OPINION

Ross Gittins spent 44 days in ICU and almost died. This is his story

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April 6, 2026 — 5:00am

Don’t worry, the doctors will make sure you don’t die – even if they have to half kill you in the process. Sure, that’s an exaggeration. Doctors don’t set out to do you any harm, and they’re not oblivious to the unwanted side effects of their ministrations.

My medical misadventures began in October, when we were on holiday in Europe and on a cruise up the Danube. When we reached Budapest, I got bouts of uncontrollable shaking. The doctor who came on board said it was bronchitis, but I kept deteriorating and by the time the cruise ended at Vienna I had to be taken to hospital.

I have no recollection of this, but I’m told I insisted we fly back to Oz the next day as planned. The hospital said we should stay, but we went. Back home, my wife asked a doctor relative if she should take me straight to hospital. No, he said, take him to your GP.

Ross Gittins recovers after surgery – with the aid of a lot of dark chocolate. PAUL HOULT

Good point. As a member of the doctors' union, he knew that, when you arrive in the emergency department with a chit from a doctor, you get dealt with immediately. When you arrive of your own volition, you join a long queue.

I was taken to a major teaching hospital named after some long-forgotten royal whose only claim to fame was a failed assassination attempt on a visit to Australia. (At least I didn't run foul of the deadly fungal outbreak.)

Turned out I'd got an infection which, via my teeth, had spread to my heart, where it started wrecking the joint – literally. I now clean my teeth more diligently than ever before.

Ross Gittins in hospital. PAUL HOULT

I was fortunate to get an illustrious surgeon from Germany who, with two others, worked for eight hours putting my heart back together in a tricky operation known as a commando procedure. The surgeon's version of it he called an "unidentified flying object".

It required the use of an extracorporeal membrane oxygenation machine, which acts as an artificial heart and lung, pumping blood outside the body while the surgeons get on with it. They installed a new plastic heart valve and painstakingly reconstructed two other valves. For several weeks, the ECMO was also used to keep me alive.

The surgeon told me later the operation has a 30 per cent failure rate. So that's my near-death experience.

'Property of the health department'

ECMO machines cost up to $300,000 each. If you added up the cost of all the expensive machines, the high salaries paid to the doctors and the modest wages paid to the many

nurses, then divided that by the number of people receiving such operations each year, you could say mine cost the taxpayer a massive sum.

The hospital where Ross Gittins was operated on. ANNA KUKERA

That's true – though remember that, had they decided not to add me to the number of recipients, the saving to taxpayers would have been small. Once governments decide to provide such a service, most of the cost is fixed, not variable.

When I woke up from sedation, I realised I was in hospital after an operation, but it had been successful. So, thanks for your help, I'm off home to my own bed. No, I wasn't. I was no longer my own man.

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I was now the property of the health department, and a bunch of doctors would decide if and when I was allowed to go home which, I admit, was no bad thing. I was in no fit state to be deciding how much more hospital care I needed.

What I didn't realise then was that I couldn't have gone home anyway because I couldn't walk. I'd been lying in a hospital bed so long I'd lost my balance – not to mention my sense of taste, skin tone, most of my muscle and 20 kilograms.

Later I learnt I'd acquired a new ailment: peripheral neuropathy, known as "foot drop". Somewhere along the line, the blood stopped getting to my feet, damaging the nerves. My legs became numb and harder to control, making me more likely to fall over unless wearing special leg braces. When I tripped over at home and did so much damage I ended up back in hospital for two nights, I learnt my lesson: the awkward leg braces must be worn even around the house.

In ICU for 44 days

My hospital stay began in the intensive care unit. Most patients spend less than four days in ICU. But my heart stopped maybe five times after the operation so, by my reckoning, I was in there for 44 days.

It's impossible to sleep in ICU. Everyone's in together, and they leave the lights on all night, accompanied by a soundtrack of nurses talking to each other and machines making repeated urgent warning noises.

I was sedated for the first few weeks, but once I'd woken up I couldn't wait to get out of the place. There's nothing to do but lie in bed, waiting for a doctor to come around or a nurse to check your vital signs yet again.

You couldn't get out of bed to relieve yourself; they just whacked a pan under you. You didn't get out – or even sit up – for meals because you were fed gunk continuously through a tube. Meals break up a day; without them and with nothing to do, every day is an unending wasteland. The sleepless nights aren't any better.
And just to make sure you get the message, the railings around the bed can be lowered only by someone not in it.

Part of my treatment involved a tracheostomy – cutting a hole in the neck and into the windpipe, then inserting a tube for another way of breathing. This removed my ability to speak. I thought it was a very convenient way to treat a consumer: no chance of complaints or being asked tricky questions. But journos are trained to be sceptical in all things. In fact, the nurses put much effort into understanding what I was trying to say.

Inside the wards

In ICU, I was desperate to become "wardable" and eventually, it happened. Once moved to an ordinary ward, however, there were further delays. But I had my own room (thanks to all the private insurance I've shelled out for) and – you beaut – a TV set.

I could kill time watching the ABC. I'm usually too busy to watch much telly, but now I could veg out watching everything. Can't say I was impressed. A lot of the programs weren't that wonderful, and I couldn't believe how often they were repeated. Sometimes I found myself watching shows for the third time.

Ross Gittins with federal Treasurer Jim Chalmers in November 2024. PETER RAE

In the run-up to Christmas, they had Nigella's Variety Concert from Westminster Cathedral on high rotation. It got so bad I occasionally strayed to SBS. My room also had a window. Just a pity the venetian blind was broken and you couldn't see out of it.

Once, two maintenance men came and examined it thoroughly before leaving without a word and never coming back.

With the odd exception, the nurses were terrific in making you comfortable and helping keep your spirits up.

Early in my time in ICU, I was unconscious and there was no certainty I'd make it. My wife and daughter spent many hours beside my bed. They speak highly of the consideration and understanding the nurses gave them, particularly a couple of male nurses.
These days nurses have university degrees, but their desire to care for people lets the government underpay them. And where else do you find university graduates wiping bums?

These days, a lot of nurses' effort goes into measurement: endlessly repeated measurement of body temperature, heart rate, respiration rate and blood pressure, plus, in my case, repeated finger pricking to measure blood sugar – all using fancy machines.

Nurses spend much time staring at screens, which have legs and wheels and go everywhere they go. Similarly, studying these measurements to draw conclusions about

how I was faring occupied much of the doctors' time.

Nurses follow rules laid down by doctors. If my readings failed to fall within the specified range, there was much concern.

My blood pressure has been on the low side for ages without causing a problem, but it worried successive nurses every day.
I was struck by how polite it all was. No one walked through a doorway without knocking. No one spoke to you without introducing themselves. Everyone below the rank of professor went by their first name.

"My name is Algernon, and I'm one of the doctors," they said, even though all of them were wearing their insignia – their badge of medical authority – a stethoscope round the neck.

Nurses never did anything without asking for permission. "Would you mind if I took your temperature?" If you winced as you saw a needle approaching they'd say "sorry, Ross". Being the weakling I am, I was always crying out and they were always saying sorry. They said it so often I thought it would make a good title for this tale of woe: Sorry, Ross.

Speaking of tails, I was always being asked if I was in pain. I never felt any pain except a sore backside. Having been kept in bed for so long, I had a bedsore, these days known more euphemistically as a "pressure sore".

In the old days, hospitals went to much effort to sterilise their instruments to ensure one patient's germs weren't passed on to the next. These days they save time by making almost everything of plastic and disposing of it after one use: tweezers, syringes, covers, gloves, aprons and more. All that garbage shocked me a bit.
Being diabetic, I was used to taking seven different pills a day. Now I'm on about double that. Never thought I'd be so old and infirm as to need a Webster-pak. This episode has taken me out of the ring for five months, but I feel like I've aged much more than that.

To make sure they gave the right pill to the right person, the nurses followed a rule of first asking for your full name and date of birth. I'd recite it many times a day to a person who'd heard it many times before.

Early in my time in hospital, I vividly remembered watching three different documentaries about the hospital and its activities, with me in the starring role. Even so,

they left me very frightened. Really? Since when had I been to the cinema to see one doco, let alone three? Took me some time to realise they'd been hallucinations.

Specialist versus specialist

Much of the rich world's prosperity is owed to ever-greater specialisation – the "division of labour" as economists say. Nowhere is this truer than in medicine. But the division of my care between various specialists showed that specialisation also has a downside. Each one wanted to maximise my outcomes in their area, while ignoring the possibility this could conflict with some other specialist's search for perfection in their area. No one was specialising in optimising the total package. Sometimes I could stay in hospital another day while two of my specialists argued the toss.

The doctors were under pressure from the bean-counters to send patients home as soon as they reasonably could. But I suspect having everyone hanging round in their beds makes it too tempting to solve problems by giving it another day or two.

It turned out I couldn't go home once the doctors had finished with me, but I had to go to rehabilitation at another institution. It took me three goes to make it. Twice I was sent back to hospital because of internal bleeding.

So it took the hospital two goes, and two or three more weeks of me in hospital, to find the cause of the problem. They'd been giving me two different blood thinners, which proved too much for my innards to withstand.

On the road to recovery: Ross Gittins enjoying a trip to the cafe after being released from hospital.
CLAUDIA SLOAN

One was a pill I'd been taking for years without mishap. The other was – would you believe – aspirin. When they removed the aspirin, the problem went away and my third

attempt to rehabilitate proceeded without incident. All told, however, my three weeks in rehab took more than four weeks.

When, after a few weeks back home, my fall took me back to hospital briefly, some anonymous doctor had put aspirin back on my list of pills. The nurse found it difficult to accept I shouldn't be taking the stuff. It said clearly on her instructions "the doctor" required it to be taken.

But why, after all those months in hospital, did I need to spend a further three weeks – actually four – being "rehabilitated"? Because all those weeks lying in a bed had weakened my muscles and rendered me unable to do something I'd done without bother for more than 70 years – walk.

Don't get me wrong. I'll be forever grateful to the doctors at that hospital, who really did ensure my dire heart problem didn't cause me to die. But I also paid my own price: not just four weeks of my life relearning how to walk, but peripheral neuropathy that requires me to wear awkward leg braces when I'm out of bed, and to walk with a walking frame for the foreseeable future, maybe for as long as I last.

All told, however, my experience says we have a wonderful health system. Much of that is due to the commitment of our nurses and the skill of our doctors.

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