

Tales from a Chinese ICU – Part Two
Jen's Curses

A few days later I was landing in Kunming again. Jeff, my friend and colleague, had gotten back a day earlier. We were exhausted emotionally, mentally, and physically from all the efforts it took to medically evacuate our critically ill friend and colleague, Jean, back to the United States. For two full months she had disintegrated under the Chinese hospital system, but somehow managed to survive so that we could get her back to her home state for better medical care. In that same amount of time we also continued to teach our classes, fundraise for Jean's cause, and attend to her at the hospital almost daily.

So, when I disembarked onto Chinese soil I thought Jeff was playing a sick joke by sending me a text message that another American friend of ours, Jen, had just been admitted to the First Affiliated Hospital of Kunming Medical College ICU and needed our help too. Jen is a former colleague of mine from Yunnan University. She was 26-years old and something of a wild child. She drank and partied hard, but she also was a much-loved English teacher at her new job with Summit Language School where she was full of energy to discipline rugrats and teach them English.

The night before, Jen had been in charge of managing our biggest fundraiser towards Jean's medical bill. A new, underground gay club in Kunming had allowed our merry band of Westerners to put together a variety show involving some bawdy acts and even a date auction to raise money. A cover was charged and a large percentage of drinks sold that night went towards raising several thousand yuan. We were attempting to set up an online donation forum for Jean's friends abroad to match each yuan we raised in Kunming with one American dollar from international donors. The night of the event Jen was having great stomach pains and became unable to continue managing the show. Many of us knew how often she partied and drank; we all assumed she was just hung over as usual.

But the next morning Jen was still writhing in pain. Reluctantly, some friends brought her to the hospital, still convinced she was a bad case of a hungover drama queen. Besides, who wanted to believe at this point that after the trauma we had all gone through with Jean that something more could happen to another one of us? But the hours wore on and the disbelief melted away. She was brought to the ER. We began to realize that her situation was really serious. The doctors performed the tests: ultrasounds, CT scans, and blood samples.

Jen's screams of pain were just one of many in the ER that day. Her closest neighbor was a man with a broken neck who let out spine-chilling moans of agony every few minutes. Equally heartbreaking was a frightened child who seemed to have had skin scraped or burned off of his belly. The nurse came to give him a shot and the terrified toddler shrieked in fearful anticipation. His mother spanked him relentlessly until he could no longer make a peep. It was the last little patient's unsympathetic mother's behavior that nearly pushed Jeff over the edge that day.

Of course the doctors needed to know what was happening in Jen's body before they could help relieve her symptoms with medicine, but as she flopped about like a dying fish with a lion's roar, they continued not giving her anything to help with the pain.

Another group of familiar-faced medical staff entered and poked her stomach and watched her howl, just to make sure it was still hurting. Her foreign friends exchanged darkly comic expressions as we looked at these same doctors and nurses we remembered from the last two months of Jean's ordeal. You know something is wrong when you recognize your local ICU staff.

When it was brought up that Jen had been drinking the night before her symptoms started and one of the CT scans showed liquid around the pancreas the doctor decided she had pancreatitis, despite the contradictorily low level of amylase in her blood. Her diagnosis was still inconclusive given the entire data available, but because the doctors decided for the moment that she had pancreatitis, a condition without a clear and immediate cure, she was moved out of the ER and into the normal in-patient ward.

Two of Jen's friends checked out the bed situation in the in-patient ward as price per patient bed fluctuated just like real estate location. Jeff and Matt chose the more expensive, cleaner bed for 40 yuan per night (US\$5.00). But despite the bed being completely unoccupied, Jen's friends were informed that there were presently no free beds for another hour and half even though the very evidence in front of our eyes contradicted that statement. When an hour and half later we tried again, a shift change in the ward delayed us further. Finally, they said there was a bed available for her and she was rolled back downstairs. A cruel *déjà vu* washed over us as she was placed in a bed in exactly the same spot where Jean had been only one week earlier in the hospital's intensive care unit. Beyond the emotional wrenching of this choice, it is quite likely that the doctors wanted to keep Jen in the more expensive ICU with hopes of making as much money off their foreign patients as possible.

After shuffling poor Jen around the hospital in the gurney, each little crack in the floor felt from the wheels on up into the patients belly, we at least had Jen settled somewhere as the doctors continued to believe she had pancreatitis despite damning evidence to the contrary. We called in an American doctor friend who had helped us care for Jean before because the continued incompetence of the local Chinese doctors were getting out of hand again. After the American doctor discussed the situation with the ward physicians they came up with the new possibility that she could have appendicitis. It wasn't until after these long discussions and more testing, that could have been started plenty sooner, happened that Jen's white blood cell count was found to be quite high and doctors finally began to act upon their new diagnosis.

Sunday afternoon came and Jen went into surgery while many of her friends waited. Hours went by. Someone went to order dinner for the rest of us who had taken to biting our nails from nervousness and the long wait. Absolutely no one in the surgery area or in the whole hospital came out to inform us of the surgeon's progress. Just as we started to get really worried, a blue-scrubbed surgeon's assistant came out, presented us with a ziplocked bag with Jen's appendix, and then disappeared without a word. I had no idea that in China, when certain items are removed through surgery, it is not uncommon for the doctor to return the item to the patient afterwards, although I'm not sure what for. It's one thing to lose a tooth, keep it, and make a few bucks from the tooth fairy in American lore when one is seven years old, but this? As I held my friend's internal organ in my hand, watching the over-sized kidney bean shaped object swimming in some sort of yellowish fluid within the plastic baggie, I was too floored for a moment to wonder how we were now in possession of the offending organ but its owner was still nowhere to

be found. Judging from the blackened, almost charred look of the appendix on one end, I can confirm the doctors were correct on their second diagnosis of appendicitis for this patient.

Jen emerged finally, still heavily sedated and wracked with pain as her traumatized body tried to heal. The rattle-trap gurney sent agonizing vibrations to her core and in her mental confusion and physical pain, she let ring a string of curses and threats aimed at anyone she could see nearby. Some of the obscenities that left her mouth were so unexpected that Jeff and I couldn't stop laughing about it later when we told her the story of her post-surgery slurs. I was equally impressed by her ability to curse in local Kunming dialect, despite her condition.

The laughter died quickly when a few days later, as she was more of herself again, she told me about how she had had to protect herself from the hospital staff with her aggressive curses while living in the in-patient ward up on the twelfth floor. Because the First Affiliated Hospital of Kunming Medical College is a teaching facility, a rather defenseless Jen was attacked each morning by what she dubbed "the stupid brigade." This was the group of medical students who toured the wards regularly to see patients under licensed doctor supervision, ask questions, and learn. Jen was in her bed with a t-shirt type hospital top and a bed drape over the lower half of her body because the surgery site on her lower abdomen made it impossible to wear anything with a waistband for the moment. The first morning after surgery, the stupid brigade came in with the surgeon who had operated on Jen. When asked how she was feeling, Jen expressed that she was in a lot of pain still. The doctor's jovial response was that it wasn't his fault that she was in more pain because he had to make a deeper cut than usual and she was just too fat.

Later on a different doctor came with another group of medical students. While Jen was trying to sleep they surrounded her bed and the doctor briskly pulled off the bed sheet to reveal not just the surgery site but her uncovered private areas. Jen woke up startled to see and hear this doctor making crude comments to a group of male medical students about "Had they ever seen a white woman's _____?" I'd rather not complete their insensitive remarks, but suffice it to say they did not use clinical terminology befitting their profession. The male medical staff continued insulting her in this manner for a few more days to satisfy their own curiosity, sometimes successfully, sometimes not. There was little she could do but curse at them as she was still unable to move without intense pain. Sometimes, after the initial shock of how well she could swear at them in the local language, they just laughed even more, intrigued by her aggressive nature but knowing that she was in no physical condition to do anything but scream. In fact, she should have been getting better, but for some reason, her recovery was quite slow and her abdomen still swelling. The stupid brigades humiliating visits certainly didn't help.

For the days after her surgery it was very difficult schedule-wise for her friends to be present. With Jean's situation, Yunnan University had afforded her colleagues some leeway and time flexibility to care for her because we were all close friends who had worked together. But Jen's colleagues had to work twice as hard at Summit Language School to cover her classes while she was in the hospital, and her YunDa friends had to get back to work now that Jean was in the US. However, the Chinese hospital setup seems to depend on patients mostly being looked after by family. Nurses and doctors are

around, but there seems to be an expectation that a lot of things only nurses are allowed to do in the US are left up to family members and friends to do for in-patients: feeding and bathing the patient, going to the nurse station to get more medicine or fluid to put in the IV bag when the first batch runs out, buying all the medicine, disposable medical utensils (needles, syringes, IV bags) and physical therapy equipment that the patient requires.

We were Jen's friends, but it was just too difficult at this point to be there as often as we had been for Jean. Upon explaining this at the nurse station the staff said not to worry; they would just call someone from outside to do it. To our surprise there are services where family and friends can call up somebody to be the designated "support friend" caring for the patient in the hospital. Naturally, this sort of thing exists in the US too in the form of private nurses, nannies (for small children), or general caregivers for senior citizens, but usually these services are expensive and it is difficult to find someone who is qualified, a good personality match for the patient, and able to work right away.

But for 40 yuan a day (US\$5) a nice woman, Zhang, came and set up her folding stool by Jen's bed and made camp in the Digestive Problems Ward. I don't know if there are qualifications for filling these jobs, but we lucked out and found Zhang to be amiable and serious about her work. Zhang commenced work right away, using her hand to form a makeshift girdle around Jen's waist in a special way so that Jen could cough without causing too much pain or damage to the surgery site. She had needed to buy some sort of special support belt post-surgery, but the store in the hospital had run out of that item, and all the medical supply stores in the area were closed because it was Sunday night. Zhang pressed, Jen coughed, and the rest of the night proceeded in an equally cooperative manner.

But a few days later, as the doctors removed her stomach's drainage tube, one painful inch at a time as I held Jen's hand for support while she grimaced and cursed again, her recovery was still slow and suspicious. I have been told that a normal appendectomy procedure is followed by 2-3 days in the hospital. Jen returned home briefly after four days, but then had to return because the pain increased again in her strangely swelling belly. Having been readmitted, the doctors realized that their surgery had been just too late. As I flashed back to all the weird black granules bleeding out of one end of the appendix I had seen in the bag, the organ had already begun rupturing. By the time surgery commenced, infection had started to spread. How could the doctors have missed that? Unlike most cases, her appendix had ruptured in the wrong direction- back into her large intestine, instead of away from it. I thought it had been blessing enough they removed her diseased organ without killing her in surgery, but now it seems they still were not done.

To fight the spreading infection, Jen was placed on high doses of intravenous penicillin. Usual procedure in the US at least is to test each different batch of the medication on the patient in small quantity, perhaps through a skin test, just to make sure they don't react in a negative manner. For Jen, the hospital staff mostly remembered to do that - except once. But that's all it takes - just one mistake. Continuing on her antibiotic therapy one day, Jen was given a dosage of penicillin that was not pre-tested. As she reiterated to me when she was well again, the medicine began pumping into her and a strange twitch kept irritating her nose, causing her to sneeze. Then the twitch moved into her throat. These innocuous symptoms drastically escalated into her throat

closing up, the sounds of trains roaring through her ears before sudden deafness set-in, swift blindness, and convulsions that left her flopping like a rag doll. Somewhere between the weakening twitches and the more serious descent into life-threatening allergic reaction Jen made the connection of why she was feeling strange and tried to pull the IV needle out of her arm, but the nurse instinctively stopped Jen, unbeknownst to her what would happen next. Jen was very lucky that the doctors managed to revive her as she had stopped breathing when they finally arrived in the room. Is it normal for each patient to be placed in two or more death-defying circumstances by their healthcare practitioners before any healing is to take place? It would be one month from the time Jen entered the hospital for surgery to when she was finally well enough to be released.

On April 15, 2006 Jean died in New Mexico. Her death seemed inevitable when medical news of her condition had been sent to us from the hospital in Albuquerque about a week earlier. Before Jeff and I had left the US, we knew that Jean had several abscesses in her gut that developed from what was suspected to originally be an e-coli infection, the strongest our doctors had ever witnessed in the United States. However, the doctors could deal with that. But a bedside ECG and MRI revealed the more distressing news. Ever since the careless mistake the nurses in Kunming had made leading to Jean's condition of hypoglycemic shock, she had not actually been in a coma. Jean had been in a seizure state without motor response called status epilepticus, which, when left untreated for even a short time, can cause serious brain damage. Despite medication that her American doctors in China had tried her on in small doses (as they suspected status epilepticus but could not confirm without test equipment that was unavailable in Kunming) and the stronger drug therapy the New Mexican doctors were administering, she had sustained such widespread brain damage that after nearly two weeks of seizing, there was no chance of her recovering.

Her son made the final decision that his mother should be removed from life support. It was terribly difficult for him to do this, but I also know that everyone who had known Jean supported his decision. While scatter-brained Jean had never bothered to draw up formal papers such as a will and a power-of-attorney, she had made clear many times in conversation before that she was the sort of the person who had no fear of death and would choose that over becoming severely incapacitated. This was fitting with her active and independent way of living.

There was much sadness in Kunming and in the US over losing her. All that fighting in the hospital, all that outpouring of love from so many unexpected places, her toughness under dire circumstances – all these factors were not enough just at the point we thought we would win - getting her to a US hospital. We were just too late. But for me there was far more anger than sadness as I realized she went into the hospital with one curable condition, but ultimately died because of an entirely different ailment that the First Affiliated Hospital of Kunming Medical College had created.

How could the hospital get away with such a thing without consequence? Jen heard the news of Jean's death while she herself was still receiving treatment and expressed how many of us were feeling. "I can't believe it. What makes ME so f_____ special that I survived this death-trap and not her? What is this, just f_____ LUCK? Chinese roulette? I AM SO ANGRY! What a waste of a beautiful, sweet, loving life!"

There was brief discussion among her foreign friends in Kunming of how to file a lawsuit against the hospital. We even spoke with a lawyer who works for an NGO related to equal justice in China, Vietnam, and a few other Asian countries. But the idea was dropped. This wasn't our battle to fight anymore. In legal terms we had no standing on this claim, only her family did, and it would be a long war. Jean was a fighter in life for the things she believed in, but now it was time to let her rest.

I later found a more constructive way to appease my own needs for change during the semester. Ironically, a group of pharmacists at the same hospital that housed these tragedies were in need of an English teacher for small group classes. My other colleagues had passed up the opportunity, but I took on the workload and am glad. My students were very interested to learn about American medical culture and doctor-patient relationships, which gave me the chance to enlighten them on what I wished I had seen the Chinese doctors do when they treated my friends. I didn't lecture my students on the events I had gone through at their hospital in the last few months, but I at least felt better getting a chance to improve their English and educate them in a more sensitive medical bedside manner.

If this had been my first semester on my Shansi fellowship, I don't know if I could have held it together to stay for the next year and half. I have seen too much of how a Chinese intensive care unit operates, too many mistakes to ever want to visit a hospital in China again, and I am the type who gets sick a lot and doesn't need more bouts of hypochondria and paranoia to boot. I try to remind myself that my situation would have been very different if something had happened to me - I have comprehensive international medical and evacuation insurance through my Shansi fellowship program. If I had been that ill I would have been moved to a better health facility without delay. Both of my friends whom I have written about had nothing more than a local, basic health insurance policy, if even that. So, one of the more practical lessons of this letter is to remind anyone going overseas to any country to make sure one has full health coverage and evacuation insurance because what a difference it will make when you are alone, scared, and sick in a foreign country.

But there are larger lessons to be learned here, lessons about humanity and kindness at all costs. It would be wrong to say some lives seem to be worth more than others, but the actions of different people over the last few months seemed to illustrate this statement. While the doctors in the hospital in Kunming are not necessarily bad people, to me their treatment demonstrated how cheap Jean's life and the lives of some of the other patients were. On the other hand, whether she realized it or not, Jean had enriched the lives of so many people that I can only see her as a shining light worth saving and sharing with everyone, no matter what, and I don't think I was alone in that sentiment. As Jeff wrote in his eulogy, "Jean was lucky in friends and family, but luckier in strangers."