

Learning to live again

Tony Davies

I was physically weary and emotionally exhausted. For 18 months our maternity unit had been in trouble. It had been run by myself and one colleague with inexperienced senior house officers and an inadequate number of dedicated midwives. We had lost count of the extra time worked.

From 6-10 July I had been attending the High Court accused of negligence. I had "failed" to diagnose and terminate a Down's syndrome pregnancy. It was the worst experience of my professional life. Although we won, it left my self confidence in tatters and I spent the next fortnight wondering whether I was fit to practise obstetrics.

On 26 July my wife, a general practitioner, was herself exhausted and complained of liver pain. I wondered about hepatitis.

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On 27 July a physician colleague asked to see me alone. He told me that he was worried about my wife's liver and I knew immediately that she had secondaries and was dying. When I found my wife her first words were, "I am not afraid of death, you know, only of dying." She told me that I would find her funeral service written in her Bible. It had been there for some years. She was admitted that day and we started to get our affairs in order. Our wills had been written years before and our finances were sound. I told our two teenage sons and her parents.

Laparotomy showed massive secondaries and a primary in the caecum. She nearly died postoperatively. This was mercifully hidden from me. I prayed constantly that I would be able to take her home and care for her till she died. That privilege was given to me. She came home on 14 August. Her condition deteriorated rapidly and she died on 9 September. She was 45.

The last six weeks of our marriage were the most terrible and beautiful experience of my life. She had been a committed Christian for 30 years. She showed no fear of death from beginning to end. When she realised that her body was broken she wanted to go to her God. She was calm, assured, and spent her last weeks ministering to the people around her, especially me. We prepared our youngest son as best we could. I wanted her to live but I ended up praying for her death. I nursed her, fed her, bathed her, and administered her drugs. Most of all I listened to her and talked with her. When she finally lost consciousness we were at peace with each other.

Her ordeal was over. Mine had only just begun. The evening she died I felt an im-

mediate sense of peace and tranquillity. I sat with her after she had been laid out and talked about the future. I slept well that night. There were no ghosts. I remember little of the next few days. I had much business to do, including, of course, planning the funeral. She was well known in the area and we knew it would be a big affair. Her instructions were that it was to be God's day not hers. It was to be her final act of Christian witness. It was indeed a big affair and I found it impossible to be unhappy then.

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The following day my emotional roof collapsed. I spent the next few weeks in a state of physical exhaustion, intellectual paralysis, and emotional crisis. I had no idea how to bring up a 9 year old boy alone. I had no confidence in my own ability to return to work. I could not face people unless I had to. Letters of sympathy arrived by the hundred and continued for weeks. I spent every morning in tears when the post arrived. I was executor of her estate and was quite incapable of doing it. I loathed myself for my own weakness. I hated her for deserting me and living in happiness with her God while I was in agony. I felt completely bitter that in my years as a consultant I had helped some women with cancer to live a long time, but my own wife was given six weeks.

I did not know what to do with the rest of my life. The thought of living another 20 years appalled me.

I needed three attempts to return to work. The first was too early. I was exhausted after a week. I took my sons away for a holiday. They enjoyed it. I spent the entire week acutely aware of her absence, in mental turmoil, and ended up in a worse state than I started.

Three days after my second attempt I fractured a bone in my foot and spent one week immobile and alone. I almost destroyed myself with bitterness and destructive self criticism. At the end of that week my 18 year old son broke his leg. I felt utterly defeated. Not only was I crushed, but any attempt I made to get up was frustrated.

Two months after her death I returned to work for the third time. This was the worst week of all. Dealing with patients drained what little emotional strength I had. I hated them for bothering me with their "trivial" problems. I had nothing left to give my youngest son and considered whether I should have him taken into care. I found some heroin overlooked by my wife. I did not use it. The cloud over me moved a little. Slowly I was able to work somewhat more

effectively but found dealing with cancer patients very difficult and I was exhausted after each occasion.

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It is now new year's day. I am less of an emotional and intellectual cripple. I can plan ahead for a few days. The physical exhaustion is at last passing. My medical training was little help. While I knew how to treat dying people, I knew nothing about caring for them. I learnt as I went along.

I do not know my future. The man I was replaced by died with my wife and I do not know what his replacement will be like. I have a reason to go on living: he is 9 years old. I hope one day to have a reason for wanting to. I know that I was carried by the God I had rejected for 20 years. He carries me still. He will decide my future. My present remains with a determined, patient, stubborn, loving, tender woman named Irene.

Tony Davies is from Haverfordwest

ANY QUESTIONS

A man in his early 70s had a transurethral partial prostatectomy for benign enlargement some two months ago. His libido is slowly returning; when would intercourse be safe and would normal ejaculation be possible?

In a sexually active man the usual advice after prostatectomy is to avoid intercourse, or indeed any other strenuous activity, for at least four to six weeks after surgery. The reason is that such activity may precipitate bleeding from the prostatic bed. The patient is usually reviewed at about this time after surgery and if he is well and the urine free from infection intercourse may safely be resumed. Before elective prostatic surgery the patient should be warned of the likely occurrence of retrograde ejaculation. This almost invariably occurs after transurethral resection and is not infrequent after bladder neck incision. After such surgery the bladder neck does not occlude on orgasm and the seminal fluid passes back into the bladder, to be voided in the urine with the next act of micturition. Occasionally this explanation is not given to elderly men, particularly those presenting acutely with retention of urine. It is assumed that the patient needs a prostatectomy anyway or, perhaps unfairly, that he may no longer be sexually active. Failure to warn the patient of the occurrence of retrograde ejaculation after prostatectomy may cause him unnecessary worry and may also expose the urologist to the risk of litigation.

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