



Blog of the Month

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Life and Death through Faces of the NHS

The inspiration behind the project and my future plans to specialize

I had become well accustomed to all things hospitals from a very early age. Born deafblind, with some additional multisystem illnesses, I was in and out of hospital throughout much of my childhood and teenage years. At 16, I was in hospital for a year and a half, following 20 stomach surgeries that went rather wrong, leaving me with two feeding tubes and a few too many scars.

But, as a 16 year old, I was classed as an adult in my local hospital trust, so consequently, I spent much of that time bedbound, surrounded by far more geriatric patients to myself. I have little memory of that time, being overwhelmed to the eyeballs with morphine and epidurals, a constant daze of sleep. Yet, from what I do remember, what I could hear, were the incessant screams of the 4 other dementia patients rattling their bed rails and shouting out their grocery orders in the beds next-door to me. Gladys was the exception. A quiet, composed, yet rather reserved lady, with brazen grey hair, a single wisp hanging over her left eyebrow. I came to know that she was biting her lip through a crippling illness. She lay forever in dwindling pain, swooped over by the cool froth of nausea, and from beneath the hospital bed blankets she was wasting away to a heap of soft bones. Yet still, we exchanged smiles each morning and asked each other how we slept that night.



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It wasn't until I undertook my work experience that I witnessed what "really sick" truly was, truly meant. I knew for a long time that I wanted to do Medicine, to give back, to intertwine the complexities of science and people together, and I just couldn't wait to get onto the wards to meet the real patients, experience real Medicine. And on my first voluntary night shift, I experienced just that. But I was disappointed to be laden with none other than the mundane task of supervising the ward's dodgy printer and photocopier. It had regurgitated a single piece of paper out of the bottom, right corner creased, ink splodged to the side, when the first call bell rang. An elderly lady, quiet and composed, sat upright in bed, her face cool and ashen like the hospital concrete glowing in the night. Her hair was brazen grey with a single wisp of hair hanging over her left eyebrow. She was retching, an endless stream of silky black serpents wriggling from her mouth. I ran over with towel after towel, umbrella heads of bright red blood spewing out and through the paper.

Gladys died that night. End-stage oesophageal cancer. She was ushered into a side-room, the door closed behind her, with her family around the bedside. On the door stuck a single piece of paper, creased in the right hand corner with a splodge of ink, reading 'Do Not Disturb'. It felt surreal, not so much that she had just died in front of me, on my first night shift, the first person I had witnessed dying, but rather, I knew her long before I started. Once, she had lay there, quiet and composed, in the hospital bed next to me, as we both wallowed through months of bedrest on the surgical ward together, exchanging our smiles each morning. I would never forget her.

Back on the wards as a medical student, things have only got more interesting, complex. On my first day of placement I was bellowed at by a senior doctor, reprimanded for "taking up" the FY2's chair, the last chair remaining, in the staff-room whilst they had their briefing pre-ward round. The FY2 turned up, 20 minutes later. I was told to go stand in the corner, because I was "below everyone else" in that room, in that hierarchy. I was staggering ever so slightly, my matchstick legs trying to keep up my weight. Just a few weeks before, I had come off of a three-week stay in Intensive Care, intubated for a fortnight and ravaged by sepsis. I wasn't even sure whether I wanted to be there. I was not in any way made to feel like a part of that team.

Very swiftly, we moved onto the ward to see each patient. There was an odd familiarity of the place, the smell of hospital bleach reeking down the length of the sweaty corridor, the rattle of the drugs trolley and the low, irritating hum of the side-room's CPAP machine. We got to Bed 4 when I halted. I stepped back and stuttered. The consultant muttered something under his breath, before barging past me. "Stupid medical students. Waste of space". Little did he know that I knew him, that consultant. And I knew Bed 4 too. 2 years previously my Grandma lay in that exact same bed, under the care of that exact same consultant.



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Battling COPD, and on the list for a bed in the local hospice, her remaining time with us was cut abruptly short when her O2 on the wall was accidentally turned up to 8. Her face turned swollen and yellow, her pondwater eyes lovingly glazing over at me, expressionless. Her face still had so much meaning. That face still told so much story. Still, she turned acidotic within just a few hours. Within just a few hours she was dead. And yet, what was the last thing she said to me? She didn't want to die in hospital. She didn't want to smell the reeking hospital bleach down the length of the corridor, or hear the rattling drugs trolley and irritating hum of the CPAP machine nearby. That'll stay with me for a very long time. Very swiftly again, we hurried onto the next patient, Bed 5. Again, the doctor turned around and glared past me. "What are you doing with that patient's cane?" he bellowed. I explained that the white cane was in fact mine. I was registered blind. The consultant looked evidently taken aback, but with that, he told me "do not touch any of the patients". In front of our colleagues, the patients and the patients' relatives. I felt disgusting.

They say bad days lead to better futures, so bearing in mind it was still the beginning of my clinical placement as a medical student, I was understandably still optimistic about things. Only, later that day, I was sat down by another senior doctor and told to "Imagine if you are a patient. Would you want a disabled doctor treating you? Absolutely not!" I was then dismissed and sent home. On that journey home I had seriously contemplated whether giving up Medicine this soon was truly in my best interest. What I had experienced that day was not what being a doctor was about, it was not what I had come into Medicine for.

These experiences of discrimination and stereotyping on a daily basis in the early times of my clinical placement was what got me thinking about the images and expectations behind being a doctor, being a nurse, a porter, a radiologist, a secretary, a catering assistant, and so forth. An NHS employee. And it was this that inspired me to start up the 'Faces of the NHS' project, a photography series that aims to capture and celebrate the differences and diversity of everyone who works for our NHS. I wanted to break down those outdated stereotypes and replace them with the message and story that we are all different, and we should be proud of that, not belittle it. Just like my Grandma taught me with her pondwater eyes and lovingly stare, every face has a meaning, and behind every meaning there is a story. I am hoping that, over time, I can make my way around the rest of the UK, taking photographs and gathering these many stories behind our NHS employees so that, eventually, I will have a huge collection of faces to collate into a large montage piece. This will be a positive and collaborative representation of our incredibly diverse and beautiful NHS. And then there will be a book, so that our diversity can be imprinted to page, in that our participants and their many following generations to come, can have this reminder of our diversity as a keepsake.

The scale of the project thus makes it no small one. 'Faces of the NHS' could potentially be huge, and its gradual nature of taking me across the width and length of the UK will mean that it could take time. But beyond 'Faces of the NHS', I have been asked where I otherwise see myself next, and the answer to that, is quite confidently, Palliative Medicine.



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I have already mentioned that I have become well accustomed to being in hospital myself, which has no doubt provided me the necessary empathy to give to my future patients. But I have also become well accustomed to death, or more precisely, near-death. My 13 ICU admissions so far have landed me into some very touch-and-go situations, where each time round, the 'this time' may've meant no bouncing back, and my family having to yet again prepare themselves for the worst. But I have bounced back, and touch wood, I don't have to keep experiencing these disorientating, traumatising times in a limbo between life and death. But I had that choice, that chance, to recover and recuperate, and to build back up to a life of pretty much normality in between bouts of critical illness. My Grandma didn't. Her chronic illness, in her last few months, imprisoned her inside her own living room, mindlessly staring through piles of old photo albums, black and white photographs of beach holidays and Mr. Whippy ice-creams. She was shunned away from all living life outside, the cold, fresh air, resulting in her barely having any quality of life left. And no matter how hard we tried, encouraged, held her hand and hugged her, nothing was helping.

Having recently studied polypharmacy in medical school, I still believe that she, my Grandma, was the utmost exception, the extreme percentile. The number of medications she was concocted by on a daily basis, swooned way above the 20's. It engulfed her. And they were keeping her alive. But what did help break the endless fear and fret of the creeping COPD that consumed her, was a foldaway chair and a Lidl ice-cream cone. A few days before, I unfolded the chair onto the front doorstep, just about so that the sun shone directly on her pale, drawn out face. I carried her in hand to the porch-way and helped her sink into it, handing over then an ice-cream cone squished with a small scoop of vanilla. Just like that Mr. Whippy. That, made my Grandma so happy. Not the drugs. Not the oxygen. Not the endless appointments up at the hospital that she couldn't even get to. But sitting in the sunshine for a few minutes, nibbling away at her favourite dessert.

The rules and stories of Palliative Medicine has helped me realise that it's quite often the small things that mean the most, more than any of the bigger, more clinically obvious interventions in Medicine. And achieving those small things makes helping your patients the most satisfying aspects too. I know I didn't come into Medicine to be discriminated or dismissed because of my disability and differences, nor to have to go home every day only to contemplate whether or not to give up. And actually, the more I think about it, I didn't come into Medicine wanting to necessarily save lives every day either. I came into Medicine to make a difference, no matter how small or big that is.



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On that bigger scale though, I hope to make those differences through my project, 'Faces of the NHS', showing society that we can celebrate the diversity amongst us and fellow NHS employees in the workplace, and that our differences give scope for the greatest teamwork. In a time where there is so much negativity in the media and in politics, positivity through the language of faces, stories and exciting interaction I hope can make an insightful difference to many, if not all of us. But, on a smaller scale, I also hope to make differences to individuals, like to my Grandma and to Gladys, bringing the little things out, the gesture of smiles, the foldaway chairs and the ice-cream cones, to make the biggest satisfactions to patients.

Fact is, we both knew that she was dying, and yet, we never really brought up the subject or talked about death. I was so oblivious to the fact that Palliative Care was so much more than just treating patients with a cancer diagnosis, never mind chronic diseases such as COPD and heart failure. Inside she must've been so scared and daunted, but still I come across so many patients with terminal illnesses that are nothing but positive and upbeat about their journeys, brushing off the faff and fuss and making the most of every day. After all, we are all going to die one day, aren't we? Whilst I hope metaphorically speaking my 'Faces of the NHS' project will help negative stereotypes, discrimination and NHS bullying die out, I hope that through my future career as a hopeful Palliative Medicine doctor I can help my patients live to their fullest until their very last day.

*For the purpose of this blog, all names have been changed to respect the confidentiality of patients