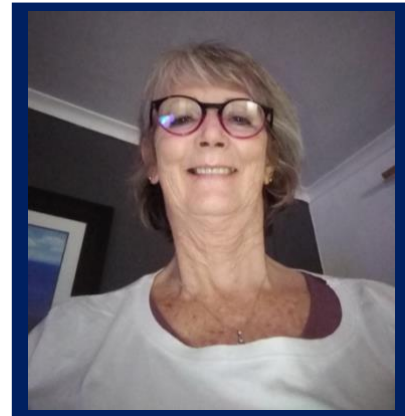


TB nurse case study

Nurse: Pat Bond

Pat Bond always knew she wanted to help people, and at the age of 15 she worked as a 'glorified skivvy' in a maternity home. And as soon as she was old enough, she started nurse training at the Johannesburg General Hospital in 1973.

Four years later she had qualified as a general nurse and as a midwife. She had a varied career working in maternity care, homeopathy, and pathology, and then in a retirement home. Once her children were grown up, she worked as a clinic sister in a pharmacy and later retrained as a renal nurse.



"I have loved every minute of my career, and I especially liked working with older people and in renal care because you really get to know your patients. I'm very much a people person and when I was running the renal unit, I used to welcome new patients by saying "Welcome to the family." I am still in touch with many of the families I met at that time."

Ms Bond has never knowingly worked with patients who had Tuberculosis, but she contracted the disease while working at a renal unit in Cape Town, South Africa.

"I became ill in September 2010, coughing up terrible green pus. My diagnosis originally came back as pneumonia and I was put on antibiotics and sent home from work for two weeks. Then I was put on cortisone to stop what the pulmonologist thought was an inflammatory process from all the coughing, which didn't help. Then in the December I started having night sweats.

'In my lunch hour one day I went for another X-ray and a tine test, and it reacted straight away. I was told to leave the unit straight away because I had TB. I was dumbstruck. I couldn't understand how I could have got it, because I only ever went in my car from home to work and back.

'I couldn't believe what was happening to me. I was admitted to an isolation ward and I had to stay in there and wear a respirator if anyone visited me. After a couple of days, the consultant came in and said he had bad news for me, and I thought "What could be worse than having TB?" But he said: "It's multidrug-resistant TB and you have a 40% chance of survival."

Ms Bond says the news was devastating and very hard to comprehend. Suddenly she was a very sick patient undergoing life-saving invasive treatment. She had been going through a difficult time in her private life with a messy divorce, which made the whole situation much more complicated and difficult to cope with.

"I was on my own and it was a very lonely time for me. I managed to cope by disassociating myself from "me". I became a patient – it was the only way I could cope psychologically. This wasn't happening to me; it was happening to a patient – that's how I got through it."

She was in isolation for six to eight weeks with the occasional day at home in her little flat, provided she wore her respirator. The loneliness was made worse by the behaviour of her former colleagues.

“My colleagues at the dialysis unit totally disowned me. I was made to feel that I had done something very badly wrong. They all just dropped me. Previously, they had always teased me for eating healthily: they’d have chips and a bread roll, while I would have a salad for lunch. But after my diagnosis they said to me: “See? You eat healthily and look what happens to you”.”

She was in and out of hospital for about 18 months and had to stop some of the treatment because of side-effects, including deafness in one ear.

Ms Bond says having MDR-TB was a terrible experience and she got little or no support. The treatment, a concoction of 30 tablets taken every night for months, often made her nauseous, but she knew she had to continue with it, or she would die.

Since having TB, she has been hospitalised for a number of debilitating health conditions, including having part of her infected lung removed, septicaemia, pancreatitis and toxic hepatitis, and her health has not been good since.

In 2012 she was declared unfit for work and she has not worked since. Ms Bond has been helped by her involvement with a South African support group for people with occupational TB called TB Proof: she is a member of the team and gives talks about her experiences.

And she is keen to share her experience in other ways:

“I have written a paper about my ongoing struggle after surviving MDR-TB to share my experience, and I hope to present it when the COVID-19 situation is over.

“In life you either lie down and cry, or stand up and fight, and I’m a fighter. I did try to work for a few months, but my immune system is so compromised it wasn’t worth it. But I still miss my nursing.”