

Maine nurse Meredith Kendall receives roses from an angel, guides nervous nursing students, tunes into joy, facilitates insight, and channels energy from the cosmos in her new book, REIKI NURSE: MY LIFE AS A NURSE, AND HOW REIKI CHANGED IT.

Reiki Nurse: My life as a nurse and how Reiki changed it

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Mr G. told me he'd had painful spasms all over his body, every five minutes, all day. He'd received reiki before, and wanted another session. I focused on the reiki symbols, and began channeling the energy. I felt the familiar tingling starting at the top of my head, and progressing down both arms. Gradually the sounds of the noisy ICU faded away. It felt like my ears were muffled.

I felt myself pulled into the reiki symbol; Mr G. was there too. We went down and around the loops of the symbol. The symbol was three-dimensional, and we were inside. It glowed neon green, pulsed with energy, and moved through space. We curved around the spirals of the symbol, until suddenly we were spit out among the stars. We floated amid the bright stars. A beautiful lady appeared. Huge. I could see just her face and shoulders. She had a shawl around her head. Shawl wasn't the right word, I thought, but it was the word that came into my mind. She smiled at us with infinite love and kindness. Slowly the vision faded, and we were back in the ICU. About twenty minutes had passed. Wow! Nothing like that had ever happened to me before.

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REIKI NURSE

**MY LIFE AS A NURSE,
AND HOW REIKI CHANGED IT**

Meredith Kendall

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Reiki Nurse

When you're a nurse you get to wear colorful scrubs. You become acquainted with people's innermost secrets and orifices. You get to stay up all night.

This is my story. I'll tell you how I became a nurse and then what happened. Some parts of my story are touching, there are funny bits, and some parts are almost unbelievable. I'll tell you what I learned from my patients and how my friends, family, and teachers helped me. I'll tell you about my amazing experiences with reiki.

If you are thinking of becoming a nurse maybe this book will help you decide. If you are already a nurse then maybe this book will inspire you to write your own story. If you know a nurse, then read this book! Maybe you'll understand what your nurse friend or relative experiences on a daily basis. So, if you are thinking of being a nurse, you are a nurse, or you know a nurse: read this book! Thank you.

School

I went to school to be a teacher. Well, the first time I went to college to study art, but I dropped out to be a beach bum in Hawaii with my friend Karen. That's another story. This time, my second try, I decided to be a teacher. My first class was Anatomy and Physiology (A&P). I loved it. Art was so ambiguous, so subjective. A&P was different. It was science, it was refreshingly objective, and there were definite right answers. It was comforting. It was interesting. A&P, hmm. I started to think about nursing. Maybe I would be a nurse instead of a teacher.

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I'd had some interesting jobs: I washed dishes at a summer camp on the Maine coast, wrote movie reviews for a film institute, and made clothespins in a steamy factory. I waited on the governor of Maine when I was a pirate waitress in Honolulu. I guarded skis at Crystal Mountain in Washington. Every job became boring. I thought: being a nurse wouldn't be boring. It's life and death: that wouldn't be boring. Karen warned me that nursing was just like waitressing, except bloodier.

I was living in the woods with Schuyler. He owned 20 acres of cedar, pine, and moss. We cleared a spot and built a little shack. The place had two rooms and a loft for sleeping. Sky made cedar shingles and covered the outside. I carved our portraits and astrological signs into the exterior window frames. There was no electricity or running water, and it was a long way from the road. We had an outhouse and a gas light. In the spring and fall we washed up in the brook across the road, or in the outdoor shower. In the winter we cleaned up in town, at his parents' house.

So I was going to school to be a teacher. I'd ski from the cabin to the road, drive into town, go to class, and then hang out with Sky's parents, waiting for him to get out of work. I could do laundry there, and take a bath. I liked to watch soaps and eat molasses cookies with Sky's dad. I liked to eat his mom's spinach lasagna and listen to her stories.

I thought about it for awhile and decided to become a nurse instead of a teacher. I took all the pre-nursing classes I could, gathered my academic records, and then filled out a long application. Applying to nursing school was the most difficult thing I'd ever done. I can't remember why it seemed so hard, and I've been in many challenging situations since then, but I remember it seemed tedious and difficult, yet critically important. Maybe it was because I'd drifted so long, and had to focus to get into nursing school. Maybe making a change was the hard part. I wrote an essay

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on why I wanted to become a nurse. I wrote that I wanted to help people. Does everyone write that?

I went from my cabin in the woods down to the city for an interview. I was nervous; I'd heard there were a lot more applicants than openings. I wore jeans and work boots and it was a muddy day. I tracked mud into the school and felt embarrassed. They took me anyway. Yay!

School was hard, especially the tests. The questions seemed tricky and subjective. So much for scientific objectivity. And the reading assignments: I never had time to read everything and that was frustrating. I started to skim read, focusing on vocabulary and main ideas. There was so much to learn, so much to know. It was so hard; I thought I deserved a PhD for making it through. Nursing was unlike any other subject I'd studied.

My teachers warned us to not get too attached to the patients. They told us about professional boundaries. They said we should remain emotionally detached and aloof. Maybe they were right, I don't know. I did try to be aloof. It didn't really work for me. I had to love my patients. Hey! I'm an Aquarius: I love everything and everybody. I still struggle with the concept of professional boundaries. I want to know everything about my students, go out to lunch with them, and hug them when they're stressed or sad or happy.

I remember some mention of integrative therapies when I was in nursing school, but I dismissed the topic. Too touchy-feely. I was interested in science. I wanted to memorize bones and nerves, biological processes on a molecular level, and properties of medications. Florence Nightingale said nursing is an art and a science. At that point I was all about the science.

When I started in nursing we rarely wore gloves. We stuck used needles into the mattress during a procedure, and tried to

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remember to retrieve them afterwards. Chest tubes drained into giant glass bottles. IV fluids came in glass bottles, too. They shattered if dropped. There were transport aides: people who got patients into wheelchairs and delivered them to other departments. We had to wear white, but new relaxed rule: we could wear pants. Soon after that the hospital allowed colored tops. I was thrilled to be earning \$8 an hour.

All these things have changed drastically. Now, we put on gloves any time we go near a patient. All needles have safety features to reduce the risk of accidentally sticking ourselves, and we are careful to dispose of them in hard plastic boxes, placed in every patient room. Chest tubes drain into nifty little plastic rectangles. Busy nurses are expected to wheel patients all over the hospital. Transport aide: a relic of the past, like a Christmas bonus or a gold watch upon retirement. We wear colorful scrubs; pay has gone up.

I sure felt smart when I graduated. I'd studied politics, communities, history, and chemistry. My head was full of laboratory values, medications, and procedures. I was pretty impressed with myself. I assumed my patients and coworkers would be impressed also.

Then I learned: Your Patients Don't Care How Much You Know Until They Know How Much You Care. Right. My education didn't count for much in the workplace. My patients, and most of my coworkers, didn't know or care what was going on in my head. They wanted to see my heart. They didn't value higher education; they valued kindness, respect, humor, and humility. They wanted a nurse who shared their values, lifestyle, and language. I had a whole new set of lessons to learn.

Working as a Nurse

Home Health

I worked in Home Health for nearly fourteen years. I loved my relationships with my patients, loved the pace, variety, flexibility, and independence. Rural Maine is 98% forest, sparsely populated with small towns, old farms, and people of dignity. Many weeks I drove over 500 miles to see my patients. I listened to books on tape, stopped at yard sales, and knew all the good take-out places. I saw plenty of moose, some deer, and, on one memorable occasion, a mountain lion.

The first time I saw a moose I thought it was a mule. I was driving along, heading north, and there was a big animal in the road. I chuckled to myself, "Look at that farmer's mule in the road!" Then, astonished, "Oh. Gosh. It's a moose!" I waited as it calmly ambled off.

Another time, up in Rangeley, I spied a moose in a field beside the road. I pulled over to watch it. It was a young male. He charged my car. Startled, I pulled ahead about 100 feet and continued to watch. Well I don't know if was me or my little red car but the poor guy charged me twice more before I got the message and left him alone. Do moose see color? Does the color red rile them up, like Spanish bulls, or is that a myth?

I was on a narrow dirt camp road up in the woods in Oquossoc when I saw the mountain lion. It was big; tawny colored, and had a long tail. I thought it was a Great Dane. Then I realized, startled, "That's not a dog, that's a cat!" The cat leapt across the road in front of my car, and bounded up a steep wooded bank. Snap your fingers, gone. It was totally gorgeous and amazing.

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There is also a lot of poverty in rural Maine. I remember places with dirt floors, cardboard on the walls, no bathroom. Many people hunted for meat, and raised berries and vegetables in tidy gardens. I admired my patients for their integrity, independence, and resourcefulness.

As a visiting nurse I spent about half my time driving around seeing clients. The other half I spent in the office making phone calls, sending faxes, and filling out paperwork. There was a lot of paperwork. Many nurses hated it, but I liked it. I treated it like a game, like a crossword puzzle.

When I found something wrong with a patient I'd call an ambulance or notify the physician. I liked to fax the physician. That way I didn't have to bother a busy receptionist. I could send the precise message I wanted to send; I could even draw a picture. I had a record of the communication, and could file it in the client's chart. Faxes are great.

Often I called referrals to other agencies. I could call for home repairs, meal delivery, or to arrange rides to medical appointments. I called family members to discuss medications, symptoms, or appointments. I called clients the day before to arrange my visits.

Dog Biscuits

I love dogs. I got my dog from a client when I was a visiting nurse. A pet therapy dog comforted me in the hospital when my Dad was dying. But when you're a visiting nurse, dogs can be challenging.

My best advice to a home care nurse is to bring dog biscuits. Buy a box and stash them in your car with other necessary equipment like gloves, catheters, and phlebotomy supplies. Dog biscuits are great for turning a snarling dog into your new best friend.

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If I drove into a dooryard and dogs started jumping up on my car, barking and snarling, I'd toss a few biscuits out the window. Then I'd wait and see. If the dogs came back wagging their tails, I'd toss a few more and venture out of my car. If the animosity persisted then I'd wait till someone restrained the dogs.

Same thing at the door. If I knocked and was met by a barking dog, I'd open the door and toss in the biscuits. This usually worked great. Usually the dog came right back grinning and wagging and begging for more treats. Then we were friends.

Until I did the blood pressure, that is. Most dogs didn't like me taking blood pressures. I wasn't sure if it was the tearing sound of the Velcro cuff, or because I was getting so close to the person. Either way, blood pressure time was a good time to toss another biscuit.

Foot Care

Foot care was lucrative for home health companies in the 1980s. If the client had a diagnosis of diabetes or peripheral vascular disease, then the visiting nurse could go in once a month to provide foot care. It was quick cheap work, and the federal government, Medicare, reimbursed well.

Once the nurse got into the home for foot care, he or she could assess for lots of other things. I would check the client for symptoms of other medical conditions, watch them walk, see if they were clean, check the cupboards and refrigerator for food choices, see if home repairs were needed, and even check on other family members. I'd check their medication administration system too. Did they have all their prescribed medications? Did they use a pillbox? Who filled it? Was it being filled and emptied properly?

It was beneficial to the client too. They loved the social contact and the foot care. Many of the clients were isolated from society.

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They might live way out in the woods, estranged from family. Sometimes the nurses and the Meals on Wheels people were the only regular visitors.

This is how I used to do foot care. The client would sit on a kitchen chair. I would fill a basin with warm soapy water, and place it on a towel on the floor. The person would soak his or her feet in the warm water while I gathered the lotion, another towel, gloves, nail file, and clippers.

We would chat the whole time about the person's health, home, and family. When the water started to cool I'd sit on the floor and pull their wet feet into a towel on my lap. I'd dry their feet, inspect them for lesions, and start to clip.

Many elderly people have difficulty cutting their toenails. Some don't have the flexibility to reach all the way down there; some don't have the hand strength. Fungal nails are thick, yellow, ruffled, hard, and hard to cut.

Cleanest feet I ever saw were on a gentleman way up near the Canadian border. He and his wife were of French-Canadian descent. They spoke English with a pronounced French accent. Their house was spotless. So were his feet. His wife used to soak them in a potent bleach solution. I'd arrive to find him sitting with his feet in an intoxicating bleach bath. I'd be nearly overpowered by the fumes. His feet came out wrinkled and wet, soft and clean. Very clean.

The worst ones were months dirty, black with grime. Uncut nails curve over the toe, making it hard to slide the clipper in to make the cut. Most people had soft white matter under their nails. I cleaned that out with a small, pointed, wooden stick.

Here's some advice: don't talk when you are clipping nails. The shards fly everywhere. Nail clippings in your mouth are

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unpleasant. So don't talk. The clippings would hit me on the face and lodge in my hair. I'd clip, file, and then rub lotion onto their feet. The clients loved this.

When I finished, I'd stand up, bend over, and shake the nail clippings out of my hair. I'd put everything back in the bathroom cupboard. Then I'd check the person's blood pressure and get them to sign my paper. Off I'd go: back next month.

Boo Doo

One lady lived in a trailer, not a big mobile home, a trailer like the kind you take camping: the kind you hitch to the back of a truck. She parked it under some pines and added on several rooms. Funny rooms, tiny. The doorframes were so low, that, although I'm only 5'4", I had to duck to go through. Once I forgot to duck, smacked my forehead on the frame, and fell flat on my back. This was not good, as I fell in the dog's room.

This room was just for the dachshund, Boo, her cherished companion. The floor was thickly padded with newspapers, so Boo could do his business without having to venture outside. Padded was good, business: not so good. So I lay flat on my back clutching my throbbing head and hoping I hadn't landed on dog poop. Gradually I noticed that the lady of the house was shrieking at me to "GET UP". She was in a panic, thinking I'd landed on the dog. Good news: managed to avoid both Boo and Boo doo.

Sometimes, especially in the beginning, I felt quite alarmed by the places I went to. Girlie calendars, guns, and snarling dogs made me feel uneasy. Often there were noxious strata of cigarette smoke. I wasn't sure if the layers of smoke related to different smokers, different cigarette brands, or different points in time.

I saw a mouse nest in an old record player and a poached deer in a bathtub. Poached like hunted out of season, not like an egg, in

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case you were wondering. Once, lost, I knocked on a door and met an almost famous rock band. That was the day I almost became a groupie instead of a nurse.

One patient used to sit at his kitchen table with a gun at the ready. If he saw a squirrel approach the bird feeder out in the yard, he would calmly open the window and blast away. Bang.

I saw lots of things that were kind of disgusting too: all kinds of nasty habits, filthy living conditions, rotten wounds, and sleazy propositions. Mostly I saw beautiful people and places. I saw intelligent, independent, generous people living on rugged mountains, beside glacial lakes, or in boggy valleys. I did whatever I could to help them be home and healthy. These were my patients, this was my job, and I loved it.

I found home care immensely rewarding. It felt like I was driving around visiting all my grandmothers and grandfathers. I loved my patients and cared for them as if they were my own family. I thought back to my teachers in nursing school, how they had instructed me to be emotionally detached from my patients. I found it worked better for me if I loved them.

I did have boundaries, though. I never visited my patients on my days off. I never bought or sold anything. I learned not to give cards or presents, and learned how to accept modest gifts only, and only if pressed.

Giving my patients gifts or cards subtly changed the relationship from a therapeutic one to a social one. It was better to keep the therapeutic relationship: better to stay focused on the patient. My own rule about accepting gifts had to do with cost and desire. If it were handmade, valued less than \$5, and I didn't really want it, it was probably OK to take it. I got a lot of cross-stitched refrigerator magnets that way. On the other hand, if the item was gorgeous, pricey, or even just something I really really wanted: not

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OK. Can't accept it. Except for those diamonds, I'll tell you about those later.

I also learned not praise people's household items; they were apt to offer them to me. I think they were just being generous; I don't think it had anything to do with the concept of the evil eye. Some cultures are leery of praise; they believe praise draws negative energy. Praising an object is like cursing it. Admire it, and it might be yours, curse included. From what I've read, people who hold this belief wouldn't want you to say how cute the baby is. So learn all you can about other cultures, and be careful what you say!

An Unhappy Doctor

I got a job as a visiting nurse a few months after I passed my boards. My boss sent me to a little town near the Canadian border, to instruct a patient about her recent heart attack. In nursing school I'd studied how to teach patients, and was very excited about teaching her. I gathered a plastic model of a heart, a large flip chart of the heart's anatomy, and some pamphlets. I headed north.

I arrived at the patient's apartment, spread out my teaching materials and jumped in. "I'm here to teach you about your heart attack" I began.

"What?" she shrieked. "I had a heart attack?"

"Oh-oh" I thought, "this is not good".

The next week I was called to her physician's office to apologize. He was irate. He told me to never talk to his patients again. Just take vital signs, don't talk, and don't teach. My mistake. I thought he might have told the lady she'd had a heart attack. Lesson: collaborate with other health care providers.

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The Lawn Chair

One cold January morning I went to see an elderly couple in Rangeley. Rangeley is unique. The town sits at the edge of a huge cold lake, just north of The Appalachian Trail. It's on the 45th parallel, halfway between the Equator and the North Pole. I guess it's the elevation, the mountains, and the lake that give Rangeley its own weather system. It could be sunny and 50 in the rest of the county, and snowing in Rangeley.

In the winter the town is full of skiers, snowmobilers, and dog mushers. Saddleback is the big ski slope there. You can rent a snowmobile downtown, and drive it right through town. Some winter days there are more snowmobiles than cars on the road. And sled dog races; they have those too.

In the spring, the road to Rangeley is lined with lupines: blooming spikes of pink, blue, and violet. I used to read Barbara Cooney's *Miss Rumphius* to my kids when they were small. It was one of my favorites. Miss Rumphius was The Lupine Lady. She wandered around like Johnny Appleseed, planting lupines instead of apple trees. The Texas bluebonnet is a type of lupine.

In the summer, Rangeley is full of tourists. They fish and boat on the lakes, stay in rustic camps, and hike the Appalachian Trail. There are parks, museums, shops, and restaurants. Orgonon, the Wilhelm Reich Museum, opens in the summer. Reich studied universal biological energy, which he called orgone.

Anyway, back to the elderly couple. They were from away, and had retired to Rangeley where they lived in a beautiful home. Out sliding glass doors I could see a snow-covered deck with a stunning view of the mountains and icy Rangeley Lake.

We sat in the living room and discussed the gentleman's health and functional problems. He'd recently been discharged from the

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hospital, and was weak. We focused on how to manage his bathing, dressing, and medications. He was having trouble standing in the shower, because of his weakness. We were trying to figure out the best way for him to get cleaned up in the morning, when I noticed some lawn chairs out on the deck.

“Oh” I said, “he can sit in a lawn chair”, pointing to the snowy lawn chair, and picturing it fitting into the shower stall.

The wife looked shocked. “Oh, no” she exclaimed. “It’s way too cold out there!”

I guess she was picturing some else entirely. Her husband out on the deck, washing up with the garden hose?

Cell Phones

How did I ever do home care without a cell phone? They were just being invented, and I didn’t have one at that time. I used to get lost all the time. I used to stop at mom and pop stores to use the pay phone. I’d call the client, tell them where I was, and ask again how to get to their house.

Many people had difficulty giving directions to their home. I used to think about why this was so. There were many factors.

They didn’t usually need to give people directions.

They’d lived in the home for decades, maybe all their lives.

Everyone they knew already knew how to get there.

They used long-gone landmarks. “Turn left where Smith’s farm used to be”, or, “go right just past where the store burned down.” The store burned down 10 years ago.

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They had some dementia, and were totally clueless about directions.

They didn't use highway numbers, street names, or mileage. They would use landmarks like "a dip in the road", or "halfway up the hill". If I got to New Hampshire or Canada, I knew I'd gone too far.

If I got lost I'd call the client's family member for directions. Or I'd ask at the store, or I'd call the post office. I guess I found them all, eventually.

Once I had trouble finding a place. The directions were pretty good, but I couldn't find a house on that particular stretch of road. There was an old fallen down building, but no house. The fallen down building looked like a shed or workshop. The sides were crooked and the ancient clapboards held not a lick of paint. There weren't any windows. I couldn't see a door either. I called the client several times to confirm the location. Well, that was the place after all. The door was around the

back. It was dark and scary inside. I don't remember the client, just the strange house.

One True Thing

When shyness or cultural conflict alarmed and paralyzed me, it was difficult to form rapport. I needed trust and communication to do my job. I had to assess my patients' health, functioning, and medication compliance. I needed them to tell me about their symptoms and concerns.

Once I stopped at my patient's house. Her daughter made cutting boards in a wood shop in town. I still have the pineapple-shaped cutting board I bought from her. My patient was in bed, where I always found her. She had a prolapsed uterus: a moist red

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sphere that laid between her legs. It had been a long drive and I needed to use the bathroom. I asked her, “Do you have a bathroom?” Meaning, can I use it?

I was shocked when she said, “No. We have an outhouse”

I passed on the outhouse.

I remember once I went to a house and the filth and stench about knocked me over. I didn’t know where to look or what to say. I was starting to panic when I simply turned around and stared at the wall. There was a pretty picture hanging there. With much relief I complimented the picture on the wall. This is what I learned: find One True Thing.

When I was shocked, by... whatever, in the patient’s home, I found One Thing to admire. I patted the dog, went gaga over a baby, or marveled at a generous pile of firewood. I knew they would know if I were lying. So I found One True Thing, and made that the foundation of our relationship. One True Thing, and we built rapport from there.

It follows: Don’t Lie. I avoid lying. Lying makes me feel bad, and I usually get caught. I’m not a good liar. Actually, I’m a very bad liar.

Here’s an example. One day when I was a nursing instructor, at a hospital with a group of students, a nurse came up to me with her new camera cell phone. “Want to see a picture of my baby?” she asked me.

“Sure!” I replied.

She held the phone up for me to see. “Here she is, my baby,” she said proudly.

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There was a glare on the screen, so I couldn't see the picture, but I gamely jumped in. "Oh! She's SOOOO cute!! Is that your daughter or your granddaughter?" I asked. She shot me a look. Oh no, I thought, I've put my foot in it. I shot her a look back. She looked old enough to be a grandmother, but maybe she was younger than she looked. Maybe she'd had a hard life. What? What had I said? She turned the phone a bit. Suddenly I could see the screen. It was a picture of a dog.

Lawsuits

I've been involved in two lawsuits. The first one was an employee I'd fired; the second one was a patient who claimed an injury. I can tell you this: document like your charting will be read in court. Comport yourself like you are being filmed.

That happened to me too. Once when I was a visiting nurse, I was caring for an elderly lady with advanced Alzheimer's disease. When I arrived at her apartment, her husband let me in, and then left me alone with her. I had some difficulty obtaining her vital signs; she was restless, and wouldn't cooperate. I tried several times, but gave up. Her husband came back into the room and removed a video camera from a bookcase. He told me he'd filmed my visit. I felt a chill. I hadn't done anything wrong, but I still felt scared. Why had he filmed me? What was he going to do with the video? From then on, I always pretended that I was being filmed, just in case. Or that God was watching.

Anyway, back to those lawsuits. The first one happened when I was a manager at a home nursing company. Some of our clients were special-needs kids. An employee I'll call Cheryl (names and details have been changed throughout to protect privacy) cared for a little girl named Denise. Denise had profound delays; our staff and her parents worked with her to help her dress, toilet, and respond to simple commands. Cheryl cared for Denise during the day, when Denise's parents were at work.

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One summer day I ran into Cheryl at the office. She was picking up her paycheck, chatting with the other employees. I thought she was scheduled to be working, but didn't see Denise anywhere. "Aren't you working today, Cheryl?" I asked her.

"Yeah"

"Well where is Denise?"

"She's out in the car", Cheryl informed me. "What?"

I questioned Cheryl further. She told me that it was her habit to drive around with Denise and do her errands. She'd leave Denise in the car while she went into shops and offices. She told me that she'd discussed it with Denise's parents and they approved. I was concerned and upset. I didn't think it was right to leave Denise in the car at all; she should not be left alone. Also, we were in the city, in the summer. She could be accosted, she could overheat, or she could get out into traffic. None of this seemed right to me. I called Denise's parents to discuss the situation. They went ballistic. They told me they'd been teaching Denise to open the car door. They told me they'd never discussed this with Cheryl, and they definitely did not approve. They were some pissed.

I discussed the situation with my boss. I told him I thought Cheryl should be fired. He told me to try and get Cheryl to quit. I talked to her, and encouraged her to quit. She wouldn't, said her boyfriend would beat her up, and me, too, if she lost her job. I fired her. She sued.

I had to go to court. I felt so scared to get out of my car at the courthouse. I'd convinced myself her boyfriend was going to beat me up in the parking lot.

I never saw him. Her either. She didn't show up for the hearing. I met my lawyer, for the first time, in the lobby just before

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the hearing. He was pessimistic; he told me these cases usually went for the plaintiff. Judges had more sympathy for the worker than for the employer, especially a large national company like the one that employed me. I felt nervous.

We went inside. I explained to the judge why I'd fired Cheryl. I described Denise, and told how Cheryl routinely left her in the car, in the city, on hot summer days. I said we could teach our employees new skills, but I didn't think I could teach Cheryl to have some common sense. We won. I felt bad for Cheryl, hoped she was all right: never heard from her again.

The second case occurred when I was working nights as a medical-surgical nurse at a small rural hospital. An elderly man claimed a nurse had injured his arm while starting an intravenous line (IV). I got involved in the case because I was the only nurse who charted an IV start on this patient.

When I first learned of this case I felt surprised, shocked, terrified, and betrayed. I couldn't understand how someone could sue nurses, doctors, and our local hospital. Didn't he know how caring and dedicated we all were? We were trying to help people! I could lose my license and my job. How would my family survive? This case took place over two years and I worried about it that whole time. See the gray hairs?

I gave my statement, or legal deposition, a year after I'd first learned of the case. When I went to give my deposition I heard more about the patient's claim. He said in his deposition that one night several nurses held him down as he screamed, and jabbed needles into him until they got an IV started. He said none of the nurses said a word to him, or each other, during the procedure. He said it was a male nurse who had inserted the needle that injured him.

I felt so relieved after listening to his statement. It was obviously a nightmare! He just had a bad dream! To begin with, we

REIKI NURSE

were never silent. We nurses are constantly talking and joking. Certainly if we were interacting with a patient we would be explaining the procedure, maybe trying to distract him, and offering him comfort and emotional support. Lastly, we didn't travel in groups. We were all far too busy on our own. Definitely a nightmare. Never happened. No one would believe this story.

I also felt relieved because he said it was a male nurse. Unless, oh no, did I look like a guy? Would anyone look at me and think I was a man? Maybe my hair was too short. I resolved to let it grow a bit. My sister assured me that with my curvy figure, no one would ever mistake me for a man, even in scrubs. Which reminds me of my Rather Stout Old Bidy story, but that's another story. Anyway.

So I gave my statement, grew my hair a bit longer, and waited another year for the trial.

The trial. The big day came. I sat in a back room and knitted until they called me to the stand. I was making a scarf for my nice lawyer. I joked that he would get it only if we won.

I was called to the stand. I had to put my hand on a Bible. Isn't that a violation of the concept of separation of church and state? Skip the Bible. Or maybe a stack of religious books would be more appropriate: a Torah, a Bible, a Koran, and something atheist. Do the Wiccans have a book? Curanderas?

Testifying felt surreal. I sat in the witness stand and promised to tell the truth. My lawyer asked me questions. I spoke. It didn't look like the jurors were listening to me. I could merely answer questions from the lawyers. I wanted to talk normally to the jurors, and tell them my story. Just talk, like real people. I wanted to say to them, "Listen to me! This didn't happen. We are nurses because we care. We work our asses off to help people, not hurt them!"

MEREDITH KENDALL

Suddenly, as I was testifying, there was a huge noise. Everyone jumped. A massive chunk of snow slid down the roof and thundered to the ground.

We lost. I couldn't believe it! I spoke with a juror after the trial. He told me the jurors were bored, they didn't understand the medical information, and they felt sorry for the old man. So they went with him. He was awarded a bucket of dough. They later found that his arm injury was due to a chronic progressive nerve disease. Too late. He retired a rich man. I felt ashamed of our justice system, and disappointed that anyone could ever think a nurse would intentionally harm a patient.

Maine nurse Meredith Kendall receives roses from an angel, guides nervous nursing students, tunes into joy, facilitates insight, and channels energy from the cosmos in her new book, REIKI NURSE: MY LIFE AS A NURSE, AND HOW REIKI CHANGED IT.

Reiki Nurse: My life as a nurse and how Reiki changed it

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