THE PATIENT AS A PERSON

XIV.

Helen Moore

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by

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FOREWARD

In the following pages I have attempted to emphasize the extreme necessity of consideration of the patient as an individual, a sick person, in our institutions and nursing fields of today. Where there is physical disturbance, there is usually mental disturbance, and where there is mental illness there is often physical illness. Much of the material for the foundation of this paper was gathered from literature of the medical and nursing professions, other material from association and observation. I also correlated the direct and indirect effects of environment, heredity, association and education to the patient's reactions to medical aid and his acceptance of the situations in which he finds himself.

THE PATIENT

When a patient comes to a hospital, the personel should be prepared to accept him as an entirely new and different problem to be worked out--a person with a background and foreground different in many details from that of any other person. Only by openly embracing this fact and by a will to understand even the minor details of the problem can the most efficient care be given and the most successful results be obtained.

There are innumerable possibilities as to the type of family and environment from which the patient may have come. Early childhood, inheritance, later childhood, adolescense and adulthood all have their uncontested part in the formation of the patient as he is and as he is seen by others. His self as a whole, his personality, character, mental and physical mechanisms and personal appearance and attitude are all influenced by associations throughout life or before. His former association with illness, the suddenness or suspense before definite treatment also work in a definite way to effect his acceptance of hospitalization and treatment. They are not apparent usually when first contacting the patient, but an open mind will be susceptable to the many possibilities, and the understanding of the patient will thus be based on a firmer foundation.

Consideration of the patient as a person must not stop when he enters the hospital, but must follow the patient and his problems through the stay in the hospital, from admittance to discharge, and even after convalescance, to his reinstatement in the world of workers. Convalescance itself is apt to be a very complicated process after which a rather new individual may have to adjust to a different type of responsibilities

with or without old associations and abilities.

The family environment and influence of friends on the mental attitude of the patient before he comes to a hospital may be very important. Therefore, the patient is not treated alone, but due consideration and explanation must be given relatives and friends. Disease or sickness often take a person by surprise and these patients are very apt to be the most apprehensive. The patient has plenty of reason to be apprehensive and have a certain amount of fear. He has probably many responsibilities which must be arranged for while he is to be away from his home. Where there is sickness and especially where there is surgery, there is always risk. Although prognosis is exceptionally good, one never knows what the end result will be. J.P. Morgan in his book "Keeping a Sound Mind", written especially for college students, brought out some good points with regard to the fear complex (if it can so be called). The point of view which underlies the contents of this book is that mental health is dependant in a large part upon the formation of certain mental habits and the elimination of certain others. It is believed that it is as easy to form the beneficial habits as it is to fall victim of the detrimental habits if the person involved can be given a clear conception of their relative signifigance. Practice of one being just as enjoyable as the other. It is ignorance that does the damage. How is he to know which of the habits formed in childhood are to his best interest and how is he to initiate others beneficial to him?

To quote from his book, "Fear is the name given the various forms of running away from a conflict when we are powerless to cope with it. If the thing we do when we are afraid is appropriate the danger will, as a result, be less eminent, we can

take a calmer look at the events causing the fear, analyze the factors and perhaps decide how best to deal with the situation. The natural result of this calmer view is to substitute a fighting reaction for the fear one. Fear is a temporary reaction and should pave a way for renewed struggle." Now if we can but apply this theory to a patient we can better understand why he reacts to situations as he sometimes does. It seems that a patient is at this point of a calmer view when he has weighed the situation and as a result, confronted with the necessity of hospitalization or operation consents to the procedure with the so often noted 'fighting reaction'. Fighting, that is, to do his part for his recovery now that treatment is inevitable. 'Any factor which tends to prolong fear beyong its stage of usefulness is dangerous and should be avoided." To have medical or surgical treatment, arrangements should be made as soon as possible and the patient not left to weigh the problem over and over in his mind. The strongest ally of fear is ignorance. Ignorance and uncertainty breed fear, knowledge and assurance dispel fear. Thus by patient explaining in a manner understandable to the recipient; by being sure that he knows what is to happen to him, and exactly what he is to expect; by assurance as to the nature of his trouble, other cases, and the efficiency of persons under whose care he is to be placed, the patient can be given the knowledge and the assurance which dispel fear. Ignorance and uncertainty will be done away with.

The possibilities as to the type of environment from which a patient may have come are as varying as are the personalities, for no two environments are alike. They may be similar in several respects but in many details of importance to the patient they differ greatly. Even in the group which I will class

as the poverty group there is great differences. For example the forefathers of a certain family may have always been of a more or less poverty class and few of the family tree ever managed to rise above into the more middle class. Again the family may be poverty stricken through the inevitable disaster, accident or in these later years through the depression. Such people may find it very hard to accept absolute charity. They will probably be much more mentally depressed than the family who has never been better off. In outward appearance they are the same, that is they are surrounded only by dire necessities of life with poor housing, lack of food, clothing and education. Mentally however, they have problems of varying nature. Sickness may be met with a sense of giving up. Or the acceptance of ready charity a joy. The children, overworked and underfed will grow up with an entirely different outlook on life than children of more fortunate families. It will either make or break them and as a result are the shiftless I.W.W., and vagabound depending upon others for living. Or, we may get the proud hard-hearted individual who would suffer in silence to the point of death. It is easy to see the varying possibilities between these two extremes. Can the individual be blamed entirely for the manner in which he accepts medical aid and hospitalization even when just this point is considered, including the lack of education?

From a more middle class existance the patient might be called upon to meet unexpected illness. The strain here is apt to be worse than for either the poverty persons or more wealthy persons. For the first charity is always handy and for the latter they can always pay. However for the middle class there is no outlet. The circle must stretch. They must meet

meet the expense of the illness along with former necessities which are many. This type of person must always fight to keep his head above ground. The dependence of the family or responsibility if it is the wage earner who is stricken is such a huge problem to his that it can easily hinder his acceptance of medical aid and ultimate recovery. Postponement only enhances the difficulties in most cases. If economic stress has been know for but a short time, the mental problems of having to have aid and charity are apt to be very severe. They may not only effect his illness but also give him a sense of failure and loss of confidence in his ability.

I will not consider the more wealthy class in this discussion since their problems, although often very serious, do not so often effect the patient directly.

Thus the family environment with regard to the economic situation can be seen to very definitely effect the patient.

Some persons through out life have had a more or less intimate contact with various illnesses. Maybe some member of the family has been ill a long time. Possibly it is a family whose tracks hard luck and illness seem to continually cross. If the illness is gradual or it is emergency illness, many problems are brought up and it depends upon the person himself as to how he is effected by them, and what solutions can be worked out.

Association through out life with laymen superstition and fears gained through conversation with people who have been through the mill or from tales of tradgedy greatly exaggerated, may instill in the person a more or less instinctive fear which he fails to recognize as unfounded. Tales told by friends and relatives through out the childhood of the person have their mark in his opinions and judgements. Public health association

workers may , through teaching and contact, help to dispell these fears and prepare the patient and families for more intelligent acceptance of good medical aid, as well as aiding in avoiding the necessity of the more drastic measures such as, hospitalization, operations, etc. In other words " preventative treatment as well as curative treatment".

Early environment plays a very important part in the formation of the character of the patient. There are innumerable variations in the possibilities of environment, some major ones which I just previously considered. However, right now I have in mind more situations in direct relation to the patient, for example:- he may be an only child; an older child in a large family; a youngest child in a large family; a middle child in a large family, or a twin. He may have had to resort to all sorts of ways and means for attracting due attention. He may have, in early life, been sickly and has been petted all his life. He may have been in such an environment that he did not have association with other children. In very early childhood he may have began having the feeling of insecurity as is so often the case of children with divorced parents, or when the parents have died. Through the environment and associations with the persons therein, many lifelong habits are formed.

Inheritance of mental of physical defects is important. Laymen often think and fear inheritance of various characteristics and abnormalities mentally and physically which proper knowledge would prove are not inherited. Such supposed inheritance can be used as an excuse for many habits formed early in life. The number of members in the family also effects the action and behavior of the person. The type of parental guidance may make or hinder physical and mental development.

Under parental guidance would come health habits regarding, food, teeth, physical development, cleanliness, and the understanding of human nature.

As the child grows up, he begins showing the effect of earlier associations and environments. The degree of his responsibility with regards to his home and immediate environment is very important. Work he should have to do, but to only a certain degree. Just reward should be given in return for his worthwhile accomplishments. It builds up resourcefulness. But if the work becomes too much of a burden, it will do harm to his mental and physical development, and may cause him to later shirk responsibility and lead a more pointless life.

The type of schooling to which he has had access, as well as his associates are important in the formation of his character. Early impressions are very lasting and the young mind and imaginative nature are open to any suggestions and ideas. Habits are easy to form and very difficult to break.

Children of "well to do" families may very often not have enough responsibility during early childhood to prepare them for later life and the decisions they must then make. This however does not mean a great deal, but it does mean that at some later date the lesson will be a much more trying one, and the world is apt to appear very cruel, lack of self-confidence may result.

Too early contact with economic problems seems unadvisable. The problems of the child should be such that he can understand them. He will soon learn that everyone works and that work can be play of a different type. He will learn that no matter who we are there is always some one who tells us what

to do.

With further physical and mental development, more responsibility should be born for soon he will be out on his own. Many perplexing problems arise during this period of unadjustment. There is more exposure to disease. More definite knowledge and understanding is required. Good reliable knowledge of the facts of life should be given. There is more mental disturbence during these years that at any other time. Here come conflicts with opinions formed through out childhood and those given through learning. It seems very difficult sometimes for adulthood to separate from childhood, and I wonder if they ever do separate. It would seem that childhood and all its associations are just more or less in the background, and not very noticable yet playing their very important part in directing the actions of the now adult person.

It is very important that the background of the patient be understood and known before one can possible grasp some idea of what the patient is going through especially mentally.

Character is gained through the invironment which furnishes association with individuals, a chance at education.

A feeling of self consciousness which may have been instilled early in life here at this time of immaturity becomes more marked. Self consciousness may be caused by many things. Exageration of minor defects such as crooked teeth, a rather large nose or mouth, a very large or small stature and so forth, makes the individual a very conscious person of the details and they begin to take on a grotesque appearance in his mind. He feels that because of them he is different from other people. Being told that the person is just naturally dumb because father or mother could not make his way even through grade school, or because he has Uncle John's

disposition and Uncle John was a failure is certainly bad for the mental development of the young person. If he is or has been told that he has been dull or stupid through out life just because he may be slower than others in grasping situations in which he does not come up to par. Constant comparison with some other individual, as is so often the case within a family where there may be an exceptionally brilliant or attractive child with whom he must compete, is again apt to cause a loss of self confidence. Continual harping on any defect or abnormality, even in the joking fashion so often tolerated, is apt to distort the true condition in the eyes of the receiver. It seems to me that we who come in contact with individuals must realize that no one can be perfect and that we must be on guard that we do not touch a "sore spot" in the persons mind with whom we are associating. Just for example, say there was for some reason a terrific odor circulating through a room and some individual could not notice it, it would not be very tactful to remark, "Mr. X. should be able to smell it he has a large enough nose". The point I want to make is that great tact must be used if we are to gain the confidence of those with whom we work and rid them of their self consciousness since this plays an important part in their ultimate recovery. This feeling of self consciousness has a very marked effect upon the actions of the person. It is apt to make him retiring where he may otherwise be a good leader. It is apt to hinder his making friends as readily as otherwise. This could easily be followed by mental disturbance bordering on psychosis. Therefore when first contacting a person the conversation should not border on the personal until the confidence is gained, then you will have a more cooperative person with whom to work.

There is often the necessity of adaptation to new environments and circumstances during this period of life. Even going to a hospital, the degree of adaptation necessary is often very great. The difficulty found in adjusting depends greatly on the intelligence of the individual, is childhood habits and his training thruout life.

The degree of association with illness even from very earl in life may, and does, vary gr atly with diffenent individuals and effects markedly his acceptance of medic l ain and hospitalization. Possibly he has associated with people full of wierd tales of hospitals and the personel, with emphasis on the more tragic happenings. It is the outstanding things that stick in the memory of one who has had association with such institutions, the accidents, mistakes, errors, and vital incidents are recalled and exagerated upon by retelling. Not the many times of efficient care, effective emergency work and conscientous treatment and care give. If the individual who it to enter a hospital or have medical aid has had considerable association with hopeless cases of cancer, chronic tuberculosis patients, or persons who have lost legs or arms after having been in a hospital, his outlook toward his own chances will be markedly different than that of one who has had no association with illness. He is apt to dread and fear the treatment. Apprehensive patients are difficult problems.

When as adult is suddenly faced with the necessity of meeting the expense of hospitalization or an operation, he has a great many adjustments to make before peacefully accepting the situation. If he is the only wage earner for a family, or if the family depends on his organization and management, they numerous reorganizations and arrangements must be made for the period of his incompatability. He must be able to rest assured that some one else is taking the responsibility

for him and that things will work out all right. Added to this responsibility is the fact that in many instances he may lose his job and this will than be a source of added worry. The amount saved for medical care is usually very low. This is one of the main difficulties met with persons of the more middle class or the wage earners.

No one is ever faced with serious illness without being skeptic as to the ultimate outcome. Family adjustments must therefore be more complete for the future without the individual feeling that he is really, after all, not needed. If the ill person has been living on a ranch he must arrange for care of crops, planting and care of the live stock and the many minor vital details. A person who cannot settle down to hospital routine but is fenced in with home worries should receive all the assistance possible for those details at home are vitally important to him. If things are not taken care of there is the possibility of losing his home, of his family having to go on relief etc. If the unlucky person is a younger wage earner of the family which depends on his assistance, again many arrangements must be made.

The type of his illness, chronic, emergency, accident, etc., all bring out specific problems and effect the patients' reactions. The cost or expenses will also depend upon the type of illness and this cost reflects itself in the patients' adjustment and acceptance of the situation. He must be made to realize the most important thing is that he be alive and able to be with his family and friends.

With any illness, fear as to the future is very justifiable. There is always a chance for one of many complications to take place. There can be no assurance as to the future. With the very best of care ultimate results may not be suc-

cessful. Physical defects are especially feared. There is the possibility that a new profession must be built up if the individual is unable to walk, write or do some other type of expression by which he has previously made his living. If he is not financially able to take up a new type of work then he is apt to have to go on relief or live "off his family". This may be all right in some cases, especially if the individual is aged, but if it should be a man in his early fifties who had led a very active life up until his illness, he will not be satisfied to quit. He is apt to feel that his life has been a failure. Such people find it almost impossible to sit idle. They should have some sort of work with which to occupy their mind. They must have some type of activity as an outlet for mental disturbance. Merely putting these more elderly, but not old, people in a home does not solve their problem. If they begin to feel that they are not wanted or are not necessary, rapid physical and mental deterioration results. I do not believe that this very important problem has been met completely anywhere in our country.

In chronic or drawn out illnesses where an operation or some other form of specific treatment is not absolutely necessary to save the life of the patient but with a chance of possible complete recovery, the patient has a certain amount of choice as to the course to take. There is always the danger of an operation not being successful and the results being worse than the case at present. Yet there is the chance or restoration to some semblance of normal. To make his decision the patient must have the influence of a doctor. He must have confidence in the justification of his decision, confidence also on the ability of his doctors, and the hospital personel.

When planning on hospitilization, the element of fear always enters and it most assuredly has a place of importance. With the thought of operation the anaesthesia is terrifying to most laymen and even to members of the medical profession. Laymen may have heard many wierd tales. They fear for what they will say thm how they will act. No one ever wishes to make "a fool of himself". They are skeptical of coming out again and dread the discomfort which usually follows. Everyone is afraid of pain and suffering to a certain degree. It takes courage to give your body up to persons you may never have seen before, to do with as they see fit. Vague information as to the true purpose of the operation, or ignorance of true conditions especially if the explanations were too complicated, the wrong impression may be given causing much mental disturbance in the already distraught mind of the patient. Adequate information and explanation may rightfully be expected by any patient, with some emergencies excepted, as well as notification several hours before the procedure. Superstitions instilled through out life are very difficult to throw off in a few minutes even whn faced with the scientific facts and medical knowledge.

When a patient is endeavoring to make up his mind all the family and friends are usually anxious to be of assistance and their advice and suggestions, which often are of a conflicting nature, may cause the patient more mental disturbance than if he were left alone to make his whole decision. However, the decision must be made with the realization that the family doctor may not have charge of his case once he has entered the hospital. He is apt to be put in care of new hands. There will be the necessity of readjustments and

reestablishment of confidences. With regards the establishment of new confidence, the admittance procedure can be of great assistance. Emotional problems and financial complications are apt to arise if the patient decides to undergo treatment against advice of famil or friends this is apt to account for certain reactions on admittance.

The admittance desk of a hospital is usually a very busy place, yet due consider tion should be given each individual patient. Many points must be considered with regards to the degree of illness of the patient and who has accompanied him. At the same time a definite routine procedure is to be used on all. If the patient is extremely ill, great haste should be made to get him to his bed as quickly as possible. Definite questions must be asked so that he may be placed under the correct service, yet the patient himself should not be forced to go through a lot of "red tape" at a time when he is too ill to give even satisfactory answers to the rapid questions asked of him. Many details such as family history etc., can in many cases be found out at a later date without agitating the patient. He must not be made to feel that he is just one of many right at this time, but must feel that his is a case in which everyone is interested. He must feel that everyone is trying to make him as comfortable as possible and that they are really interested in his comfort. Many of the things I have previously mentioned greatly influence the way in which he accepts his admittance and the impression this admittance makes on him. In turn this impression first gained will very aptly effect his acceptance of the treatment given, which in turn effects his ultimate recovery. Due consideration must be given every patient who enters a hospital re-

gardless of the first impression the patient may give.

The manner in which the patient has been transported to the hospital may effect his peace of mind. If he is rushed there in an ambulance he may be consumed with fear. If he has come in by himself from any distance he may be fatigued to a point of desperation. Being surrounded by hysterical family or friends may have a bad effect on the patient's attitude. The time of entrance into the hospital will cause the formation of different impressions. He may enter when things are comparatively quiet and the routine of admittance is then not apt to be as trying as when he enters during the more rush hours when there are many people at the desk and the corriders are swarming with hurrying figures.

The degree of apprehension based on experience, childhood associations or hearsay tends to alter a more normal acceptance of routine admittance.

Regardless of all contradicting forces and factors it is important to the welfare of the patient that this first impression be a fairly pleasant one and over as quickly as possible. Confidence in his surroundings and those in whose hands he places himself works for better cooperation between the patiend and the personel and, as an ultimate result, a more encouraging prognosis.

The type of person at the desk is of very great importance as is also the type of person at the telephone through which the majority of the contacts with relatives and friends are made. This person receiving the patients should have made a study of human personality. They should be able to fairly well judge the type of individual with which they are dealing. "The study of the human personality involves the attempt to

to penetrate beneath the surface appearance and conventional expressions, to the dynamic factors of human nature, to reach the real individual beneath the social mask."* They must be prepared to meet and efficiently and satisfactorily handle any type of person. The patient must be made to feel confident and at ease as quickly as possible.

This person should also have a pleasant voice, should be genuinelly interested in his work. Efficiency is absolutely necessary. A quiet, reserved, sympathetic understanding is a valuable asset. The mind must be open to grasp any of the many conditions effecting the attitude of the patient.

A definite routine for taking the history of the patient is usually worked out in every hospital to the advantage of all concerned. All unnecessary waiting should, however, be avoided. It may be difficult at times to cope with an apparently uncooperative patient, but the patient can often not really be blamed for his reactions and his attitude. His mind is in a whirl, he is probably fighting the whole situation over again. He is too ill to be expected to react as a normal individual. Emotional problems, fears, and regrets again return and he is probably in no condition to even try to adjust himself to a new situation.

On the way to the floor, the personality of the nurse can do a great deal to soothe the patient. It is important to consider, in all these moments, the patient as an individual. Only then is the mind open to grasp the true state of affairs. "To understand the person, we must pay attention to his past and see how it determines the personality."‡ Therefore no conclusions should be reached until one has

*Charles Campbell--Human Personality and Environment

had a chance to become more acquainted with the patient and his history. Then one can better understand why the patient reacts the way he does, and why and where he attained his attitude. "The behavior of a man is the role which a complicated organism plays in the web of circumstance of which he forms an infinitismal node, and by which he is molded, to which he makes his individual contribution.* All patients must be treated with due respect and consideration yet with sympathetic understanding . Almost any uncomfortable situation can be avoided by a tactful conscientious nurse with poise and dignity.

When assisting the new patient to his floor from the office all signs of rush or excitement should be avoided. The patient should not be made to feel conspicuous. Treat this new individual as you would like to be treated if you were thrust sick and bewildered into a strange environment.

Enroute to the floor the nurse can find out some idea as to the ailment of the patient. He will usually gladly tell his trouble, he often needs to talk to some one who he feels is interested in his condition and most patients have great respect and confidence in a nurse. The nurse can then tell the supervisor the data she has obtained and avoid the necessity of repetition for the third time by the patient. The patient should be presented to the supervisor with due respect and not left to stand alone in the middle of the hall. If he is to wait for a short time, then he should be seated in an inconspicuous place as arrangements are made as to the room and bed. The supervisor, with the dignity and poise called for in her position should convey immediately to the patient the fact

*Charles Campbell--Human Personality and Environment.

that he is welcome and that she is interested in his welfare, that all possible will be done for him, and the hope that he will be comfortable. She must reassure him again and with kindness help him adjust to his new environment.

Upon arrival to his bed he should have all the privacy possible. Screens should be used for he may be a very self-conscious individual, and even if not it only show respect and consideration. Explanation as to hospital routine should be complete. All questions should be adequately answered as the patient is made familiar with his new environment. The necessity of checking the clothes, where they are put and why should be explained. Information regarding the doctors, supervisor and nurses which will help him in adjustment should be given.

Reassurance as to visits by the doctor as soon as possible, as to his comfort and wishes, as to the interest in his welfare as a person and patient, all aid in abbetting any unallayed fears. Assurance as to the ability of his doctor paves the way for the doctor and his examination.

The doctor endeavors to gain the confidence and cooperation of the patient even when he first sees him to take the history. He is not to just consider the patient as another case, but as a person in difficulty. "The time is passed when the physician could confine himself to the study of the disease and of the impersonal processes involved in the concept; he has come to realize that his problem is not the symptom nor the disease, but the patient, a sick person." He must look upon the patient as a person, he must pay due attention to the complexity of human nature and the demands made upon the individual by the immediate environment or by the broad back-

*Charles Campbell--Human Personality and Environment.

ground of his existence. "From birth onward the relation of the individual to persons is one of the most important factors in his experience."

Frequent visits assures the patient that there is interest in his welfare. Also when treatments are done and medecines given, even the way in which routine care is given conveys to the patient that everyone is interested, or else gives him the impression that they are not greatly interested in his progress.

In most cases the patient is told the trueth of his condition, and in all cases the relatives are told. This task is the doctors and it takes a tactful nurse to avoid complications from this very serious breech of ethics. Through out a patients stay in a hospital, the way in which relatives and friends are recieved and treat d has a lot to do with the patients acceptance of the circumstances.

The supervisors and nurses should be cheerful, should talk with the patients, yet respect them and avoid intimacy. Real interest should be shown, not just routine procedures. Kindness and consideration, doing little things for the patient, carrying out messages, etc., keeps the patient much more content d. If a patient asks a nurse to mail a letter and then two weeks later finds that the letter had not been mailed for several days, he is apt to lose his confidence in the nurse, and once confidence is lost in one it is more difficult to gain or keep confidence in others. If he asks for some one to get him candy or cigaregges, an attempt to get these items for him only shows your interest. When questions are asked they should always be answered or else the patient should be referred to someone else who knows or has

*Charles Campbell.

the authority to tell him.

Utmost precautions should be taken in avoiding having patients see or know of death, accidents, or any corruption in the routine for this is apt to make him more apprehensive than ever.

The ward itself has its effect upon the patient. If he does not seem to fit in with the other individual therein, the supervisor should be notified and then she can change his environment as she may see fit. Cheerful agreeable patients are a good influence on one another. Conflicts between patients regarding matches, clocks, radios, etc., should be avoided if possible, and certainly not aggrivated by keeping the two persons together.

Explanations of the different types of wards can be given. It is important that any fear concerning what the patients call the "death Ward" must be dispelled with the explanation that it is important to the recovery of many patient that they be in a ward by themselves, but that there are as many recoveries from these single quiet wards where closer care can be given as from the larger wards. In this way the patients will not have the feeling that they must be very ill when it is necessary to move them into a small ward.

Any stay in any hospital is a train on most persons with the exception of some charity patients who seem to like the environment much better than the one from which they came. Emotional problems and conflicts continue to arise and there are continually new decisions to be made. Former worries and responsibilities return two-fold. Out of the various environments from which he may have come, may come also new difficulties and problems. Apprehensiveness returns at times and also a feeling of aloneness.

With the consent for surgery comes well grounded fear. They may fear the anaesthetic, the results of the operation, and just what they will have to do during the procedure. Complete confidence may not yet be established. Fear of post-operative complications are usually apparent. The possibility af a long convalexcence along with various responsibilities are also elements considered by the person in his consent for the operation.

Explanation by the doctor of exactly what is planned and what to expect is very important. This should be a layman explanation and the patient should be able to understand it. Reassurance with previous examples may help to build up confidence in the patient. The estimated time of the operationshould be given so that the patient will not be left in suspense for long periods of time, or so that it will not come as a shock or surprise to him. When the patient is shaved or prepared for the operation, the nurse should talk with him. Often his fears seem much lessened after he has talked of them to some one. When they see the large areas which are being prepared they are apt to think that they are going to have a much larger incision than they will actually have, so a word on the necessity of a large sterile field as a guard against infection will clear this point in the patients mind.

Various procedures which are carried out, such as enemas and the restriction of fluids should be explained so that the patient may cooperate. An operation does not often mean much to the personel of a hospital, but to a patient and his family, it is one of the important events in his life. Something he will remark about and remember all his life, therefore he must be made to realize that everything possible is

being done to aid him in meeting this important emergency.

The night and morning before the eventful day, are apt to be very trying even for calmer patients therefore sedation should be given. More especially for the more apprehensive patients so that rest is assured. No two patients are alike, some differ very greatly. Many do not show their fear, but it is probably there and anything done to help them through the easiest way is always appreciated.

There is utmost importance in complete and accurate charting, especially is this so with regards to an operation.

It is important if the patient is abnormally afraid, or if he thinks that he will die, that the doctor see and talk with him. The operation may have to be postponed.

Dr. G.J. Curry, M.D., in speaking of the pre-operative preparation of a patient states "There is no doubt room for improvement in two directions. We should seek to obtain earlier access to out patients and we should use far greater efforts than now seem general to improve the chances of the patient before operation and to help him after the operation is completed. Restore his health and resistance. In the second place, the doctor must insure that the patient is in the best physical and mental condition to undergo operation, and finally we must not be content to believe that our interest in the patient ceases if he survives the operation or on the day when his wound is soundly healed".

Consideration of the patient as a person thru this trying experience is very important. Smiling, soothing and quieting him, and encouraging him to be quiet before the anaesthetic is given aids the anaesthtatist and makes it more likely that the patient will go under in a more quiet state. Although they are under heavy sedation when they come to the operating

room, they often notice where they are and note with a shock how startlingly different are the surroundings.

"Every patient must be regarded from two standpoints, the physical and the mental, the physical condition being more easily dealt with than the mental. Physical defects may be corrected or at least improved to the point of making the operation safe, whereas an improperly controlled mental attitude toward the operation may be almost impossible to correct and in consequence exert an extremely deleterious influence on the entire post operative courses.

There are three definitely interlocking objectives for the preliminary care of the patient, they are:-The patients post-operative comfort, the anaesthetiest need of mentally and physically sound patient, and the surgeon's requirement of optimum conditions for proper conduct of the necessary operative measures. The establishment of proper mental poise and attitude toward the operation has been mentioned before and must be emphasized. Few people can approach a major surgical procedure without some feeling of apprehension, and it is the duty of the entire surgical personel to aid in reassuring the patient should the reaction become too great (even though some do not show it, still the feeling is present).

Ideal conditions would provide restful and attractive surroundings, quiet, and every physical aid possible to maintain the patient's peace of mind. Such an ideal however is seldom obtainable and in the busy hospital with its large wards and feverish activity far too little can be done in this particular respect. Every patient should have during the night before operation, undisturbed and restful sleep.

Sedation should not be hesitated over if apparently necessary. The nurse should be instructed to inspect from time to time to make sure his sleep is unbroken, as the average individual naturally feels some hesitation in making a display of apprehension. The 'night before' should be free of all but the most necessary examinations and treatments".

Giving enemas in the wee hours of the morning and causing the patient to remain awake and fear or dread the operation is not a good procedure.

On arrival at the operating room, the patient should be received by some person of intelligence and sympathy. The experience is new and terrifying and it is important to reassure the patient, especially male patients who are left more to the orderly's care, are received by the more or less ignorant and certainly unsympathetic orderly who hurries him away to the operating room and leaves him at the mercy of his own thoughts. There is much justification for the patients frequent criticism of his immediate pre-operative surroundings.

Every anaesthatist of intelligence soon develops a profound knowledge of psychology, and perhaps more than any one else would advocate measures contributing to the mental repose of the patient. Occasionally a patient will be so actually terrified by the thought of anaesthesia that induction is greatly prolonged and proper relaxation is never attained.

"A clear understanding of pathologic physiology and an appreciation of the average patient's psychological reaction to the stress of the new experience are of infinitely more value than any other type of medical knowledge."*

Great precautions must be taken in every post operative

* Practice of Surgery--Edited by Dean Lewis, M.D.

step from the time the drapes are removed after the operation until the patient is ready to be discharged.

The patient usually is covered with perspiration when the operation is over and therefore there is such danger of chilling. He should be carefully guarded from drafts. When moved back into his bed careful handling is necessary, and he must be well covered and closely watched until he is fully awake. There is danger of aspiration of much mucous or vomitus and in his already weakened condition he may not be able to fitfully fight complications such as pneumonia. He is put immediately into a warm bed with extra covers. There is danger of shock and hemorrhage therefore the nurse who stays with the patient records his pulse and respirations often and watches for any signs of hemmorrhage. If relatives are waiting they should be notified of the true condition and in many cases they are allowed to sit with the patient and be with him when he awakens. For the first several hours patients are turned often and kept as comforable as possible and when in too much pain sedation is given.

A slow routine course is followed for the resumption of the regular diet. Outside of pneumonia complications, there is also danger of infection in the incision. A definite technique is followed in changing the dressings. Often this procedure must be explained to the patient in order to gain his cooperation.

The patient here also must be considered as a person and any one taking care of him should try to realize and understand how he feels. Minor details and worries may assume immense proportions to him in his weakened condition. Many little details he will remember all his life. It is im-

portant not only to the hospital, but also to the patient that he leave with a good impression for he may have to return again at a later date. His attitude will have an affect on the attitude of his friends and his family and if he has children, on them also.

In allowing visitors to see the patient it is necessary that a certain amount of discretion be used. Some visitors are not good for the patient. He should be watched to see the effect the visitors have on him. Tactful explanation why definite visiting hours are made in order to maintain hospital routine will usually suffice to obtain the cooperation of the visitors. In all instances the relatives and friends should be shown due consideration.

An operation is a great emotional strain as well as a physical strain, therefore the patient should be considered from both the mental and physical points of view upon recovery. Again economic fears assail him, and fear for the future, especially if it is necessary for him to give up his profession. Again he must assume the responsibility for his family.

With convalescence and discharge from the hospital there most certainly be some consideration for the future. He must be advised of the precautions necessary for several months such as the necessity of frequent rest and gradual exercise. Not only the advise, but an explanation of the advice helps gain cooperation. If the patient understands why he is to do such and such and the results he may expect he is much more apt to do it. Precautions regarding eating, and the necessity of eating the nourishing food all aid the patient in readjusting to his home environment. Also advice

about lifting and working is essential, but he also must be cautioned about just lying around and using his operation as a good excuse for various things. If he tends to stoop or bend forward, or limp, he must be encouraged to try to overcome the tendancey.

There should be followup work done even after the patient has returned to his home and environment. Often this is done by the private physician, however various organizations share equipement to do this work. Return at various intervals to a clinic is also a form of followup work.

This suffices for the physical followup work and assistance however the patient my still have his mental problems to struggle with. The matter of the hospital bill should be discussed with him, the doctor usually does this, and arrangements made to take the load off his mind and get his financial difficulties straightened out.

If the patient must start up a new profession all assistance possible should be given him and he should be referred to those organizations equipped to assist him. In all ways possible he should be assisted to regain his selfconfidence, and feeling of being worth while and important.

Once we stop to consider the different types of environments to which these people must sometimes return we will realize how much they need anything we can do for them.

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