response was that the hospital would have to put me in chains to keep us there.

My daughter is now fine. I am left wondering why it has come to be, amid the continual structural reforms, that health professionals have time to attend to equipment and defined clinical tasks, and not to people. Indeed the most “care” I received was from the Pink Lady who volunteers her services one day a week. The time devoted by health professionals to personally tending to my daughter would have amounted to a matter of minutes.

Parents come into a hospital already worn down by worry. They are tired. They do not expect that the responsibility for care will be left to them. I have discovered that my experience is not confined to pediatric hospitals, nor indeed to the public hospital system. One woman told me that she paid professional carers to look after her mother day and night while in a private hospital. Another said she had been so shocked at the lack of personal care that she and her sister stayed on to look after their mother. In another instance, a woman in her 80s described having to make her own bed with an intravenous line in tow, and being regularly left sitting in the shower unable to move after major surgery. Is this a failing of our health care institutions, or just what we should come to expect?

While I have no wish to be inflammatory, some of the problems I have mentioned are clearly matters that should return to the province of hospital staff. Basic issues of cleanliness on the ward cannot be a responsibility of patients or their relatives. Failing to attend to an elderly patient left sitting in a shower is frankly disrespectful. Insofar as my daughter has special needs, I felt some additional care was taken in the mechanics of her treatment. By this, I mean three nurses were on hand when she was injected with gentamycin, and a specialist was called when a young doctor failed to insert the intravenous line after several attempts. The woman taking meal orders did try to be flexible in getting the kitchen to produce food to meet my daughter’s idiosyncratic tastes. Otherwise, there seemed to be no cognisance of the fact that some effort needed to be made to engage her and gain her confidence. Nor was there any recognition of the difficulty I faced in leaving her side for short periods. In regard to some of the other issues, such as the extent to which families are expected to look after their loved ones in hospital and to which inpatients are required to fend for themselves, there is clearly need for public debate. Changes of this magnitude should not be introduced by stealth or attrition. If we are moving towards a system in which care from families is routinely required, then this ought to be made clear. At least then we may be better prepared.

A 62-year-old woman presented to the emergency department with a persistent cough and severe abdominal pain. Computed tomography showed the rare condition of a spontaneous rectus sheath haematoma on the right side (Figure A). The patient commented that her husband had been suffering the same symptoms for days, and that he was taking warfarin therapy. Six hours later, he presented to the same hospital with a matching rectus sheath haematoma on the left side (Figure B), and required blood transfusion. This completed a “marriage of inconvenience”, but did bring them closer to marital bliss — they shared a room in hospital, although in separate beds!

Spontaneous rectus sheath haematoma is very rare. Coughing can rub the inferior epigastric artery or its perforating branches against the free posterior edge of the rectus sheath. Clinical suspicion should be raised in the elderly patient taking anticoagulant therapy. To our knowledge, this is the first reported case of simultaneous presentation of rectus sheath haematoma in family members.

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A marriage of inconvenience

Computed tomography scans of matching rectus sheath haematomas in a married couple.