CHAPTER 8

Report and findings of the 5th National Audit Project

At the age of twelve, I thought I was about to die.

I was wheeled into a fairly routine orthodontic operation, not expecting anything untoward to happen. I was quite a grown up twelve-year-old, the size of a small adult, but I was aware the medical professionals were treating me like a much younger child, so played along with them, for the sake of an easy life. I counted down from ten, as you do, and presumably fell asleep.

Suddenly, I was aware something had gone very wrong. I could hear what was going on around me, and I realised with horror that I had woken up in the middle of the operation, but couldn’t move a muscle. I heard the banal chatter of the surgeons, and I was aware of many people in the room bustling about, doing their everyday clinical jobs and minding their own business, with absolutely no idea of the cataclysmic event that was unfolding from my point of view. While they fiddled, I lay there, frantically trying to decide whether I was about to die, and what options were open to me.

I rapidly audited each part of my body, to see if anything worked at all. I had seen films about this sort of thing, I thought to myself. People are paralysed for their whole lives and sobbing relatives congregate by the bedside for years at a time until the damaged person finally manages to blink. Good! I said to myself. Let’s try the eyes first. No result. Let’s try the toes, I thought. No result. Oh dear, I thought. This is a very serious situation. Systematically I went through each body part again, muscle by muscle, nerve by nerve, sinew by sinew, willing something, anything to react. At first, it felt as though nothing would ever work again, as though the anaesthetist had removed everything from me apart from my soul. On the next full body audit, suddenly my arm was free, with a mind of its own, and I successfully punched the surgeon in the face to get his attention. “Oh dear!” he said, in a rather flat, uninterested voice, “We have a fighter.” Then the pace of work sped up and finally I was taken to recovery. Once I had gathered my wits a little, and worked out how to speak with a huge plate in my mouth; I said, “I woke up in there! I woke up during the operation!”

This would be something I would continue to say for the rest of my time in hospital, and each time I said it, I was told this couldn’t be true, that it was my imagination, that I was mistaken. When I related surgically-related conversations to the theatre team, they went a little white, but continued to deny what had happened. They denied it to my mother, and in doing so, left me alone to deal with the decades-long fallout of my putative near death experience.

There was no internet or Childline then, so when something dramatic and terrifying happened, children were more or less on their own. Slowly, over the years, I tried to make sense of events. Each time I needed an operation subsequently, I would tell the anaesthetists of the chain of events, and they would reveal a little more of what might have gone wrong, and promise profusely that I would be safe in their hands. This helped on an intellectual level, and for that I am very grateful. However, they could not help with the recurrent nightmare, where a ‘Dr Who’ style monster leapt on me and paralysed me. That went on for fifteen years or so, until I suddenly made the connection with feeling paralysed during the operation. After that I was freed of the nightmare and finally liberated from the more stressful aspects of the event.

What of the longer term consequences? I went on to develop a research interest in professional standards and accreditation, and I now work with doctors, teachers and lawyers to ensure that each of their fields aspires to the highest possible ideals with regard to their professional practice. This was one positive outcome, as was the realisation that I was more resilient than most people and had proved that to myself at a very early age. However I am left feeling that all those years ago, it would not have been difficult for the surgical team to show a human face and apologise. That won’t happen now, but this NAP5 Report, and the reflective practice that will be engendered by it, goes a long way to making up for any lack of an apology at the time.