

Michael Hurley

ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)



I was 17 when I was rushed into St. Vincent's Hospital, admitted to the Pediatric Intensive Care Unit, and placed into a medically-induced coma, breathing only with the assistance of mechanical ventilation. What my primary care doctor had diagnosed as walking pneumonia had become ARDS. As I was being sedated, I remember thinking, "I'm not ready to die. I refuse to die like this."

I was treated with broad spectrum antibiotics and experienced a significant pneumothorax of my right lung upon being intubated. I was placed on ECMO as the last hope to save my life, and remained on it for 24 days, sedated with a cocktail of fentanyl and lorazepam.

Even once I was taken off ECMO, I remained on a ventilator. I was given a tracheostomy and taken out of deep sedation, which sent me into severe, acute opioid withdrawal. It went undiscovered until one of my nurses proposed that I was not being properly tapered off the medications that had kept me sedated for so long.

Michael Hurley was a patient speaker at the ATS 2019 International Conference in Dallas, TX.

Acute Respiratory Distress Syndrome (Critical Care)

“I remember thinking, ‘I’m not ready to die. I refuse to die like this.’”

My symptoms improved as soon as I received methadone and my lorazepam tapering scheduled was slowed.

I still struggled physically. My muscles were atrophied, I suffered peripheral neuropathy in my legs which left me unable to stand or walk, and I had endured some excruciating days of breathing out-of-sync with the ventilator. I began physical and occupational therapy in the PICU until being discharged to a rehabilitation facility, where I spent an additional month.

While I feel fortunate about my care overall, it did have its frustrations. Perhaps the most troubling were those in which decisions were made, or information was conveyed, within my earshot. Possessing hardly any agency over my body, feeling excluded from these conversations compounded my powerless psychological state.

ARDS split my life into “before” and “after.” I have physically recovered, but the impact on my mental health was profound. After years of suffering, I finally sought professional help, and found support with other survivors.

I am grateful for the medical professionals who worked tirelessly to save me, and for my family and friends for their support. To know that organizations such as the ATS are studying treatments for severe respiratory illnesses, and conditions like ARDS, inspires in me a sense of hope that perhaps, one day, nobody need suffer through such a catastrophic life event. ■

Acute Respiratory Distress Syndrome is a life-threatening problem in which the lungs are severely injured. Inflammation (swelling) occurs throughout the lungs. In the lung tissue tiny blood vessels leak fluid and the air sacs (alveoli) collapse or fill with fluid. This fluid buildup keeps the lungs from working well. People with ARDS generally have one or more of the following symptoms:

- Shortness of breath.
- Cough (often with white or pink frothy sputum).
- Fatigue.
- Fever.
- Abdominal pain (in pancreatitis).

Learn more: ATS Patient Education Series. “What is Acute Respiratory Distress Syndrome?” New York, NY. www.thoracic.org/patients/patient-resources/resources/acute-respiratory-distress-syndrome.pdf