Blog of the Month

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Written by Ruth Porther

My Experience on Intensive Care

I am a Core Medical Trainee and am hoping to do Palliative Medicine as a speciality in a couple years time. I was set on doing a different specialty until I spent some time on an Intensive Care Unit as part of my CMT rotations. I had a particularly difficult time there for a number of reasons (many of them not related to work) but one of them was that I felt very much like an outsider most of the time.

There weren't very many other trainee Medics there at the time so I didn't feel like many of the people I talked to (i.e. Anaesthetics and Intensive Care trainees) could really empathise or understand what I was going through. I was very much drawn to seeing the humanity of our patients although many of them could not communicate with us. Often the circumstances resulting in their ITU stay were tragic and just devastated me completely. Most of the cases were of this nature as I worked in a particularly large ITU in a tertiary centre with a large catchment area. I often had different opinions on priorities in management and end-of-life decision making which compounded my already very emotional reactions and my lack of feeling I was part of a team. I think in order to cope with constantly being in that environment and to continue delivering high quality care, doctors just did not acknowledge this so I usually got the impression that I was having abnormally exaggerated emotional reactions.

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I often got minimal contact with family members as more senior doctors were tasked with difficult discussions and breaking bad news. I understand and agree with the rationale for this as many of the patients were very complex with input from multiple specialists and a myriad of ethical quandaries. So overall, all of these factors led to emotional overload with very few viable outlets. I ended up having what is often referred to as an “emotional breakdown”, went off sick for a few weeks with stress and requested a transfer to a ward environment that I was more used to.

Why am I sharing my story? Because I am aware that soon all Core Medical Trainees will have to do ITU at some point in their training. While I see the benefit of working in a high dependency environment from a learning point of view, I think sometimes the potential emotional trauma may be overlooked or downplayed and perhaps the right support may not be offered at the right time. I by no means think that my experience is universal or that everyone should expect to react in the way that I did but I hope that by sharing my story that the few people who have a similar experience will realise that they are not alone. No matter how difficult it is, there are ways of finding people to talk to within your department or through the deanery. I spoke to my educational and clinical supervisors and to our dedicated ITU psychologist when I needed help and because of them I was able to get back to work and get my career back on track. They were very understanding and made no qualms about accommodating my absence from work. They made it clear that their priority was seeing me get better so I could be the doctor they believed I could be.

Initially I thought this experience meant that I would not be suited to a career in palliative care although I already had an interest in it. After all, how could someone who became incapacitated by emotional responses to patients in difficult circumstances be expected to cope in a specialty known for dealing with intensely emotional cases at the end of life? I reflected on how I coped with such cases on previous jobs and why they didn’t affect me in the same way. I came to realise that the main reason I coped so well previously was because my outlet was talking. Being open with patients about their current clinical situation and prognosis, discussing ways to deal with it with the people their cared about the most and taking into account their wishes and priorities in advanced care planning helped me deal with what I recognised all along had been my own grief. Even in cases where patients received unexpected, devastating news or where the patient reminded me of myself or someone I knew, I could deal with this grief by talking. I do not use the word grief to take away from what the patient and their loved ones experience but it is the only word I could come up with that can communicate how deeply affected I am (and possibly many other doctors are) by such situations. My rationale is that if talking helps me to cope, then how much more will it help the patients and loved ones on the receiving end of bad news? After this experience, I think I have gained new direction and purpose for myself and for my future career.

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In closing, one of the ways I coped while feeling particularly low on ITU was by writing. I wrote about my experiences and things that I noticed while on the Unit. I'd like to share something I wrote about seeing families come on to the Unit for the first time to see their unwell loved one who had usually just been sedated, intubated and ventilated. I saw this happen over and over again and it left an impression on me in a way that I don't think any of these families were aware of. Hopefully it will encourage people reading this to use writing as an effective outlet when things are difficult to cope with:

I see you. I see your eyes when you walk into your worst nightmare. A realisation dawning about the reality of your horror. You walk in amongst the busyness of the unit. People seemingly filled with purpose flitting around from bedside to bedside, talking amongst themselves. Some in hushed, sombre voices and some with loud, jovial ones. Some carrying notes, some carrying sheets, some carrying samples of bodily fluids. It's like you are serenely walking through the most morbid market place, your eyes roving, looking for a bed number, not yet a person.

But they don't look the way you remember.

And you realise that they probably never will.

You continue your dark procession. Eyes blurred by tears, hands shaking with fear. You come to rest at the bedside. "At least they look peaceful" is the exchange you have wordlessly with your companions. The nurse fixes the beeping monitor behind you. Someone calls for help a few beds away. But you all stand there, wanting to ask so many questions but unable to utter one. Bent over. Eyes fixed on the subject of your grief.

Weeping willows.

This verbose silence captivates you and somehow makes you oblivious to the noise that encases you and seeks to penetrate. Solidarity becomes the balm for pain.

I am part of this noise and this busyness. I have my own stall in this morbid market and I must tend to my goods. I must keep moving. But that look in your eyes and that vision of you brooding over that bed won't leave me. Not for a while. Not for a long while.

The calm in the storm. You haven't gone unnoticed.

If you can relate to any of this and would like to share, feel free to contact me by clicking here. If you need help, please start by asking for help from any of the people within your department I mentioned above.