When I first started out as a house officer, I was excited. I had planned my runs, my holidays and how the next 12 months would go. However, four months after I started as a house officer, I fell over and hurt my back badly. Presentee-ism is definitely rampant among junior doctors and I, of course, turned up to work the next day, unable to stand up straight and unable to walk at more than a snail’s pace. I was in agony.

By the end of the week, I went to see a physio, who to my utmost relief told me that I would be better in two weeks time. I was delighted—no need to put off my house officer plans or take time off work. I continued to hobble through my days at work, utterly miserable.

Two weeks passed, then four, then six. My back had not improved at all. I finally went and saw a different physio who asked me if I realised I had weakness in my left foot. I hadn’t. But I had noticed that I had been tripping up more than usual.

Seven lessons learned as a patient
By Deborah Lambie

From the frontline: an RMO perspective
Lesson 1: Don’t wait six weeks for a second opinion.

You need to see your GP, she told me. This was where I had to confess to her, that ever since I had moved to Wellington I been meaning to enrol in a new practice, but hadn’t got around to it. Being a fit, healthy 25 year old, I had not prioritised it as I should have.

Lesson 2: When moving cities, enrol with a new GP straight away.

Luckily for me, I did find a caring, kind GP who gave me pain relief to get on top of the pain and who made sure I had an appointment to see the right specialist. This was my first real insight into medications (and their side effects). I could now sleep but I was extremely sedated in the morning. The pain was numbed but it felt like my mind was too.

People sometimes joke about surgeon’s bedside manner (or lack of). But my surgeon was the most caring, empathetic doctor I’d met. He listened thoughtfully and handed me a box of tissues when I started to sob. I was nervous that I was making a fuss about nothing, so to have him validate my symptoms and for him to tell me I needed to stop working meant such a lot.

Lesson 3: Sometimes the doctor needs to take the decision about whether or not a patient can work out of the hands of the patient. And bedside manner is everything.

I was a little relieved when I heard results of my MRI scan: not one, but three prolapsed discs, a central annulus tear and nerve root compression of L4/L5. It again reassured me that I hadn’t been making a fuss about nothing.

Next thing to try was a CT-guided epidural steroid injection. As doctors, we stick needles into people all the time without a second thought, but when it’s your own back that’s going to be stabbed with a big needle, you think much harder about it. The steroid injection didn’t help. So, I went back to the surgeon who kindly arranged for a microdiscetomy surgery for me. I think of myself as quite a relaxed and confident person, but the thought of having an operation—especially one on my back—made me extremely nervous!
Lesson 4: Any procedure is scary when it is happening to you!

After the operation, for the first time in months the pain was gone from my leg. I was lying in bed, post surgery, tubes coming out of me everywhere, and apparently I just kept saying what a wonderful day it had been. I was worried about having a catheter, but after the operation when it was pretty sore to move, I decided they were the best invention ever.

Lesson 5: if you actually need a catheter, they are pretty awesome!

A few months later, in December 2016, I was really starting to feel better and had planned a holiday in Washington. I had the best time when I arrived in the US. It was my reward for surviving a difficult few months.

However, I suddenly got the worst headache I had ever had, accompanied by uncontrollable nausea and vomiting. It was awful. I spent three days lying flat in my Washington hotel room. Every time I stood up I would vomit, even if I was just going to the bathroom or answering my hotel room door.

After three days of this, I went to the nearest ED (vomiting all the way). I got called up to the front desk at ED and the first thing I was asked was “Do you have insurance?” Followed by, “We need to talk to your insurance company.” Luckily, I did have insurance and I was whisked straight in to the CT scanner. The CT, of course was normal. So, they told me I had viral meningitis, gave me IVFs, a weird combination of benzodiazepines and kept me until 4am before discharging me home, by myself, still vomiting to my hotel—4am!
Lesson 6: Don’t discharge sick patients in the middle of the night by themselves. Sick people cannot advocate for themselves, so doctors need to.

If I wanted to get better, I needed to come home to New Zealand. I flew: Washington—Los Angeles—Auckland, vomiting all the way. This was the most miserable I had been in my life. However, it was such a relief to be back in New Zealand and know I would get looked after by doctors that cared about me.

Back in New Zealand, I knew I was in good hands. The on-call consultant called my parents, reassured me and admitted me onto the ward. It wasn’t long before they realised I had a CSF leak. Again, I felt relieved that I wasn’t making fuss about nothing and grateful to have a team of doctors I felt really cared about me.

I went home for strict bed rest and had a horizontal New Year, before heading back to hospital to get a blood patch. I fainted when the anaesthetist was putting local for my IV line in (highly embarrassing), but the patch worked a treat. For the first time in three weeks, I could stand up without feeling or being sick.

Lesson 7: Doctors don’t see what happens after a patient leaves hospital, but a successful treatment is life changing (in a good way)!

Every time that I have been in hospital, it has meant so much when friends, colleagues and family members have visited, sent a card or even just sent a text. When you’re having a tough time, it means such a lot to know that people are thinking of you.

Before all of this happened, I had never been a patient and never had a health problem. While I wouldn’t wish these experiences on anyone, it has given me a first-hand appreciation of how hard it can be to be a patient and how challenging it can be to be a doctor in training when things aren’t going as planned.

It also made me realise how fortunate we are in New Zealand to have an amazing, publicly funded healthcare system filled with compassionate individuals who deeply care for their patients. Even though the year didn’t go as I’d planned, and I ended up having a lot of time off being a house officer, I learned a lot about medicine and other things that I’m sure will influence my practice for the rest of my career.

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