

An Attack of the Heart

Maurice Shaw

Introduction

In August of 1992 I experienced an “acute dissecting aortic aneurysm”¹ involving the part of the aorta closest to my heart. Without surgery this sudden condition proves fatal. To my knowledge, I had no predisposing health problems. I had been working at full capacity, as is my style. I cared for people with HIV in many ways, including education, counseling, friendship, advocacy, nursing, volunteer training and preparation for dying. This article is an account of my own experiences when death came so close.

The attack

Chest pain. Difficulties breathing. I rang my friend Jennie to take me to the hospital. Then Paul, a good friend who is a nurse, arrived and drove me in immediately. The accident and emergency department admitted me and placed me on a trolley. A nurse stayed to look after me.

After two hours of waiting, I grew so tired that my head jerked to the side. The nurse hit the cardiac arrest alarm button. Five doctors arrived. They held my arms and legs while they inserted intravenous catheters, took oxygen levels, connected me to machines, and placed a big black mask over my face to help me breathe. My pulse was being taken in my leg; on two occasions they said that they had lost it. One doctor prepared to do cardiac massage. I tried to push them away and tell them that I was not having a cardiac arrest, but this was impossible, as I had a mask over my face and was being held down.

If the doctor had administered cardiac massage, the aorta would probably have split there and then. Because it was dissecting, very little blood reached my feet at certain periods. This explained the faint pulse.

The next afternoon, Saturday, I found myself in a ward at the Cairns Base Hospital, on the Northeast coast of Australia. I had been in the Intensive Coronary Care Unit (ICCU), where tests were done all the previous night and in the morning. The tests found nothing wrong. I had been waiting for the doctor to arrive to perform a final test, and then I could go home.

The doctor was halfway through the test, an echocardiogram, when the Sister from the Cardiac Unit came in with my clothes and shoes. The doctor asked her what she was doing. She replied that she was bringing my clothes, since I would be going home soon. The doctor said, “Mr. Shaw will be back in Coronary Care in about ten minutes. Tell Doctor... to ring the Flying Doctors, and organize a team to fly him to Brisbane as soon as possible. She will need to ring Prince Charles Hospital, let them know that he is arriving and that he will need to have open heart surgery immediately. That is, if he makes it.”

There it was. Just like a UFO. Something foreign, dropped in from outer space. Difficult to believe that it had something to do with me. I was on my way home. Wasn't I????

Parts of me started leaving at that moment. It was as if I were 25 different people, with many feelings. Some of them included: happy, sad, angry, loving, vicious, timeless, in the present, pain-filled, abused, vengeful, loved. I felt young and old, male and female, like a teacher, friend, child, enemy, abuser, father, mother and brother. Over the next hour, I felt less and less present. I could call up fewer parts of myself; I slowly went numb. It was like being in a trance where I felt very young and vulnerable and very old at the same time.

They took me back to ICCU and started putting in drips, catheters, naso-gastric tubes, etc. “Just relax and swallow,” the medical personnel said, while putting a tube down my nose. After six attempts they eventually got it down. “Just relax,” while a tube was being put down my penis. After many attempts and three tubes of lubrication it was in place. I challenge any doctor or nurse to relax and swallow while having a naso-gastric tube put in. I also challenge any male to relax while having a tube shoved down his penis.

Prior to this, I had very little to no pain. Now that they were on their way to healing me, I felt a mass of pain. I know the medical personnel did what they had been trained to do. But the PAIN. I realize that I desperately needed allopathic care, and for that care I feel very grateful. But parts of that care were abusive and unnecessary. For that I am not grateful.

The stupidity of this situation still amazes me. The interventions themselves are against nature. Meanwhile, I was told to go against nature in a way that implied I was doing something wrong, and that the discomfort I felt was my fault.

Before long I was winging my way to Brisbane with the Flying Doctors. This air service in Australia provides emergency transport to hospitals and also delivers health services to remote areas. The trip lasted three hours. By the time I arrived in Brisbane, only two of the many parts of myself remained; the little boy who felt frightened and scared, and the strong defender who could come out and fight for rights.

Upon arrival at the hospital, they asked if I was married. No. Was I gay? Yes. Was I in a relationship? Yes. Was I HIV positive? No. Did I mind if they did a test? No, but if I was infected they would have to review transmission methods. Then another doctor arrived and yet another, all asking the same questions. Then I heard one doctor telling the main doctor that I had lied about my HIV status. Although heavily sedated at the time, and unable to talk and think properly, I called over the main doctor. I told him to please remove the other doctor from the room, that I didn't want him anywhere near me. I didn't trust him. The doctor tried to make excuses, and I told him that we had both heard him call me a liar, and to cut the bullshit. Either he left, or I was going home. The doctor was asked to leave. I never saw him again.

Rob, my boyfriend at the time, had flown to Brisbane to be with me. I was a little surprised by this, as we had not been getting along very well over the last few weeks. Shar and Pam, my two best friends in Brisbane, were there also. Having these friends there was so encouraging and supportive for me. I will never be able to thank them enough.

I remember a doctor saying that they didn't have long and they would have to start operating soon. By the time they opened me up, my aortic valve had expanded by three times. It wasn't working.

Although under anesthetic, I remember this time very clearly. I was walking down a tunnel, with a blue-white light at the end. I felt really excited. I felt like jumping up and kicking my heels to the side. At last I was going home.² Part of me remained in the operating room; I didn't identify with this part in the moment. That part brought up arguments about why I should stay here on this planet. It said my family and friends needed me and argued about why they needed me, etc. But none of these points changed that feeling of exhilaration about going home as I continued down the tunnel. As I got closer to the end of the tunnel, I thought of Rob. Immediately when I thought of him, I came back to the operating room. The tunnel had closed over. At that point I felt certain that I was going to live.³ At the same time the tunnel closed, I separated from the part of myself on the table and floated up into the corner of the room to watch the operation. The part of me that watched felt detached, like a medical observer.

When I came out of surgery, I had a tube through my mouth into my lungs to allow adequate oxygenation and to help my breathing. There were also many other life support tubes and lines attached to me. I made good progress, and they took the tube out of my lungs sooner than expected. However, it was too soon for me to adequately take over my own breathing, and consequently they had to reintubate me (again put a tube down into my lungs). Within twelve hours, they performed a tracheotomy, an incision through the air tube (trachea) in the front of the throat. A tube for ventilation is passed through the incision. This feels more comfortable for the long term than a tube through the mouth, and damages the vocal chords less.

Because of the technicalities of the bypass⁴ during the operation, my right leg sustained damage due to low blood supply. This can be so severe that the leg has to be amputated. I faced this and other major risks post-operatively, and they were watching my leg carefully with this in mind. I kept my leg in the end.

The next few days were spent in a different world. Rob, Shar and Pam have told me various things that happened, but my experiences during that time were very different. The staff were always trying to get me to rest. For some strange reason, I had it clearly in my head that when you rested, you shut your eyes, stopped thinking, and stopped breathing. So, every time I closed my eyes, I stopped breathing, causing all the alarms on the heart and lung function monitors to go off, which woke me up. I used to wonder how they expected me to get any rest with all that racket going on. All they had to do was explain to me that I had to keep breathing when I closed my eyes!

During that first week in Intensive Care, when there was the constant risk that I might die, people from the process work community stayed with me 24 hours a day. They touched me and stroked me in time with my breathing. This communication was way beyond words, but nevertheless deeply communicated. Their presence felt deeply important and healing for me. I would open my eyes, look around, see one of them there, and go back to my own world. Knowing that Rob, Shar and Pam were looking after me, keeping my body safe, gave me the freedom to explore other places.

Every time I closed my eyes during that time, whole worlds opened up. Compared to the actual experiences, my descriptions seem flat and two dimensional. However, I shall attempt to describe some of the worlds I experienced.

I always noticed some type of theme. One world was full of colors—as if all the colors and combinations that have ever been floated past in the most dazzling display of light and hue. Different textures, mixtures, patterns and shades combined to create an ongoing living experience of color. I saw a similar world full of bolts of fabric. The textures, colors, and patterns passed before my vision. It seemed that all the materials ever made or that will ever be made were represented there. After these experiences in the hospital, I had a dream where emotions were expressed in music and projected as colors and patterns on a screen.

At times I would open my eyes to see who was there protecting me from what seemed the excesses of allopathic medicine. Then I would travel back to these wonderful worlds.

At another point, I saw scenery, as if I were watching an ongoing documentary film. At another time, I observed animals, some which I recognized and some I didn't. This was like a trip through history and into the future. All the animals, plants and trees that have existed, do exist, and will exist appeared there. I felt warm and special as I lazed in the beauty. I'd open my eyes, check that someone was looking after me, and travel off again to this other place.

Yet another time I saw all these faces of people. All the people I ever met were present, one at a time, and also all the people that I will meet in the future were there. Some of these people I have since met. I also saw them at all ages at the same time, as children and at different stages to old age.

These experiences make me wonder, do I just limit myself, and the potential of life and the experiences it has to offer? If I opened more to life, maybe I could experience many things beyond my narrow life experience to this point. Through my illness process, I feel led into places of healing and love and peace, not only in that magical other place, but also in the here and now. So many people shared their wide range of healing skills. I have known the healing skills that some mothers have, and I know that my mother has them. Friends have shared their touch and knowledge, love and care. Many shared their culinary skills, medical skills, knowledge of Chinese medicine, their Reiki, prayer, crystals, massage and meditation.

Some would say drugs were responsible for this trip, but I don't believe it. Drugs can't take you on a trip you aren't already connected to. Somehow I have access to all the things that have been, that are, and that will be. Over many years, my upbringing and the society I live in have limited the ways I experience life, and the types of experiences that I allow myself. I learned to think in a linear manner, within a time frame of past, present and future. Maybe, just maybe, I can access all these things and more all the time.

The road to recovery has been long, and difficult in places. Finding meaning in what happened challenges me, particularly about my heart itself. Now it ticks,⁵ just like a metronome, the device that musicians use to keep a constant beat. How to live with a built in metronome that keeps strict

time? What will life lived this way sound like? How will it look? What will it feel like? How will it move? How will I be in the world? How will I be in relationships? How do I make sense out of coming back for Rob and having him walk out on me five months later?

The conflict between staying in this world and going into the next seems to be a lifelong theme for me. This coming and going was the theme of my work with Arny and Max during the Lava Rock Clinic in March 1993.⁶ As I sit here typing, I find myself drifting off into the other world. Sometimes being here is just painful, and the other side looks inviting. Sometimes I stay here; sometimes I drift off there. This pattern is also present in my earliest childhood memory: I am under a year old, standing in a crib, holding onto the bars. It is a hot afternoon, and my parents sit next to the crib having a cold drink. I look down the hallway and see dust particles playing in the rays of the sun. I feel pulled away into this sunny universe, and I also feel the pull of the warmth of my parents. The conflict between coming and going was there that early. How I am in that conflict now is different. The questions that I live with are different.

Now I wonder, how to live my life sometimes here and sometimes not? When to come and when to go? When to drift off? And how to bring things back from that far off place, which I sometimes think of as not so far off? I ask more questions than ever, but I'm exploring them. I suspect it

may take a lifetime. What else is there to do, but to explore this life that is mine?

Notes

1. A dissecting aortic aneurysm is when there is bleeding into the walls of the aorta, causing it to bulge and "balloon out." If not treated, the walls continue to bulge, eventually bursting and causing immediate death.
2. I worked on this later, and continued down the tunnel to find out about home. I stepped out into the universe. As I looked around, the stars appeared so clear, like diamonds. The black was like a deep ebony, and the silence was deafening.
3. A midwife recently told me that she thought that the light at the end of the tunnel is the light of day that a baby sees as it is about to be born.
4. Tubes are passed into the femoral vessels to allow the blood to "bypass" the heart.
5. The ticking sound is caused by the metal in the artificial aortic valve clicking open and shut.
6. The Lava Rock Clinics, led by Arnold Mindell and Max Schubach, provide an opportunity for people to come together to work on, learn about and unfold symptoms and illness processes.

Maurice Shaw was born in 1950 in New South Wales, Australia. He taught Music and Science for a number of years and has worked with young unemployed people in Gympie, Queensland. Most recently, Maurie has worked with people infected and affected with HIV and AIDS. He started studying Process Work with Max Schubach on Max's first trip to Australia.