Each day spent working in intensive care entails managing life threatening problems—from sepsis to strokes, from ruptured aortas to rare tumours. The lives of patients tiptoe on the edge, where the land of life meets the sea of mortality. Working on these rocky shores, I sometimes fail to empathise when my family or friends have more benign problems. If they’re conscious and breathing, then generally I think they’ll be OK. But I now better appreciate that life threatening problems don’t have to involve burst blood vessels, hearts, or lungs. My life threatening problem involved my Achilles tendon.

In my four decades I’ve walked a well trodden path, searching for meaning while clinging to past sporting prowess with the inevitable injuries that follow. After decades of playing squash without injury, it was a simple stumble over a kerb that landed me in the emergency department. As I clutched my swollen calf, the classic “slap” of a ruptured Achilles echoed in my mind like a song on repeat. During an MRI scan that would dictate the future, my life flashed before my eyes. Even a fully ruptured Achilles is hardly life threatening when compared with the problems of patients I’d cared for earlier that day. Yet I now appreciate that “life threatening” doesn’t have to involve death.

Having arrived just weeks before in a new job, in a distant country, I now realised that the inability to walk—and to work—could indeed have threatened my life here with my family. The prospect of no sick pay meant that financial calculations, the logistics of returning home, and the wellbeing of my family outweighed any personal concerns about my health. Even seemingly small medical problems can threaten the lives of patients and their families. Minor illness can lead to radical change, even when death is nowhere to be seen.

Thankfully, my rupture was the “best” type that one could hope for. In my head, deportation and unemployment morphed into having to get a taxi to work rather than a plane home. But the experience made me reflect on how deeply the social care crisis runs. The best form of analgesia for me was not a painkiller but reassurance about my ability to pay the rent or remain in the country. The best crutch was someone to help me navigate the bureaucratic obstacle course of health and welfare forms, rather than an aluminium stick for my antalgic gait.

If a health system is so stretched that we can’t support critical discharge planning, then the woes of a middle aged, privileged professional are (rightly) not to be prioritised. For me at that moment, however, the emergency department was as much a refuge from these existential worries as it was a place to fix my leg. Next time, even if my friends are conscious and breathing, I’ll better empathise with their minor problems and the major effects they could still have on their life.

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