EDITORIAL NOTE: Must a patient on a mechanical ventilator be limited to a life of professional and social inactivity? How does such a patient view the prevalent attitudes of both physicians and laymen? Do many physicians possess conscious or unconscious biases regarding the potential of such patients for a full and active life? We solicited the views of a patient currently on a mechanical ventilator and are pleased to present her comments in the editorial that follows.

Yes, There Is Life After Ventilation

Currently, many ventilator patients are content to sit back and allow family, health care professionals, and friends to manage their lives. Once established, it is very hard to change set patterns. If patients develop the traditional fears—such as fear of socialization, which exposes them to viruses and bacteria; fear that there will not be adequate help if the patient needs suctioning; and fear of failure in a work situation—it is difficult to otherwise dissuade them. However, patients who are newly tracheostomized and ventilated are vulnerable to positive shaping by the medical community.

Most modern medical professionals tend to believe that when a patient becomes ventilator dependent, he or she will be a semi-invalid, a recluse trapped in the restrictive environment of the home or institution. Interaction within a society filled with viruses and bacteria is discouraged, and the patient sees no future of normal daily activities and functions. Rehabilitation is not an option. The patient is faced with insurmountable barriers of immobility, lack of communication, severely reduced social interaction, the end of a career, growing medical costs, depression, and feelings of worthlessness. Many patients cannot breach these walls and never search for ways to change their situations.

Studies indicate that people with specific personality types will respond accordingly to disability onset. The conscientious individual who has a good self-concept, knows his abilities, establishes and accomplishes goals, has good social skills, and has developed interpersonal relationships is not likely to be ill and dependent. This individual sets high standards for performance, fitness, and social responsibility. Dependent persons will make no effort to get better or find ways to improve themselves. Rebellious individuals will be so angry and resentful about their fate that they will reject coping with their illness. Thus, personality factors already formed are important variables to consider when working with new patients.

Generally, the new ventilator patient has already dealt with a disabling condition and has either accepted it or is struggling with some phase of the process. There are four primary keys to success for the ventilator patient: creative thinking, motivation, organization, and persistence. Teach the patient to take responsibility for his or her own survival, goal-setting, and development of a meaningful existence.

Today, the doors to unlimited opportunities have opened through the development of modern advances in medications, portable ventilators, noninvasive ventilation techniques, suction machines, wheelchairs with sliding trays for ventilators, effective speaking valves, accessible public and private buildings and transportation, access to jobs, and increasing public awareness of the abilities and rights of persons with disabilities. It is essential that medical professionals and families recognize the potential of persons who are ventilator dependent and support the development of a fully functional, independent existence.

Tedde Scharf, M.A.
Tempe, Arizona

Disabled Student Resources, Arizona State University.