ANNA'S STORY

I've been nursing now for more than 20 years, which makes me a bit of an old-timer, I guess. Nursing is something I sort of fell into as I really didn't know what I wanted to do in terms of a career. I just knew I wanted to do something that helped people and kept me employed so I would have enough money to have options in my life. As a friend said, " you know, they'll never run out of sick people." and the truth is, they can't off-shore it, so here I am, 20 years plus down the track and still finding meaning and validation.

Nursing has taken me to stints overseas doing aid work. It's taken me to other states, other cities. It's allowed me to meet and form bonds with people I would never cross paths with in an ordinary job and it's taught me a lot about myself. It's finding out about other people's lives, though, that really touches and teaches me. Illness brings its own acute emotional state and helping someone navigate this is a privilege indeed.

I want to share with you an episode from one particular life, which encompasses everything that is the essence of nursing: clinical expertise coupled with an emotional intelligence that nurtures and supports our patients from birth to death.

Anna, 46 years, is having haemo-dialysis three times a week. The primary cause of her renal failure is poorly controlled insulin-dependent diabetes. The diabetes has also resulted in a

below knee amputation. She previously managed to walk with a prosthetic limb but now uses a wheelchair due to increasing discomfort. Her husband, Darryl, had retired early and become her sole carer. They appeared to have a close, supportive relationship but her husband had disclosed to staff that Anna had been 'down' of late and was spending non- dialysis days lying in bed uninterested in any activities. Anna was VRE positive because of frequent hospitalisations for various infections. This meant that she was dialysed in a side room that was not visible from the nurse's station.

There had been several instances of venous needle dislodgement whereby the dialysis needle inserted into Anna's arterio-venous fistula had fallen out during treatment. This resulted in a large blood loss from the hole left by a 15-gauge needle coupled with the anti-coagulant effects of maintenance heparin to stop the circuit clotting. We were regularly monitoring her Hb level and being extra careful to tape her needles securely. We would check on her as often as we could but we couldn't spare a staff member to sit with her continuously; workplace demands did not make this possible.

When dislodgement occurred, the nurse who had needled her would be questioned about whether the taping had been done according to our protocol. Nurses began to get defensive about being questioned. Whenever Anna was observed she appeared to be resting comfortably until, just when we were busy with running other patients off, she would call out, the dialysis machine would alarm and we would rush in to find blood pouring out from her arm. We would need to compress the area, flush the arterial needle to keep it patent and recirculate the circuit. Then, when she had stopped bleeding, we would re-needle her and recommence the

dialysis treatment. In the meantime, other staff were trying to clean up the blood spill. And, as we all know, a little bit of blood goes a long way so this was a dangerous and time-consuming incident.

When questioned, Anna said that the needle "just fell out" but given that it was happening almost weekly, it was soon realised that Anna was pulling the needle out. It seemed to be an extreme sort of attention-seeking behaviour, at great personal risk to herself.

We had canvassed the idea of getting an extra staff member to 'special' Anna but could not get approval for the extra cost. We thought of asking Darryl to stay with her for the total treatment time but he wasn't willing; the time while Anna was being dialysed was precious to him as 'time to recharge the batteries'. Being a sole carer is demanding and can be isolating. Because Anna kept insisting that the needles were falling out, he felt that it was a problem that the Unit should be resolving.

So, what to do? Being nurses who think in terms of a team approach, we consulted with Anna's attending Nephrologist who suggested that we restrain her free arm so she couldn't remove the needles. Not something that we thought appropriate unless Anna gave her consent, which she refused to do. Another step was to ask the social worker to speak with her while she was on dialysis. Unfortunately, this idea was rejected by Darryl who said that we were trying to blame Anna for our mistakes.. We liaised with Infection Control to see if we could get Anna

cleared of VRE. We encouraged Darryl to purchase yoghurt with live culture as studies had shown that eating this had reduced VRE levels in a sample population. The rationale was that, once cleared of VRE, we could move Anna out of an isolation room and into the general area. Perhaps she was lonely, and also we could keep a closer eye on her. This plan was going to take time, however, so in the meantime we made sure to tape in her needles securely and check on her as often as was possible.

I was working an Early on a morning that Anna was dialysing. There had not been any dislodgements for the past three weeks so we had all relaxed our watchful guard. I walked past and noticed Anna pulling off the tapes which secured her fistula needles. I was worried that she was attempting to remove them so I gowned up and entered the room to talk with her.

Anna hadn't ever been 'caught in the act 'of trying to remove the needles. It had always occurred when we were all busy attending to other patients. I felt that a direct approach was best so I asked "Why are you doing this to yourself- don't you know you could die from a loss of blood if we don't get to you in time?"

Anna started crying and said "But I want to die."

I sat with her and tried to explore the reasons why she felt this way. Anna said that when she was 12 she was molested by a neighbour- an older man who was a good friend of her parents.

She had been too embarrassed and ashamed to tell anyone but it had left her feeling like she needed to punish herself for all the bad things that had ever happened to her.

"I really appreciate your honesty, Anna", I said. "I know that it was very brave of you to tell me and now I really want to be able to help you deal with this terrible thing that happened to you."

Anna agreed to let me share this information with the other staff and, with her consent, we set up a multi-disciplinary team consisting of our NUM, social worker, a Psychologist and the medical staff. We encouraged Anna to talk to her husband about what had happened. Counselling was offered to both of them. Anna had never told anyone before as she felt she was somehow to blame and this caused her to have really poor self-worth. She hadn't told her parents when she was a child because she didn't want to cause trouble. She hadn't told her husband because she thought he would regard her differently. Instead all that anguish had been held inside her and she was angry at the way her life had turned out. But now she did speak of it and we supported her in any way we could.

After a while, we noticed changes in Anna- just little things but they meant a lot. A new haircut, different outfits. She and Darryl started going out more with Anna telling us about weekend trips to markets and previously unexplored suburbs. There were no more incidents of venous needle dislodgement. It was obvious that a great weight had been lifted from her.

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Anna had felt like there was a wall which separated her from everyone else. Working together, we were able to help tear that wall down.

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I've been nursing now for more than 20 years, which makes me a bit of an old-timer, I guess. Nursing is something I sort of fell into as I really didn't know what I wanted to do in terms of a career. I just knew I wanted to do something that helped people and kept me employed so I would have enough money to have options in my life. As a friend said, " you know, they'll never run out of sick people." and the truth is, they can't off-shore it, so here I am, 20 years plus down the track and still finding meaning and validation.

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