They removed my breathing tube just one day after I woke up from an induced coma that had lasted two weeks. I understood vaguely what was about to happen. My room in the ICU suddenly swarmed with doctors and nurses. One of them asked my wife and daughter to leave for a few minutes, saying, “This might not work. If we have to reinsert the tube, it’s not something you would want to watch.”

I had emerged the previous morning from a fortnight of unconsciousness feeling utterly confused. I awoke to the sound of a nurse sweeping open the curtains at the door of my room. As I looked out through the doorway onto the ICU’s central nursing station, I heard my nurse greeting the other patients in turn. I had no idea where I was. I felt like a child in some strange summer camp.

Some time later that day I awoke again. This time, I slowly gathered I was in a hospital, as the people leaning over my bed explained that I needed to undergo a breathing test. All I really understood was that they would leave me alone and monitor how I did from afar. A test? I wanted to perform well, of course. But how could I do that simply by breathing? I couldn’t actually ask any of these questions, however, because the breathing tube prohibited me from talking.

So I lay alone for what seemed like a long time. In the distance, I could hear voices making plans for lunch, and these voices worked their way into a reverie. I became convinced there were several of us taking the test simultaneously and that we’d all been involved in a fire and inhaled smoke. If we passed the test, we’d be allowed to go out for lunch. My stomach felt empty, and a sandwich sounded wonderful. So I tried to inhale deeply, but each breath felt like I was drawing cold sand into my lungs. My gut churned. I had to go to the bathroom. Then there was a long silence. I was sure everyone else had left for lunch without me.

Disappointed and lonely, I slipped back into sleep and then awoke once more to see my wife, Cindy, and son, Jason, at my bedside. They explained that I had been asleep for two weeks while they anxiously watched and waited. As they talked, I began to dimly recall feeling very sick, coming to the hospital, and being told that I would be put to sleep so they could intubate me. Years seemed to have passed since then. But at that moment, what I wanted to do more than anything was to tell Cindy and Jason about the breathing test—about

When a fit-as-a-fiddle marathoner collides with a near-fatal bout of pneumonia, he finds that getting back on his feet takes far longer than he had imagined. In fact, his recovery calls for more fortitude, emotionally and physically, than a grueling road race.

By Jonathan A. Stableford

Jon Stableford, rounding the last curve here on the way back from a recent run near his Vermont hilltop home, is back in full stride three years after nearly dying of pneumonia.
It was the summer of 2006, and I had been feeling just fine. In April of that year I had run my 25th consecutive Boston Marathon, and in June I had run the Mount Washington Road Race for the 14th time and finished second in the 60-to-64 age category.

My illness had come as a total surprise, because all my life I had been unusually healthy. During my nearly 60 years as a doctor, I had taken only two sick days, many years before. And during the nearly 30 years that we’d summered on a Vermont hilltop, about 20 miles from Dartmouth, my only encounter with DHMC had been to go there twice for stitches. But my sister, Sarah, has been a nurse at Dartmouth-Hitchcock for 24 years. In fact, it was she who brought me in to the hospital on the day when it became clear I really was sick.

It was the summer of 2006, and I had been feeling just fine. In April of that year I had run my 25th consecutive Boston Marathon, and in June I had run the Mount Washington Road Race for the 14th time and finished second in the 60-to-64 age category. I’d been working hard all through July on a construction project at our Vermont house and got into good five-mile runs on July 23 and 24. On the 25th, a Tuesday, a scratchy throat made me decide to skip my daily run, but I still worked outside all day. By Wednesday, I figured I’d caught a summer cold, but even so I put in a full day. On Thursday, I was feeling weak enough to beg off working, but I urged Cindy to head as planned for a visit with Jen at Dartmouth and rarely has cause to be in the ER. I thought that was rational and shaded with perspective. But this was not my experience at all. After I awoke from the coma, I had some moments of vivid clarity—thoughts that were rational and shaded with perspective. But these moments were mixed with stretches of imagined comprehension—periods filled with fanciful and sometimes fearful thoughts, when I felt neglected by doctors and nurses wearing masks and looking very worried, and of seeing behind one of the masks my Vermont neighbor Chris Lowell. He’s an oncologist and researcher at Dartmouth and rarely has cause to be in the ER. I recall him remaining in the background, almost a spectator, and his eyes were all I could see. But what we might call emergency recognition from a friend, I saw, instead, deep concern.

When I emerged from the coma and gradually recalled all that had transpired, I believed I was the same fit though briefly ill man who had been admitted to the hospital on July 28. But to the doctors and nurses, I was a weak old man nearly felled by pneumonia. They saw stick-like arms instead of firm muscles. They saw a drawn face, wild hair, sunken cheeks and dilated pupils, and the stabbed cheeks of the homeless.

In my mind, getting better meant going home, returning to my routines, and shaking off fatigue and disorientation by restoring the familiar. It meant powering through adversity with surety. But in the microcosm of my care setting, getting better was much more complicated and driven by metrics. It had to do with white blood cell counts, oxygen saturation levels, muscle range, and independence from medication.

I wanted to go home, but I was anchored to my bed by lines bringing me medication, nutrition, and oxygen. I thought I would be able to sit up by my bedside, but I had no idea how long it would be before I would be able to even stand on my own. For a patient like me, who has no other responsibilities, as well as the trauma of disease and lapsed time, can create a warping line between what is real and imagined, between observed truth and hallucination.

In the end, it took me more than a year to come to the understanding I now have of what happened during my month at DHMC. If you have never had other patients and other aspects of my own care. In my dreamy state, however, I imagined indifferent. I knew my medical exhibition had happened on a Saturday because that afternoon I enjoyed a visit with my whole family. But I lost track of time and thought nearly a week had passed while I waited for the two tests. I believed that the fluid extraction would provide a clear answer to what I needed to have to get better—a different antibiotic, perhaps—so when it seemed to be forgotten, I grew impatient. Then, when I learned that my swallow test had been cancelled because my ICU nurse thought I was too tired, I became furious. I was sure I was being neglected. I began to believe people were deliberately delaying my recovery.

Patients emerging from traumatic illness need help finding perspective, and for many people this comes through visits from family members. When Cindy or Jason or Jen appeared at my bedside, the experience was like a familiar spit of land becoming visible through the fog to a sailor out at sea. As
Now, three years after his near-death break with pneumonia and sepsis, Stashchuk feels better—but not satis-
fied—to eat, split, and stack several cords of firewood to heat their Vermont house all winter.

My family visited me regularly, but I learned that hellish fears can still lurk in the lonely hours between visits. My first week of consciousness seemed disjointed and chaotic. I felt like I was sitting in front of a TV set while an invisible stranger clicked the remote control nonstop through the channels—it was all imagery and tone, without any sense.

They read aloud the get-well cards that had arrived during the two weeks I was comatose, and as I heard the murmurs of a Red Sox game on the television overhead, I gradually developed some context. But I realized that the perspective provided by family can be transient, that hellish fears can still lurk in the lonely hours between visits.

Patients also need help from caregivers to develop perspective and context—clear and repeated explanations of what is happening and why. When I think back now on my experience, I know everyone was trying to help me understand: "This shot will sting a little, sorry," or "You have been a very sick, but you are making good progress," or "I am going to play the bongos on your back to loosen up the congestion." Yet even so, my first week of consciousness seemed disjointed and chaotic. I felt like I was sitting in front of a TV set while an invisible stranger clicked the remote control nonstop through the channels—it was all imagery and tone, without any sense.

I was probably luckier than most patients in having plenty of people around me who could help me understand what was happening medically. Cindy was persistent in asking my doctors penetrating questions. Jen and her husband are both physicians, and they spoke frequently with my doctors and nurses. In several dreams, I had been transferred to a remote, rural hospital—just a house, really, equipped with hospital beds. My family had no idea where I had gone, and I had been, during my final week, being warehoused. One afternoon I awoke from a dream so vivid that I asked my nurse if it had happened correctly that I would be discharged later that afternoon. She laughed—not unkindly—and said there were no such plans. Even when I was fully awake, the remembrance of these dreams haunted me with their hard details. I was thrown they weren't real, they still seemed to mean something. Yet even as I managed to push the bad dreams and lurid details, I remained deluded about the damage inflicted upon my body and in weeks of forced inactivity the thought that I would return to activity—a existence of a doctor. When he said, "You are really sick, but you are making good progress," or "I am going to play the bongos on your back to loosen up the congestion," I felt like I was sitting in front of a TV set while an invisible stranger clicked the remote control nonstop through the channels—it was all imagery and tone, without any sense.

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The Longest Run

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whole hospital. “Write about this,” he said.

So what is there to say? I felt frustrated by the occasional misunderstanding of—and, rarer, disregard of—the real me. But my doctors and nurses were focused on treating my illness. When they interacted with me, they aimed their words, understandably, somewhere between the delusional me and the rational me—never quite connecting with the real me.

But how could they? Even I couldn’t see myself as I truly was. At one point, for example, I believed I would be discharged at the end of my third week in the hospital and would be able to run a few light miles that weekend. In fact, it was four months later, in December, before that was possible.

In the time that has passed since my illness, now years rather than months, I have come to understand that my essential self, the real me, began to emerge the minute I awoke from my coma. Beneath the delusions, the dreams, the infirmity, the stubble, was someone fighting to stand on his own, to help his caregivers bring him back to good health. I have come to believe that this real me is something like the soul. It is what remains when an illness suddenly strips away good health and personal history. But it’s invisible to those treating the illness unless they look carefully, and it’s often obscured even from the patient himself.

There were moments in the hospital when I recognized only a faint flicker of this soul, so how could I expect the doctors and nurses to see it? Nonetheless, no matter how wasted a patient is, there remains an essential self he desperately needs to hang onto. And if he is to recover in a timely and effective way, he needs to believe that others see that essential self, too.

I now think that looking for this is key to healing the very sick. It will never supplant medicine’s therapeutic arsenal. I could not have survived without the brilliant, aggressive care I received. I know I was lucky to have so many important pieces in place when I fell ill. That cannot be the case for every patient.

At one point near the end of my third week in the hospital, internist Ed Merrens explained to me, “When you came to the hospital, we took control of your body. Now, we are going to give it back to you.”

Only by relinquishing myself to the experts was I able to survive. But once I did survive, I needed to be seen and understood so I could begin to really recover.

My recovery has been nearly total. There was a little permanent damage to my lungs, so I have to be careful if I get a chest cold. But through running and weightlifting, I have regained the body I lost during all those weeks in bed. In the fall of 2008, Dr. Walter O’Donnell, the Mass General pulmonologist who has monitored my return to health, looked up with a warm smile from the results of a breathing test I’d taken an hour earlier and said, “We just don’t see results like this.”

Even so, I don’t run many races these days. But I did mark my recovery by doing the grueling Mount Washington Road Race again the next year, in June 2007. The 7.6-mile course has been called “sadistic” for its vertical rise of nearly 5,000 feet. I finished further back than I ever had. But it may have been the most satisfying race I’ve ever run.