

“No Bystanders” Policy in ICUs. Time to Rethink

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Respected Editor,

This is an article about my wish to highlight the deficiencies in our ICUs and what we as doctors can do about it. My husband who is a retired professor of history, was recently admitted in a surgical ICU following a bowel resection. He narrates his experience.

“After the operation I was shifted to the Observation Room, so I was told. I did not know it then as I was sedated. Later I was shifted to the Surgical ICU. Late into the night I gradually gained consciousness. When I finally came back to consciousness, I noticed that several tubes attached to bags were stuck into me : the Ryles tube pushed through my nose into my stomach, the catheter stuck into my urethra, a drain tube just above my right hip, an inlet for the epidural pump on my upper back, a cannula under my right collar bone known as the central line cannula and fluid flowing intravenously through a cannula on my right arm. What time it was, I could not know. The ICU had no clock nor windows or doors that opened to the outside. My enquiries with the nurses in attendance about what time it was went unanswered. Then I swooned back to sleep.

Around midnight, so I assume, I woke up again. The discomfort caused by the tubes stuck into me, the constant loud beeping of the multi parameter monitor above my head and from those of some seven other patients, the lifeless walls that cut off a view of the outside and absence of human company brewed strange thoughts in me. I complained to myself how my family had abandoned me so easily. Twice I thought of pulling of all the tubes stuck into me and flee from my hospital bed. If I die, let it be so. Then I fell asleep once again. When I woke up again, it was morning and directly in line with vision was my wife and her sister. She waved out to me to which I responded weakly.

She then walked in, allowed to do so as a special privilege and sat by my side to engage me in small talk. With this all my troubles of the previous night dissipated like the early morning mist when the sun begins to warm up. By forenoon I was shifted to the room. Being with the family made a huge difference. The goings on of the previous night receded into the background.

What I had gone through the night before was a bad case of claustrophobia - pure and simple.

I was surprised to hear him, an educated, level-headed very sober person telling me the next morning “felt abandoned.” I was upset that I didn’t insist on staying with him in the ICU. Being a doctor they would probably have allowed me to stay with him.

If an educated person feels this way, imagine what the ordinary layman goes through.

I think we should change the rules and let one person be with the patient on the ICU. It will make a world of difference to the patient and actually help the staff as this bystander can help out with small things that don’t need a nurse, like helping patient sit up, shift in bed, give a drink etc...

The hospital I work in allows a bystander in labor room. Patients and the husbands are absolutely delighted and grateful for the experience. The look on the husband’s face when the baby is born is a beautiful mixture of emotions: shock, joy, elation, some of them can’t control their tears. The husband urging his wife to push and explaining how to push, utilize the contraction entirely, don’t waste the contraction by crying etc.. is amusing. They just are repeating what they hear us say but it helps the patient so much.

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Studies have proved undoubtedly that having a birth companion shortens labour and makes the experience memorable and increases the bonding of the couple. There are professional birth companions called "doula".

Again the companion is useful in making the patient comfortable, getting her a drink etc...

So I urge all doctors in charge of ICUs to please consider allowing patients to have a companion.

END NOTE

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