With my boots on...

Guillermo J. Ruiz-Argüelles*

Centro de Hematología y Medicina Interna, Clínica Ruiz, Puebla, Puebla, Mexico

On November 7, 2017, I had an accident at home, fractured the first and second cervical vertebrae, and had spinal surgery. In the post-operative, difficulties with extubation led to a prolonged stay in the intensive care unit (ICU) for 12 days. I then had a near-death experience and, to my satisfaction and everlasting gratefulness, a complete recovery; the experiences lived at the time prompted my decision to write about this episode: *A near-death experience*¹.

Only days after writing a note about “*cracking under pressure*”², somehow criticizing the behavior of certain health professionals who refused to care for patients during the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) pandemic, I was diagnosed with coronavirus disease (COVID-19) last July 24; the damage to my lungs was calculated to be 70%. Treatment with drugs, convalescent plasma, and oxygen supplementation led, again, to my recovery and the disappearance of the virus in the nasal and pharyngeal swabs. Most likely, I was infected by an individual who has trusted me with his medical issues, despite the precautions that I always followed when seeing patients.

After surviving these two near-death experiences, I have felt an almost uncontrolled desire to write about several features of these episodes: near-death experience 1 (NDE1) and NDE2, and to express some personal points of view on these two transcendental experiences in my life.

Both NDEs were fully and unconditionally supported by my wife, sons, daughters-in-law, grandchildren,

sisters, my entire family, friends, and colleagues. While NDE1 occurred in a hospital, NDE2 happened at home, and I truly believe that this made a major difference. At the same time, my stay in the ICU required sedation, and I was experiencing pain. I was mostly under the influence of opioids and other sedative drugs that caused hallucinations and almost psychotic reactions and the difficulties with extubation and withdrawing mechanical ventilation. Twelve days after the impeccable neurologic surgery and after four failed attempts, my endotracheal tube was removed; my breathing mechanics seemed to be nullified by the opioids. Recovery after mechanical ventilation, withdrawal was slow and difficult, and I asked to be discharged from the hospital to complete my recovery at home. I am convinced that leaving the hospital was the best decision at the time, despite the opinion of the attending physicians and of all my family. Fortunately, my recovery was complete, and there were no residual neurological sequelae since the fragments of the two ruptured vertebrae were not displaced. All decisions concerning my medical problem were made by my wife and sons while in the ICU and later, after the withdrawal of mechanical ventilation, I took them upon myself. During my recovery after this episode, I frequently applied a necessary instrument used in all medical decisions: the “retroscope,” an instrument that enabled me to recognize that probably, the sedative drugs were responsible for my ventilatory inefficiency.

NDE2 was totally different. It all took place at home, with the medical assistance of true experts in COVID-19 and my family. The worst component of this episode

Correspondence:

*Guillermo J. Ruiz-Argüelles
E-mail: gruiz1@clinicaruiz.com

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was uncertainty that inability to predict the course of the disease. One of my main concerns was the possibility to require, again, mechanical ventilation; after NDE1, I had decided not to ever depend on mechanical ventilation again, but COVID-19 was not in my mind's scenario. The lung damage was extensive, and the chances of needing mechanical ventilation lingered as if vultures were flying low above my head. The combination of dexamethasone, the viral infection itself, hypoxemia, and my knowledge of the disease was the perfect storm that brewed panic attacks, which I had never experienced before; I was aware of the panic attacks, but unable to control them. Less than 24 hours after receiving convalescent plasma from one of my residents, I began to improve, and today, I am fully recovered. Since my sons had been previously infected with SARS-CoV2 and had cleared the infection, they would visit me at home. Still, my wife was the definite exception because she never acquired the infection despite her exceptional care.

These two NDEs, with fortuitous happy endings, have taught me several lessons: family members are substantially better than nurses; home is substantially better than any hospital, and keeping away from opioids and other sedative agents is of utmost importance.

Acquiring COVID-19 at my age (69) was dangerous; however, I do not regret having been infected while caring for patients: *"I would rather die with my boots on,"*.....George Armstrong CUSTER would say, through Errol FLYNN's lips (Fig. 1).

Conflicts of interest

The author declares not to have any conflicts of interest.

Figure 1. *"I would rather die with my boots on"...* George Armstrong CUSTER would say, through Errol FLYNN's lips.

References

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