

A Powerful Round

This round very nearly didn't happen. We got the title horribly wrong because we chose it at a steering group meeting that no one with a direct connection to the patient was able to attend. So we let him down. Not for the first time. We thought the round was about the way that a distressing smell invaded our In-Patient Unit and began to infiltrate the rest of Princess Alice Hospice. We thought we needed to send a 'warning shot' so that the round itself would not be too shocking for non-clinicians. So we built the title around the smell. When two of the intending presenters saw the posters they were distraught. We had betrayed the memory of a lovely man. They wanted nothing to do with it. We removed the posters and started again.

In the round a doctor, nurse and social worker told the story of a successful middle aged man who, overnight, had lost almost everything that made his life worth living, through an emergency procedure that he was too ill to consent to. He could not eat, drink or speak and never would again. He could not sustain his breathing independently.

Toxins invaded his body. He could have died in an instant at any time but continued to live in a diminished and disfigured state for several months. He wanted nothing more than to be at home. But the NHS, which had delivered him into this often tortured existence, refused even to consider funding this. So he and his wife were at once both trapped and enwrapped in the care of the Hospice.

Meanwhile our staff agonised about how they could justify his extended stay when other people needed to come in. In the meantime, they stretched their skills and put their own comfort and even their careers on the line for him, because he was 'a lovely man'. A lovely man who somehow kept his personal dignity even as his body decomposed around him, was humorous with staff and busied himself as best he could with making sure that everything would be left in order for his family, especially the wife who remained by his side, as she had done for several decades previously. Nurses took him home for visits, sitting in the back seat of the family car 'like the children' carefully minding oxygen cylinders and heavy doses of essential but potentially lethal 'crisis' drugs.

The volunteer told the story of life on the other side of the doors to the In-Patient Unit. She explained that as a receptionist she had had no contact with this patient and was given no information about him. But she could not help but be aware of the smell.

As the weeks and months went by this became stronger. It became an evident but unspoken presence in the Hospice's reception areas and the places where visitors would sit and have coffee.

The volunteer explained that she was constantly worried about what she could say to visitors if they asked about the smell. She was not alone in this; another non-clinical person told the room that she had found herself telling a visitor that there was a problem with the drains.

But the volunteer went on to describe a moment of sudden realisation. She asked a nurse to close the door to the In-Patient Unit and the nurse replied, 'We are looking after a very poorly man in there. We are doing our best and the staff need some air.' The volunteer explained how at that moment she realised that 'this was a person' and how she 'felt terrible for worrying about the smell'. The nurse who was presenting in the round spontaneously reciprocated, with evident emotion, 'I never realised it was like that for you!' In this exchange it was as if a door opened between the clinical and non-clinical worlds within our Hospice.

The round flowed freely as clinical staff revealed the lengths that they had gone to in order to try to meet the complex physical and emotional needs of the patient and his wife, and received the heartfelt admiration of their colleagues. Non-clinical staff felt privileged to share these extended glimpses into a part of the life of the Hospice that went on only feet away from them but largely hidden from view.



At the end of the round we remained conscious that we had failed the 'lovely man' because we could not adequately restore his dignity or grant his wish to die at home. But the round showed us that we had done the best we could to care for him while he lived; and we honoured his spirit in our Schwartz round by sharing his story and letting him teach us to be more open with each other.