

Caring for the Children of our Neighbours: A Nurse's Perspective

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Abstract

The hospital in which I have worked in the Galilee for over twenty years is close to the borders of Lebanon and Syria with Israel. I am an Israeli Emergency Room nurse in my sixties. I am also the Trauma Co-ordinator of the hospital. Galilee is a spectacularly beautiful and tranquil part of Israel. Arabs and Jews have lived together here for generations. I have raised my children and grandchildren here. Together we have lived through years of peace and apprehension, and also years of bitter conflict with our neighbor's. As a father and grandfather I have worried for my family, and, as a nurse, I have always had to make sure that my department is ready to respond immediately to medical emergencies in conflict and mass casualty scenarios.

Keywords: Caring; Children; Nurse's perspective; Neighbors; Anxieties; Patients; Trauma room

Introduction

It is rare to encounter someone from Lebanon or Syria at close quarters here. In this account I describe how the civil war in Syria has touched our lives as fathers and grandfathers here in the Galilee, and, how as a nurse, I try to make sense of the needless suffering of civilians and of children caught up in wars in the Middle East that have shaped our history but deformed and disfigured too many young lives. No parent could want this for their children. My patients are someone's children. If their parents cannot be with them, I have to do everything that I can to ensure their comfort, warmth, and the best of medical care.

The Syrian civil war began in 2011. Israel watched on anxiously. By February 2013, the first of the casualties from Syria had begun to make their way to Israel. I remember the day clearly when the first seven patients from Syria arrived in my Trauma Room. They were the first of over 600 patients we have treated at Ziv Medical Center and of over 2000 patients treated in Israel. The patients were brought to the Trauma Room by Israeli Defense Force paramedics. All of them needed surgery. All of them were far too young. As more patients continued to come, what struck me was the number of children, young women and young men. My assumption is that they have grown up in fear of Israelis as enemies. How desperate must they be to have crossed the border and to seek medical attention here. Syrian fathers and grandfathers have entrusted the lives of their children to our care. We must surely look after these children as our own.

We provided life-saving care, not knowing how many more patients would come or how long it would take for their injuries to heal. They stayed, convalesced and we got to know each other. Away from home, patients were anxious to get back to their families, and eventually the day came when they must return to Syria. Not knowing what they were returning to, whether anyone would tend their wounds and whether children still had families and homes to return to, staff shared the anxieties of the patients.

Case Presentation

In the following account, I describe the story of a 15-year-old boy whom we looked after. I ask what life is this for a child? If we must accept the realities of war, what can we do to better prepare children and young men and women for life in a zone of ongoing conflict and uncertainty?

This child, just 15-years-old, was admitted to the Trauma Room in extremis after suffering a major blast injury. After a few seconds, on completion of the primary survey, it became clear that he was hemodynamically stable. Wet gauze was put on his face but he kept asking for the gauze to be removed because he wanted to open his eyes and see where he is. He thought that the gauze had been placed on his face to stop him from discovering where he was as a security measure. He was not bleeding from his face or his head, so, he knew that that the gauze was not necessary. The gauze had been placed over his face because both his eyes had been blown out of their sockets in an explosion. He had also suffered traumatic amputation of the right hand.

From the trauma room, I accompanied him to the CT scanner. The CT scans showed that both orbits were empty. It was from this moment that my dilemma began. I work with the doctors and social workers to co-ordinate the care of the wounded from Syria and, indeed, all Trauma patients from our local area. We admit patients for life-saving procedures, and when they are fit for discharge, arrange their discharge or transfer back to Syria. This child did not present with life-threatening injuries, he should, therefore, return to Syria; but, he is blind. A child without support, without an education and without a secure environment in which to live should have access to rehabilitation in Israel, and the opportunity to learn to live and function without his eyes and his right hand. His right hand is what he uses to eat.

The following day, I sat with the doctor and the social worker who tried to explain to him that he is blind. He could not accept this. He could not believe that he would never see again. We contacted a center for rehabilitation in Israel that could help him learn to live with the aid of a stick, learn brail, perhaps, and build skills in the left hand. We

began to teach him how to use a stick. He had to learn the difference between striking the floor and the wall, to walk to the bathroom, to orientate himself. He was taken to the bathroom to learn how to use the toilet alone, but, never having used a flushing toilet at home, this was a challenge beyond imagination. He has never seen or felt a tiled floor. Not only was he blind, he was in a different world.

He did not want to go to the rehabilitation center. He did not want to learn to walk with a stick. He wanted simply to return home to his mother.

After 4 years of war, blindness is perhaps impossible to come to terms with. He will never see Syria at peace. But, he is just a child. Do we have the right to decide what is best for him? He, of course, needs rehabilitation. A place was secured for him in an excellent rehabilitation center in Israel. Funding for his placement had been arranged within hours of his admission from the Trauma Room. Why not has rehabilitation in Israel? How would he manage if he returned to Syria now? Life would be even harder for him without his sight. Unless in the rehabilitation facility, he is not permitted to stay in Israel and we cannot force him to stay against his will.

I am a father and a grandfather and I believe that I know what is best for a child. This does not give me the right, though, to decide what

is best for him. I cannot force him to stay. I had to accept that I cannot control what happens to this child. Within a few days he went back to Syria. I have no idea what happened to him. Perhaps one day, when peace comes to this region, I will know whether we made the right decision.

There are so many more children I could mention. New mothers, also just 15-year-old, giving birth to twins, young boys with stomas and amputated limbs. What chance do they have of surviving on return to Syria? These thoughts disturb my sleep; they haunt me as I work. Surely, there is a way to ensure that they are better prepared for their return. There needs to be a place to recover, to recuperate, both physically and mentally, to become stronger and truly rehabilitate so that patients are prepared to reintegrate into society and have the best chance of rebuilding their lives. This is what I would want for my children and grandchildren.

As we continue our immediate care of the war wounded from Syria, I believe that the time has now come to invest in a center for rehabilitation. This must be our next priority.