The Human Piece
Reflections from the Heart

John McDonnell Tierney, PhD

"How is this man still alive?"

Cardiac Physicians Team – Baystate Medical Center

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On Monday, March 16th, 2009 I entered the hospital for a test. I had been experiencing chest pains for several months that were diagnosed as GERD, gastro esophageal reflux disease*, aka. "acid reflux." When all the standard treatments were not helping, my doctors said we needed to look at my heart.

The test, a cardiac catheterization revealed a 99% blockage in the major artery to the heart. I was days if not hours away from a fatal heart attack. One cardiologist, after looking at the test results, commented, "How is this man still alive?" Well, I am alive and have to believe there is a reason…there must yet be good work for me to do in this world.

And so, on this day, April 7, 2009, three weeks into my recovery, I begin this writing, hoping that my experience and what little wisdom I bring to it and from it may be part of the good work I am yet to do.

I write especially for my students that they might gain some insight into the experience of care giving and care receiving. Many in my Human Growth and Development classes will become nurses or other caregiving professionals. But this is not only for those who plan on careers in the medical field because we are all caregivers. We must first and foremost care for ourselves, regardless of the profession we choose, we must care so that we may live happily and healthfully and be able to serve others. Most of us will care for others- children, parents, families, pets, the environment and the full diversity of humanity that dwells therein. All require care to thrive and this is the ultimate goal of my teaching, that all whom I have the privilege of interacting may live happy, healthful and meaningful lives, carrying into the world an ethic of care, compassion and kindness.

My Story

Throughout the winter and the months of pain and worry, we searched for the reasons for my symptoms which focused mostly on chest pain. It started mildly and happened for the first time on December 14th, the day after an ice storm was especially severe in my home town of Heath, Mass. Power was out for several days and I ended up chopping a lot of wood to heat our home. When the chest pain first struck, I attributed it to muscle strain from the wood chopping. Over the next few weeks, the pains would recur periodically but I continued to believe it was muscular. On the 29th of December, a rare night when my wife was visiting family in Connecticut and I was alone at home, that belief was shattered. I awoke at 3:00am with severe pain, much more than ever before. I was scared and began for the first time to suspect that I might be having a heart attack. I googled "heart attack symptoms" and was horrified to read that everything I was feeling was consistent with the symptoms. Then I did something very foolish…I drove myself to the emergency room at the Franklin Medical Center a half hour from my home. I should not have driven myself…I should have called 911. Why I didn't I can only attribute to denial…I just did not believe that I could be having a heart attack. I walked into the emergency room and said," I'm experiencing chest pain." The E.R. staff sprung into action. Within minutes I was lying on an table hooked up to a variety of instruments and surrounded by efficient and competent professionals. By that time, the pain had subsided and I began to feel that I had overreacted. My blood pressure was a bit high but expected given the stress of the situation. My heart was beating normally and other vital signs were good. I was ready to say, "never mind, sorry to bother you" when the E.R. Doctor said they wanted to keep me for the night and that I would have a stress test in the morning. Interestingly enough, the stress test and all the other tests indicated that my heart was strong and I had not had a heart attack. This was welcome news, but in retrospect not beneficial as it created a mind-set that heart disease was not a consideration.

When I followed up with my family doctor he diagnosed me as having GERD but cautioned me that heart disease was still a possibility. I totally rejected that idea. I did not want to hear it or believe it. My family doctor then sent me to a gastroenterologist who scheduled an upper endoscopy***. The results confirmed that there was indeed some GERD and that was what I did want to hear. I had my explanation and I knew what I needed to do. It would be no problem to change my diet and take the medicine to calm the acid.

The acid medicine did not help and the symptoms continued. The chest pains recurred despite an improved diet and medication. I called the gastroenterologist asking for stronger medication. He agreed but said, "This sounds more like heart disease." Again, I did not want to hear that. In fact, I felt annoyed, even angry. I argued, no it can't be, I had the stress test, an ultrasound echo test, EKGs…my heart was fine I said, it's got to be GERD. Even with my protestations, my family doctor and the gastro-enterologist strongly encouraged me to see a cardiologist which I agreed to do just to shut them up…to establish once and for all that I was right and they were wrong…I did not have heart disease.

My visit to the cardiologist confirmed my beliefs. He looked at all the tests and did a few of his own. His analysis was that my heart appeared strong and he gave me a 90% all clear with the caveat the previous tests could have missed something and telling me that if things did not improve, I would need to have a cardiac catheterization. He also recommend that I see a cardio pulmonologist. And so my saga continued with breathing tests and an examination. The tests revealed that I was breathing at only 60% of capacity and that a long dormant asthma condition had reemerged. So, here was another reason not to consider heart disease. Asthma was ok…I'd use the inhalers and it would get better. I'd continue with the acid medicine and it would get better, but I did not have a heart problem.

Things did not get better and I remained in denial, making excuses and adjustments. I continued my full teaching schedule even though I became unable to walk from the parking lot to my office without pain. I was drinking a bottle of Mylanta a day and experiencing a number of unpleasant side effects from that, yet I still denied that I was getting sicker. I'd get home after a day of teaching so exhausted I could do nothing but sit on the couch and rest. I had given up my daily 2 or 3 mile walks, I had let go of my daily yoga practice, I did not go out or do anything at all but sit. Still, I told myself it was because I was working so hard in school.

Yet the symptoms continued until a fateful night when I had the worst pain imaginable. For three and a half hours I was in agony, my poor wife by my side as a winter blizzard raged outside and the roads were impassable. I called the gastroenterologist the next morning to tell him. His response, "it sounds like heart disease." No it's not, I insisted, we have established that, get off it and tell me something else. It may be "esophageal spasms" he said and prescribed a medication. That was ok. It was making sense. The GERD had triggered the asthma and the spasms. Now the new medication would take care of the spasms and I would be fine.

I was not fine. The waves a pain returned more frequently until I could not deny the possibility of heart disease anymore. I called the cardiologist and told him what was happening. He summoned me to his office on a Thursday afternoon and scheduled the cardiac catheterization the following Monday morning. If a problem was discovered, he described a procedure in which a "stent" would be inserted to facilitate the flow of blood and I would be back at work within a day or two. For the first time I was willing to accept the possibility that something (something not too serious and easily fixed) was wrong with my heart.

The cardiac catheterization was easy. I was given conscious anesthesia but, in fact, have no memory of the actual procedure. I only remember waking up surrounded by cardiologists.

My doctor had summoned several colleagues to look at my films that revealed a 99% blockage in the major artery to the heart. I was, in fact, at the door of death (a reality that I have perhaps not yet fully internalized). They gave me two choices. They could try inserting a stent but that carried an 80% chance of success and a 20% chance that it would not work and I could possibly die on the operating table. Alternatively, cardiac by-pass surgery carried a 99% chance of success. There was no decision to be made. The odds were too great. My wife and I knew what we had to do and within 36 hours a skilled surgeon and a team of medical professionals sawed open my chest, spread apart my sternum and ribs, and, using veins from my leg and chest, by-passed two blockages and saved my life. My cardiologist told me later that all of his colleagues at the hospital wanted to see the pictures of my heart. As I described in my introduction, one cardiologist wondered how I could still be alive. But I am…I am here and on this day sitting at my computer writing these notes. It is my hope that my experience may benefit others…that this may be part of the good work I am intended to do.

In the following I hope to educate and inform. I hope readers, whether or not my students, may benefit from my experience and become more capable of serving self and others on what ever path followed in life. Please, read on.

My Personal Fable

What was I thinking? Why would I not accept what both doctors and my own body were telling me? There was something really wrong…more than acid reflux, more than esophageal spasms, more than asthma…I was in trouble, big trouble and yet for months I acted as though it would all go away.

I taught my full load of classes (missing only one teaching day), I participated in committee meetings, I served as co-advisor to the Peace and Social Justice Club, and through all of it I was in some level of pain. I recall that during one of my lecture presentations for my Psychology 101 students I had a severe attack. I held my chest and I could see on the faces of my students that they saw it. "Don't worry," I said, "I'm OK…this is NOT going to beat me!" Well, it almost did. Why was I so stubborn (my Dad called me a "stubborn Irishman!") Guilty on both counts, Irish and stubborn.

I am a psychologist and therefore a scientist. And when scientists have a question they often turn to theory for insight. When I ask, "What was I thinking?" I am asking what were the cognitive processes that drove my reasoning and decision making. The French developmental psych-ologist Jean Piaget offers some insight in his Theory of Cognitive Development. Piaget talks about a phenomenon typical in adolescents, the "personal fable." The belief that so many young people have that they are immune to disaster. They know bad things happen to other people, even maybe people they know, but somehow really bad things will not happen to them. They know that auto accidents are a leading cause of death in adolescent drivers, yet so many continue to drive in risky ways. They laugh and joke with a car full of peers, they talk on their cell phones, they send text messages to their friends. So, what does this have to do with a 63 year old stubborn Irishman? It has been said that as we grow older, we retain all the people we have been, the infant, the child, the adolescent. Although Piaget's theory more or less ends with adolescence and a capacity for thinking he calls "formal operations," I would suggest that we all retain some level of the personal fable.

Oh, I knew and know bad things happen and bad things can happen to me. But, how bad? Acid reflux disease, esophageal spasms, asthma are all bad; but heart disease!? No, that was too bad, too bad for my personal fable! And so, I denied my own reality and it almost killed me.

Lessons Learned

I and we, all of us, are never totally immune from disaster. Sedentary lifestyles and lack of exercise degrades muscle and encourages fat; toxins from tobacco smoke causes cancer and people die horrible painful deaths; cholesterol and years of bad eating builds up and clogs arteries; heart disease happens. It happened to me and it can happen to you. Do you know what you are putting in your body everyday? Do you know what fatty foods, high sodium, too many calories, tobacco smoke can do to your body? These are insidious killers. They come to us in the form of pleasures: those Big Macs taste good, the added salt makes that steak taste better; that cigarette helps us relax after a tough day and none of them make us feel bad after doing it. Quite the contrary, we feel better…full, satisfied, relaxed. It takes intelligence and knowledge to save our lives. We must come to understand that sooner or later we will have to face the music. Now is the time to change bad habits. No matter what your age, now is the time. You can come to prefer a chicken sandwich on whole wheat to the Big Mac; you can come to enjoy low sodium soups; you can find other ways to relax through yoga or meditation; and, most importantly, you can come to prefer healthy alternatives. You can save you own life!

In Praise of Doctors

When I was a young man, I was in awe of many people – composers, writers, artists, performers and teachers. As I aged and grew in confidence, knowledge and skill that awe transformed into admiration and appreciation for who they were and what they did, but it was different. I began to see myself as more their peer.

I recognized that I too was an artist; that I too could achieve a level of performance deserving of admiration and appreciation. I was a composer, a writer, a performer, and most importantly a teacher.

By the time I came to teach at Greenfield Community College I estimate that over five thousand students had passed though my classrooms first as a professor of music and recently as a professor of psychology, passages I hope were nurturing and beneficial. I knew and know that I give all that I am to my students and hope they are willing to receive. Some do; some don't, but when I look in the mirror; when I look into my heart, I feel I stand next to those from my past whom I held in awe. Said differently, it has been a long time since I stood in awe of anyone.

That all changed moments after I awoke from my cardiac surgery. The surgeon, Dr. John A. Rousou, Chief of Cardiac Surgery at Medical Center in Springfield, Massachusetts came to see me. A distinguished looking man not much older (if at all) than myself, impeccably dressed in a suit and, to my still foggy perception, an amazingly blue shirt. I realized at that moment what this man had done for me. He had held my heart in his hands; he had given me back the life that almost slipped away. I was again in awe. I struggled to speak, "I have no words," I said "to express my appreciation." He smiled and said "You're welcome," as though I had thanked him for the time of day, or for directions to the cafeteria. I have not seen him since, but my sense of awe has continued to grow. What depth of knowledge he must possess; what virtuosity of skill. As I have reflected in the subsequent weeks on what Dr. Rousou had done, I began to realize how vitally important that knowledge is; how crucial and life giving the skill. And, I began to realize that it is not just Dr. Rousseau whom I hold in high esteem, it is all of the medical practioners who shepherded me thorough that most terrifying and difficult experience. Now, I have the words. It is, after all, my profession to explain, to elucidate, to articulate the complex and difficult, and to communicate the essence that others may gain some insight. And so, here and now I seek to do that in praise of caregivers.

There were so many people who participated in my care, and having been highly medicated during most of the experience I did not even know all their names. I recall being wheeled into the brightly lit operating room, filled with busy people. I was not yet anesthetized but having been given "something to relax me," it was, to say the least, a surreal experience. I saw no faces for everyone was dressed in gowns and masks. Strong arms slid me from the gurney I was on to the operating table. The last thing I remember was the eyes of the Anesthesiologist whom I had met earlier. Dr. Lee was I believe Chinese, and his eyes gave away his identity. I liked him when I met him, and, if eyes can reveal a smile hidden by a mask, he smiled at me.

Then there was nothingness. For more than four hours those masked strangers, a team of Lone Rangers who rode in to save the day and save my life, did what they do everyday. They inserted a breathing tube (with difficulty I'm told) down my throat; they inserted tubes into my chest to drain unwanted fluids, they attached wires to my heart should it suddenly stop and require an electric impulse to start again. They delicately and skillfully removed veins from my leg and chest. Then, unseen by me, Dr. Rousou cut into my skin, sawed open my sternum, and with astounding knowledge and skill, grafted those veins onto the failing arteries and made them work again. I am in awe. I am in awe!

The care and the giving did not end when I was wheeled out of the operating theater; it had just begun as a new team of Lone Rangers rode in – Nurses.

In Praise of Nurses

When I first arrived at Baystate Medical Center, having at that point no idea how serious my situation was, the first nurse to care for me was a personable and charming Indian woman. She joked with me about how good I looked in the Hospital Johnny (a seemingly ridiculous garment that I was yet to learn the benefits of). She had a clear task and went about it professionally; taking my blood pressure, drawing blood.

I've never liked needles or having my blood drawn, and this was no exception. My veins were hard to find and the first attempt failed. Through it all she talked gently and quietly to me, inquiring about my life and work, taking my mind off of the second and successful attempt to draw blood. I was nervous and apprehensive but her caring yet professional demeanor set me at ease. I told her how so many of my students were preparing to be nurses and, of course, she asked what and where do I teach. When I told her I was a professor of psychology at Greenfield Community College, she brightened up. She was a 2006 graduate of G.C.C. and spoke highly of her experience and the professors she had. "What courses do you teach," she asked. "Human Growth and Development," I replied and she gushed, "Oh I loved that course, so interesting!" What a good feeling it was that the first nurse I should meet was a G.C.C. alum. She was just the first of many, many nurses and other nursing assistants who cared for me throughout the seven days and six nights I spent in the Hospital. I came to think of them as angels. While in the cardiac intensive care unit, I had a different nurse every day and every night. As each would bid me good bye and good luck, I would think, "What? Good bye? You're not leaving are you? What will I do without you…my personal angel?" But each time, they would tell me the name of the next nurse…Kathy, Hilma, Karen, Cindy, Patty, Jesse, and Rob (yes, there were men too) and others whose names live in the fog of pain killers and sleep. Each new angel who was to come to me was assured to be wonderful by her predecessor…"Oh, you'll love Cindy…she's the best!" As far as I could tell, there in C.I.C.U. they were all the best, whether gently waking me in the middle of the night to take my "vitals;" holding my hand and inquiring how I was feeling; arranging the pillows under my arms so that the wires now holding the two parts of my sternum together would not strain; explaining to me what each medication was for; what every tube, I.V., wire, and other technology attached to my body was there for. Each brought a combination of knowledge, skill, and compassion.

There were too many examples to mention or even remember, but one that particularly stood out happened in my first night in intensive care. Hilma was my nurse that night. I had just looked under the sheets for the first time; a nine inch red scar on my chest; tubes and wires everywhere; a distinctly disturbing urinary catheter that I had no memory of gaining. She explained the role and function of each and, perhaps seeing the apprehension on my face, she held my hand and looked directly into my eyes and said, "Every day gets better and better." And, she was right, everyday was better than the last and that pattern has continued up to the very moment that I write these words, now three and a half weeks later. Oh, it has been tough, especially the first few days at home, but her words echoed in my mind, "Every day gets better and better."

As I reflect on the kindness and competency of the nurses who shepherded me through what was the most serious crisis of my life, I reflect also on my students, especially those who are to become nurses. What can I say to them to inspire the dedicated learning that must precede skilled application of knowledge gained? What can I say to them to nurture the kindness and compassion that clearly filled the hearts and minds of my nurses? When I return to my students I will be a different teacher. Oh, this is not false modesty. I am a skilled and knowledgeable teacher; I know my stuff and I am good at what I do. But, there will be a subtle shift, a different emphasis. Whereas I always taught and will continue to teach the "growth" piece and the "development" piece, it will be the "human piece" that will be at the heart of my teaching. I'm not exactly sure at this point how these changes will play out, but I do know it will begin with me. I must show my students in everything I do that I deeply care for them; I must demonstrate kindness and empathy in all my interactions; I must be a model of compassion. Oh, rest assured, I will have high expectations. There is so much to learn, for me and my students, and so little time.

What an impossible task we professors of human development have! We teach the span of human life, from conception to death in fifteen weeks. What a difficult task our students have! They often have other courses to deal with; they have family obligations, children or parents to care for; they have part time jobs; they have and should have a social life! And yet, they come to me; some sit in my classes; some at their computers and they listen to or read my words.

My words! And, what will those words be? Where will I find in my vocabulary the powerful language to educate and inspire? I am, once again, in awe…in awe of the challenge and privilege of being their teacher. One day, a former student of mine may hold the hand of another cardiac patient, fresh from the trauma and violence of surgery and gently say, "Every day gets better and better."

Reality Check

Baystate Medical Center is not Shangri-la. It is a real place with real people. And, as in any social context, there are a range of personalities and behaviors. I have lauded the many nurses and other hospital personnel who cared for me during my hospital stay and it is with some hesitation that I relate the few but significant not-so-laudable situations in which I found myself. Why even mention these at all? Because it happened, it was part of the experience and there are lessons to be learned.

I share three stories, the first of a personal nature. When I was being readied for the cardiac catheterization described earlier, a male aide informed me that it would be necessary for me to have a urinary catheter which would serve to drain urine from my bladder during the procedure and a required six hour period after which I could not get up or move very much at all. I'm not sure how most men feel about this, but I was not happy. Nevertheless, recognizing my position, I allowed it and was soon so deep into the procedure that I stopped noticing or really even being aware of the urinary catheter.

After the procedure, I was brought to my room, arriving here at 12:15 pm to begin the six hour wait. Shortly after that I begin to feel the familiar sensation that we all know well…the urge to pee. I told the nurse and she assured me that the catheter would take care of any needs and the sensation would go away. It did not. In fact, the sensation, the urge, increased in intensity throughout the day as I watched the seconds creep by on the clock. By mid afternoon I was in serious discomfort and once specifically asked the nurse to remove the catheter so that I could go to the bathroom. She was very firm. I could not get out of bed until the six hour period was up. She also assured me that I did not have to pee! "Oh yes, I do!" I wailed, "Oh, no you don't. You just think you do." The catheter was doing its job, she explained, as evidenced by the output in the collection bag. So, as the saying goes, I "grinned and bore it." The time moved so slowly and the discomfort increased until at last, it was six o'clock. Only fifteen minutes to go. Not wanting to wait one second beyond that, I pushed the button on my bed that would (or so I was told) summon the nurse. I hoped to persuade her that I could not wait another moment and fifteen minutes did not seem that crucial to my recovery. Five minutes later I pushed the button again with no nurse in sight, and again five minutes after that and still no response. 6:15 pm came and went and no nurse. By this time I was pushing the button constantly with no response. By 6:30 I was desperate. I used the telephone next to my bed to call the Hospital. I asked to be connected to the nurses station on the fifth floor. "This is John Tierney in Rm. 521. I need a nurse. I've been pushing the summons button for 30 minutes. Please get me a nurse!" The response was courteous and professional, "We'll try to find your nurse, Mr. Tierney." At 6:45 pm my nurse, Maura (not her real name), arrived, looking a bit annoyed that she had been summoned as she had. Again I said, "I've been pushing the summons button for 30 minutes!" Her response, and I quote, "We don't come running every time someone has to go to the bathroom!" I was stunned at the coolness of her response. She was busy now, other things to do and she would be in shortly.

"No," I wailed again, "now please, get a male aid to remove the catheter." With this she and another female aid in the room laughed. There would be no male aide, she would do it and I felt a little silly expecting my privacy to be thus preserved. OK, then, you do it, but now. No, she insisted, I would have to wait. I was in agony, but Maura insisted it was all in my mind…the catheter had served, the urine was drained. Finally, at nearly seven o'clock she removed the catheter and none too gently. I sprung from the bed to the bathroom. And, in spite of Maura's insistence that the urge to pee was only in my mind, I filled a urinal container. In my mind was it? It was an agonizing and painful experience. Something was wrong with the catheter it was hypothesized later, something twisted internally or externally perhaps. Not all the urine was drained and my urge was very, very real as was the pain that resulted, almost seven hours of intense discomfort. The nurse was not at all sympathetic and, in fact, bordered on rude. I asked her why? Why are you talking to me like this? Why are you being so disrespectful? "Well, I'm sorry, but we're very busy here and have a lot of patients who need us." It was no comfort. And then, she spoke my name, she addressed me as "Mr. Tierney," and I very uncharacteristically responded. "Actually, it's Doctor Tierney." I have never done that before.I would not be so pretentious. I am Doctor Tierney in the collegiate context, the rest of the time, Mr. is fine. But, for whatever reason, I blurted out the "Doctor" title, and everything changed. Her tone, her demeanor, her attitude shifted to one of respect. What kind of a doctor was I…a PhD…really? and in what field, how interesting! I ended the conversation. In fact, I immediately requested another nurse be assigned to me. Later Maura came in and apologized, she did not like the idea that her patient felt disrespected. It was too late, I was not feeling conciliatory. I've related this story many times since, often to other nurses. The response is always the same…horror. They can't believe it…this was such bad behavior and bad nursing. And why the shift from disrespect to a clearly more respectful attitude? Why, I wondered, did it matter that I was "Doctor" Tierney. It should not have mattered at all.

In retrospect, I do feel more forgiving or at least understanding. Maura, inferring from her age which appeared to be late forties or early fifties, had probably been a nurse for many, many years. Again, I'm supposing, but I suppose that over the years she had had many cranky patients, many demanding people whose ills were perhaps in their minds and not their bodies. Perhaps she had had a bad day when I needed her, perhaps personal problems were weighing on her mind and her patience with her patients was strained. Whatever the reason, it had nothing to do with me. And so, the lesson here for my students who may become nurses or any who may find themselves caring for others, is to reach deep into themselves when strained, impatient, or feeling pressed upon and remember my little story. Every patient is an individual and every patient knows their body more than anyone else can. Respect them, listen to them, be empathetic and sympathetic, or (I can't resist it…) you may find yourself with a really "pissed-off patient" like your old professor, Dr. T.!

My remaining two stories are more brief but, nonetheless, revealing and containing an important lesson.

As I prepared for sleep my first night in the Cardiac Intensive Care Unit my night nurse informed me that technicians would be coming in the morning to take an x-ray of my chest. This did not at all prepare me for the experience. I was in deep sleep (REM sleep) at 5:00 am when two chatting women burst into the room pushing a huge mobile x-ray machine. They swung open the sliding glass door of my private room and pushed aside the curtains that had been keeping out the light and the incessant beeping of a dozen cardiac monitors in the ward. They switched on the bright lights of the room and, before I knew what was happening, were lifting me up to slide a hard board-like object under my back. The machine soon loomed over me and "click" it was done. Their exit was as rapid as their entry, and through it all, they never stopped chatting to each other, carrying on a personal conversation that no doubt began before their onslaught and likely continued afterward. They never once addressed or acknowledged me.

"Hey!" I should have yelled, "I'm a person, not a tree! I'm a human being, a previously sound asleep human being." I was shaken and upset by the whole event. It took me several minutes to understand what had happened and I was unable to go back to sleep.

I do understand how the daily work of these technicians can become routine. For me, I was having a unique (I hope), once in a lifetime (I hope) experience being there in the C.I.C.U., a day after cardiac surgery. For them, I was business as usual…come in, take the picture, go on to the next cardiac patient and repeat. This understanding was little comfort. And so, the lesson here is obvious but well worth articulating. To all my current and future nursing students, and other caregivers, please, never forget that each and every patient is unique and new to the experience, a human being with fears and genuine needs for kindness and compassion. It would have been so easy for someone to come in to my room and gently wake me, "The x-ray people will be coming in just a minute, how are you feeling now?" These words or others like them would have made the experience so much more tolerable.

And now, an even briefer story with much the same lesson.

I had been transferred from the C.I.C.U. to what was called the "Telemetry" floor, named that because all the recovering cardiac patients including me were hooked up to wireless heart monitors that the staff used to keep aware of every person's moment to moment condition. As had been the practice in the C.I.C.U., my vital signs (blood pressure, oxygen level, temperature, and blood sugar levels) were taken every few hours. This was sometimes done not by a nurse, but by an assistant. Such was the case when my vitals were first taken in "Telemetry."

A young woman, whom I would judge to be in her early twenties, came in to the room and informed me that she would be taking vitals. She was efficient and skillfully accomplished her tasks with me before going on to my roommate (as I no longer enjoyed private accommodations).

She appeared, to me, not at all happy to be at work and seemed annoyed at the task (with a look and attitude I have seen on student's faces in the past). She never introduced herself or greeted me in any way other than asking me to state my name and date of birth. Her behavior reminded me of teenage cashiers in the supermarket who never look up from the groceries. Shortly after, as this young woman was finishing with my roommate, the nurse came in pushing a mobile computer stand where she would enter the statistics for each of the patients in the room. The assistant said this regarding blood sugar levels, "Bed 25A is 215 (my room-mate), bed 25B was 104 (me)." I spoke up for the first time and said to her, "Well, I know my bed's blood sugar was 104, but what was mine?" She looked at me as though I were a moron. "I just told you," she said with an annoyed tone, "It's 104!" I choose not to pursue the point. She clearly did not get it. But, I will pursue the point here for all my students who would work in the medical profession and who will interact with human beings. The language we use reveals our hearts and attitudes. Beds do not have blood sugars; people do. Let the language you use show that you know you are talking about real people, often people in your presence who can hear you and have emotions and feelings about what you say. (If my sugar level was as high as my roommate's, I would have been upset.)

In each of the stories above, the nurse, the technicians, the assistant were knowledgeable and skilled. They did their work well and correctly, (well maybe not Maura) but in each of these stories I, the patient, the human being at the center and purpose of their work, suffered. Skill and knowledge are not enough! Once again, it is the "human piece" that makes all the difference. It is important to understand that these not-so-laudable stories were anomalies, a clear "deviation and departure from the normal or common order," for the normal order was one of professionalism tempered by compassion and kindness.

In the more than 160 hours I spent in Baystate medical Center and among the thirty or forty different individuals who cared for me, these three were the only ones whom I do not laud nor remember with deep appreciation.

As I bring this writing to a close, there are yet a few remembrances and stories I want to share. Not so much for lessons learned, but because they reveal, I think, something deeply human.

The Blue Man

During the first several hours I was in the C.I.C.U. I was receiving constant medication for the pain I would surely suffer without the medicine. After all, what I had done to me seems not too dissimilar from an Aztec sacrifice ritual, only my heart was not ripped out to appease a Sun God. Thankfully, I felt little pain throughout those first tentative hours. However, a side effect of the drug was significant.

My dreams in sleep and my visions when awake were to say the least bizarre and unexplainable…turtles swimming, little children playing, a old farmer on a rusted tractor…products of my unconscious mind we psychologists would hypothesize. There was one dream though that begged explanation. I relate it here and invite the reader to judge.

In my dream, I was sitting in the driver's seat of an old Buick convertible only it had no steering wheel so I could not control where it might go. Next to the car stood my Dad, not the 92 year old man I knew, but more as he was when I was a child. He spoke to me, "Your mother will be with you soon." "No, Dad," I said gently, "Mom is dead, she died thirteen years ago." "No," he repeated, "She will be with you soon!" And then he faded and was gone. As I turned my gaze back into the car I saw a little man sitting on the dashboard. He was perhaps three or four feet tall, dressed entirely in black. He had long black hair and a long black beard and was sporting a tall hat like the one Dr. Seuss' cat wore only black.

He spoke to me, “Freakin’ you out, aren’t I?” “No, you’re not,” said I. “Oh, yes,” he said, “You’ll freak…oh yes, you will definitely freak.”

I became belligerent in my dream. “It takes more than an old hippy to freak me out,” I insisted. Then, like boys who stand up to a bully, I thrust my chest towards him, pushing my face into his.

I never got right up to him for, as I approached, he morphed into a thousand blue lights, each pulsating at its center yet, in total, retaining the shape and form of the little man. Just before I knew I would finally touch him, I awoke, his visage burned into mind and memory.

I have told this story to many friends. One said, “You were on your way.” On my way to where? The other side? I had had the operation; I was out of the woods -would then this dream portend my death? Would I be with my Mother and she with me? I don’t know but, as a scientist, I prefer another explanation- that in my unconscious mind I lived the fear of the death I had so narrowly avoided. But, in truth, I do not know. I do know this…I will never forget the little blue man and, perhaps, when it is my time to reunite with my Mom, I may not be so belligerent and not so fearful.

Funny Bones

Given the severity of my heart disease and the extremely invasive intervention required to save my life involving splitting my chest bones in half and pulling my rib bones aside to get at my heart, one would think that there might be nothing funny about the whole situation. Not true. It was humor in many forms that helped me though.

Humor has always been an important part of my life. As a really funny-looking nerdy kid, I used humor to connect with others and to establish a social role. In fact, I considered a career as a stand-up comedian but ended up opting for the next closest thing, a college professor.

The audiences are guaranteed and a good (or bad) joke goes a long way toward engaging interest. When someone expects to hear something funny, they will listen and when they are listening they are open to learning. I have spoken in praiseful terms about the skill, knowledge and compassion that was such an important part of the care extended to me throughout my hospital stay. Now I want to praise and extend my gratitude for the humor shown by doctors, nurses, and others.

The humor emerged from the situation- how sexy I looked in the support hose I had to wear (I didn't); how delicious my hospital lunch appeared (it didn't), how a male aide and I would go one-on-one in the basketball court after the nurses thought I was fast asleep (we didn't). And, best of all, there was a lot of smiling. A simple smile can go a long way to making someone comfortable and feel better. So, I say to my students, friends, and colleagues, keep a strong sense of appropriate humor in your tool bag all the time and smile a lot!

While there we're many moments that tickled my funny bone, there was one that, in retrospect, was LOL (laugh out loud) funny (but, it did not seem so at the time.) I had been in intensive care for three days but was scheduled to be moved to the "Telemetry floor" as described above. However, there were no beds available in telemetry, and so it looked like I'd be spending yet another day in the C.I.C.U. As much as I appreciated the private room and… well… the intensive care, I could not wait to get out because the constant beeping was driving me mad! I live on a mountain in the woods, the only noises I hear are the gentle (usually) sounds of nature. And, I am hyperphonic…I am particularly sensitive to sounds. So, from the moment I awoke from anesthesia to the moment I was finally wheeled out of the C.I.C.U., I never stopped hearing the beeping. Sometimes it would be less, sometimes more, always beeping in complex rhythms representing a dozen or so separate monitors and heart rates of the various cardiac patients. And so, late in the evening on the fourth day when the word came that a bed was available in telemetry, I was relived and grateful.

They had assured me that it would be quieter there and indeed it was. I was wheeled to my new room, hooked up to a monitor that was only heard when or if a problem occurred, and then left in the quite and dark of my new room. Even my roommate cooperated by being sound asleep and not snoring. I reveled in the beautiful relative quiet for a few precious minutes when it began. The beeping was at first in the distance but got closer and closer. A nurse came by and I asked what it was about. "Oh," she said, "that's a new cardiac patient being brought in, the beeping will stop once she's settled," and it did stop.

The woman, who I never saw, was in the room directly across the hall from me. My blessed quiet was once again pierced as this woman conversed with her nurse! The woman was yelling! Yelling so loud that she might as well been laying next to me and not across the hall. I quickly surmised that the woman must be elderly and hearing impaired, but I thought, she didn't just suddenly become hearing impaired. Has she not been trained to modify her voice levels; did she not have assistive technology? Apparently not, because she continued to yell and, her nurse, in response, yelled back. It was from that annoying, mind-bending, interaction that the humor emerged. The conversation, as I remember it, went something like this…

Nurse: (helping into her Johnny) "Not too tight, dear, we don't want you to choke."

Woman: "WHAT?"

Nurse: (Louder) "We don't want you to choke."

Woman: "TO WHAT?"

Nurse: (even louder) "To choke, we don't want you to CHOKE!"

Woman: "COKE! I DON'T LIKE COKE! MY SISTER LIKES COKE, I LIKE PEPSIE. I DRINK A CAN OF PEPSIE EVERYDAY, I LIKE PEPSIE, BUT I DON'T LIKE COKE!

Several moments and much yelling later…

Nurse: “OK, now we’re going to hook up your oxygen”

Woman: “MY WHAT”

Nurse: (louder) “Your OXYGEN!”

Woman: “GIN? I DON’T LIKE GIN…MY SISTER LIKES GIN …I LIKE WHISKY…I HAVE A LITTLE WHISKY EVERY DAY BUT I DON’T LIKE GIN!

Eventually the woman settled down and there were only the night sounds of the hospital which faded into the distance and I slept only to be awaked very early the next morning by my neighbor’s grating and voluminous voice as she conversed with her nurse.

Woman: “MY HEARING AIDE BATTERIES ARE DEAD!”

(“No freakin’ kidding,” thought I!)

Woman: “CALL MY SISTER! TELL HER TO BRING THE BATTERIES!”

(The nurse makes the call and I hear her talking to the sister and relaying what the sister is saying.)

Nurse: “She wants to know where the batteries are!”

Woman: “TELL HER IN THE CLOSET!”

Nurse: “What closet?”

Woman: “THE CLOSET DOWNSTAIRS!”

Nurse: “Which closet downstairs?”

Woman: “THE ONE WITH THE BROKEN DOOR!”

Nurse: “Where in the closet?”

Woman: “IN MY COAT!”

Nurse: “Which coat?”

Woman: “THE BLUE COAT!”

Nurse: “Where in the blue coat.”

Woman: ‘IN THE POCKET

(By now I am seething but in admiration for the saintly patience the nurse is showing, for surly, I thought, she must be getting fed up with this verbal circus.)

Nurse: “The batteries are not in the pocket of the blue coat!”

Woman: “THE INSIDE POCKET, LOOK IN THE INSIDE POCKET”

At last, success, the nurse said the batteries had been found and the sister would bring them. And, just as the nurse hung up, the woman added, “AND MY GLASSES!” And, at that, despite my extreme annoyance, I laughed out loud and have enjoyed telling this story over and over again.

Special Moments

In spite of my previous verbosity, I have not told all there might be to tell. Not wanting to overtax my already patient readers, I will conclude with a few special moments I remember and cherish.

The first happened unexpectedly. As described, I was in a private room in the C.I.C.U. and, in fact, had not seen anyone or anything outside that room. There was a sliding glass door between my room and the next, but it was always covered by a curtain, so I could not see into it.

then, on my third day, a nurse went from my room to the next through the sliding door, pushing the curtain aside and leaving the door open. I found myself looking at an almost mirror image. There was a man, hooked up to a plethora of tubes and technologies, and looking like he had been hit by a bus. His eyes caught mine or mine caught his, and at the same moment, each of us raised a hand in greeting, knowing we shared a very special experience. And then, in a flash, the curtain was closed and I never saw him again, but felt I had met a comrade, a fellow traveler who, like me and Robert Frost, had miles to go before we sleep.

My final story is the most meaningful and personal. It happened when I awoke in intensive care. I emerged from the nothingness and opened my eyes. There before me, sitting bedside, was my beautiful Patricia, my wife of nearly thirty years, my rock, my angel. In that moment I saw on her face the depth and breadth of love, unconditional and genuine. I do not remember this, but she tells me I spoke first through dry parched lips, just three all important words, and pronounced as I write them here, "I wuv you!" Like Elmer Fudd would speak, the words came out, "I wuv you!' And I did, profoundly and deeply, and I do with all my being and with all the newborn heart that beats inside.

Conclusion

And so I come to closure and in doing so I share some thoughts I shared just today with a close friend who is himself going through a difficult period. "Isn't it interesting," I wrote to my friend, "how life puts these little challenges in out paths just when we think 'we've arrived.' But, after months of pain and worry (to paraphrase Steinbeck, this has truly been the winter of my discontent!), I am beginning to see the light.When I learned I would need heart surgery to stay alive it was, to say the least, the shock of a lifetime. How could this be happening now? I had arrived! My life was perfect… wonderful marriage, loving family, beautiful grandson, heavenly place to live, great job, and dear friends…and then they tell me I'm days if not hours away from a fatal heart attack.

The prospect of having my chest sawed open should have been terrifying, but it wasn't…I guess because the payoff was so good. They promised (and have so far delivered) that every day would be better and better. And so, on that night before the operation, I formulated my strategy which can be summed up in four words, "Just keep on movin'!" And so I have…movin' on through whatever comes, never losing sight of the beauty and privilege of life."

This is the lesson I offer to my students and readers. Each of us, in our own way, will face challenges, some seemingly insurmountable. Yet, we must keep on moving, for the alternative is unacceptable. In those darkest hours of fear and pain, a song came to me by Shawn Phillips, an extraordinary singer and musician whom I have held in highest esteem all my adult life. His song, "Implications" includes this lyric…

"Life you are sacred, you are the only thing we bear;
You are the adamant implication that we care."

An so, I now celebrate my aliveness and dedicate all of it to the good I may yet do in this world.

John McDonnell Tierney

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DEFINITIONS

* GERD - The stomach is filled with acid which helps digest food. The stomach is built to handle the acid it produces, however, the esophagus isn't. So when acid backs up into the esophagus, it may result in GERD, or acid reflux disease which occurs when the lower esophageal sphincter (the valve separating the esophagus and stomach) does not close properly, allowing acid to back up into the esophagus. (GERD Info Center, 2009, downloaded 4/7/09 from http://www.gerd.com/consumer/gerd.aspx)

**A cardiac catheterization "is a procedure to examine blood flow to the heart and test how well the heart is pumping. A doctor inserts a thin plastic tube (catheter) into an artery or vein in the arm or leg. From there it can be advanced into the chambers of the heart or into the coronary arteries. This test can measure blood pressure within the heart and how much oxygen is in the blood. It's also used to get information about the pumping ability of the heart muscle. (American Heart Association, 2009, downloaded 4/7/09 from http://www.americanheart.org/presenter.jhtml?identifier=4491)

***An Upper endoscopy "…is a procedure that enables the gastroenterologist to examine the esophagus (swallowing tube), stomach, and duodenum (first portion of small bowel) using a thin, flexible tube through which the lining of the esophagus, stomach, and duodenum can be viewed using a monitor." Medicine Net.com, downloaded 4/9/09 fromhttp://www.medicinenet.com/endoscopy/article.htm)

ABOUT THE AUTHOR

John McDonnell Tierney, aka “Jack,” holds advanced degrees in Music (UMASS) and Educational Psychology (UCONN) and has held fulltime college faculty position in both fields.

From 1996 until his retirement as a Professor of Psychology in 2012, Dr. Tierney focused his teaching practice and scholarly research on Adolescent Development.

Prior to 1996, Jack was a fulltime Professor of Music specializing in Musical Theater.

Over the course of his career, Jack produced and/or directed more than fifty musical productions with high school, college, community and professional companies as well as commercial clients.

He also composed several major musicals including “Dreamsinger” (2000), Peacemaker (2016), Humanity’s Child Off-Broadway (2019), and the 2021 version of Humanity’s Child, subtitled “More than a Musical," currently in production.

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