

HEALING THE HEART AND THE SPIRIT

Photo: Isla Trapsky, Medical Photographer, Health Waikato



'The bright lights and high staffing ratio . . . essential for my close monitoring, became quite tortuous for me.'

Nurses' role in caring for those who have had major cardiac surgery should not be confined to physical needs. But chronic staffing shortages and a lack of appropriate skills mean psychological care can often be overlooked.

staff who cared for me, as either colleagues, or students whose training I had hopefully influenced.

The initial news was both good and bad. Despite rapid treatment, my cardiac enzymes indicated I had suffered a moderate-sized infarction. That it appeared to be in the thicker muscle of my left ventricle was the better news.

I remember the theatre nurse in angiography. Already scrubbed up and about to tell all, she recognised me. She delayed procedures for some minutes, as she explained to the rest of the team that this was a personal situation for her. Team support was instant. Moments later she was replaced, then coming to my side, she informed and reassured me. She had held my hand as we both stared at the tired, spindly map of my coronary arteries. She met, and held my eyes, as we both acknowledged the significance of 95 percent occlusions. She was truly there with me and for me through those horrible minutes. There were to be many occasions such as this when I was to experience the nature of nursing from a new perspective.

Heparinised to the gills, I began pacing the corridors of the coronary care unit (CCU) and cardiac ward, while the physicians and surgeons debated my profile. Discharged home for less than 48 hours, unstable angina put me on the "as soon as earthly possible" list. I then endured an uncomfortable ambulance trip between Tauranga and Waikato Hospitals, to no avail as it turned out, for after being pre-medicated eight hours before surgery, my turn was cancelled because of another poor soul a little closer to death than me.

My thinking about death and dying underwent a significant change during that period prior to surgery. Though still fearful, I became less selfish. I focused more on my loved ones and their ongoing welfare. Confronted with my own mortality, I began to muse about the purpose of my life.

My partner Jude and I talked at length of our responsibilities as parents. What do

By **Brian Stabb**

THE PAIN started about halfway through a supervision session with a community mental health nurse in Hamilton. Oddly enough, it took me some 20 minutes to acknowledge I was actually having a heart attack. When the elephant sitting on my chest began systematically scything through my ribs with a chainsaw, I let go the forlorn hope of indigestion.

Fortunately I was only minutes away from Waikato Hospital. I recall staggering into the accident and emergency department, grey and breathless. My total collapse to the floor was arrested by a big Maori man, sitting in the waiting area. "Cor, you look crook mate, better take my place in the queue eh!" he said, as he and my friend carried me to the reception desk.

And immediately after that the memories are fleeting . . . the blissful relief of the morphine, the feeling of asphyxiation as I struggled to breathe.

My thinking about death was quite matter of fact at that time. I remember asking if my life was in immediate danger. I remember the fresh-faced young registrar's

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response: "Mr Stabb I must inform you that you are having a serious heart attack". I didn't think it was a tooth ache. Did I manage to say that or just think it?

And then to the nightmare, shivering hours, relieved only by spells of unconsciousness, as streptokinase coursed through my body and dispersed the occlusion. Then my wife was at my side, and there was relief as I realised I had at least survived the initial threat. But there was still no real focus other than the primal urge to fight for life.

Hours later, my 20-year-old daughter Hayley arrived from Rotorua. I clearly recall her at my bedside, when a gurney [hospital trolley] and accompanying entourage, came whisking down the corridor, and into the cubicle next to us. The man was ten years my junior we learned, and then we shared his fear, his dying words, and the grief of his family. Only a curtain separated us. My daughter, already distressed, was shattered by the experience. I am forever grateful to the chaplain who gave her so much comfort and support, and who tried so hard to meet my spiritual needs. I was very much in need of the skills of a good mental health nurse at that time.

During the next few days I developed an increasing awareness of my environment and my situation. I had worked for years in this hospital. I recognised many of the