



Life Lessons Learned in the Hospital

As a recent widow, I was on my own navigating the rules of my hospital stay and my recovery

By [Leida Snow](#) | November 6, 2024 | [Health](#)

Editor's note: During these last two weeks of 2025, we are republishing Next Avenue's most-read stories of the past year. The topics that resonated most with readers were grief, caregiving, art and connection, among others. Enjoy this story again, or for the first time.

When my husband Lou died a year ago, grief wound itself around me like a snake, slowing me down, confusing me, leaving me treading water — not drowning but not safe at shore. Dealing with banks and bureaucracies threatened to overwhelm, but I functioned. Until I had to go to NYU Langone's emergency room.



Leida Snow and her friend Kris, who helped after Leida's hospitalization | Credit: Leida Snow

That taxi ride, and the nearly week long hospital stay, was the first major event I had to confront without my life partner of more than 41 years. I have never felt so vulnerable and am only now processing the experience.

It began with severe abdominal pain. I flunked the first **Rule**: Don't get sick in August.

Take note: if something explodes in your stomach, you may feel relieved, but it is not a good thing.

I portaled my gastroenterologist to see about pain meds. ([To Portal](#) is my made-up verb to message a doctor using the hospital website). This being August, he was on vacation, but his first-rate practical nurse said: "Go to the emergency room." My experience with Lou was that emergency rooms are where patients wait for hours. I resisted.

My abdomen got distended. Then something burst and I felt much better. Take note: if something explodes in your stomach, you may feel relieved, but it is not a good thing. All kinds of waste that should not be loose are now swimming in your belly.

Serious Situation

My internist echoed the emergency room advice, and since I was refusing, suggested a CT scan. This being August, there was no radiologist to read the scan. A doctor called at 9:30 pm Sunday night: "This is no longer a matter of choice," she said. "It could become life threatening. Stop what you're doing and go immediately to the emergency room."

It was when the emergency room staff whisked me off, snapping to attention like a jump cut in a movie, that it dawned on me this really was serious. They tested, hooked me up to things, in short, did what pros do. About 3:30 am they found me a bed. I noticed I was in the surgical wing. Every couple of hours someone woke me to change an intravenous bag or dispense oral medication. They were taking care of me.

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Rule: Take nothing for granted. When you are no longer in an emergency situation, things stop happening automatically. At shift-changing times, a young man or woman would pop in and chirp, "Hi, I'm your nurse." Then they'd disappear.

Don't assume you understand what's going on. I knew nurses showed up multiple times during the night to change the intravenous antibiotics or

administer oral meds, but I had no idea about their responsibilities or what I might ask of them.

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One day the new nurse stayed for a few moments. "Would it be possible to get some bottled water?" I asked. "The tap water gets so stale." Jennie (not her real name) came back with: "Did you order it? You have to order it with your meals."

I had been on what's euphemistically called bowel rest for days: no food, not even water. (I was hooked up to intravenous hydration). When I was taken off that and told I would be on a

low fiber diet, I assumed food would show up. A rock-hard egg did, but that was it. Jennie showed me how to order meals using the remote and the computerized television set up.

Life Lesson: Ask questions. Don't assume that things are working as they should. In any new situation, but especially in a hospital, ask about the process. (Don't use the word "procedure," which has different connotations in a hospital.) What, specifically, are the duties of whoever enters your room?

The bathroom had paper towels. I assumed that was because of Covid. There was a shower, but I couldn't imagine using it with no actual supplies. I went for days sponge-bathing with paper towels. Finally, I said: "I would like to take a shower. Could I have real soap and shampoo and towels?" I could.

I also said: "Please change the sheets." That didn't happen until I requested it.

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It did not occur to me that I could walk in the hallway. Lying in bed for days meant lost strength and muscle tone. Not eating/drinking made me passive and the infection exhausted me. I thought all would be automatic in the hospital. It was not, and that is true of every hospital and every bureaucracy.

Ask for Information

If there is an issue, don't assume someone will take care of it. If you don't get a good response, ask to speak to someone in charge. In the hospital, you can ask for the supervisor, social worker or [patient advocate](#). When you are the patient, you need to have someone advocating for you.

Rule: You have to take what doctors or others say to the next level to be sure you fully comprehend what is involved. I'm only now processing the vague, well-meaning information from the hospital physicians.

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I was on the surgical floor. Surgery was on the menu. Several times I was asked if I had a health care proxy. I felt cocky answering that of course I had a will, a power of attorney, a [medical directive](#) and a [health care proxy](#).

specific questions. That bad cold I had? Turns out it was Covid.

The documents I created were locked up securely in my lawyer's office. In an emergency, they would have been useless. The people I named as my proxies needed to be told of my wishes, to have copies of the documents. The hospital should have

had copies.

In such a setting, information often comes by chance or in response to specific questions. That bad cold I had? Turns out it was Covid.

[Diverticulosis](#), intestinal pouches that are not inflamed, are common, with about half of those over the age of 60 affected in Canada and the United States. My diagnosis, severe [Diverticulitis](#), is characterized by inflammation of the pouches.

When the colon drainage was first proposed, that seemed like an ideal solution. However, the risks of that procedure are well known, and the patient often ends up with a portion of the bowel removed. This is why current research now encourages surgery avoidance.

As I neared discharge from the hospital, no one volunteered benefits I would qualify for — like home care services (nursing, physical therapy and home health care aides). I was tipped off to ask about these by a friend.

Information on leaving the hospital was confusing or wrong. After discharge, I self-administered intravenous antibiotics for a month. Instructions were confusing and deadlines were not met. Dealing with the home care facility and the infusion company was challenging.

Life Lesson: Take responsibility for your own well-being. As you do that, keep in mind that since Covid, hospitals and agencies everywhere are understaffed. Overworked staff are doing the best they can under difficult circumstances. There is no way you can thank them, acknowledge them

enough. You are one patient out of the dozens they are dealing with. You have to make your needs known at the same time realizing the work pressures they are under, in addition to whatever is going on in each of their lives.

Antibiotics have a downside that may not be flagged in advance. As I continue to recover, I am still terribly fatigued and suffer other side effects.

Don't Be Afraid to Ask for Help

Life Lesson: My internist said that every day in the hospital translates to weeks of recovery. Same for side effects from the antibiotics. Full recuperation could mean months. And healing takes longer as we age.

This was the first huge event I faced without the one person I could always count on.

This was the first huge event I faced without the one person I could always count on. No one to be with me in the emergency room on a Sunday night in August. In the hospital I kept telling myself that Lou was/is with me. That helped, but it is not the same. I am acutely aware that I have joined this group of [people aging alone](#). Everything that was automatic

now takes planning.

Life Lesson: Accept assistance when it's offered and don't be afraid to ask for help. I wanted to be strong, but I am learning that I don't have to be strong and alone. On discharge, my friend Kris kindly insisted that she would come to see me home. Her presence made a huge difference.

Life is a gaping hole now, one that cannot be filled, because Lou, my lodestar, is gone. I am grieving, and processing emotional and physical recovery, a constant one-two punch that pushes me off balance. As my

physical being registers improvement, my emotional being is still wracked with waves of grief.

So, I am putting one foot in front of the other, reminding myself that Lou had unqualified confidence in me, that his memory lives in me, and that healing takes time.

Leida Snow is an award-winning journalist and communications coach. Follow her @LeidaSnow [Read More](#)

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