

September 14, 2005

## **OttawaWatch 42: Heart attack!**

**By Lloyd Mackey**

*This particular **OttawaWatch** marked the beginning of my heart's interaction with the cardiac sector of medical practice, both in Ottawa and on the west coast of British Columbia. Spoiler alert: The stents which were installed in me only worked for a few months and, a year later, I underwent bypass surgery. And, 15 years later, a defib-pacemaker was installed in my chest and hooked into my heart. A few months after, an ablation greatly reduced a heart "flutter" condition. Both procedures were in their infancy at the time of my bypass surgery. There were some ethical question coming out of my heart experience that could be tied back in to the whole way in which governments handle health care in Canada and the impact those practices have on the extending of life and its quality.*

Last week, there was no *OttawaWatch*, as some readers will have noted.

I had an excuse. In late afternoon, Saturday, September 3, I was experiencing what I believed to be indigestion. But it was leaving me feeling weak, as well. I called our family doctor. Being the weekend, his voice-mail answered, advising that callers needing medical attention punch up an 800 number for nursing practitioner assistance.

Dutifully, I called. The voice at the other end asked a dozen key questions, then advised that I ask my spouse to drive me to the nearest emergency unit, at Montfort Hospital, a French-speaking former Catholic facility a few blocks from our east end Ottawa home.

Meanwhile, the practitioner faxed a request to the same hospital, that I be given an ECG.

Within 90 minutes I added an item to my resume. I was now a heart patient.

The first indicator that something really was wrong came when the nurse who supervised my ECG asked if I needed assistance to walk, assuming I was experiencing dizziness.

Until then, I had not had the "big pain" I assumed was the pre-requisite to a heart attack. In fact, in the whole process, I have not experienced that pain.

To make a long story short and to get to the ethical point of this week's *OttawaWatch*, here is a fast run on the last 12 days:

- Once having been checked into the hospital and hooked up to a vital signs monitor, the booking of an angiogram seemingly ground to a halt. The cardiologist assigned to me assured me that he had a number of more critically-ill patients who needed attention first.

- I had excellent and congenial care at the Montfort. As implied earlier, its mandate is to serve those people of eastern Ontario who prefer to get their medical care mainly in French. But underlying that mandate is the commitment to serve the immediate community of the eastern end of Ottawa in whatever official language is requested.
- The Montfort people picked and poked at me regularly for the next several days in the interests of seeing that I was properly prepared for the elusive but inevitable angiogram, which was to occur across town at the University of Ottawa Heart Institute.
- In late afternoon on Friday, September 9, I received word that the angiogram would take place the following Monday morning.
- Upon entering the angiogram room at the Heart Institute, I signed a waiver that permitted doctors to take corrective measures without further ado, once they discovered if there were arterial blockages requiring attention.
- One major “100 per cent” blockage that had prevented blood flow to a certain part of the heart for some undetermined period, was identified. There were three choices; an “angioplast”, where a balloon inserted in the artery at the point of blockage is used to open it up, the inserting of a “stent”, a carbon-and-metal device used to permanently reinforce the removal of the blockage, or a bypass. By my signing of the waiver, I had given the four doctors and a dozen or so support staffers the permission to proceed with the first two options immediately. If a bypass became necessary, that would have to happen later, in a second procedure.

As it turned out, two stents were required to overcome the blockage. For the first time in, probably, some years, blood is flowing into that part of the heart, resulting, hopefully, in more energy and longer life for your humble scribe.

Now, I am into six weeks of rest, during which time, my cardiologist prescribes and adjusts the medications that I will need from time to time for the rest of my life, to see that they are doing their jobs properly.

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And, yes, there is an ethical point to be made – perhaps, two.

Firstly, everything that happened in this medical process was proactively “pro-life” – designed to use medical science to both enhance the quality of the patient’s life and, if possible, to extend it.

The second was that this system is one that politicians of various stripes on the left-right continuum, can claim as being a thoroughly hybrid system which relies on both the “public” and “private” sectors for its vitality.

The first entrance into the system was handled, for example, by a nurse practitioner employed in the private sector by our family doctor.

And the faith support was accessible, in part because of the spiritual foundations laid in the Montfort Hospital, when it was still a Catholic institution.

The above are the simple observations of someone who usually covers the health care system from the political level – watching federal-provincial health ministers conferences, for example. For the first time, my *OttawaWatch* “perch” was a hospital bed, not the press gallery.

The one last observation comes from both Edna and I. We have appreciated, so much, the many people who have promised to pray for us during this time. Some of these promises have come from devout Christian friends for whom prayer for others is a regular daily exercise. Others have come from friends and colleagues who want us to understand that they are not very religious but they sense a bonding with us, in what we are going through.

We are most grateful for both kinds of promises – and for the spirit behind them.

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