PRAISE FOR *TO EXIST AS I AM*

‘Grace Spence Green is an essential voice in the conversation on anti-ableism and true representation’
Shani Dhanda

‘Exquisitely written and compelling, this book tells the story of a remarkable doctor. By the end it will have upended the preconceptions many of us hold as to what it is to lead a rich, fulfilled life’
Caroline Elton

‘A story of injury, loss and acceptance that asks us to consider what it truly means to recover. Grace Spence Green shows us how much we can gain when we stop trying to overcome disability and start embracing it as part of what makes us human. Her story is inspiring in the best possible ways: as an activist call to arms and a testament to the joy that comes through finding your community’
David Turner

‘Astonishing, important and truly radical. In picking apart so many of the tired binaries we use to think about love, care, trauma and healing, it is as if – at last – someone had switched the lights on. Lucid and hopeful but also fierce in its challenge to a world that so often gets disability all wrong, this book is completely transformative’
Polly Morland

‘*To Exist As I Am* reflects on the boundaries between those who care and those who receive care in an absolutely extraordinary way. Grace combines humour, warmth and grit to tell a story that would make anyone reflect on their own sense of self and the meaning of the relationships around them, as well as on the nature of injury and healing. Essential reading’
Xand van Tulleken

‘This book explores the strength and the fragility of the human body and celebrates the depth and tenacity of the human spirit. Grace’s story is immersive, inspiring and life-affirming’
Viv Groskop

‘A book of wisdom and love, trauma and acceptance, extraordinary resilience and justified anger, it’ll change the way you think about disability. Stop whatever it is that you’re reading and read Grace Spence Green instead’
Gavin Francis

‘Having also been through spinal cord injury, this is the best personal account of that trauma. I kept wanting to underline sentences because they are so true and so beautiful’
Tom Shakespeare

‘Unputdownable, awe-inspiring, necessary. The best book I’ve read by a doctor in a very long time’
Gabriel Weston

To Exist As I Am

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To Exist As I Am

A Doctor's Notes on Recovery and Radical Acceptance

Grace Spence Green

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For Nathan and my parents

I exist as I am, that is enough,
If no other in the world be aware I sit content,
And if each and all be aware I sit content.

One world is aware and by far the largest to me,
and that is myself,
And whether I come to my own today or in ten
thousand or ten million years,
I can cheerfully take it now, or with equal cheerfulness
I can wait.

Walt Whitman, ‘Song of Myself’

Prologue

'You make the past known in order to know yourself as changed'

– Melissa Febos

'Is that what you've got then?'

She is looking at me closely, pointing to a red circular badge I have attached to my lanyard that reads '*Ask me about 22Q!*'

22Q is a rare genetic syndrome (which I do not have), causing a range of health conditions, affecting very cute children. I have just finished a research project on it at the children's hospital next door.

I curse myself for wearing the badge and try to think of any way to avoid the line of questioning I know is coming. I brace myself.

We are sitting in a rheumatology clinic, and I find myself in the situation every medical student dreads – the consultant has left the room 'for just a minute', leaving me and the patient to make small talk.

I glance anxiously at the door, wishing they would come back. *I don't want to be here. I don't even like bones!* I think.

'No!' I smile brightly in response to her question.

'What have you got then?'

‘A spinal cord injury,’ I say, and I don’t know why I say it. I’m hoping she won’t ask the next question that I know is coming, that I am *naive* to think won’t be next. But we are already there.

‘What happened to you?’

It’s a funny thing when you realise how blurred the line between doctor and patient can be. But I am learning that this is how I interact with the world now, which is suddenly unsure where to place me. Sometimes because of anxiety or awkwardness. Sometimes I sense real fear.

We have reversed roles. I was silly to think I would be the only one asking the questions today (or at least listening to her answers, while my consultant takes charge). My own intimate medical past is also up for grabs, apparently.

Before I can begin to formulate a response, she’s brought up suggestions.

‘Was it a car crash? Oh, it was a car crash, wasn’t it? What happened then? Did you fall? I hope you weren’t being silly. What happened to you?’

This is a daily occurrence now, while I’m desperately trying to be taken seriously on wards and in clinics, in hospital corridors.

What *happened* to you? What’s *wrong* with you? Is it *permanent*?

Why are you in a wheelchair?

How do I begin? I sigh at having to start here, always. It’s a story I have told thousands of times, by now. So, let’s get it over with.

Although it wasn't a car crash, I was a part of a collision.

It was mid-afternoon, October 2018, at Westfield shopping centre in London. I was in my fourth year of medical school at the time. As is the standard practice at large London medical schools, we had been shipped off to various places outside the city for four months 'on peripheral'. I was living in Maidstone as part of my Women's Health placement, flitting between Maidstone and Tunbridge Wells hospitals. I had been allocated there with three of my closest friends. It was my first time seeing a birth. I was feeling more confident, now in my second year of clinical placements, even if the extent of my involvement was holding a retractor to pull the skin away during an operation, cutting excess thread from sewn surgical stitches, writing a freshly born baby's name for the first time on a tiny patient wristband.

We only had a few more weeks left before we would move back to London. I had a coaching shift in the city at the climbing centre I worked at for extra money, so my friend drove me in, dropping me off at a shopping centre so I could catch the tube up to Manor House.

Events here become a collection of moments, and sometimes I don't trust myself on their accuracy. How can you be sure if you remember something, or if you're imagining a memory because you've been told it happened so many times with so many different variations? Because you've seen it written down on official documents, drawn up by important people, and so have taken it as fact?

My friend and I hugged goodbye at the escalators, planning to meet up later. I was walking down the atrium towards the train station when the collision occurred.

I awoke to find myself lying on the floor of the shopping centre.

The strangest part was waking up for the second time that day, not realising I had been unconscious. Someone was holding my head still, tightly. Faces drifted in and out of my view. The adrenaline jolted me wide awake. Thoughts frantically flickered through my mind in those first minutes. I told the faces that they need to call my partner, to call my parents. I told them my phone is in my bag.

I began to sense that there was another person lying near me. Were they a part of this? They were telling this figure he fell from the third floor. I found out later that he jumped.

I realised at that point that I could not feel my legs. No, this phrasing isn't entirely accurate; it's not that I couldn't feel them, it's that my legs didn't feel anything back. As if they had ceased to exist.

The collision had broken my spine, causing bone to press into my spinal cord, paralysing me from the chest down. Multiple breaks, in fact, but I would only find this out much later.

How surreal it is to read your own MRI report years on, finding out injuries you didn't even realise you had. Like a plug yanked from its socket, I had been disconnected from the lower half of my body in an instant.

I remember crying, maybe screaming.

And in that moment the life that I had mapped out so well, so clearly, no longer appeared in front of me. It fell away to reveal a nothingness. The tracks had changed, I was on a new course.

Everything was different now.

While the sequence of events themselves may be simple – and may be all that strangers want to hear – what has come to mean so much more to me, what I really want people to understand, is what came after. I have spent the years since being discharged trying to find a new place in the world, a new community, a new identity.

I like to think taking a history from a patient is a guided storytelling, stories we can take and compile into clues to help treat someone. Lots of what I do at work involves listening to stories every day, and from there forming a plan to treat or support. Now I have a story that others ask *me* about, without the justification of any real therapeutic purpose or action.

I sometimes want to respond to the enquiries of strangers with: why do you want to know? Or more importantly, why do you think it's acceptable to ask this question so casually, so flippantly, to me or any other visibly disabled person? How would you feel if I asked you to recount the most traumatic events of your life, every time you meet someone new?

Do I scare you? I want to ask. Does my appearance frighten you?

These questions are so often framed as harmless curiosity, but for some it seems to be the only way to interact with me, the only thing I can talk about now, the only thing people are interested in. As if I am in a permanent state of acute illness. I want people to understand what it's like to be plagued almost daily by such questions up front, before all else; to know what it feels like to have your life decided, defined by a singular day, a day you remember so little of. In taxis, in the pub, in lifts.

My medical training had coached me to look for clues and signs in other people's bodies to trace the root of disease, but suddenly it's my own body that's medicalised at every turn.

In this way, I am reminded regularly that to others there must be something inherently *wrong* with the way that I am. It makes me feel like an alien; people need to know where I have come from. My backstory must be revealed, because the mystery is disconcerting.

My body has somehow become something to explain right away, to ease other people's discomfort. A wheelchair, it turns out, is the elephant of all elephants in the room. I cannot simply *exist*.

How many gasps and wide-eyed faces can I take in? How many times can I hear how tragic, how awful, how dreadful, how terrible, how devastating my circumstances are? How many times can I hear these words before I start to believe them?

For a long time, I felt defined by a sensational headline. An anecdote for strangers to take back home and tell others: my life, summed up in a handful of sentences.

I am tired, too, of answering questions about the man who jumped, not just because I barely know the answers – I haven't even seen him since. It can feel like my life is being reduced to this single moment, forever tied to a stranger. It colours everything, a muddy lens over my screen. I cannot escape it. I am so tired of talking about that day.

I have had enough of watching my identity being boiled down to a story that someone else has chosen for me.

I no longer want to feel as though I am suffocating, existing as a disabled person in a society that has such a strict, preformed idea of what that means. I so badly want to be received respectfully, openly, without judgement, without a voyeurism that frequently tips over into something morbid.

My own time as an inpatient, and then being out in the world as a visibly disabled person, has radicalised me. I soon realised how I and other disabled people are systematically excluded, both passively and actively. That I have specific spaces I am allowed to enter, and specific narratives I am allowed to follow – tropes to fall in with. And this, coupled with the constant intrusive questions, the denial of privacy and dignity, the automatic pathologising of my body now I am seated, all conveyed to me the message that I now exist for others.

Early on, I began to look critically at the social infrastructure I was brought up in, one that was only reinforced by years of medical study, that taught me so much about what can go 'wrong' and what needs to be 'fixed'.

I began to understand that everything I had been taught about disabled people, about what it means to be well or sick, for the past twenty-two years needed to be undone, unpicked. In fact, it very quickly began to unravel before my eyes. These changes were scary, but also felt powerful and necessary.

In those early days, I read and scavenged and learned, like I was revising for the most important exam of my life. I had to start from scratch on myself. The more I learned, the more surprised I was that so few in the mainstream media were talking about disability, anti-ableism, while ashamed that even as a doctor it had taken my own injury to shift my perspective.

Words like recovery, independence and fairness took on new meanings for me.

The world shrank and then expanded, as if a mirror had been turned around to reveal a window. I began to redraw the lines between well and unwell, to reconsider definitions of health and the extent to which my body is impaired, and the ways in which society impairs me. I have been forging an entirely new relationship with my body, as I see many of my patients do, after major operations, drastic physical changes, illness, or simply the passage of time. I have seen how, to a greater or lesser degree, we're all grappling with transformation, change, grief. I've seen what healing looks like, the different shapes it takes, and where it takes us.

In those early days after my injury my anger also fuelled hope. I was getting angry enough to realise that I deserved to be treated better, angry enough to push back.

But through all this change, I was also experiencing so much joy, such deep connection with others, so much strength. I was coming to an acceptance of myself, all while navigating grief and my own internalised ableism. I understood that so much of what allowed me to progress and to recover was thanks to my community, and the privileges of being white, middle class and financially secure. That so many others in my circumstances and across the disabled community lacked the essential resources to do this.

I'm desperate to find better ways to have conversations about disability. Conversations that do not feel so one-dimensional, so transactional. That allow space for fragility, vulnerability, strength, complexity and the breadth of human experience.

If I had the time, if I had the space, if I had the energy, maybe these encounters with strangers could go differently. I began to realise that in the fleeting moments of these interactions, when I was given five minutes to explain the intricacies of my feelings, I was doing myself a disservice. I could not begin to describe the fractures and shifts in my understanding, in my perspective, which had taken months and years to process. How could I convey such complex, confounding feelings when they sometimes felt too big to hold in my head?

Instead, I wrote. I've been chronicling my life ever since my injury: examining it, squirrelling details away in phone notes, scribbles on scrap paper, long outpourings in notebooks, quick lines in between ward rounds, emails to myself. So that one day I could hand it to someone like this stranger in clinic, press it into their hands and say look, read this please. It's all in here.

This book is a response to the thousands of interactions I have had where I didn't have the words, yet.

I loved to write and draw as a child; sketching strangers on the tube to school every morning, writing bad poetry and overblown love letters to my teenage boyfriend. The demands of medical school meant I had not written for years, but five days into my hospital stay, as soon as I could type again, I began a diary. I opened my laptop, my wrists still bruised purple and green by cannulas, metal staples still holding me together. It was the only thing that kept me anchored to a new, disconcerting reality, trying to grapple with huge concepts that I'd had the privilege of never considering before.

Stories of disabling injuries that I read were sometimes helpful to me in those early days, but too often felt individual, always focused on a narrative of personal overcoming, rather than looking critically at the context that made people feel that disability was something that needed to be overcome in the first place. Something shameful, something wrong.

I want my story to be seen in the context of a greater struggle. Of generations of disabled people. In the community where I have found a place. I want it to be bigger than myself and part of a movement of collective action and solidarity that we can all play a part in.

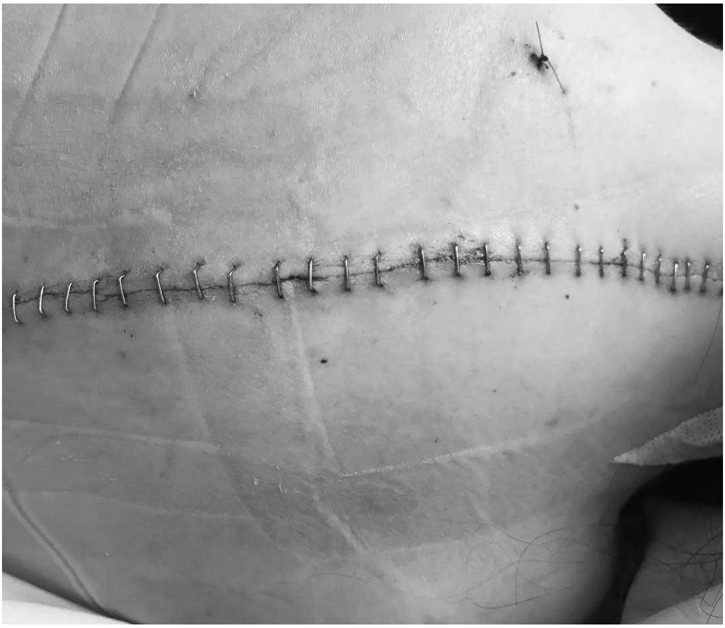
I want you to understand the nuances of my story, and that there is nuance to disability. Disability is too often oversimplified, sensationalised or glorified, leaving no room for its dynamic nature and the rich variety of experience. I want to frame this book in hope, too, writing from a place of compassion and empathy rather than criticism. I'm writing as someone who has not always done the right thing either, or always known what might be the right thing to do – or the right words to say. I want us all to do better.

At first, those early hospital diaries I wrote were so raw, angry, confused, muddled. It is painful to go back there. It is hard to remember that time when nothing felt solid, but I think it is important to chart the journey across the chasm, from where I was to where I am now. To trace my journey back to the other side of the bed.

My body may have changed that October day, but I didn't. I was remoulded, grown over time. New ideas sprouting inside me like buds, incubating and blossoming.

To me, it's never really been about what happened that day. It's everything that happened afterwards.

PART 1:
Aftermath



Admission

17 October 2018

Trauma call, brought in by London Ambulance Service

Mechanism of injury:

While in a shopping centre, man jumped from THIRD? 1st floor balcony – on to the patient herself. Patient does not have any recollection of the event. Woke up to find people surrounding her

Background:

4th Year medical student at Kings College
Diamond-Blackfan anaemia previously requiring blood transfusion

On arrival to ED resuscitations:

GCS 15 but not moving her legs and reporting complete loss of sensation from her mid chest down to feet. Primary survey: no obvious external injuries identified

Examination of her limbs:

Upper limbs: normal tone, reflex, sensation to light touch and coordination

Lower limbs: reduced tone, power (0/5), reflexes (unable to elicit), no sensation to light touch (from T5 level downwards. No proprioception either)

ED belongings:

No valuables with patient. All clothes cut off

This is how it began. At that moment, I couldn't begin to imagine the three months that stretched ahead of me. An intensity of human experience that I had not yet known was possible.

I lay on a cold, hard hospital bed in the Royal London A&E on the evening of the 17th of October 2018. My boyfriend, Nathan, had rushed to the hospital as soon as he got the call. He could see the man who jumped and landed on me lying in the bay next to mine. He couldn't see his face; only his legs, which were moving. He was crossing one over another.

Mine were not moving, although I don't notice that then. I was more concerned that my friend had to get back home from here late at night. *Call her an Uber* I whispered loudly to my mum.

I was talking very fast. It was simultaneously too bright and too dark in there. It had the aspect of a dream.

Tipsy on morphine, in that moment, I was not aware what had happened to me, what was happening to me, and what would happen to me tomorrow. I had lost all control. I had been split from a body which no longer felt like mine; others seemed to know much more about me than I did in that moment.

I couldn't tell you today who was in that room with me, how many friends visited and saw me in that state. It's something I don't like to dwell on, I would rather not know the extent of my oblivion that night.

*

When I opened my eyes again, it was the morning after my spinal cord injury.

An anaesthetist with long hair was sitting next to me. He was young and looked like someone I would be friends with, in another life. I think I must have been crying, because he said to me, ‘I know, this is just shit, isn’t it?’

God, I loved him for that.

It was the best thing someone could have said to me in that moment. With those few words he saw me as a whole person and appreciated the situation I now found myself in. Preparing for titanium to be bolted into my spine to hold my shattered vertebrae in place.

He had a clipboard and went through a list of questions with me, preparing to put me under general anaesthetic.

‘You don’t smoke, do you?’ he asked casually. I looked at him wide-eyed and whispered, ‘Sometimes’, thinking of the one cigarette I’d tried at a party recently, terrified for some reason that this would affect everything.

He smiled and laughed. ‘That’s okay, we’ve all done that.’

Perhaps he was so important to me because he was the first doctor I remember after my injury. The first face I saw. I trusted him. My memory of him has become blurry over the years, shapes and colours with a kind voice. But his words have stayed with me.

These days, I sometimes ask myself: will people remember me like I remember him?

I had spent long enough sitting with anaesthetists as a medical student to understand how important their job is. They may get less glory than surgeons, but when things go south in the operating theatre, they are the ones in control. For the next eight hours, it would be up to him to keep me alive.

Writing this now, I run my finger over the pale dot on my wrist that sits above my radial artery, knowing there was once a wire threaded into that artery, as I lay limp.

I was called into surgery earlier than expected, and so my parents and Nathan didn't arrive in time to see me before I was moved. A nurse asked if I had anything that I want to say to them that she could pass on, as I was wheeled down the corridor to the operating theatre.

I asked her to tell them that I loved them very much. I'm sure I could have been more articulate with these last words, but it was – and remains – the truest thing I could say. In all the uncertainty of that moment, it was the one thing I knew for sure.

Much later, I learned that the surgeons had to stop mid-surgery to ask my parents, who were anxiously waiting for news, if they consented to them cutting up to the base of my skull, to check that the fractured bone at the top of my neck didn't also need to be bolted into place. Sometimes, late at night, I imagine myself, face down, layers of skin and fat and muscle splayed out to reveal my bones, waiting for the operation to restart.

When I finally came out of theatre, Nathan and my parents couldn't find me. After frantically searching up and down the hospital wards, they finally reached me, soaked in the orange iodine used to disinfect me during the operation, confused and crying.

From there, I spent the first week in the high-dependency unit, a strange, strange place. A warm, fuzzy, opioid dream. I was on patient-controlled analgesia, a button attached to a drip that meant I could click to receive a dose of morphine whenever I needed it. It was like being smothered in a warm blanket. I was barely conscious, floating on a cloud. I was so delirious I woke up one night convinced I was stranded on the side of a mountain, and I kept mistaking the nurse on shift for a friend I was living with in Maidstone.

I had no idea at the time how ill I was. There were three other patients in my bay. I couldn't see them, but I remember hearing gurgling noises at night. I was lying next to people who were dying. People came in and out of the bay, my blood pressure would drop without warning, my heart rate shooting up to compensate, and I would overheat easily. I had no control of my internal or external environment.

I was an entity; a body of inputs and outputs whose only goal was to keep producing and receiving them. An object with objectives, reduced to producing quantitative data. Every breath, every heartbeat, every bowel movement, urine output: my life and future life was now projected as various scores rated on charts.

A steady stream of doctors, nurses, psychologists, physiotherapists and policemen coming to peer over at me.

Where am I? Hell? I thought, waiting to be cleaned by a nurse in that hot, orange-lit room, swaddled in blankets, guttural noises coming from the bed next to me. *Everyone is dying around me, and I am alone.*

I returned to that very unit to visit a friend some five years after my injury and was surprised to notice how much larger the room was than I remembered, how neutral. No longer so hot and close and dark.

After four days in that orange light, once stable, I was stepped down from the high-dependency unit to a ward on the eleventh floor, mostly housing patients with strokes and brain injuries. Off the IV morphine, I became more trusting of my body; my existence no longer felt so precarious. The clouds began to clear, and I began to write every day.

My body was not my own in those next two weeks on the ward, as I was passed over from one healthcare professional to the other, to be touched and prodded and rolled and washed and carried. I needed to be turned on the clock every few hours. To be cleaned when dirty.

I was struggling to grasp the reality of what had happened, and what it all meant – what it would mean.

I remember clearly the first time I saw my scar. A cheerful junior doctor rolled me over and took a picture on my phone before he took the staples out. I looked at the screen, but I couldn't understand what I was seeing. Twenty-six metal staples from the top of my neck down to the middle of my back in a straight line, and a little stitch on the side where I'm assuming a drain was put in during the surgery. It was the neatest surgical line I'd ever seen. Was it real? Was that really my back? I didn't feel it, I still can't feel it now. It looked too straight, like it had been drawn on.

I had a bloodless injury, one that was clearly very serious, but when I looked down at myself I didn't see anything wrong. I had woken up in a new body that looked the same as my old one.

The only thing that appeared new to me, the first thing I noticed, was a little mole above my belly button. That hadn't been there before, had it? How did that get there? I was disturbed by it.

The distance between the catastrophe I was told had occurred, and what I could see, was too vast. How was my brain supposed to bridge this gap? The surreal nature of the event, the lack of blood and bruising was all fuel for my denial.

How could I have gone through something so huge, and yet appear exactly the same? When I looked down at myself all I could see was this new mole on my stomach, and the purple bruise on my wrist from an arterial line, which faded after a few days. The only blood I saw from the injury itself was a bruise under my big toenail. I didn't know how that could have happened. Did he hit my toe on his way down? Did I fall on to it? I won't ever know the true pattern of our collision.

Staples had been run down my back like a zipper, as if I could still be undone, as if it could all still be undone. Now they had been removed, and the injury remained. The permanency had not registered in my head yet. Had not landed at its final destination.

I have a vague image of lying in the post-operative room, while waiting to go up to a ward following my operation, and asking the normally overly chatty nurse specialist if this meant I wasn't going to walk again. It was the first time I acknowledged my future. Perhaps part of me believed the operation was to ‘fix’ me, to make me go back to before. She was nervous and stumbled over her words. I had never seen a healthcare professional at a loss of what to say. By not saying anything, she had said it all.

On day three or four in the HDU, my charming and confident orthopaedic surgeon, Mr Bull, came to speak to my parents and me. He was the one who had drilled my spine back together. He had learned his techniques from a career as a military doctor in Afghanistan. We all developed a saviour complex around him.

He was explaining my diagnosis; *a T4/T5 spinal cord injury*. Paralysis *just below my breastbone*. I remember daring to put my right hand under the bedsheet while he was talking to touch my thigh, and shuddering. It was unreal. Feeling my leg and not feeling my hand back.

My legs had been lost in an abyss of crushed nerves; confused pathways and melded nerves creating a feeling that I was constantly vibrating. They now stretched on for miles, an infinite void of static between my chest and my feet, which I was only beginning to make the fuzzy outline of.

I remembered the first time I observed a lumbar puncture as a student, and how the junior doctor had explained to the patient that the spinal cord is made up of spindles floating in fluid. She described a lumbar puncture as like putting a wire through cooked spaghetti in water. I winced. My poor spaghetti never stood a chance.

*

I would spend many nights in that hospital bed, listening for hours to nurses talking to me about God, praying for me, telling me that I only had to believe to recover. I barely understood what I had lost.

I think back to a moment around that time when I was crying, surrounded by my family and only able to state the obvious: ‘This is all very sad, isn’t it?’ I don’t think I had any understanding *what* was sad yet. It was incomprehensible.

Sudden flashes of realisation would come over me, followed by a heavy calm, as though it was too much for my brain to handle all at once. I was shielded, small realities seeping in through the cracks.

As my brain whirred on, my body had gone into hibernation, or ‘spinal shock’ as it’s known medically. This included the most unpleasantly termed ‘flaccid paralysis’, which meant my legs were not only immobile, but lacked any tone at all, and reacted to nothing. The loose limbs of a puppet. My period also stopped, and my blood pressure was consistently – sometimes dangerously – low. I like to think my body was focusing all its efforts on the mass of blood cells, immune cells, damaged bone and tissue congregating, vibrating at the place of impact in my back. The burning orb in the middle of my spine.

Friends and family could visit me freely now that I had moved to a standard ward and was not so acutely unwell. I felt a huge pressure once these visits started up, to tell them it was going to be okay, that I was fine – anything to placate their wide-eyed, tearful faces. To make them feel better about the awful situation I was in. I was split in two – smiling faces and superficial conversation in the daytime, and then the night would start: bleary eyes, lights on, nurses' chit-chat, roll me over, repeat. Incontinence. Crying in the dark. Hearing the patient with dementia opposite scream down the corridor that they were all trying to kill her, or the gangster whose head had been caved in with a baseball bat on his nightly shuffle. He would peer into my window every night. I was frightened of him until one day he gave me a small thumbs up and all fear dissipated instantly.

Soon I was allowed to be hoisted on to the chair next to my hospital bed. I was excited to be able to sit up for half an hour at a time, having spent so long horizontal.

Two healthcare workers I hadn't met before came into my room, dragging along with them a large, ungainly machine on wheels that had two large metal perpendicular arms. Hanging from them was a fabric sling, meant to hold me and lift me out of bed. I watched as they tried to work the machine, fiddling with buttons and wires. They moved on to working out which of my limbs were to go into the different loops of the sling. It was clear they were lost at this stage too and I felt no confidence in them.

Finally, they decided they had it figured out. Using the remote they turned on the machine and, like a claw grabber at a funfair taking its winnings, it slowly lifted me up. As I swung in the air, I felt myself slipping out, the slings that were supposed to be around my hips now making their way down my thighs. The harness folded me in half, my chin resting on my knees as I hung in the air.

After what felt like an eternity suspended up there, they lowered me down and tried again, this time succeeding in manoeuvring me into a chair. Once sitting I immediately become hot and dizzy. I could not cope with the change in position, my head suddenly upright after spending so long lying flat, and I threw up green bile.

Just before my injury, Nathan and I had been watching *Twin Peaks*. After the villain, Leo, is shot and sustains a brain injury, he is left in the care of his ex-girlfriend and her new partner. There is a scene where an eccentric hoist seller comes to their house. As Leo dangles from an exaggeratedly tall machine, he is swung around the room and crashes into the walls; a slapstick horror show. Suddenly it felt painfully close to home.

I was learning quickly that I would have to advocate hard, even for basic needs. I felt completely at the whim of others, not only as a patient but a newly disabled one. The number of times I had to call my mum, crying, to ask her to call the front desk of the ward so someone would come and open the door and give me back the call button that had been left just out of reach.

'Why are you so tired today, Grace?' staff would ask me brightly most mornings. How exhausting it was. It was a tiredness I had never experienced and have not experienced since. I felt as though I was being hollowed out.

Early on, I nearly choked on an ibuprofen. I was taking my breakfast assortment of blue, white and pink pills from the paper pot. I picked up the thick, pastel pink ibuprofen, nearly the size of a 5p coin. I tried to swallow it, but it became lodged in my throat.

I tried to gesture frantically at Nathan and my dad, but they were distracted, chatting by the window. My abdominal muscles now flaccid and uncooperative, I couldn't summon any strength to cough it up. For a second, while it was stuck, I thought about the irony of it all. I had survived a man jumping on to me from a height of thirty metres but I was going to die a week later from choking on an ibuprofen tablet. Luckily, with enough effort, I swallowed it down.

My nurse at the time responded by liquefying all my tablets from then on. The worst of it by far, though, was that she kept trying to persuade me that this assortment of chalky liquids would taste nice. Even the senna tablet, a laxative made from what looks (and tastes) like dehydrated mud, was liquidised. She pressed these on me: 'No, they'll be yummy!' she would coo, as if feeding a baby.

Sometimes I felt as though I had been left to rot in that bed, waiting to be seen, chasing up scans and updates on plans. After many requests, I finally got a physiotherapist to come down and see me.

A man strode in first, a junior following. They asked me what I could move so far, and I said nothing. They assessed my range of motion by bending, straightening and rotating my thin, floppy legs. While the male physiotherapist held my inanimate right leg in the air, talking about my risks of pressure sores, he looked down at me:

'Don't worry, soon your skin will become leathery and will be used to it.' He smiled confidently.

I said thanks, stunned that 'leathery' was the word he'd chosen, as if that was supposed to comfort me.

But, although the level of indignity in those weeks was often vast, and the bruising humiliations regular, I was shown so much kindness, too. And as we got into the swing of physio, there were breakthroughs small and large; many times I felt like a newborn baby learning every milestone again for the first time. Sometimes it felt like my heart had never been so full.

Being a patient often means being in a highly fragile, highly dynamic state. It was for me.

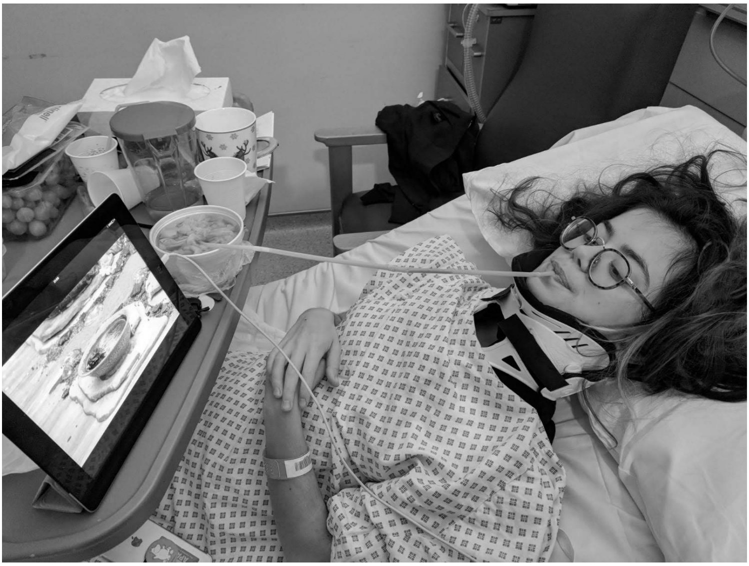
It was a time I had never felt more vulnerable, but also a time I had never felt more loved. After my injury I experienced what I can only describe as the closest thing to my funeral. The way people spoke to me, sent me cards, writing about moments from our shared past, some I had forgotten. Seeing some be vulnerable, crying in front of me, surprised me. I saw sides of people I hadn't been witness to before.

Friends would congregate on the hospital's fourth-floor café each day, resorting to arts and crafts to pass the time. These artworks of varying quality would get sent up to me on the eleventh floor to judge.

I was also buoyed by late-night conversations with nurses and healthcare assistants while they cleaned and dressed me when I couldn't do it for myself. Some days I wrote down their names, and it's funny looking at them now because I have no idea who *Stella* and *Charice* are. They must have felt so important to me at the time.

There is a photo of me from those early days smiling as I sipped wonton soup. My neck brace meant that I couldn't bend my neck properly to drink so Nathan had constructed an elongated straw out of three straws so I could reach the soup.

I clung on to these small pieces of joy.



It's hard to recall all the painful moments I experienced in what would stretch into three months as a patient, but the damage has been long-lasting. There was neither time nor space to grieve in hospital. At times it felt like my pain had nowhere to go. When I was eventually discharged, it felt as though I was returning from a war that only I had fought.

Medical trauma is a tricky creature, and I have told very few people about mine.

It's something that would come back to haunt me when I found myself on the other side. Pieces of me were taken away after every invasive test, every assessment. After every indignity. Many may well have been necessary but all the same, awful. So often I felt as though I wasn't a human being any more.

I have no residual traumatic memories from that day in Westfield; I hardly remember it. But the hours, days, weeks and months that followed, when my body was passed over and over, when I felt I was in control of nothing, left a lasting impact.

As determined as I was to recover, to wake up every day, there was a horror in all of it that I couldn't fully comprehend until I left hospital. It's a horror that took me years to process, and I still find myself flinching, closing up, freezing when touched at times. It has taken me years to get over.

I am aware that, in medicine, we must do some inevitably uncomfortable, inevitably painful things to patients every day, but we must be able to do this without victimising them at the same time, so people can leave with their sense of self intact. That is our purpose. To make the horrifying as bearable as possible.

It has made me determined to protect the dignity of my own patients, in any way I can.

Before

25 October 2018

Damien, my designated police officer, is sitting opposite my hospital bed. It is odd to think I have a designated anything, and with the word designated I imagine he should be pocket-sized, so that I can carry him around and bring him out for all my police officer needs. An earnest man, overly polite, he looks out of place in his ironed shirt sitting on this plastic NHS chair in front of me.

I've noticed that since being here, in this state, people tend to shrink when faced with me. I think of how unwell I must look.

He has come to film my victim impact statement, another strange and foreign term. I am bewildered by it.

His colleague, a similarly earnest man in a white shirt, has set up a film camera pointed at me, while Damien asks the first question.

'What were you like before your injury?'

He holds a pen and notebook, poised to take down my answer. It's not one of those detective notepads, where you flip over the pages and jot down clues like 'screwdriver found at the scene' or 'she was