTS PRINT