

## Who Is thatguynurse?

I'm currently a registered nurse living in Green Bay, Wisconsin. I grew up in Madison, Wisconsin, where my mother was a registered nurse. Only when I became a registered nurse fairly late in life did I discover what it meant to be a nurse and how much the education I received in my nursing studies differed from the training she received in the 1920s.

For mom, the primary role of the nurse was to provide comfort. She was of a generation of nurses who were unfairly but not inappropriately described as "pillow plumpers." She was a nurse before hospitals were the primary venue for patient care. Her nursing was largely done in patient homes and largely involved activities that are today assigned to nursing assistants: bathing patients, feeding patients, and sitting at the bedside to provide comfort.

Mom died before I entered nursing school, but I would have loved to have been able for the two of us to share our nursing experiences and to discover how, although I was trained in a world of technical complexity and sophistication she could not imagine, as nurses we still shared the fundamental commitment to patient care.

I graduated from St. Olaf, a small Lutheran college in Minnesota, a very long time ago. Following college served in the Navy for a number of years as an anti-submarine Air intelligence officer and then returned to graduate school at the University of Wisconsin–Madison. I received my master's and doctoral degrees in philosophy and began my adult life as a professor of philosophy there.

In 1965, my wonderful wife, Rosalie, and I moved to Green Bay, where I was part of the team that started the University of Wisconsin–Green Bay. I loved teaching very much and did it for a lot of years. When an opportunity came to go out into the real world, though, I took it. For four years I was the executive director of the Northeastern Wisconsin Area Agency on Aging, a federally funded advocacy organization for older Americans. Following that I spent fourteen years as the executive director of the Brown County (Green Bay) United Way. Being the boss wasn't too shabby.

### **My Introduction to Hospice Care**

But then, in 1982, my best friend, Ron, who lived in Rockford, Illinois, called, saying, "John, something's wrong. I'm scared. Can you come?" I went to Rockford to find that, at age 47, my best friend had liver cancer. I stayed with him. Gratefully, it was the kind of cancer that did not cause a lot of pain, but in six weeks he was dead. I had never been through that kind of experience before, and when I returned to Green Bay, I found myself drawn to the local hospice program.

In 1982, I became a hospice volunteer. For the next 10 years, I found myself spending more and more time doing hospice work. Hospice is a program for people who are dying. They have cancer or heart disease or diabetes or some other illness that is both progressive and that has gone beyond the point where cure is any longer possible. The remainder of life is measured in a few months or weeks. Our job in hospice was to help the patient and often the family deal with the pain and even the terror that can accompany dying. I was trained to do patient care, most often going into a home to spend the night so that the primary caregiver could get some badly-needed rest. Our job in hospice was to try to help the patient, and often times the family, deal with the pain and sometimes the terror of dying.

For 10 years, I became more and more deeply involved in being a hospice volunteer, and in 1992, I asked Rosalie for permission to resign from my job so that I could return to college to

study nursing. In retrospect, she was clearly delighted to get me out of the house. "What a wonderful idea," she said. "Please do it!"

I packed up, left Green Bay, and moved into Sandburg dorms at the University of Wisconsin–Milwaukee. Dorm life had changed from that of a little Lutheran College in Minnesota in the 1950s. All for the better, I might add. I was enrolled in an accelerated nursing program designed for students who had already received a bachelor's degree. The program required taking at least 19 credits each semester and 13 credits during the summer. It was intense and required full time for study. At UWM, as it is known, you are expected to party every weekend. And so, every four weeks or so I would take my laundry home to Rosalie. It was a great life!

### **Life for an "Old Guy" in Nursing School**

In nursing school we formed study groups: invaluable tools for meeting dealing with the complex studies of anatomy and physiology, pharmacology, and nursing diagnoses. We would practice nursing skills on one another. One of the most interesting skills involved needles and syringes for drawing blood, for starting intravenous injections (IVs) for giving injections subcutaneously (just under the skin) or intramuscularly (deep into the flesh).

To learn these skills, the nursing program provided us with practice artificial arms, legs, and torsos. These practice body parts had been used by hundreds of prior nursing students. Little skill was needed to decide where to put the needle, as the dummies had been perforated thousands of times before we got them and had needle tracks that would make a drug junkie proud. Thus, my dorm room became the laboratory we couldn't have at school. Syringes and alcohol swabs would disappear from school and reemerge in my room where we would practice on each other. Woe to the person who had "great veins"—veins that stood out like garden hoses. These people were termed "easy sticks" and spent most of the semester with black and blue hands and long sleeves to keep the secret from the professors.

As a guy nursing student and quite a bit older than the rest of my colleagues, I learned a lesson that I think most women had learned for a very long time in the men's world. I had to do twice as much and do it twice as well as the woman nurses just to be considered competent. Any error would bring forth comments like, "Well, that's a man for you," or, "That must have been a senior moment." A professor once made a joke. "Why did God create Adam before Eve? Because He wanted to practice to be sure he got it right."

The study of nursing did not come easy for a philosopher, though. Courses in chemistry, physics, organic chemistry, microbiology, anatomy, physiology, and genetics—just to name a few—were difficult. It was a struggle but I graduated from the College of Nursing in 1994. I had finished college again! That was a special time for me: I got to start what has turned out to be a wonderful third career and I turned 60, all in the same month.

### **Awareness Dawns**

After my return to Green Bay, I took a position as a staff nurse at the hospice where I had volunteered for so many years; I also took a second position on the cardiac floor of a local hospital. For most of the last 14 years, I've been a hospice nurse and a cardiac nurse.

It wasn't long after I started nursing that I became aware that something has gone terribly and horribly wrong with the American medical system. I can't remember if I was in intensive care with a fresh open-heart or lung resection or out on the cardiac floor or in a hospice home—but it was clear to me that something had gone wrong.

In the hospital patients were trying to deal with degrees of pain and fear and massive expense that I could not even imagine. In the hospice homes, they were dying, and their dying often took a long, hard, suffering time to accomplish. Something said to me that it's not supposed to be this way. There shouldn't be this much fear and pain and expense in getting through life.

So I did what philosophers do. We do try to make sense of things that do not seem to make very much sense. And so for some years, I've tried to make sense out of the American medical system. In this book, I share my thoughts with you.

### **Why “thatguynurse?”**

In 2000 I did a presentation that I called, “To Live Long and To Die Healthy” at a Green Bay company whose president, a good friend, was very interested in helping keep his employees healthy. A friend of his who owned a trucking company heard about the program and asked if I would do some audiotapes to send out to his 15,000 drivers. I arranged to spend a week riding a semi truck around the country to find out what life was like on the road. Then I began doing monthly segments about being healthy on the road that went to all the drivers. Just a few months later I got a call from the company. They rarely heard from their drivers, but now they were getting calls asking for some more information from “that guy nurse.” Now, more than 1700 presentations later to more than 300 corporations, I am proud to be “thatguynurse.”

Often when people find out that I am a philosopher, they shrug and say, “I took a course in philosophy when I was in college. I didn't understand a thing.” The question of what it is that philosophers do is a mystery to a great many people. So, then, what is it that philosophers do? Generally, philosophers try to look at the world from new and different perspectives. Remember when we as children would look up at the clouds and imagine that they looked like something. “Oh, look, there's a horse!” “No! It's a fish!” The world is sort of like that. Whatever it really is, we can see it in many different ways. Thus, when I look at the world of medicine from the standpoint of being a nurse, I don't see a “health care” system. What I see is a “medical” system. I see a system whose goal is to cure disease and to repair trauma. I do not see a health care system whose goal is to help patients maintain good health throughout their lives.

How we see things does make a difference. Consider the transformation of life and society which occurred when Galileo suggested that we look at the world as being Sun-centered rather than seeing the Earth as the center of the universe.” To us it is impossible to imagine the sun as being the center of the universe or to imagine, as the ancients did, that the world is flat and resting on the back of an elephant which, in turn, stands on a turtle. Now imagine how the world might look to people a thousand years from now and how they might, looking back, think how primitive our view of the world was.

“Seeing” the world of medicine as being focused on cure and repair rather than on health can help each of us understand that we have both the opportunity and the responsibility for our own health. And since health is the most important thing we have, we have to focus on how we can use the medical system in such ways that we make it, for each of us, a genuine health care system. That is what this book is all about.