

FROM THE INSIDE



The patient who fell off a skyscraper

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“Heard about the guy who fell off a skyscraper? On his way down past each floor, he kept saying to reassure himself: “So far so good... so far so good”. How you fall doesn’t matter. It’s how you land!”

La Haine (Hate)—Mathieu Kassovitz (1995)

This is the real story of a man who fell off a “chronic disease skyscraper”, stumbling over his COPD. Every floor is one of several significant illness episodes. On his way down passing each floor, doctors got used to reassuring him saying: “So far so good”.

40th floor—hospital admission for his first exacerbation—“So far so good”, doctors said.

35th floor—second admission for exacerbation, the man was discharged home with low-flow oxygen supply—“So far so good”, they told him again.

30th floor—an exceptionally cold winter and a bad case of pneumonia, he spent 20 days in the intensive care unit—“So far so good”.

25th floor—a bad flu and since then the man had been no longer able to leave home—“So far so good”.

20th floor—the time without nasal prongs was getting shorter and shorter—“So far so good”.

15th floor—the man was rushed to the hospital after being found unconscious at home; an uncomfortable mask washed away the dioxide carbon in the blood—“So far so good”.

10th floor—one more hospital admission; that uncomfortable mask again—“So far so good”.

5th floor—recurrent trips taken to the emergency room; the man was no longer able to walk himself—“So far so good”.

1st floor—this once the oxygen level is really too low and the carbon dioxide level too high...neither the mask works.

“This is the end. He’s dying, we feel sorry”, doctors say now.

“How is that possible?” relatives reply. “You were telling us ‘So far so good’ until yesterday. We are not ready for this and neither is he. Do everything you can.”

The man is intubated and mechanically ventilated.

Ground floor—the man dies after spending the last month of his life in hospital; tethered to tubes and catheters, surrounded by lights and noises, away from home.

The hardest landing.

It is not true that how you fall does not matter. The way we land does depend on the way we fall. Our job is not confined to slowing the rate of descent. It is also our concern to make clear to patients and families what is going on during the fall and equip people for a landing as smooth as possible.

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Compliance with ethical standards

Conflicts of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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