Popsicles for climate change

Cancer ward

Alan Taman

I, inpatient.

Two detached voices, either side of me. One of them the on-duty Sister, to my left: ‘Perhaps we ought to check his ABG?’. The other my wife Wendy (former ITU nurse, now midwife and HV), to my right: ‘Yes I was thinking that; his sats are low even on the O2’.

My thoughts: ‘What the hell is ABG?’ (arterial blood gas, a way of telling if you are one of those unfortunates who don’t get rid of their blood CO2 enough if very ill; giving O2 won’t help), and ‘I don’t care, just keep that pain away’.

Because I was. Very ill. Nearly took me off to ITU at one point. All was going so well. You know what they say about hubris, don’t you?

What a fall. Walked out of my first outpatient therapy session with a bounce to my step. Confident the poisons they’d just spent 3 hours giving me were now hitting the sneaky bastard slowly destroying my left lung and exporting its evil to the other one. I felt great. Two days later, boom. Temperature spike, upper right abdominal pain, both climbing alarmingly fast. Red Card phone call, on my Consultant’s acute cancer ward at UHB Birmingham under an hour later – it gave us time to have me driven in, *bluelighting* it would have placed me in a different Trust, and we didn’t want that.

They are the ones running around covering them, dodging them, showing every bit of initiative, care, and inventiveness they can.

An hour beyond that and I’m in a side room. (‘the one we usually keep aside for end of life care’) I was ruefully told days later, and screaming. Screaming with every breath. I don’t do pain, according to Wendy; I gave paramedics a pain rating of ‘2 out of 10’ for acute appendicitis. This was a 10. A massive, predatory, remorseless, unstoppable 10. Stuck with me so much morphine to stop the pain they needed to give me Naloxone afterwards to

make sure I could still breathe normally. Hence the dodgy sats. Biliary infection. With the added caveat that there might be some hepatitis, treatment induced, driving it or hiding under it.

I didn't care. Went as yellow as Homer Simpson in the following days.

Fatigue so overwhelming there was a point where I could not find the strength to move a small cup over, on the over-the bed table, a few feet away.

They got me back, and back home. Of course there are others worse than me; I can still write this and breathe.

They did it. IV antibiotics. 'Probably a blip', said my cheery Consultant – a really nice bloke, the kind of Consultant I still work with, puts you at ease instantly and listens. As did they all, or at least they did after Wendy stopped the mantra on admission about 'we must weigh him first' with a raised hand and a 'Midwife look' (*the nearest thing in the universe to an unstoppable force*). 'I'm not going to argue with you, but he doesn't normally scream in agony; pain relief first?'. Quite. Unthinking dogma which has no place in a caring system.

The dedication of these front-line staff and the fact that these people, dealing with dangerously ill patients daily, constantly give over the odds were obvious.

'Pouring more money into the NHS' is exactly what you should be doing…

When the heat wave hit a few days later, what did they do…

In the absence of air conditioning? Popsicles. Flavoured ice sticks given out, and plenty of water. The former was ok, the latter almost undrinkable because of the wax-lined cups they give you to drink it out of – which oblige by lending a wax-candle taste in any temperature above 25 degrees, I would guess. The ground floor M&S does remarkably well.

I got the treatment I needed in the time it was needed, where I needed to be. But we had to push, and we know how to. We know what to look for. What about those who can't?

Because you can see the holes. It's not the people. They are the ones running around covering them, dodging them, showing every bit of initiative, care, and inventiveness they can.

Popsicles for climate change. Futile? No. Caring. But they are stretched. A proud Trust notice proclaiming '*We don't employ any Bank nursing staff*' must have been aimed at impressing the public. But…

…it can only mean the staff left have more gaps to fill and crippling demand can only cause problems.

I asked one of the porters, on the way to one of my 3 scans

(thorough; credit where due), how the public treated staff now compared with when he started there, years ago.

'*Oh it's terrible now*', he said, '*Especially in places like A&E; we get aggression and insults all the time, and the waits just keeping getting worse*'. Effect. Cause.

What are we doing?

Have we really lost sight of what counts? All those years of not enough.

What was always going to happen? 'Can't keep throwing money at the NHS' is probably what annoys me most of all.

Why the hell not?

You keep throwing more money into your car's fuel tank month after month, don't you? Do you blame the car?

You keep having to spend more on your shopping month after month. Don't you; do you blame 'the system'?

Prices go up. Demand is going up. More elderly people with more complex conditions.

More people. Myself included. 'Pouring more money into the NHS' is exactly what you should be doing.

Is there waste? Lord yes.

Look at the size and complexity of the thing. But, it saves millions of lives and doesn't stop trying – because of the people working in it.

I am rock solid in my belief that it remains the best way of doing that, and I am far from alone.

I really did not know my cancer journey would take me there.

I still don't know where it will lead, beyond the ultimate certainty.

But I do know some caring, skilful, dedicated people are doing their level best to keep that certainty as far away as possible.