

3. Hemel Hempstead General Hospital

First, a special introduction to this chapter. I have reflected a great deal on the content, thought long and hard before releasing this chapter. It may seem like a vicious attack on the NHS but after seeing a programme on Channel 4 dispatches and also speaking to various people who have had similar NHS experiences, I feel that for the benefit of all I have to release it and make it available online. I will also insert suitable metatags in my website to ensure that search engines like Google actually pick up the content and make it available on any searches. I am actually also extremely grateful to the NHS as without them I am not sure I would be in any position to write any of this. In South Africa the country I have lived in for most of my life does not have a health service anywhere close to that of the NHS? No institution is perfect and there is always scope for improvement so the shortcomings first need to be highlighted

Here goes:

I have little recollection of the length of the journey in the ambulance. Two things however I can clearly remember from the ambulance journey. The first was a strong desire for someone to put on my navy blue slippers which felt as if they were busy coming off. I remember pointing to my feet and asking the crew to put them back on, but either the crew did not hear me or else I was not meant to have my slippers on.

Secondly, I remember the strong urge to go to the loo. Several years ago, I went for a minor procedure at the Kingsway Hospital in South Africa, where I had been in a semi private ward with an en suite bathroom. I just desperately wanted to get to the hospital and be left alone so I could go to my private loo.

I must have drifted in and out of consciousness at times. After my arrival, I remember seeing a circle of faces of doctors and nurses looking down on me. Several doctors (one at a time) would join the circle of faces, introduce themselves and then ask me a lot of (I thought at the time) silly and simple questions.

They asked questions like, "What happened?" "Was I left or right handed?" and asking me to move my arms, fingers, legs and toes. I do not remember how successful I was, but in my mind I thought 'How easy this is to do'. It was only several days later that I became fully aware that I had no movement at all in my left side. Please read the chapter on 'other effects' to discover how else I was affected.

When all the doctors had finished, I was told that I had had an ischemia cerebrovascular accident (CVA), brain attack or simply a stroke. I was now part of the official UK statistic in that as I was one of the 250,000 people who have a stroke each year, one every five minutes.

I gave thanks and praise to God, as it is through His grace, that I wasn't one of the 150,000 who die each year as a result of a stroke, being the third most common cause of death in the UK.

I was told that I would be admitted to the HCU (high care unit) of the Hanover ward in the Windsor wing. I only wished that they would hurry up so that I could go to my private en-suite toilet. I never got my en-suite toilet as I was now wheeled to the CT scan room. I joked asking the staff, "Is this machine going to prove that I have a brain?" and once through the CT machine, "Well do I have a brain?"

Eventually I gave up the idea of going to the loo. I can assume that I must have soiled myself and was thus deemed to be incontinent from then on and up until 3 or 4 weeks before my discharge from Holywell! I was wheeled into the Hanover HCU ward where I found myself in a bed with a lady by the name of Gladys on my right and a man called Alan on my left. I was in the second bed from the window which was to my right. Gladys and I talked about tying sheets together and escaping out of the window at night.

This was the start of the very worst of my journey. A blood pressure machine was attached to my right arm. A drip was inserted into my left arm and some sensors tapped to my chest. My blood pressure was automatically taken throughout the night at approximately 30 minute intervals. I was woken up with someone peering into my eyes with a tiny but very bright torch and asking some silly questions, probably to check if I was still conscious. There was also a machine behind me monitoring my heart functions. I tried to look at the screen, but was unable to do so as the angle was too acute. The following night, I was informed that unless I ate sufficient by mouth, I would be fed by tube.

I was then visited by speech therapists, who from then on came once a week. What struck me was the fact that the speech therapists were the most beautiful women I have ever seen. What a pleasure to look at such beauty! It even occurred to me that there must be some criteria of beauty to be accepted as a speech therapist. Although I didn't think I had any difficulty with chewing and swallowing the ward staff were extremely cautious and I had to be tested for anything new and to move me onto a more solid diet a disgusting thickening agent was added to the liquids that I was initially fed.

In difficult times like these, I thought I have to keep my sense of humour and try to lighten the load for my fellow patients. During the evening on one of the first nights when everyone was settling down to go to sleep, a guy in the row of beds opposite started coughing loudly. I said in a loud voice, "With a cough like that, you should be in hospital mate!" Those with a sense of humour, laughed. Not too many had any however!

For the first few days, in order to determine the cause of my stroke many blood samples were taken and a nurse would come in and take my left arm and say, "scratch" as she pushed in the needle. On one occasion I jokingly yelled out loudly, "ouch", much to the astonishment of the nurse.

During the first few weeks I was taken to have an ECHO done elsewhere in the hospital <http://en.wikipedia.org/wiki/Echocardiography>

Towards the end of my stay, I was taken to the Watford General Hospital for a bubble test. A bubble test is when bubbles are injected into your arm and flow into the heart allowing establishing if perhaps there was a hole between the chambers of my heart.

http://en.wikipedia.org/wiki/Agitated_saline_contrast_test

uring my ambulance journey to Watford I was badly needed to go and was almost bursting and as we went over each of the million of potholes en route my bladder would jolt making it one of the worst journeys ever and I was glad when we arrived back at Hemel Hempstead!

None of the tests gave any indication as to the probable cause of my stroke and I guess I will never know as to why I was allowed to go on this terrible journey. My cholesterol was fine and probably better than most people's. My blood pressure was excellent. It does not really matter as I am happy to have been spared.

I was told nothing at all about the way things worked in the ward or what was expected of me and I had to figure things out for myself. I heard and saw nurses dashing up and down attending to the various patients. I noticed a bell button tied around the rail of my bed and I figured from hearing what the other patients were saying that I needed press this button to ring a bell to attract attention if I needed anything. It would have been so much better of a nurse could have explained a few things at the beginning. Why are other patients asking for a bottle, surely one cannot drink alcohol in a hospital? I gradually figured out it was to urinate in (what else would one need a bottle for?). The bell button got lost easily and at times we the patients had to resort to shouting in a loud voice, "Nurse! Nurse!" We were then told off by the nurses saying we were waking up everyone else in the ward. I agree that shouting was very disruptive, but we had little option.

I often wondered who was responsible to ensure that the bell button was accessible. Maybe it should have been the duty of every nurse that had finished with the patient to ensure that the bell button was within reach of the patient. I also thought that it would be better to place the bell button in such a manner that it would be easily assessable, similar to what was done in the Holywell Ward in St Albans City Hospital, where I was later transferred to.

Another night of my stay again I could not find the bell and made several unsuccessful attempts at shouting and as I was bursting I had no option but to

attract attention in another way so when I saw the table across my bed and had an idea. So with one shove with my right leg this table went careering across the ward. This certainly brought quick attention and when several nurses rushed to my bed side they asked me if I was alright to which I replied that all I needed was a bottle to which they said why I didn't ring the bell to which I in turn said, "I cannot reach the bell and I may not shout!" At other times I kicked off the clipboards that hung at the foot of my bed and finally in desperation I rattled my bed's railing and as I am rather strong. I unfortunately rattled the rail until the entire thing broke off and fell to the floor with a mighty clatter which got immediate attention! The staff still did not get it. I simply could not reach the bell as it was usually left close to my right foot. It is not rocket science to leave the button close to where I could have reached it. The cost to the NHS would not be a great deal. Perhaps only a few cup-hooks screwed in the wall would have sufficed.

From my hospital notes I see that I was labeled as being verbally abusive over these bell incidents which I do not think was fair at all as the staff should have done more to ensure patients can reach their bells.

When the bell was rung the response was not always satisfactory. The nurse would appear, listen to my request and promise to be back, "In a minute." Now I don't know how many seconds there are in a nurse's minute. Certainly not 60 as one would normally assume, because I could normally count to at least 100 before the minute was up. On one occasion I rang the bell and a nurse appeared and I was promised, "In a minute" and when the nurse did not return after the count of 100, I again rang the bell and again I was promised, "In a minute," so I counted to another 100. This went on 5 times a total count of 500 and still my request had not been satisfied. My hospital notes show a comment in this regard on 11th April 2007. I began to hate the phrase, 'in a minute' as it meant absolutely nothing. Now I do realize that the nurses were doing their best, but there was an obvious staff shortage on the ward and in my opinion, too few nurses for the number of patients.

Not all the nurses were friendly and some were actually extremely rude. Three times a day a nurse would come round with a medication trolley. The first time it came to me, the nurse asked me if I was in any pain and if so, would I want some Paracetamol. Sometime later the medication trolley came past my bed again and as I still had a headache I again asked for Paracetamol but was then rudely told by the Philippine nurse, "No, you can only have 2 tablets every 4 hours". Now as I have never been on any pain-killers in my life, how was I supposed to know that? Maybe a more gentle approach would have been more appropriate.

On another occasion a Matron from one of the African countries told me without any provocation, "It is young patients like you that give us the most trouble." "Wow," I thought to myself, "How can she say a thing like that? The nursing staff should be encouraging us!" She may have been joking but I had not known her long enough to understand her humour.

I think it could have been the second night in hospital when a tube was pushed into my nostril and without any anesthetic until it reached my stomach. This is known as a nasogastric feed. Apparently I had not had enough by mouth. This was an awful experience and I resisted them pushing in the tube every millimeter and even pulled it out at one stage. The male nurse persisted and I pleading with him to stop and I even tried to bargain with him. "I will let you push the tube in if you promise that the first thing you pour down the tube is a beer". I eventually heard someone say that it had been pushed down far enough and I sensed him attaching something to the end of it. I dreaded this tube and spent the next day praying that I would eat sufficient and that the tube would not be necessary. My prayer was answered as no further tube feeding was needed ever again. The tube feeding however played on my mind and one night a few nights later I dreamt that they tried to feed me by tube again and I pleaded to be given an anesthetic. Fortunately this was only a horrible dream.

Usually at night we would be given a bottle to fill just before going to sleep and this was very difficult to do and I would say, "I am not a tap!" The following nights I tried to drink sufficient liquids during the proceeding hours to ensure I would not battle again. Toward the end of my stay, one evening however I again battled and so took a jug of water and poured water into the bottle hoping to bluff the nurse. I was caught out and explained to that by not urinating toxins would just build up in my body which I didn't want.

Throughout my stay here, I had many phone calls and visits from my friends at church and other friends. Calls would come from all over the world and these calls and visits really kept me going and gave me strength to endure the unpleasant ordeal. I came to realize how important friends and family really are at times like this and I am very thankful that I have never, during my life, parted with anyone having bad feelings. Most incoming calls were for me! When the phone rang I wondered who it was. Occasionally I was disappointed when the call was for someone else

I was often quite delirious thinking I was flying an aircraft. There was a pilot by the name of Terry in a bed to my left which probably triggered off these 'flying' thoughts. On another occasion, I was dreaming of driving along the long road back from Groningen in the Netherlands and collecting Shell plus points at the various services. The worst was when I dreamt I was driving a large lorry but approaching a slow moving car and to avoid riding into the back of it I firmly stood on the brake and promptly soiled myself.

In the first few weeks of my stay and before my second stroke a young student doing research came to me to test different sensations, hot, cold, rough or smooth by rubbing various objects against my skin on both sides and I had to tell her what I felt. She came on several occasions.

Just before my second stroke I became depressed and imagined that I would end up in a mental home for the rest of my days. I was thinking of Fort Napier near Howick in South Africa, a mental facility I had often driven past while working for the railway in the 70's. I asked for a psychiatrist to come and see me and after seeing her for 2 sessions she prescribed an anti-depressant. On the second occasion, while talking to her I could barely keep my eyes open and I thought 'how rude can you be'. A few days later I had another stroke, a hemorrhage and I do not recall anything after being wheeled to the CT scan machine which I do vaguely remember. My hospital notes say, 'Patient not aware of what happened in the past 24 hours'.

I was now more determined than ever to get well and to do what my Lord had commanded me to do. I gave thanks to the Lord for sparing me once again.

I have always been a light sleeper instantly waking on any unusual noise and remember waking on two occasions at some odd hour. One night with the medical staff running to and around the bed a few down from me with a defibrillator. "Stand clear". I tried to watch to see what was happening but dropped off back to sleep and the next morning the bed was empty and when I enquired as to where is so and so and was told, "We moved him to another ward. Yea, like I believed that. There was another occasion when I woke up but cannot now remember the exact details but I had written in my notes, 'two people dying in the ward.' I now feel blessed to have been spared two severe strokes.

A lady friend Jean visited me very often and was at my side for many of my worst times. She was there when I was admitted, when I was fed by tube and at other difficult and emotionally low times. She is truly very special and gave me great comfort with her constant presence, especially in the first few weeks. When she walked into the ward I would sing, 'Here comes the sunshine of my life'. In order to be at my side she had to come all the way from Marlow in Buckinghamshire which is of considerable distance in busy traffic. Sharing my feelings of depression with my sister and Jean made me feel a lot better and helped me to dispel any more negative thoughts and it was mainly due to them that I became more determined to get well and with God's help set me onto the path of a victor, 'I will overcome'.

The vicar from my church, St. Paul's in Blandford Road St. Albans, Tony Hurle visited early on in my stay and read Psalm 23 to me which gave me great encouragement and assurance. He went on a sabbatical on 20 April so several other church members visited me. David Warren brought me communion a few times and whilst on a trip to Jerusalem brought me an olive wooden cross which I wear with pride and joy to this day.

Lying on my bed the days slowly drifted by and when the nurses attended to one of the other patients leaving me in an enclosed tent with no view except for the ceiling. When I heard footsteps approaching I became excited hoping for a

visitor. Once the footsteps stopped, I would see a gentle parting of the curtain before the person was fully revealed.

At times I was anxious for this ordeal to end and knew that it would be soon and I constantly made plans for things to do for the following weekend with my sister who visited me almost daily. I really looked forward to her visits as they would break the monotony of the long days. I even imagined me going back to work not realizing the implications of only having the use of one hand. . While laying in the ward and normally on my back and when I crossed my legs I was constantly told not to do so as this can cause another blood clot to be formed in the leg.

Darrel my eldest son arranged for a friend, Angela to visit and she bought me a box of chocolates which was immediately confiscated with the excuse that I was diabetic which I know I was not. I have subsequently learnt that after a stroke or as a result of certain medication there is a possibility of the blood showing the signs of diabetes. I feel that the staff should have known this fact and put the chocolates aside to be returned once my blood had stabilized.

When it became apparent that I had through the grace of God survived two strokes, I started thinking of moving on and was told that I would be transferred to the Holywell ward at the St. Albans City Hospital. I kept imagining what it would be like there and I remember thinking that the hospital was not far from my former home at 1 Dickens Close. I started pleading with the doctors and staff to be moved as soon as possible but was told that as there were only six beds I would have to wait for a bed to become free. I would then eagerly listen for every phone call coming in to the reception area to be a call from the ambulance room telling them that I must be made ready to leave. I was quite anxious but the days still went on with little change. For most of my five weeks here all I could do was to lie back and follow the daily routine and hope that the time would go as quickly as possible as I was mostly utterly bored and just wanted to go home and live my life.

My day would begin with me waking up far earlier than the other patients from 5am. I wasn't allowed to move until much later and when I wanted to watch my TV that I had hired and even with the headphones that Jean had brought me I was told that it was far too early. Nothing much happened and the nurses just seem to be darting about waiting for some magical time. I was wondering why I couldn't wake up as even the BBC presenters were up and I thought why don't they start so at least they can cope better. Then I realized that they were short staffed and relied on the dedicated few who were busy burning themselves out and for self preservation had to pace themselves.

The first thing of any significance that happened in any day was the arrival of a breakfast trolley which would slowly move from bed to bed. I was not initially allowed to have some of the foods on the trolley but as the days passed I qualified for better breakfasts which consisted mainly of Ready Brek and other

cereals. I much preferred the cornflakes or rice crispies. The next event was the arrival of the medication trolley which would again move slowly from bed to bed as each patient was administered their daily fix all carefully recorded in each patient's notes. Next was a long wait for each patient to be either taken to the bathroom or else given a bed bath. I hated the bed baths as I never really felt clean after one and it would be a treat on the occasions that I was taken to the shower room. Lunch was the next highlight and we were fortunate to be able to choose from a few options. We were encouraged to rest after lunch after which most patients would get visitors so there were normally a lot of people about in the afternoons which kept my mind occupied. Once most visitors had left the dinner trolley would slowly come around. After most meals I would have to change my shirt as I often spilled food from the left of my mouth. I would say to the nurses, "Don't worry, I have always been a messy eater" little realizing it was as a result of a weakened left side of my mouth.

Then another boring wait until a trolley of hot drinks arrived. Just before bedtime the medication trolley again came followed by nurses handing out bottles to ensure patients stayed dry at night. The time for me to be transferred was imminent and I would anxiously wait after each occasion that the phone rang in the reception to see if that had been the ambulance room asking for me to be made ready.

My youngest son, Warren was also due to arrive. After my two sons had phoned me from South Africa they would ask if they should come over and I would insist that they should rather come over on a happier occasion. When they discussed this with Lee, a previous youth pastor of the St. Methodist Winfred's church, they were advised to come as soon as they could and so they would come separately with a short overlap. Warren would arrive on 2 May. A year or so after I had arrived in the UK he had written a song for me called, 'Stronger'.

Stronger

*Even though you're gone, I will be strong,
I carry on with the life you brought me into,
The life you taught me about as I grew up,
I'm still growing, when I see you again,*

*We both will be so different
Yet still the same*

Chorus:

*Goodbye for now, it won't be long,
Through this time I will stay strong,
Days pass by, I carry on,
Through this life I will stay strong.*

*I try to make you proud,
You always believed in me*

*I live the way you showed me
One day I hope you hear these words
I will sing in honor of you,
Cause you taught me to be alive in this world*

*So until we meet again,
I wanted you to know
I miss you*

Warren was also the lead guitarist of a Christian band named, 'Exit the fall' and this song had become the band opening song and they had it professionally recorded and put on a CD. As the 2 May arrived I would ask the staff to play the song for me in the ward and they kindly obliged.

On the morning of 2 May, I woke earlier than normal and a nurse by the name of Cheryl gave me a good close shave with a manual razor to ensure I would be smart for Warren's arrival. After breakfast I dozed off until I heard footsteps approaching and in walked Warren, Linda and Lee, who had collected Warren from Heathrow. No sooner had they arrived when the phone rang in the reception and I was to be transferred. Warren would come with me in the ambulance while Linda and Lee would follow behind. At last I was on my way to the next chapter in my life. It could not have been any sooner.