

# Truth and Reality

Memories of trauma and treatment

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# Context

- Onset of illness 10<sup>th</sup> August 2016
- Age then 74 years
- Initially in Southmead, after diagnosis transferred to BRI
- Eventual diagnosis: Boerhaave syndrome (Spontaneous rupture of the oesophagus)
- Total time in ICU 7 days
- Total period in hospital 31 days

# Memory Time Line

Objectively True

Imagined

PRE A & E

A & E

PRE OP & OP

ICU

OUTER ICU

SURGICAL WARD

# Memories

## NB All Memories are Real

### True

- **PRE A&E** Girls leave for France  
Nothing  
Arras message?  
Nothing
- **A & E** Nothing
- **PRE OP & OP** Nothing
- **ICU** Nothing

### Imagined

Nothing

Nothing

Nothing

Out of eternal blackness

Hostage, Terror, Fight

Spanish language and nurse

Nurse practicing Indian customs

Humming and eating

# Memories

## True

- Outer ICU

- Understanding of my situation emerges – no recall of how or when
- No touching by family – self imposed rule after being washed
- Card from Granddaughters

## Imagined

Chocolate display boxes

Exhibition – very disturbing – anger at consultants. (continued to Surgical Ward)

Worried about car and clothes

Other patient taking over ward with his games boards etc.

# Memories

## True

### Surgical Ward

I want to be dead

First time I see myself in the mirror

Fear of the night

Recurrence of aspects of the chocolate exhibition and ask son to cover taps etc.

Total lack of interest e.g. Olympics.

Normality gradually takes over

## Imagined

All at night

Cottage hospital, 3 nurses, hate me, want me removed, worried about finances, people visit for tea.

Junior Drs argument about my drain repair. Interview with me.

Drs get funding for hospital, arrange to go on holiday

Large blue dog

Homeless at door every morning

Porters for night x-ray, argument, nurse gives them money – should I?

Red room, purple trees and spiders

# Memories of Trauma and Treatment: Summary

- Strong emotional ties were an anchor to objective truth.
- Remarkable detail of delirium memories.
- Most of my memories were set in the night.
- First delirium terrifying/frightening this then modified to the more bizarre or worrying.

# Summary cont.

- Lucky to have my family visit every day – not all patients have this.
- Although no recollection I was obviously concerned about practical matters e.g. finances.
- Important to recognise both objective and delirium memories are REAL for the patient.



# Some Questions

- How does a patient come to an understanding of their situation?
- Is the total memory loss of non delirium induced incidents good? (Delirium memories still dominate for me)
- Is delirium of different quality for different personality types?
- What can patients and family do?

# Final comment

- In anything I have said there is no criticism intended of the institutions or staff who provided excellent care for me throughout all my time in hospital.