

## THROUGH MY FATHER'S EYES.

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Almost 5 months has elapsed since my Father's death in June this year. I hope these five months have given me time to achieve some critical distance. Time and space to reflect a little more objectively about the care given to him in his initial hospital visit last February.

Those words "critical distance" are important. As an Episcopalian Minister I have learnt over time to stand back to be detached in the pastoral situation, to gain perspective about issues, some might describe it as developing a sense of propriety when dealing with people in their most difficult experiences. Indeed, as you are well aware, often folk approach you requiring that time and space, longing for that critical distance for an evaluation of their predicament. Insight might be shed upon an issue, a glimpse of light within total darkness, hope amidst confusion. It rings true with our gospel calling to offer that assistance. Some believe that caring can't be done at all without this kind of detachment. We are trained to accept it. It is part of the professional's role or presentation.

Difficulty arises however when that "critical distance", or the detachment is removed. When we become so close to a situation that our gaze upon what is happening is not one of the observer but almost of the subject. And this is what I want to reflect upon now.

George, a man in his early seventies (his name has been changed), a member of my congregation was admitted to a Lanarkshire hospital for heart monitoring. His angina was becoming more severe. On admittance he was anxious that the staff knew he suffered from Parkinson's disease which to him was a more important matter; and that he had certain dietary requirements, especially a gluten free diet. He had also found from experience that refraining from certain additives and colorants was helpful to his condition. (This may have offered as much psychological relief from his suffering than medical

treatment). His medication was complex, as in most Parkinson sufferers, highly specific to the needs of the individual. Soon after arriving in hospital he was transferred to a male medical ward whose constituents were elderly. After this, his experience of hospital in the first four days of January last year can only be described as "intolerable"; due in part to the staffing problems caused after the festive period.

Then began a series of events which he describes left him with a total loss of self-respect. He went without Parkinson's medication for 4 days, despite the repeated attentions and complaints of his wife. The specific drugs only known by the brand name to the patient were said to be very expensive and not held by the hospital. The Admissions Ward had not transferred those handed in by his wife. Meanwhile, during the night he sought help to be "turned", as without his medication sleep and basic comfort were being jeopardised because of muscle spasms. His diet became an increasing concern for him, as on his second day after ticking the necessary boxes on the menu card- he was presented with one boiled potato on a plate and an apple. When I saw him on his third day in hospital he was in a very anxious state, mainly because his Parkinson's was becoming a concern and there was a lack of bodily coordination. He also claimed nobody wanted to listen to him and that he was being considered a nuisance. He told me a staff nurse had bawled him out - after his frustration had been expressed in his words "you are supposed to be a caring profession". He claimed too that he had witnessed other patients waiting considerable time for assistance.

As someone used to a hospital environment, I tried to reassure him, the critical distance the detachment was offered. The gentle listening approach was being administered, measured and thoughtful, by me his minister, aided and abetted by a platitude or two. I am sure a hospital pharmacist would attend, and the dietician would rectify the problem. Not to worry. Even his wife's protestations were met with

a cool and calming manner. All would be well. After half an hour I left the bedside just as George's dinner arrived - a half burnt leathery baked potato smothered in baked beans with a glowing red sauce. "Oh my God, George said" and he looked at me. My gaze at this culinary delight then moved to meet the eyes of a sick man that pleaded the victims case.

A month later, February, my own father, aged 70, living in the north-west of England, whom I, the family, and the GP suspected had had a slight stroke was asked by his doctor, via phone, to admit himself to hospital. If he could get to hospital himself, that Friday afternoon within the next two hours, he would secure a bed in a medical ward. My father agreed for his condition over the past three weeks was rapidly changing and the GP was hoping tests could be done early the next week. He was admitted to a hospital and found himself in a medical ward, the membership of which was frail men of about the same age.

I was unable to travel down from Scotland to the North west of England until Tuesday, but what met me at noon that day was an alarming sight. His condition had deteriorated rapidly and he was trying to enjoy a bowl of soup, with some considerable difficulty. A pillow case had been tucked into his Pyjama shirt. It was covered in dribbles of soup, mainly because he was having severe difficulty co-ordinating his hand to his mouth. He was relieved to see me and told me of his experience of his first three days. He felt, apart from his initial admittance, none of the staff had shown any concern about his condition which was changing rapidly. I asked if he had seen a doctor, "this morning", was his reply. "Have you seen the nurse whose name is above your cubicle?" "No" was the answer.

The "critical distance" my detachment was disappearing fast. This was my father and a son was about to protest. "Could my father have an apron or a napkin?" "We don't have aprons on this ward", I was told. "Well, tell me where in the hospital I can get one - and I will fetch it", I replied angrily and purposefully. A white plastic apron, was found. "Can I speak to the named nurse please" - "She's on holiday", was the retort. "You can speak to the staff nurse, if you want". It was then I was informed of my father's outburst, I was told that earlier that morning an auxiliary nurse had been sworn at by my father - and she had reported the incident. It was put

to me in a way that made me feel as though my father was a nuisance - and apparently like father like son! Had his personality changed I wondered? This behaviour was very unusual.

I asked my father about his stay. It had been an alarming experience, frustration about his rapidly deteriorating condition, combined with a loss of dignity, aggravated by an inability of staff to monitor and listen. Within two days he was unable to wash, yet he was expected to go to the bathroom himself, since he arrived. He had explained the situation apparently. But by Tuesday a half an hour stay in the bathroom went unnoticed, as he valiantly tried to turn on a tap and use soap, by this time his breakfast was at his bedside cold and sad. Unable to dress himself, he called a nurse. He could lift his leg but not co-ordinate it; very different from the previous day. The nurse had said put your leg in the trouser, he couldn't and swore at her as she appeared to be in a hurry angry with him. He had been able to dress himself the previous day. Nobody seemed to understand. My father was naturally bewildered at his own condition but also at the inability of the ward staff to recognise the situation. Keep detached I thought - but I couldn't my father was ill. What the bloody - hell was going on!

I am sad to say my detachment waned as with my own eyes, my prolonged stay in the ward allowed me to witness over a two day stay the most undignified sights. The worst: another man quite confused and ill had removed his own catheter. In front of the whole ward, a senior nurse berated him and held up the tubes for us all to see. She scolded him for his misdemeanour. I was appalled. My father looked at me and with my own eyes I had seen the victim. We were all victims including the nurse. After he left hospital he vowed he would never return. Tests had revealed malignant secondaries in the brain. Steroidal treatment combined with some radio therapy later in a different hospital (where I might add the level of professional competence was high) relieved the symptoms and gave him three months of reasonable use of his limbs and some time before his death. Determined not to return to hospital because of his experience. He died at home.

Briefly then, these two stories speak to me of the difficulty the chaplain or parish priest finds him or her self. Especially when confronted with what a human resources manager explained to me was the

classic symptom of low skilled staff mix in certain parts of the hospital system.

The detached caring professional or the frustrated onlooker suddenly becoming the subject, no longer viewing objectively, but perhaps the victim too. Longing for the voice of justice to be spoken and heard. The anger of a loving and living person as well as a loving and living God needs at times to be expressed - we should not be afraid of this. We believe in a Son who was asked to see and encounter the world through his Father.

In the case of my father nothing more can be done, but my anger I feel has helped and encouraged my parishioner George to write his complaints formally and thankfully there has been some response. The Parkinson Disease Society has also been helpful and we used the Society's guidelines to communicate our request for better understanding of the patients requirements, which has been passed to the Nursing Services Manager. The Scottish Office too also offers guidelines for complaints which is worth knowing about and pursuing in cases which one feels are intolerable.

Let not the sun go down on your anger - theologically this is an important maxim. I am reminded of Alastair Campbell's fascinating and helpful book called the Gospel of Anger. In it he states "Genuine love requires the honesty which anger can provoke".

And again... "The minister as a quiet and kindly person, a nice person, is such a powerful image that often people may accept the vocation of ministry partly as a means of avoiding anger they fear within themselves."

Let us then not acquiesce in detachment keeping a safe distance so that the brakes can be applied. May we speak out and help others, even the staff under their considerable pressures, to be angry at what we all experience. For without such loving anger the fire of love will be extinguished.

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