

A Different Life

By Shirley Ward

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(Please note: Some of the names have been changed to protect privacy.)

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Introduction - The Call

That moment will remain forever suspended in time – a full stop to a sentence that was not yet complete. Beforehand, happy oblivion reigned – impossible now to recreate. How to cleanse a tortured mind of a myriad frozen memories, that were changed in that split second beyond all recognition.

Bacon sizzled in the pan – sickening aroma, now associated with 'it'. How to forget?

It was all so tantalizingly close – the cases were almost packed, the flights booked, expectations ran high.

I was at the computer, trying to type one-handed, my left arm encased in its bright red cast. Cursed inconvenience, this accident of mine: slipped and fell, arm stretched backward to break my fall.

The sickening crunch of bone and odd-shaped limb had left no doubt that it was shattered. Two weeks later, I was adjusting to life in my fibrous prison: showering with an up-

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stretched arm – preparing for our departure by painstakingly layering our belongings in readiness. Christmas novelties lay side by side with underwear and tee shirts.

Soon-to-be-reunited family faces floated in my mind. Would the baby remember us? How tall would Charlie be?

Brian slid the pan aside from the heat and picked up the receiver in one fluid movement. Frowning now and moving away from the spluttering fat that detracted from him hearing the voice at the other end of the line.

I continued my tapping with an ear half-cocked, to try and get the gist of the call. We didn't get many, as this was not our home, but a house-sit where we had spent a happy few months.

Brian's voice was guarded – someone he didn't know? I heard him groan and in that instant, I knew with a mother's certainty, that this was the call, which we had been expecting for a long time.

This call was about our son Tim and something was very wrong.

From the core of my being, I felt a primal urge to scream. The sound that came out was like no other I had uttered before.

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Brian was writing now; hurriedly scribbling down words, instructions, telephone numbers. Poor Brian, with all my noise how could he hear? I continued to moan and call my son's name over and over. Laying my head on my cast on the computer desk.

Brian put down the phone and our eyes locked for an eternity. In a tone of disbelief, he told me there had been an accident early this morning. Tim had been driving alone in the car and had left the road, crashing into a tree. He had been airlifted in critical condition, to the Sydney Royal North Shore Hospital. We had to get there now.

I started to pace around, flinging things into the cases, which stood oddly ready and waiting, as if for this very occasion. It was just before midday on Thursday, November 13th, 2008.

Brian had two calls to make – the first one to let our family know. Poor Jodie, home alone with the children, had to receive the news, so she could tell Chris and Gary: Tim's brothers.

The second was to the good friend of our home-owner, who lived close by on the estate. She would come, would take us to the airport. She appeared soon after, whilst I was still wandering around dazed in my underwear, searching for clothes to put on. Leave everything, she admonished,

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she would fix it all up. I was worried about the bed, the fridge, the washing: but we left it; there was no choice.

The forty minute journey to Brisbane airport was filled with mundane chatter. Mavis never stopped talking; on and on about this and that. Brian and I sat in mute silence, wrapped in weird thoughts. Goodbye hugs and thanks.

We hauled our cases into the terminal and dazedly approached a counter. Credit card produced – excess baggage charged. In our panic, everything had gone into the cases: bulging. We had packed no carry-on luggage to take up the slack.

The plane was moving backwards and making a terrible clunking noise. What on earth was it? We taxied to the end of the runway; the noise had stopped thank goodness – I needed to get to Sydney in one piece.

I cannot remember anything about that flight. Kingsford-Smith was heaving as usual, but some sort of strange homing beacon seemed to have switched itself on in my head. I made my way towards the train platform, Brian trailing behind: negotiate ticket machine, scrabble with money, punch in St. Leonard's. We clung to a pole and swayed with glazed eyes as we hurtled towards the city, amongst tired rush hour commuters.

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We needed to change to the north shore line. I moved surely, with purpose. I knew my way, as if I had always been traveling here in my mind.

Suddenly, we were on the bridge. The afternoon sun glistened off the water. Sights around us as from a picture postcard: the Opera House, Darling Harbour, Luna Park. The train rattled on and I counted the stops. This was it: St. Leonard's.

Brian had to manhandle both cases as I couldn't lift with my cast: luggage balanced precariously on escalators. Moving as if drawn inexorably towards a magnet, we negotiated lifts and walkways, gasping and struggling uphill with our load.

There it stood: monolithic in the fading light, as promised by our phone informant. A large, square, brown brick building – the Royal North Shore Hospital. Breathless, arms aching, we paused at the chapel, which stood incongruously at the monolith's feet, with its distinctive A-frame roof.

To the left of it, was the entrance to the hospital's main lobby and as we entered, I looked up at the seemingly endless floors above. The lifts beckoned and we were sucked into this new world. We pressed level six and waited.

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It was now 6pm, darkness was falling.



Chapter One

Twenty six years prior to that awful day, I was into my last week of a pregnancy that gave us the final addition to our family. Actually, I was trying to hang on for my mum's birthday. But just before midnight on Nov 20th, it became obvious we needed to hurry up and get to the hospital.

At about 2.30am on Nov 21st, 1982, our third son was born. A new brother for Gary and Chris, our six year old twins.

Initially, we were stumped for a name. Brian had a girl's name all picked out, but we soon decided on Tim, after a young man who was currently in our care. Then there was the middle name. Well the twins had their grandfather's names, but they were all used up. So Tim officially became Timothy Charles Ward.

I liked it. Tim always had other thoughts!

After three days of peace and quiet in the Addington hospital, on Durban's south shore, we took our little bundle home. Not such a little bundle either. He weighed almost as much as the twins had put together at birth and seemed a little person already.

Home was a large cottage on a complex of eight others, plus a nursery, where Brian and I were house-parents to

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about twelve children. Now you know why I enjoyed my three days of peace and quiet, rather than rush back to the fold. I was older and wiser obviously!

Brian and I had been living in Durban, South Africa, on and off for over six years. This was apart from the time when the twins were born and we had returned to the UK to be close to family for a while.

Now seemed an appropriate time to return again. So, with sad farewells to our friends and all the children at the home, we made it back to Nottingham with our expanded family, just in time for Christmas.

We spent the first six months with Brian's parents. Tim soon got to know the sound of his granddad's voice – they were soon like peas and carrots.



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Tim always seemed to be such a good baby. In reality, I think it was the fact that there was just one of him, not two, which made all the difference.

For the subsequent four years that we lived in Nottingham, I didn't work, and was able to enjoy him and spend lots of time one on one. Tim has a memory from this period, of being pushed in his buggy around the Victoria indoor market. He was clutching a paper bag of fruit and nut mix, which I would always get him, as a healthy alternative to a chocolate bar or sweets. His granddad found plenty of opportunities to supply him with those the rest of the time!

Being the youngest and the last of our brood, I guess it would be fair to say that Tim was more spoiled than Gary and Chris had been.

We had decided to move on again and it was a good time for all the boys. Gary and Chris had just finished their primary education, and Tim would soon be ready to start school. Never ones to do things by halves, this time round we were going about as far away from home as we could get. To the south island of New Zealand and a city called Christchurch.

Within three months of our arrival, Tim had his fifth birthday and duly reported for his first day of formal education. I suppose that is when our troubles truly began. He hated it from day one. That sentiment persisted throughout his

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schooldays, causing us both heartache and untold aggravation.

Luckily for Tim, starting school in November meant there was soon the reprieve of long summer holidays over the Christmas period. And joy of joys, his nana and granddad Ward came out to spend three months with us. Tim was in double heaven. But all good things come to an end and once back at school, it was obvious that Tim wasn't really enjoying it as his brothers had.

About a year later, we moved house and Tim moved to a different school, nearer to home. I hoped that this would help, but matters never really did improve.

Like the rest of the Ward family, Tim got into sport at an early age. He made his mark on the soccer field, but his real passion was cricket. Typical of Tim, that he should choose an alternative summer sport to tennis, which the rest of the family pursued.

It soon became apparent however, that he was a talented batsman, bowler, wicket-keeper and fielder. Okay, so I'm biased, but I loved watching him on the field of play. His movements always so fluid and natural. This was the environment in which he excelled, and also felt really good about himself.

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Unlike the twins, Tim wasn't interested in joining the cub scouts or any other club. He didn't often have friends

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round to play, or interact much with his peers, other than whilst playing sport. He somehow seemed to get on better with people older than himself: probably because he was the youngest member of his family group.

I agonized about my youngest son, wondering why he was so different from his older siblings. We made sure he knew he was loved unconditionally. We supported and fostered his passion for sport and instilled the same values and morals as we had done with Chris and Gary.

The years passed and by this time, Tim was now at high school. Much to my great sadness, his behaviour had disintegrated to the point that he spent most of his time outside the classroom, rather than in it.

As an ex-teacher myself, I was only too aware of how disastrous the situation was becoming. I talked to Tim all the time about the importance of his education and how unacceptable it was for him to be a disruptive influence amongst his peers. Of course, it was like water off a duck's back.

Eventually, we got to the point where Tim just refused to go to school. I had exhausted what avenues I could explore within the school system, to try and find out why Tim behaved this way. During a visit from the truant officer, she sympathized, when she realized I was just as upset and concerned as she was about Tim's truanting.

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After a discussion with the Deputy Principal, we decided to try a Rotary school exchange. The idea was to give Tim a change of scene and fresh impetus, in what was to become his final year at school. This entailed a four month stay with a family in the northern Sydney suburbs; attending school with their son and generally fitting into their family life. We would then reciprocate.

Unfortunately, the matching process wasn't the best, and Tim and his Australian counterpart were like chalk and cheese. Before long, Tim was absenting himself from his Australian school and it was obvious that he was homesick and unhappy.

He stuck out the four months, if only for the carrot of visiting the Gold Coast at the culmination with the rest of the Rotary group, before they returned to Christchurch. But he was adamant, that he didn't want to have the Australian boy stay with us, which was part of the deal.

Alternative arrangements had to be made and all in all, it was a disaster. Not the result we had been hoping for. We hardly knew what to do next, but we were quite unprepared for what was to come.

Chapter Two

We emerged from the lift at the sixth floor. We followed the signs around the corner into a waiting room, awkwardly lugging our cases behind us. It was a truly depressing space, occupied by a motley selection of chairs, low tables strewn with discarded cups and rubbish. A vending machine provided much of the aforementioned. An enclosed balcony was opposite the entrance, offering a breath of air and view of the private hospital across the road.

A sad-faced family group was sitting in one corner. The strangers stood up as one and asked if we were the parents of Tim. We nodded and they came forward and hugged us, quietly introducing themselves as the family of Jane, Tim's girlfriend. Had we arrived too late?

The next thing I remember is a petite, dark-haired lady bustling into the waiting room and speaking quietly to us in a beautifully modulated voice. Brian immediately recognized her as 'the voice' from the call.

Margaret Bramwell was the senior social worker and Deputy Director of Social Work at the RNSH. Her professional manner and caring expression reassured us somewhat. She put her arm about me and told me that she had heard me crying out at the other end of the phone. "A mother's instinct, Shirley", she said.

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She ushered us into a meeting room back down the corridor, to await the Head of ICU. When Dr. Anthony Delaney came into the room, I desperately wanted him to make it all better. His casual demeanor, shaggy hair and slow smile made him look nothing like the Head of ICU. As he spoke to us, I was mesmerized by his mannerisms of flicking and pulling his hands through his dark mane.

We learnt that Tim had been driving along the Appin Road just before dawn that morning, on his way back from an evening with some Kiwi mates in Cronulla. His car had left the road at the crest of a rise, rolled mid-air and slammed into a gum tree. Tim had been ejected from the vehicle at some point. A passing motorist seeing the car, had called emergency services. This man stayed with our son until they arrived and for that, I will be eternally grateful.

Up to this point, we really had not known what to expect. I had thoughts of internal damage to vital organs. What Dr. Delaney told us next, made my blood run cold. Tim had sustained a spinal injury at the fifth cervical vertebrae of his neck. I groaned and straightaway asked if his injury was 'complete'. Dr. Delaney looked up at me in surprise and inclined his head. "It's very serious," he said.

I had all the information I needed and now all I wanted to do was to see my son.

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When I was nineteen and at the end of my first year of teacher's college in Birmingham, I had managed to secure a holiday job at the Stoke Mandeville hospital in Aylesbury, Buckinghamshire. This was heady stuff for a young lass, who until now, had spent the first eighteen years of life in and around the north Nottinghamshire coal mining village where I was born.

I was more than excited at the prospect of nurse-aiding at this prestigious institution, particularly as the 'Wheelchair Games' were to be held during my time there. I was going to write a paper on the influence of sporting competition as a rehabilitative tool, for people with a spinal injury.

Sir Ludwig Guttman had started all this many years ago after the second world war in 1948. Today, the humble Wheelchair Games have become the Paralympics. They proudly follow the Olympic Games every four years, and for my money, are far more inspiring.

My first day on the ward was a shock. There lay a handsome, tanned young man, about a year older than I was. He had injured his neck in a diving accident, in his hometown of Newquay. My job was to clean his teeth and whilst I was doing this, another male dresser, was doing his bowel evacuation at the opposite side of the bed.

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I never forgot the plight of the men I met on that ward and every morning, whilst cleaning my own teeth, I thanked some higher power that I could.

I did not have the luxury of innocence of what lay waiting in that hospital bed. I knew only too well the fate of my boy. As we approached his unit, Margaret explained that Tim was situated directly opposite the entrance, at the other side of the room.

Clinging onto the doorway for support, I gazed into the alien environment of bright lights and strange equipment. As my eyes locked onto the body of my son laid out flat on the bed by the window, Jane and her mum rose from his side, where they had been keeping vigil.

I was thankful for the ritual of hand washing at the basin, whilst composing myself to cross the space between us. Jane and I hugged briefly before she rushed out distraught, to give us some time alone with Tim.

As I looked down at his form, it was as at a sleeping giant. From the sides of his skull protruded two large bolts, attached to a 'halo' traction, at the end of which, dangled a water bag weighing about ten pounds. Clear plastic ventilator tubing emerged from his mouth, taped in

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place to his upper lip. IV lines snaked into his arms from bags of liquid suspended on poles.

Someone placed a chair behind me and I sank down. Amongst the detritus I found a small available piece of Tim's forearm that was not occupied by a needle or wire. I clung to it, as to a life raft. I felt its warmth and at last, let my tears flow.

I don't recall how long we stayed there. Brian found it hard to look at Tim. He would turn to the window and shake and heave with dry, wracking sobs. He would leave the room and reappear minutes later, only to repeat the process after a short time.

At some point Jane and her family left to travel home, exhausted after being at the hospital all day. Then, as if in slow motion, Margaret led us back to the lift. She took us up to the thirteenth floor, where she had arranged for Brian and I to stay in the relatives critical care accommodation for the first few nights.

We stood in silence, gazing through the large picture windows at one of the most famous views on the planet: Sydney Harbour Bridge, lit up in all its splendour.

From our north shore eyrie it was magnificent, but unappreciated. My eyes were drawn instead to the flat roof

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immediately below and in front of us – the Douglas Emergency building. On top of which was the helipad where Tim had been delivered this very morning.

He had landed right there, just as we had been waking. His tragedy unfolding and the time drawing closer to when his cell phone would be retrieved from the car at the scene. When a quick search would reveal our number under the heading 'Ma', and allowing 'the call' to be made.



Chapter Three

Life had gotten tougher since Tim's return from the Australian fiasco. Out of the blue, he had declared that he was going to try cannabis!! Full marks for being upfront about it, but how to persuade him that this was not a good idea? It's hard to change someone's mind when it's already made up. If nothing else, Tim was stubborn.

Let us say that from here on in, the road was slippery, and Tim's choices were often not wise ones. Mistakes were made, but seemingly not learned from.

We tried to motivate Tim to try again with his education, but nothing worked. I don't want to, nor will I, chronicle the litany of events that ensued. They happened, and with each one, our son's life seemed to retreat into a pool of sadness and depression.

His use of cannabis continued. It fed, or was the cause of the depression and lack of motivation that saw him more often than not, curled up in a foetal position on his bed. The only thing that seemed to still give him joy was his sport. He tried various courses, but inevitably gave up on them before they were finished.

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One day, when he was about twenty, he came home and announced that he had decided to go to “Boot Camp.” The Limited Service Volunteers operated a scheme in Christchurch at the Burnham army camp, for young people like Tim. It gave them an opportunity to ‘get into shape’.

I remember (it was the day of my birthday), when I dropped him off with his bags to begin the six week stint. We had regular phone contact, and although at first he found it tough, gradually he sounded more positive. We looked forward to going to his ‘graduation’ parade, which he assured us, they had all been practicing very hard for.

On the appointed day, our family contingent went in force to support Tim. His platoon wheeled onto the parade ground and we eagerly scanned faces, happy to see him marching with pride and precision. He was bright-eyed and bushy-tailed, chin in, chest out and obviously felt good about himself for the first time in a while. I was emotional and happy that he had completed the course.

That very evening as we returned home, Tim made a choice to go back to square one. The euphoria of the six weeks of abstinence and discipline were gone in a heartbeat.

A few weeks later, Tim decided he would go flatting. That was the end of him living permanently at home again. We helped out with stuff for his various flats, which he shared

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with some good guys over the years. In emergency situations, Tim came home for brief periods, but never for very long.



Gary, Chris & Tim: The Boys

Tim always found work in the hospitality industry, but it was not conducive to a regular lifestyle. The late nights, close proximity to booze and all that went with it, took him further and further away from us. And still, he was not happy.

In mid 2005, Tim started to move around and work away from Christchurch. First it was Te Anau, then Springs Junction and on to Hanmer. The pace picked up and he seemed

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to lack any direction, just restlessly moving from one spot to the next. Alcohol fuelled many crises, which no doubt precipitated the moves. As helpless onlookers, it was hard to know what was going on in his mind.

It was during this time that my own father passed away suddenly. He had been living with us for the last fifteen years of his life. After a few months, Brian and I decided we would change our lifestyle and give house-sitting a go in Australia. We had traveled there incessantly over the years and loved it. It would be good to see what living there was like, albeit temporarily.

It was April 2006 when we headed off. We returned in October, exhilarated by the success of our venture and with the following year already planned.

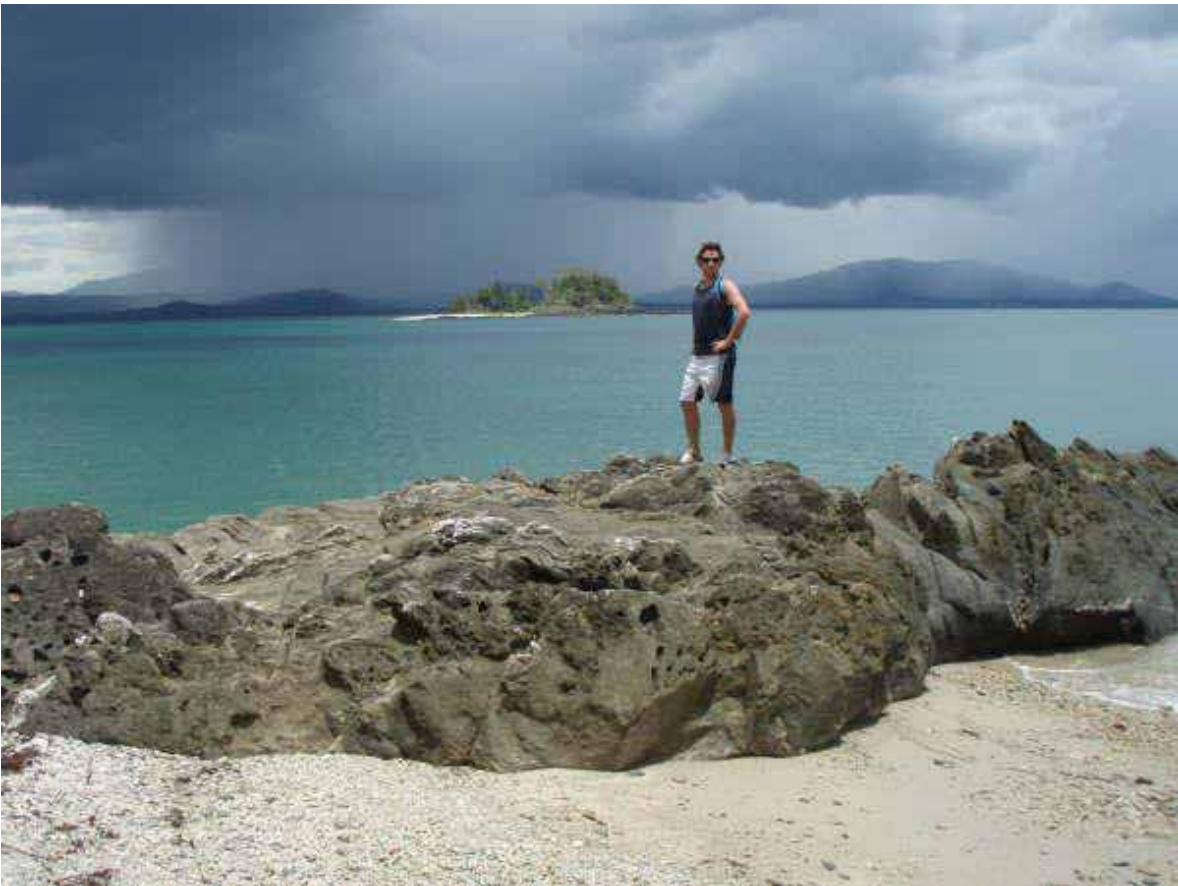
By this time, Tim had returned to Christchurch, had a job and was flatting again. Things seemed to be better for him on the surface, but we always wondered what was happening below. I knew my boy wasn't happy, but was powerless to control his destiny. I remember the prophetic words of our GP one day, when conversation had turned to the subject of Tim: "A crisis will one day precipitate change," he foretold, as I voiced my anxieties.

In 2007, Brian and I were back in Australia. One morning I opened my emails to discover Tim was in Sydney. Apparently, he wasn't too sure where he was when he

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arrived! We managed to contact him and made sure he was OK.

In typical Tim fashion, he soon sorted out somewhere to stay and work. He was enjoying the change from the Christchurch scene. Eventually, we got to spend a short time with him as we were moving between house-sits. After this and some further moving about, he secured a job on Dunk Island, near the Whitsunday's, off the Queensland coast and the verdict was: that he loved it!



By the time we returned to New Zealand for the summer, we were hearing much talk about a young lady called Jane, who he had met on the island.

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When Brian and I started our third year of house-sitting in February 2008, Tim and Jane had moved off the island and were living and working in Cairns. It all sounded too good to be true. We had only been at our first sit for a few days when we had word Tim was coming down to the Gold Coast to see his mates, and would drop in on us too. We were delighted to see him, but wondering what had happened with his relationship.

Tim seemed torn. He obviously liked Jane a lot, but was thinking he might finally make the big break and go over to the UK. He had many contacts, continually urging him to get over there!

He stayed with us for a couple of weeks whilst agonizing, nipping down to spend weekends with his friends near Surfers. He just couldn't seem to rest: smoking and drinking for two.

Finally, he made his decision. We put him on a plane to Sydney, where Jane was going to meet him. They would be together again.

This was a choice and pathway that would change his life forever. More profoundly than Tim could ever have imagined.

Chapter Four

I woke and sat bolt upright in the bed. A loud noise was throbbing and droning and lights were flashing through the gaps in the curtains and scudding along the walls.

I suddenly remembered where I was, and with that realization, understood what the noise was about. Silently I stood and watched, as the helicopter came to land on the roof below. Its rotators spun endlessly to a standstill. The pilot emerged in jumpsuit and helmet, to attend to the patient within. It was surreal to watch this reenactment of Tim's own journey.

By this time, Brian was also awake and we consoled each other as best we could. We did the English thing and consumed copious quantities of tea and dozed fitfully until dawn, the first day of Tim's new life.

Margaret had kindly arranged for us to have telephoning rights to our families in New Zealand and the UK. We made the calls through the hospital switchboard and were most grateful for this life-line. The calls were emotional, but necessary. We had much to discuss.

It was so good to hear the voices of our family. Gary and Chris both desperately wanted to come and support us. It

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was decided Gary would come first. He booked his flight for Sunday evening.

I have tried hard to recall what happened to us in the two days before his arrival, but it is mainly a yawning cavity filled with despair and grief. We did spend time talking to Jane's family in the ICU waiting room.

As the situation became clearer and the details were drawn, a mixture of emotions ranging from anger and frustration, to disbelief and denial, coursed through our veins. It was hard to accept that our son had come to this tragic scenario, when it could so easily have been avoided.

We took turns at Tim's bedside. Sometimes Brian and I. Sometimes Jane and I. Sometimes Jane and her mum, whilst Brian and I had a break.

The metal screws on either side of Tim's head held a gruesome fascination for me. They had shaved a patch of hair above each ear and drilled the holes to accommodate them. There was just the smallest tinge of blood around each one.

Miraculously, Tim had escaped the accident outwardly unscathed except for a laceration to the lobe of his right ear. This had apparently hung like a string of limp spaghetti

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when he was admitted to emergency. A plastic surgeon had reattached it. It was the only wound to his otherwise unscathed body.

I looked sadly at his muscled form, knowing the weight he had recently worked so hard to put on in the gym, would quickly melt away. The naso-gastric tube was delivering all the nutrients he supposedly needed for the moment. We called it his liquid pizza: Tim had always been a pizza man.

I became more aware of the equipment surrounding him. I anxiously watched the life support monitor; the lines and beeps marched endlessly across the screen. I gazed with awe as Tim's chest expanded and fell to the rhythm of the ventilator breathing for him. I listened to the pressure cuffs inflating and deflating on his legs – to keep the blood circulating in his lower limbs. I observed the nurses as they hooked up yet more bottles of drugs to keep Tim sedated. And still he had not opened his eyes to us.

At some stage, we did eat. The Royal North Shore has a huge canteen on the ground floor with various franchises. It was always buzzing: a constant reminder that there were plenty of other people coping with trying circumstances. We found comfort in hot drinks, but food was always shared; small portions forced down, never tasted.

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We ventured outside the hospital at some point, retracing our steps back to the station, where there was a large open quadrangle of shops and eateries. These serviced the two huge apartment blocks, which towered over the station. There we found a Coles Express, where we bought bits and pieces to eat in our room.

We felt very lucky that Margaret had secured us the 'family room.' This comprised a separate sleeping area with three single beds, a bathroom, a lounge-dining with a large sofa bed and kitchenette. It was equipped with a fridge, microwave, jug and toaster. It was so good to have somewhere onsite, to be able to be near Tim, which was so vital at this time.

We invited Jane's family up to this room for a cup of tea and some respite, as they spent so much time sitting in the waiting room below. By now, there were the familiar faces of other families sitting or lying there, with books and food, pillows and blankets. Waiting... waiting... for news of their loved ones. We were so privileged to have that room.

But the call of the bedside was strong. Day and night we beat a path, up or down, as the case might be, to sit there and gaze.

One time, I just could not restrain the absolute torrent of grief that washed over me. A voice from 'home' told me

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- I'd had my ten minutes of tears, and to dry my eyes and she would bring a cup of tea.

Oh, how those simple words, delivered in a familiar accent, accompanied by the welcome feel of a hot Styrofoam cup of scalding tea, provided an injection of comfort and strength, which made us feel better and able to cope for another hour.

And that is how it was. Minute by minute, hour by hour. Not looking forward, trying not to look back.

Chapter Five

2008 had been our 'Queensland year,' and a great one too. We had decided to try pastures new. Most of the previous two years' sits had been in New South Wales, with a brief excursion into north-east Victoria.

Caboolture is an hour north of Brisbane. Here we had looked after a property for four months, whilst the homeowners were in China. We had enjoyed the time there in our usual fashion, playing tennis and lawn bowls and bridge with the locals and having a ball. The weather was superb.

This was followed by a most pleasant sojourn in Bargara – a small village further north on the coast near Bundaberg. Here, we looked after a delightful beagle called Bonnie. It then transpired that we had to travel back south into New South Wales. Here we would do our final sit at the beautiful north coast town of Coffs Harbour.

I was happy to be there, as it was a beautiful house in a lovely setting. More importantly as it turned out, we would remember it for the time we spent with Tim.

He and his girl were taking a holiday and visiting friends on the Gold Coast. It was agreed they would call in and

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spend a few days with us, to split up their journey. It was a time which will always be treasured now, but was truly enjoyed in the moment. Those five beautiful days.

We did the things that Wards do: we played together. Jane was into her sports, which was obviously why she and Tim got along so well. She enjoyed water sports, gym, exercise and running. She took to the tennis courts with vigor and to the bowling green with great aplomb.

We all enjoyed a day on the golf course. Jane and I drove the cart, whilst the boys strutted their stuff.

In the evenings we had games of canasta, poker and scrabble, accompanied by wine and laughter. Tim was happier than I had seen him for a long time. He and Jane made a lovely couple and I felt that she was good for him: so positive and bubbly. When we parted, we hoped to see them both again soon. We had discussed the possibility of them visiting us on Norfolk Island in the new year.

Brian and I had seemingly found our dream job, quite by accident. An advert in a newspaper had led us to the offer of a job on Norfolk, managing a small complex of tourist villas. We were due to take up the appointment mid December. We were excited at the prospect of visiting our family in New Zealand for a few weeks in November. Then we would begin our new life.

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It seemed that we had it all planned and sorted: the best laid plans...

We were not to know, when we farewelled our son that morning in Coffs Harbour, that it would be the last time we would see him standing on his own two feet.



Nighttime silhouette of us in Coffs.
The last picture we have of Tim standing.

Chapter Six

Somehow, Sunday night arrived. Gary's flight was due to land about 7.30pm. By the time he had cleared customs and followed the same route that we had with the train, we knew it would be late when he arrived at St. Leonard's. Brian decided to go and meet him there, as he would never find his way to the hospital in the dark.

After leaving Tim's bedside, I went up to our room to rest. Tiredness was catching up with me by this stage. I lay dozing in a zombie-like state, waiting for them to arrive. I was never so happy to wrap my arms around my first born, as I was that night when he entered the room. He seemed so strong and enfolding and I, so frail and small.

We drank tea and talked awhile, preparing Gary to go and see his brother. We knew only too well that the ICU environment was daunting at first, until one became accustomed to the equipment and strangeness of it all.

Gary's first vigil at Tim's bedside was brief, as it was late. Afterwards, as we moved into the corridor, then and only then, did he allow himself to shed tears of anger and frustration.

"What has he done to himself mum?" he asked in disbelief.

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Back in the room, we sat awhile more, exchanging news of home and family matters. Gary had brought a few small items that I had requested, along with some photographs. He then produced some small bottles of duty free and we had a drink, which helped us to try and sleep that night!

The next morning, Gary was up early and went down to ICU, where he stayed with Tim for quite some time. When I went down to join him, we learnt that today was to be the day that Tim would have his spinal fusion. I was anxious, yet relieved that this procedure was to happen, as it would stabilize his neck and he could then come out of traction.

The surgeon shared his time between Royal North Shore and Dubbo hospital, and was being flown in specially to operate on Tim. We hung around for most of the morning, not sure when Tim would go to theatre due to schedules etc. Gary spent some time collecting a few items together, to make a collage of photos of the family, ready for Tim to see when he recovered consciousness.

We seemed to spend ages waiting for the lifts to take us up and down within the building. I found them uncomfortable to be in for various reasons – you were confronted by many things within the confines of their small, square spaces. Strangers were often witness to my private grief and teary-eyed visage, when I didn't manage to contain myself.

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Gary soon decided he would better use the time by running up or down the stairs to the desired floor. By the time he reached the thirteenth floor he was always red-faced and breathless.

I sometimes followed suit, but was still nursing my cast and didn't want to slip and break the other arm! The stairwell was an equally depressing space, and whilst trudging up and down those black steps with downcast eyes, I noticed sweet wrappers and balls of dust, which were still there when we left!!

The stairs seemed to be a preferred method of movement about the old building for the staff too. At least we were all getting a bit of exercise.

They finally took Tim down to theatre in the early afternoon. Rather than sit worrying, Gary suggested we take a train to nearby Chatswood and have a break from the hospital. What a good idea.

There was actually life going on out there – people doing normal things like shopping, school children rushing to catch the train, folks smiling, eating and drinking. We passed a couple of hours browsing in the huge mall and bought a couple of items. Inevitably however, we were drawn back to St. Leonard's, and the big, brown, hulking square that was the Royal North Shore. Somewhere within its walls, we hoped that all was well.

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Eventually, we were able to go in to see Tim, who was naturally still under anesthesia. Thankfully the screws and traction device had been removed from his head, replaced by a neck brace. Tape covered a wound on the front of Tim's neck. We marveled at the way the surgeon had been able to maneuver within the intricate cavity of Tim's neck, whilst missing his trachea, vocal chords and other vital structures.

A new fifth vertebrae had been fashioned from bone taken from the iliac crest of Tim's left hip. This had replaced his own crushed fifth vertebrae. This was then fused to the fourth and sixth with titanium plating, thus strengthening his neck. It all sounded too complicated to comprehend, and yet was all in a day's work for Doctor Ruff, who shook our hands and accepted our gratitude.

Jane and her mum came later that afternoon. We introduced them to Gary and then we all took turns to be with Tim. We staked our space in the waiting room, nodding now and again to other family groups, who huddled in corners. They talked in lowered voices with pained expressions, about the conditions of their loved ones.

Jane was looking wan and red-eyed and her mum was concerned she was not eating or sleeping. She was also in denial about the seriousness of Tim's injury, talking about him recovering and walking out of the hospital, which made my heart heavy. I gently tried to explain to her that

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this was not going to happen, short of a miracle, as her mum felt that she needed to understand the enormity of what had happened.

Life was very complicated for their whole family right now and I felt sorry that Tim had created such chaos for them, albeit unintentionally. Jane was due to take an exam as part of her university course, and she'd had to ask for an extension. They were spending huge amounts of time, energy and money traveling to and from the hospital – it must have been exhausting. At the same time we were struggling to cope with our own shock and grief and didn't have the energy to fully appreciate theirs.

Jane and her folks were also now busy with the process of giving up the flat she and Tim had shared. They had to move all Jane's furniture and belongings back to the family home, where she would be safe and cared for. Jane had passed on to us certain things belonging to Tim, such as his laptop and paperwork, and we were beginning to face up to such tasks as sorting out his banking and letting people know what had happened. He certainly wasn't going to be using his gym membership any more!

We were inundated with emails and Facebook was going crazy. It was hard to keep repeating ourselves over and over and so Gary made a brief statement on Facebook, thanking everyone for their messages of support.

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It was now right there in black and white for all to see; the unthinkable had become a reality.

Chapter Seven

The morning after Tim's surgery we went down to ICU early, to be told that all was not well. Tim had a chest infection and they were giving him a bronchoscopy. This procedure looked inside his lungs with a bronchoscope, where they found a clot in the upper right quadrant. After this and a lot of other mucky stuff had been removed, they pumped him full of antibiotics to control the infection.

Tim seemed to be finally stirring from his sedation, as the drugs were decreased, but he was constantly gagging on the ventilator tube passing through his mouth and down his throat. It was obviously causing him great distress. He tried to dislodge it with his tongue and kept biting down on the tube and chewing at it. He would shake his head from side to side in frustration and whilst this was practically the first movement we had seen him make, it was movement we didn't want at the moment.

The nurses had no alternative but to increase the sedation once more, to prevent him from harming his throat and vocal chords. Immediately the button was depressed, calming quantities of midazolam would immediately render him motionless. There was another container suspended upside down, full of white liquid, which we called his 'bottle of milk.' This had a similar effect.

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The physiotherapists were regular visitors to Tim's bedside, giving him chest physio to loosen and suction the gunk from his lungs. Brian couldn't bear to watch them when they shook and pressed on his ribcage, and he would beat a swift retreat at their approach. I gradually got used to observing their treatments, to the point that I really appreciated the help they were giving Tim to bring up the secretions, in which he would otherwise have drowned. After their vigorous poundings, they would insert a suction device into the ventilator tube, which would give Tim a 'cough' and draw up the bloody sputum.

My greatest fear was 'roll time', when a team of nurses would come in to turn Tim from one position to another. This was to prevent pressure sores from forming on areas such as his buttocks, heels and shoulders. I was always afraid the person responsible for his head and neck would not turn in sync with the rest of the team. Crazy really, as the damage had already been done! His head was now sandbagged either side with some soft fluffy material beneath it, to prevent a sore forming on the back of his scalp.

Bit by bit, we listened and learned as we watched the tireless team of people, who worked around the clock to keep Tim ticking.

It was a vicious circle of sedation and awakening, distress with the tube and then more drugs to put Tim back to

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sleep. Spiking temperatures, antibiotics, relentless rounds of chest physio, more antibiotics, all followed each other in a bizarre, dreamlike procession, to which there seemed no end.

We were now a week post accident and the reality was setting in. We had another meeting with Margaret the social worker, who was doing all kinds of work behind the scenes to help make things happen for us. She had written various letters – to the airlines, to Tim’s employers, to the bank, etc. Without her help we would have had to find our own accommodation and at considerably more expense.

We had to vacate the family room by the end of the week however and arrangements were being made for us to move into the Blue Gum Lodge. This was about a mile from the Royal North Shore, in the grounds of the Greenwich Hospital. Gary had to fly out early on the morning of the 21st and Chris was flying in that same evening, so it was an opportune time to make the move.

Gary was longing for Tim to regain consciousness so he could talk to his brother, but time was running out. On his last evening, Gary suggested we get away from the hospital cafeteria and get a meal at the tavern in St Leonard’s square. It seemed strange to sit in a pub and order a drink and something to eat, under such circumstances. Brian and Gary managed the steak and chips. I ordered the pizza, half of which I saved for later.

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On the way back to the hospital, we followed a tunnel which made its way under the road. We had often seen people emerging from it and realized it would bring us out somewhere in the bowels of the hospital. Initially disorientated, we eventually found our way to the basement lifts and pressed the sixth floor, for a last visit with Tim before bed.

He lay motionless as always, oblivious to the night-time routine of lowered lighting, the now familiar beeps and whooshes of machinery, and nurses softly padding about doing their cares and observations. Whenever we said our goodnights, I always make a point of speaking with his nurse, thanking her for looking after Tim, and asking her to please call me if there was a problem.

One nurse (who later became Tim's favorite), told me days later, that she had spent almost one entire night, hanging onto Tim's head, as he struggled with delirium. He was thrashing from side to side, trying to dislodge the hated tubing. He also had a bout of retching and vomiting, which is one of Tim's only memories of that whole period. I felt terribly guilty that I had been unaware of this happening, as I lay above trying to sleep.

Gary woke very early on the morning of the 21st. He had to leave the hospital by five thirty to get to the airport for his flight back to Christchurch. He went down to Tim's bedside and placed his collage where Tim would see it

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when he awoke. It must have been hard to leave, not having had any communication with his brother at all. I hugged him and cried as he left, feeling bereft, but knowing that he needed to get home to his family and his work.

Brian walked him to the station. Gary had arranged to meet Chris briefly that very afternoon, at the work site where Chris was working in Christchurch. It would give them a short time together, so Gary could brief Chris on all that had happened before he flew out.

It was November 21st 2008. It was Tim's twenty sixth birthday.

Chapter Eight

It was time to pack once more and be ready to vacate the family room by 10am. The cases had become an untidy mess during the eight nights we had spent in room three on the thirteenth floor.

We had made ourselves some extra space by loading Gary up with anything we didn't need, including the Christmas goodies I had so uncharacteristically pre-prepared in Caboolture. We thought it was now highly unlikely that we would be back home before year's end.

After a hasty breakfast we went down to see Tim, leaving our luggage in a corner of the ICU waiting room where it stayed until lunchtime. We had been made aware of a shuttle bus that ran between the Blue Gum Lodge and the RNSH, which was wonderful, as it saved us a taxi fare.

This shuttle made a number of trips each day – between the lodge and various treatment points. It also serviced the Mater hospital and oncology outpatients, as well as RNS main building. We were waiting at the transport lounge at the appointed time and boarded the shuttle along with our luggage.

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The Blue Gum Lodge had originally been built as a place where people from the country could come and stay, whilst having their oncology treatments. It now also accommodated people such as ourselves, who were relatives of those in ICU and who did not live in Sydney.

Whilst situated only about a mile away from RNS, within the leafy grounds of the Greenwich hospital, it was most definitely a downhill walk to the lodge and an uphill one back to the hospital, which we soon found out.

The smiling Irish receptionist showed us to our comfortable double room, which was on the ground floor, right next to the shared bathroom facilities and close to the kitchen/lounge area for our floor. We had reserved a twin-bedded room for Chris close to ours. There was another floor above, with identical facilities and the occupancy rate was almost one hundred percent.

After unpacking yet again and familiarizing ourselves with the lodge, we learnt that we could buy vouchers to order meals from the hospital canteen onsite. It was an incredible service, and great value at four dollars for a cooked evening meal, which we used a few times.

Later on that afternoon, we decided to make our way back to the hospital. The route back to the RNSH was hard work and gave us a gasping workout. We eventually found short cuts that made it easier and common sense told us to

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catch the shuttle for the 'up' journey whenever possible. It certainly wasn't as easy as popping downstairs to see Tim, and I found it stressful at first to adjust to this distancing. But as Margaret had wisely told us, it was a necessary step away, and would give us some time outside of the hospital.

Everyone constantly told us to look after ourselves, to eat and sleep. Easier said than done!

It was a long, long day for us, as we had been up at the crack of dawn with Gary, and we knew Chris would not arrive until late. Eventually, we left the hospital and made our way to St. Leonard's. We decided to go to the tavern, have a bite to eat and pass some time.

Afterwards, we ended up on a bench just outside the station, where we could keep an eye on the incoming passengers from each train. Chris had no cell phone, so it was just a matter of watching and waiting.

After what seemed an eternity and a few false alarms of mistaken identity, we spied him hurrying towards us, hardly recognizable with a shaggy goatee beard! We crushed together in his bear hug embrace, crying and sobbing.

As we trekked back to the hospital, Brian helped Chris with his bags, all the time filling him in and getting him mentally prepared to see Tim. Chris had managed to meet up with

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Gary as planned, and had already taken on board a lot of what had been happening.

We took the lift to the sixth floor. We went into the waiting room, which for once was empty, to deposit Chris' gear in a corner. At this late hour, ICU had a subdued, more peaceful atmosphere than the bustle of daytime.

Chris approached Tim's bedside with clenched jaw, beneath its bushy exterior. He stood and placed his hands upon his brother's arm, stroking gently.

After a time, we retreated to the waiting room, and it was with typical twinned repetition that Chris broke down, head in hands and asked, "What has he done to himself Ma?" We all cried. There was no answer to that question.

Now we had a walk ahead of us back to the lodge, but at least it was all downhill. Finally back there, Brian negotiated the locked front door with our key and showed Chris to his room. Chris then produced a large bottle of whisky and a large box of King Edward cigars, which he had picked up in duty free. A stiff drink seemed in order, so Brian and Chris partook down in the lounge.

Brian was in heaven, puffing away on his favorite cigars at the smoking area near the back door. Sleep called me though, as it had been such a long day. My son's twenty

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sixth birthday had passed him by, without him even being aware of it. I only hoped that he would be conscious and able to enjoy his twenty seventh, wherever he might spend it.

Chapter Nine

The next morning, Chris was up early and gamely set off to retrace his steps up the hill to the hospital, as he wanted some time alone with Tim. Brian and I decided we would catch the mid-morning shuttle as a new routine, spending the late morning in the ward once all the morning cares had been done.

There were still times when we had to leave Tim's bedside; whilst they did the dreaded 'roll' or some other procedure. However we were becoming accustomed to all that was happening around the ward, no longer jumping in panic when a monitor beeped, or there was some strange noise.

We had even taken the time to peer around at some of the other patients who came and went, whilst Tim lay there supine and silent. We envied them their departure, as it seemed that Tim was going nowhere.

Jane and her mum were still arriving most days. It was becoming evident, the more Jane accepted the reality, the more difficult she was finding the situation. Her parents, were obviously most concerned about the impact it was having on her life. They continued to help us, whenever they could, with paperwork matters and issues around Tim's employment: the taking back of his uniform, the gathering together of the remnants of his life. Campbelltown was

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most certainly too far away for us to complete these tasks and we were grateful.

Ward rounds usually took place first thing in the morning and the attending head of ICU would confer with his colleagues, regarding what treatments needed to be implemented for each patient. Tim's struggle with the ventilator tubing was uppermost in our minds and it was an issue for them too.

It was becoming obvious to us all that until the tube could be removed, it would be difficult to awaken Tim safely. Yet, he needed to regain consciousness, and play an active part in his own recovery. We were all frustrated by the vicious cycle of chest infections and drugs, which seemed to have imprisoned Tim.

Dr Delaney worked for one week straight in ICU and then was replaced for a week by another doctor, whose bedside manner was somewhat different. We were pleased to see his shaggy mane back on duty, and Margaret arranged a meeting with him so we could ask any questions we might have. Not that he was unapproachable at any time, quite the opposite, but it was good to sit quietly for a little while and have his undivided attention.

The plan was to do a tracheotomy on Tim, so he could be ventilated and awakened. The hold-up was the neck wound from his surgery. They felt it could be risky to go in

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again so close to the surgery site, in case of infection. We needed to wait a little longer.

I also asked some questions about the drugs that were being pumped relentlessly into Tim's system. I was worried about the quantities that seemed necessary. Dr Delaney talked us through the different drugs and what they were doing for Tim. He also warned us upon withdrawal of the drugs, Tim would most probably experience some side effects such as delirium. He reassured us however Tim would remember very little, if anything, of this part of his hospitalization.

Whilst all of this was occurring, Brian and I had very real fears, about how all of this was going to be paid for. Reportedly, it cost two thousand five hundred dollars each day, to keep Tim in the ICU!!

In New Zealand, all such accidents, at work, during sport, or car accidents such as Tim's, are covered by the Accident Compensation scheme. Everyone pays a levy for ACC when they register their car, employers and tax payers also pay in to the scheme. Unfortunately, there was no ACC in Australia. Tim did not qualify for the New Zealand scheme, as he had been out of the country for more than six months.

However, Margaret had mentioned a relatively new scheme in New South Wales. This was now in operation, and

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covered 'at fault' drivers like Tim. People who had previously fallen through the cracks and did not receive any help, other than basic Ministry of Health care. Margaret assured us she was moving quickly, to ascertain whether or not Tim would qualify for this scheme.

We worried and wondered what we would do, if he were not accepted. Added to this dilemma, was the seeming chasm of time stretching before us, not knowing where we would be staying or how we would survive.

Brian and I could not help but feel the obvious thing was to try and get Tim home to New Zealand. There we could live at home, supported by the family, and Tim could hopefully enter the Burwood spinal unit – a well known centre of excellence in the rehabilitation of spinal cord injury. By an incredible stroke of good luck, this facility just happened to be a five minute drive from our front door.

So we sowed the seed of repatriation. Whilst it was taken on board, Dr Delaney's main priority was to get Tim well enough, so any such journey could be undertaken in the first place. It seemed like an unattainable dream at the moment.

Meanwhile, some of Tim's closest and oldest friends were continually asking after his progress and talking about coming to Sydney to see him. We kept them posted via

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email, phone calls and assured them: once he was conscious, they would be welcome to visit.

The day after Tim's birthday was Saturday, 22nd November. I remember it as the evening we spent at the St Leonard's tavern watching the Rugby League World Cup final on the big screen: the Kiwis versus the Aussies. No prizes for guessing who won, much to the disappointment of all the Aussies in the room.

I found it surreal at times like this, to be amidst a crowd of people, all happy, laughing and enjoying their Saturday night, when I wanted to scream at them: "Don't you know that my boy is lying in a hospital bed, unconscious and unmoving!!" I couldn't stop myself from feeling despair and grief for all the things I knew my son would never do again.

From time to time, amidst the cheering and noise, hot tears spilled down my cheeks. I hastily wiped them away in case anyone should think I should be getting so emotional over a rugby league match. Indeed.

Chapter Ten

Each morning at the lodge, I awakened early. Brian's pattern was to sleep until about two or three a.m. and then lie awake, tossing and turning, unable to fall asleep again until dawn. Not wanting to disturb his fitful dozing, I would pad down to the kitchen in my dressing gown and make a cup of tea to take into the computer room.

It was a peaceful time, when I could read and answer the emails which were pouring in each day. Most of all I looked forward to my daily bulletin of chatty news from Anna. She was a school friend of the twins, who had been in our lives for many years.

Anna now had three sons of her own, the youngest of which had been born with cerebral palsy. As a mother of a child that was damaged, she understood my grief. She also knew Tim well. On one occasion, she had stayed at our home and looked after Tim, when Brian and I went on one of our first holidays alone post children. Her morning emails were therapeutic. I soaked up her words and listened to the everyday deeds of her life at home, immersing myself in another reality for a few minutes.

Evening time spent in the lodge varied, according to when we came back from the hospital. We now knew each step

of the way blindfold. Sometimes we had saved a meal from the canteen, which we micro-waved and shared.

I had spotted some jigsaw puzzles on a shelf in the upstairs lounge, and found it therapeutic to put in a few pieces. Chris often joined me with this. It was impossible to concentrate on television programs of any description, and although Brian and I were normally avid readers, we had found we couldn't read either. It was crosswords which saved the day. I liked to do cryptic puzzles, and found they could be picked up and put down. They provided a distraction, not only at the lodge, but also in the ICU waiting room.

Another task that urgently needed our attention was the issue of Norfolk Island. We had emailed the good folks there about our predicament, and they had responded with great concern, urging us to be strong. They would hold our position for a few weeks, until we knew more.

Brian and I discussed it daily. We needed to let them know it was more than a few weeks of recuperation that was needed, and to urge them to find someone to replace us.

Brian had huge feelings of anger and regret around this issue, which he was finding difficult to let go of. Whilst I was sorry we wouldn't be going to Norfolk, I had no qualms about letting go; I was right where I had to be.

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Brian and I didn't possess a cell phone of our own, but we had needed to be contactable by hospital staff. When Jane brought in Tim's mobile, retrieved from the car, we decided to use it. It made good sense, as all his friends knew the number, and we soon notified everyone else. We even learnt the fine art of texting, but could only manage it at a snail's pace. We did have to field a few calls from folk, who didn't realize Tim had been injured. That was difficult for all concerned.

Cards had also begun arriving from friends and family, some of which we pinned to Tim's wall. We hoped he could see them once he was awake.



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A beautiful flower arrangement had been sent from friends in Queensland but unfortunately flowers were not allowed in ICU. We transported it via the shuttle back to the lodge, where it adorned the reception area and made the receptionist very happy.

The first person other than family to arrive at the Royal North Shore, was our dear friend Dorothy, who Brian and I had done some house-sitting for on two occasions. She called us to say she would be in Sydney at the weekend and would meet us in the hospital cafeteria.

It was an emotional reunion with coffees all round. Although we only spent a short time together, it was good to see her and enjoy a warm hug. There was lots of 'Tim talk', which is all we could manage, being focused entirely on what was happening in the moment. Around tubes and drugs, and not knowing when our son might re-enter the land of the living.

We said our goodbyes, hoping to see her again soon and made our way back upstairs, all the time wondering: could this really be happening to us?

Finally, on the following Tuesday morning, November 25th, when we arrived at the hospital, Chris greeted us with some news. They were going to do Tim's tracheotomy that day. We thought they would be taking him down to theatre as they had done a few days prior, when he needed to have

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his ear debrided. However, in the event, Dr Delaney opted to do a sterile procedure right at Tim's bedside.

The next time we went in to see our son, it was wonderful to see his face unobscured, the tubing gone from his mouth, as was the taping on his upper lip. He looked almost serene. Instead Tim was now wearing a neck brace, through which his tracheotomy tubing protruded and was protected from being dislodged by any sudden movement.

The ventilator whined inexorably on, filling Tim's lungs, expanding his chest, while we waited with bated breath for the next stage of Tim's recovery to begin.

Chapter Eleven

I don't know what we had expected, but when Tim finally began to awaken and take in his surroundings, it certainly wasn't the wild-eyed creature, that manifested to us for the next few unforgettable days. Dr Delaney's warnings had been spot on, and it was distressing and hurtful to be on the receiving end of what Tim had to throw our way.

It was as if he was possessed. His abusive ranting caused us to lean ever closer over his face, to try and decipher what he was trying to say. The tracheotomy tubes prevented Tim from talking, and whilst he was finally awake, we had to contend with the further frustration of not being able to communicate.

We tried not to take it personally. When a few lucid moments did present themselves, we eagerly searched Tim's face for any glimmers of recognition, before it became shrouded again with looks of fear and anger.

We soon became adept at lip-reading, but mostly it was words a mother would choose not to hear.

It was during that week, that Tim had his first impromptu visitors. Owen was really a friend of Chris', who was currently in Brisbane, and he arranged to come down for

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the weekend. As there was another bed in Chris' room, accommodation was no problem.

Cracker was an old flatmate of Tim's from Christchurch days, where they had worked together at the Tap Room. He just happened to be passing through Sydney for a few days and had a base in Manly, but seemed to occupy the floor in Chris' room most of the time as well.

They were both very Irish and their presence definitely provided Chris with some light relief from the dire situation. As they stood around Tim's bedside, talking and joking as only the Irish can, perhaps it was their rich brogue which brought Tim back to reality.

Tim became lucid for increasingly longer periods of time. He even managed an occasional smile and, wonder of wonders (with the trachea cuff inflated), we were finally able to hear Tim's voice. Such as it was, hoarse and sore from all the tubing that was passing down his throat.

As the demons returned, he would curse and swear until sedation was delivered, then he would sink back into oblivion once more. It was only much later that we would learn just how real these dreams had been to Tim.

He had terrible memories of being imprisoned in a room, pinned beneath concrete slabs, with an unexploded bomb

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at his side. He perceived his whole family to be dead: blown to pieces. Tim thought that Chris was “the bad guy”, as he leaned over into his brother’s face, unrecognizable with his ‘ginger goatee’, looking menacing and scary.

We laughed about this eventually, but at the time it was very real to Tim.

Around this time we had been in email contact with some dear friends, Kevin and Annette, who we also knew through our house-sitting. They wanted to help us, and miraculously, offered a house for us to stay in. We could hardly believe it. The house had belonged to Annette’s mother, who was now in a nursing home. We were welcome to stay there for as long as we needed: amazing. The only disadvantage was that the house was in Banksia, which was about an hour’s commute on the train, close by the airport.

After emails and phone calls, Annette and Kevin arrived in Sydney on Friday November 28th and they visited with us at the Royal North Shore hospital cafeteria. Again, it was lovely, but surreal, to be meeting friends under such unusual circumstances. We were totally overwhelmed by their generosity and understanding of our plight. Even more so, when we learned that they had been through something similar themselves, when Kevin’s own son had been involved in a terrible accident resulting in brain injury, some years before.

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They would prepare the house and we would meet them at Banksia station on Sunday afternoon. There was even a map. They had it all planned, and it was a relief to let things happen, as we were totally incapable of organizing things for ourselves at that time.

The weekend was somewhat of a blur, with the boys coming and going, plus the knowledge that Chris would be leaving us soon. Once more I tackled the cases and again we packed up certain items for Chris to take home. We certainly wouldn't be using our tennis racquets, that's for sure. We had realized we would need to take charge of Tim's belongings and would possibly need room for those in our luggage.

The day of the move was taxing. Brian and I stood outside the lodge for ages when our taxi was a no-show, for the short journey to the RNSH. Taxis were reluctant to bother with such a short trip, but we could never have hauled all our baggage up the hill. Unfortunately, it was Sunday, and the shuttle bus was not operational.

At last someone answered our call and we made it to the hospital, where we visited with Tim. It was time for Chris to say goodbye to his brother. Fortunately, Tim had some lucid moments before they parted, which made it even more poignant.

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We lugged everything down to St Leonard's yet again and boarded a train city-bound, for our first commute. We farewelled Chris and Owen at this point: Owen was catching a plane back to Brisbane and Chris was going home. We hugged and cried and then we got more than a little lost whilst searching for our platform for the east hills line, but eventually, we were on our way.

Kevin and Annette were waiting for us at Banksia, as promised. We all trooped back to the house, just a five minute walk away.

Typically, Annette had provided everything, including some meat, milk and vegetables. That evening they took us to the local tennis club for a meal, where we were introduced to their next door neighbours, who were to prove to be an invaluable help to us. I was terribly sad that night, feeling so far removed from Tim.

When we finally lay down to rest, Brian and I cried ourselves to sleep.

The next day, we said goodbye to our dear friends, Kevin and Annette, who were setting off for the south coast and home. I felt we could never repay them for the incredible kindness they had shown us.

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Now in possession of the house keys, we locked up and trekked back to the station, treading another well-worn path to the Royal North Shore. All roads seemed to lead there at the moment. Rattling along over the harbour bridge seemed bizarre, enhancing the fact Brian and I were alone once more and feeling vulnerable. It was Day 18 post accident and we were still almost as bewildered as we were on Day 1.

At least Tim was now gradually coming back to us, and in the next few days we saw some small steps forward. The central line was removed from Tim's upper chest, and the antibiotics were stopped. This was a good sign that the chest infection was on its way out.

The physio team were still visiting every few hours to pound and suction. Tim was even beginning to cough a little for himself. He was also able to talk to us more and more. We were fearful of what he might ask, but for the time being he merely took more notice of his surroundings, asked questions about his care and about the accident, as he could remember nothing. He also asked for Jane when she wasn't there.

We knew, however, it was only a matter of time, before there would be much harder questions to answer.

Chapter Twelve

Christmas came early on Wednesday the 3rd of December. Tim had some solid food for the first time and savored each small, tasty mouthful. He was keen to get rid of the nasogastric tube which aggravated him hugely, as it delivered his nutrients via his nose and down the back of his throat. It was secured firmly in place by tape, which he was forever trying to detach with his tongue, but until he could eat enough to sustain himself, the tube had to stay.

Tim's clinical nurse manager decided it was time for Tim to get out of his bed and into a chair. We were banished to the waiting room whilst this all miraculously happened and the next time we saw our son, he was ensconced in a large hospital tilt chair, with his arms well supported on pillows.

Apparently, we were going for a walk. Unbelievably we made our way slowly in procession down the corridor to the lift. Tim's nurse was carefully pulling a portable ventilator, attached by tubing to Tim's tracheotomy.

Once down in the main lobby, we snaked our way over to the doorway and beyond. Here the mid-morning sunshine splashed into the courtyard, casting cool shadows from the high walls, and pools of brilliant light between the plantings.

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Tim's senses were assaulted by all that was happening, and he gazed around as if he hadn't seen anything like this before. All he could repeat, over and over was, "Amazing!!"

We moved to an area in front of the hospital chapel and parked Tim facing the sun. He relished the fresh air and sunshine on his face and arms, drinking it in. He seemed to be tolerating it all so well, but the staff were constantly monitoring Tim's reactions to everything, and it was reassuring to have them right there.

When someone has been lying flat on their back for any period of time, raising of the head can cause dizziness and fainting. This is due to low blood pressure (hence the tilt chair), so Tim could be lowered quickly if necessary. For the last few days we had been slowly raising the head of his bed so he could experience a change in position. He had enjoyed having a different perspective, other than looking straight up at his ceiling.

We stayed outside for ten to fifteen minutes before retracing our route back to ICU. But there was another surprise. When we got back onto the sixth floor, Tim was wheeled into a different unit where he had a new space to call home.

Whilst we had been outside, the nurses had quickly moved all of Tim's bits and pieces through to this new alcove. We all agreed that it was a much better spot, as it afforded Tim

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more privacy. We soon made it his own, sticking up his cards, the works of art done by his nieces, and of course, Gary's collage.

When Brian and I left for the station late that afternoon, we were on a high, gliding back to Banksia on cloud nine.

During the three weeks since the accident, we had seemed to take such small steps. Sometimes forwards, sometimes backwards, but today had been a huge leap. In fact, the very next day was a bonus as well, for Tim spent more time in a chair, and was off the ventilator for a full three hours.

To top off the day, his nasogastric tube was removed in one very swift, slick movement by his nurse, and now Tim was eating entirely alone. He was prescribed high protein drinks to supplement his meals, as he couldn't eat much before becoming very full. His stomach had obviously shrunk during the last three weeks.

In the following days, Tim also experienced the bliss of his first shower, which was taken in a shower trolley. This gave him the luxury of experiencing water washing over him and having his hair washed properly, outside the bed. He also took a trip upstairs with us, with the accompanying ventilator trailing behind.

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There on the seventh floor of the Royal North Shore was the spinal ward and rehabilitation gym. Tim was strapped up to a machine called a Motomed. Away it went with his legs in a passive cycling mode, whilst Tim gamely used his limited arm movement to rotate the hand pedals. After a short burst of energy he was soon exhausted and somewhat subdued by the sight of other spinal patients exercising in various ways.

This was the time Tim really began to fully comprehend the implications of his accident and what an impact it was going to have on his life. He and Jane spent hours talking together, and Tim would become very emotional and sad. Jane was still in shock over the fact that Tim really wasn't going to walk out of the hospital and back into his old life.

Margaret, the social worker, had spent time counseling Jane about her feelings of grief, and loss in her relationship with Tim. The not knowing if she could cope with the huge changes it would mean if she stayed by Tim's side. Tim also had the opportunity to talk to Margaret about his feelings, expressing he felt Jane should now support him, just as he had gone to her side at the beginning of the year. Except, this was somewhat different of course.

On Thursday the 4th December a meeting had been scheduled with someone from Lifetime Care and Support, to discuss Tim's application and fill out some forms. We were anxious to know if Tim would meet their criteria. We

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didn't have long to wait, for the very next day, as Brian and I were on our way to the hospital, the call came through to say that LTCS had approved Tim's application. They would fund him for the initial two year interim period.

We stood outside the RNSH in tears, waves of relief washing over us, knowing this huge hurdle at least was overcome. It was good to be able to tell Tim this, to alleviate some of the worry and anxiety he had expressed over his predicament.

During this troubled time, Tim's close friends finally arrived. Now he was fully awake we felt sure that he would benefit from seeing them. We had agreed they could stay at the Banksia house with us, to help with their expenses, as they were flying in from Brisbane.

Todd, Justy and his girlfriend Jess arrived within a couple of days of each other. Then Cracker reappeared on the scene. It was a full house!! I seem to recall making up a spaghetti bolognese on the first evening. They then fended for themselves the rest of the time, as I just could not cope with cooking meals for them all.

It was good to see Tim and his friends sharing jokes, laughter and good memories. However their presence also took a toll on his emotions, and we would find him brooding and depressed when they were not around.

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Despite the commuting each day, the house at Banksia was truly a godsend, but it wasn't close enough for us to access the supermarket and carry groceries home. The next door neighbours however, were just the most wonderful couple. They took us early one morning to do a shop. They also asked us to meet them on a couple of Friday evenings, at the local RSL (Returned Services League), where we ate a meal together and were able to repay them for their kindness.

There had been track works on the North Shore line over the weekend, which made it more difficult for us to get to the hospital. It necessitated catching a bus for the latter part of our journey, and added quite a bit of time.

Our friend Dorothy was back in Sydney for the weekend and we had a coffee together in the cafeteria. It would be our last farewell.

I was also beginning to wonder if the time would ever come for me to be rid of the cast on my arm, which was such an encumbrance. The doctors in ICU arranged for me to get my arm x-rayed and finally, one day, the cast was gone. In its place was a shrunken, misshapen, sorry looking appendage, that felt incredibly strange, stiff and fragile. It would take months of exercise and strengthening for it to become useful again, but mostly I was troubled by the fact that it had happened on the tennis court and tennis was one of the last things we had done together with Tim.

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I felt I would never want to play again.

Chapter Thirteen.

Now that Tim was out of danger, the doctors had been talking more and more about the possibility of his repatriation. It made such good sense, and yet Brian and I hardly dared to hope it might happen anytime in the immediate future. We had resigned ourselves to the fact Christmas in Sydney looked highly likely.

Margaret had been adamant Tim be consulted about where he wanted to be, with regard to his rehabilitation. This had only become possible once Tim was conscious and lucid. We had all been waiting with baited breath, as of course Tim was the major player. We had also been worried in case he decided that after all, he would remain in Sydney, near to Jane.

When Tim made it clear that he too wanted to go back home to Christchurch and do his rehab at Burwood, we were all relieved. None more so I think, than Jane's parents. It was a doubly sad time for our son. Not only had he lost movement and sensation to the biggest part of his body, but now he was to leave behind the love of his life as well.

The weight of these decisions hung heavy on us all.

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'Careflight' had been contacted to come and meet Tim, to assess his needs and suitability for a flight across the Tasman. Although Tim had been weaning really well from the ventilator, which he hated with almost as much intensity as he had the hateful tube in his mouth, it was deemed a necessary precaution for a flight at high altitude and pressure. A safeguard against unforeseen occurrences whilst in transit.

The options were: a commercial flight, or a private jet. The main difference being the price tag.

As it was so close to Christmas and would necessitate a block of seats being reassigned for Tim and his equipment, we felt it unlikely there would be space until after the big day. The private jet would be available anytime, and would afford Tim more privacy. There was also the added bonus that we could accompany him, but we knew all decisions would be made by Lifetime Care on this one.

Tim's mates were leaving. They had to get back to their lives and to work. Finally, it was just Brian and I, alone again in the house at Banksia. We were beginning to feel like zombies, from the commuting and sitting at Tim's bedside: an existence transformed from the energetic, carefree lifestyle we had been enjoying until just a few short weeks ago.

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Jane and her mum had brought all Tim's possessions into the hospital one afternoon and had kindly given us a lift back to Banksia with them. We started once more to repack our stuff and sort through Tim's belongings.

It caused me exquisite pain to touch and smell his clothing. It was almost as if he had died, yet was still there. There were sentimental items like the signet ring from his granddad Ward and the watch belonging to my dad, which we had given him. His sunglasses had gone missing and a pair of sandals, which Jane had bought for him. Somehow lost at the scene of the accident.

We did our best to pack Tim's things into one of our suitcases and our own clothing would fit into the other. We were left waiting and wondering: when?

Word came through on Friday 12th Dec that Lifetime Care, had approved a 'Careflight' for Tim on a private jet, scheduled for Monday Dec 15th. We could hardly believe it: we were going home!

It was not lost on us however, the day before was the day Brian and I should have been leaving to begin our new life on Norfolk Island. How things can change. Instead, we would be returning to Christchurch with our son, starting out on a strange new journey.

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On the Sunday, we made our final commute to the Royal North Shore hospital, where Margaret paid us a special visit by popping in to say goodbye. How fortunate we had been to have the care and attention of this knowledgeable, diminutive dynamo. We pressed an envelope into her hands with a small token of our gratitude for all that the ICU had done for Tim.

Then we took Tim outside with his favourite nurse, into 'the secret garden:' a small secluded oasis close by. He looked strained and sad, his face white and drawn, knowing he would be saying goodbye to Jane later that day.



Back inside, we left chocolates and said our own farewells to the wonderful ICU nurses we had come to know. I could

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not restrain myself from giving Dr Delaney a hug. He had treated Tim with such care and compassion. He responded with an embarrassed toss of his mane.

When Jane and her mum arrived, we said our goodbyes. We thanked them for all they had done, not knowing whether we would ever see them again. Tim's face was anguished. He and Jane needed time alone, so we made our way down to the St. Leonard's station for the last time. We turned now and then to look back at the large, brown brick building, which Margaret had so aptly described to Brian over the phone four weeks ago.

Whilst we had dreamed of leaving, we now felt the sadness of leaving somewhere that had played such a vital role in Tim's acute care and stabilization.

Back at Banksia, we spent our final evening tidying up and packing. We sent last minute emails to family and friends, with details of our traveling arrangements. We had arranged to meet Tim's entourage at the airfield the next day, as it was so conveniently situated, close by the house at Banksia. Those wonderful neighbours had said they would transport us there, with all our luggage, which was an absolute godsend.

When we arrived at the Hawker Pacific hangar the next morning, it was like something from a James Bond movie, hidden amongst the industrial area behind the Kingsford-

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Smith airport. It's stainless steel and glass expanse looked out across the tarmac, where private jets squatted in rows, looking like model airplanes.



Whilst we waited, an immaculate attendant offered us whatever we would like, from an assortment of buffet-style food and beverages. A cup of tea was all we could manage. We had been pre-warned that the jet did not have the usual amenities of a commercial aircraft and there was no toilet on board, so we made sure we didn't drink too much and made frequent trips to the toilet beforehand.

Finally, after some delay due to heavy traffic conditions, the ambulance with its precious cargo arrived at the airfield.

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We were ferried out to meet it on the tarmac, where we said good morning to Tim who was strapped tight to the gurney inside. There was a short hiatus, whilst the captain of the jet decided that he wanted one of the tyres changed, but eventually, we were all inside the incredibly cramped quarters. Our luggage was safely stowed in the miniscule boot to the rear.

Tim's gurney took up the whole right side of the capsule, and his feet shared the back seat with Brian and I. The nurse and the doctor in their Careflight jumpsuits, sat across the tiny aisle from Tim. They were directly in front of us, where they could administer any drugs or care that Tim needed without leaving their seat.

We were instructed not to move at all during the flight, in case we dislodged any of the paraphernalia attached to Tim. The doctor had informed us he would keep him lightly sedated for the duration of the journey, the main concern being his breathing and air pressure inside the plane. In the event, it all went smoothly and Tim dozed the time away.

As we hurtled down the runway and then swooped sharply up into the air, I shed tears of sorrow and disbelief. Was I really on a private jet heading skywards, or was this just some dream?

No, we were heading home at last; flying away from one nightmare and head first into another.

Chapter Fourteen

After clearing the Southern Alps, the checkered quilt of the Canterbury plains stretched out below. We followed the course of the winding Waimakiriri river to our left, bringing its fresh cold waters from the mountains to the Pacific Ocean. Once the Port Hills were in sight to our right, we knew we were almost home. The pilot pointed our nose to the ground and the runway rushed up to meet us with breathtaking speed.

We touched down in an instant and taxied towards the far side of the terminal. Here we were met by customs officials and a sniffer-dog, who gave our luggage the once-over. All our passport documentation and form-filling had been taken care of by Careflight, as had Tim's. We were officially stamped back into New Zealand.

Again we had to leave Tim, as he was loaded into another ambulance for the final leg of this journey to Christchurch hospital. The Careflight doctor was anxious for that to happen quickly. By this time, Tim had been strapped on his back for a long spell, with no turns to relieve the pressure and a skin check was needed. We said we would visit him that evening, once he was settled into ICU.

Brian and I waited with our luggage outside the international terminal. Gary soon arrived to collect us and

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deliver us home. How strange, to be returning home under such circumstances. Everything seemed different, etched in shadow. I sat on the deck outside and sobbed, with two of my grandchildren nearby, puzzled expressions on their faces, wondering why nana was crying.

That evening, Chris and Gary came with us to the ICU at Christchurch hospital, where we found Tim comfortably ensconced in a private suite and in good spirits. As he had entered from Australia, there was a need for isolation, whilst swabs for the deadly MRSA bug were tested. Then the plan of attack was to get the tracheotomy out as soon as possible, so that Tim could be transferred to the Burwood spinal unit.

The next few days passed quickly, during which time the trachea tube was removed. Finally, Tim was in control of his own breathing once more. He was so glad to be rid of it and we were hugely relieved that this hurdle was over. When the swab results came back clear, it was farewell to ICU and Tim made his last journey by ambulance to the Burwood spinal unit, to begin the next phase of this new and oh so different life.

Fifty years ago, spinally injured patients in Christchurch were difficult to treat and little was known about their rehabilitation back into the mainstream. Indeed, many of them were not rehabilitated and never did find their way back into society, to pursue a useful and productive life.

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A urologist by the name of Bill Utley took an interest in spinal cord injuries after a visit to the Stoke Mandeville spinal unit of my youth. Eventually, around 1965, a spare ward was provided at the Christchurch hospital which became the spinal ward. It soon expanded and gradually, it became recognized as the place to be for the treatment of spinal cord injury in New Zealand.

A number of years later, in 1979 a purpose built facility was erected onsite at the Burwood hospital and its reputation preceded us there. Although now very 'dated', the shape and décor of its communal areas was quite distinctive.

We hoped fervently Tim would benefit from the expertise available at this facility. But we had picked an inauspicious time to enter the unit, as Christmas was fast approaching. Many patients had been sent home wherever possible to enjoy the holiday with family.

It was a quiet and forlorn space, despite the huge Christmas trees and decorations strung about the corridors. Nurses' feet echoed and equipment clattered, breaking the silence. The rehab program was also suspended over this period, as physiotherapists and occupational therapists took leave, with only a skeleton crew remaining to do maintenance work with patients. There was no structured timetable for Tim as yet and life seemed to have come to a standstill.

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Tim was installed in a single room at the 'acute' end of the unit and we settled him in. How I came to hate this room. Tim kept the curtains drawn most of the time, a dark and gloomy space, where he descended into the depths of an abyss that was all consuming.

Tim experienced nausea and loss of appetite, weight dropping from his frame as he turned his head away and refused each meal with averted eyes. When we visited he often did not want to communicate. He told us later, that it was easier to close his eyes, deny existence and sleep away the days.

Christmas came and went in blur of sadness. Brian and I could take no pleasure from it, despite our family trying valiantly to ease the pain. We took some shared food up to the unit and Tim managed to spend the afternoon in a chair outside.

New Year was a time when the twins and their families traditionally went over to the Banks Peninsula, to camp and frolic in the turquoise waters of Purau bay with a group of friends. Lost and bewildered, Brian and I rattled around in the silent shell of our home, between comings and goings to the unit, sinking lower and lower in spirits with each passing day.

I shall never forget the dreadful thoughts that crawled into our minds and made a home there. Tim wanted to die,

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said he had died the day of his accident. Brian and I spoke the unspeakable and admitted to each other that it might have been better if he had died, and then we felt remorse for even thinking such thoughts.

We had downloaded Skype for Tim's laptop, and he managed a few conversations with Jane, which made him even sadder. But he was also now able to communicate with some other friends.

It was after one such episode, talking to Todd (who had visited him at the Royal North Shore), that Tim seemed to cheer up. He asked for a burger, which we hastily fetched from the local takeaway. He wolfed it down and even managed the jam donut to follow.

We held our breath, hardly daring to hope that he had started to turn a corner.

Chapter Fifteen

Life in the spinal unit was beginning to take shape. After the holidays, the rehab program was restarted, and each day patients would make their torturous pilgrimage down endless corridors to the huge gymnasium, where various machines and pieces of equipment were set up. There the physios helped each patient to learn to maximize their function and strengthen and maintain their limbs.



Tim's spirits had lifted somewhat and he was now able to mobilize in a hospital power chair, which he controlled with a joy stick. This allowed him some freedom and the independence to make his own way to the gym. There he

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was hooked up to pulleys and weights, which exercised his biceps.

Initially, he became exhausted very quickly, but gradually he built up strength in his arms, and began to exhibit some flickers of wrist extensor muscles. This enabled him to cock his wrists.

He also worked with an occupational therapist, who engaged him in hand classes, designed to increase and improve any hand function that might return. This involved trying to pick up and manipulate small pieces of equipment, by playing specialized games such as noughts and crosses or 3D Connect Four.

There were also sessions based around eating, with aids to help Tim use a spoon or fork for feeding himself.

Tim's hands and their lack of function, were one of his greatest challenges. Doing the most basic of tasks requires the use of these incredibly complex and miraculous appendages. How we take for granted our ability to do everyday things, such as turning a knob or picking up an item, let alone the host of more intricate movements involving strength and dexterity.

Tim was frustrated and despairing of his useless hands, which would not respond to his most concerted efforts to

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flex and grip. Tim's right hand also seemed much weaker than his left, and we watched continuously for any improvement on his right side.

Every morning, the physios would come and do passive exercises on Tim's arms and legs, which stretched them out and helped to maintain their condition. A common factor for spinal cord patients is the shortening of their ligaments and tightening of their muscles, if not used or maintained. One thing which we all found hard to swallow, was the bandaging of Tim's hands each night into "boxing glove splints". Doing this, forced the hands into a clenched fist, which was considered more useful for function.

It broke my heart to watch these gradual changes in Tim's body. He had, by this time, lost about twenty kilos and the staff were concerned. It was good that a spinal patient not become obese, as this was dangerous for their health and made it much more difficult to lift and transfer, but becoming too skinny was also an issue. Bony bums sitting for long periods in wheelchairs often led to pressure sores, which might then necessitate weeks of bed rest.

A timer had been attached to Tim's chair, which beeped every twenty minutes and at that point, he needed to do pressure relief. It seemed that no sooner had we completed one cycle, than it was time for another. This entailed leaning Tim forward over his own knees, to raise his buttocks, or more specifically his sacrum, off the cushion of

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the chair. The staff constantly reiterated how important it was to adhere to this regime, to avoid the dreaded pressure areas.

Tim had earlier experienced the developing of two small blisters on the outer edges of his feet. These had needed to be dressed and kept off the bed for fear of them turning into deeper sores. Such simple things as creases in the sheets, or clothing not properly adjusted, could easily mark Tim's body.

We learnt that his clothing needed to be free of raised seams, back pockets, studs and buttons etc, which could all inflict marks. A lot of spinally injured guys apparently didn't wear underpants, due to the seams marking their skin. I believe 'going commando' is the expression!

One of the first things that Tim had been provided with at Burwood was a pair of huge sheepskin boots with Velcro fastenings, which he wore most of the time. It was with a great sense of achievement that he proudly wore his Nike trainers for the first time after a couple of months, but we had to be vigilant that they didn't rub or chafe his feet.

It was mooted that buying shoes a size larger than usual was the order of the day in future. We were learning the tricks of the trade at the same time as Tim and it was often useful to observe other people in their chairs and watch how they did things.

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By now, Tim had been moved from his single room in the acute section, to join two others in a three-bedded room. Whilst it was noisier and there was less privacy, it was good for Tim to have interaction with other people again.

It was still very much a rollercoaster ride for us all and I cannot begin to imagine how Tim was feeling inside. Some days he was in good form and managed to smile and be positive about his situation, but there were many dark days too, when he must have felt that life was just not worth the effort.

Initially, after our return to Christchurch, Tim had been adamant that he didn't want any visitors other than close family. That he didn't want to be a 'freak show' – his own words. There had been a bad experience in those early days, when someone Tim knew only briefly, arrived unannounced at the unit and barged into his room. Tim merely turned his gaze toward the window and the visitor soon took the hint.

Gradually however, he accepted first one friend, and then another, until he became at ease in their presence. They provided a welcome diversion from gazing at the television screen, which was a fixture above every person's bed in the spinal unit.

The next big step for Tim, was to brave the outside world.

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The spinal unit was very much a cocoon, totally insulated from the big wide world outside its sliding doors. Getting out and about was either by wheelchair taxi, or by borrowing the spinal unit van, but so far we had not been able to persuade Tim to venture out.

On January 13th, two months from the day of Tim's accident, it was also our grandson Charlie's fourth birthday. We were determined to bring Tim home for the afternoon.

We booked the spinal unit van and Brian and Chris fetched him. Just getting the wheelchair into the van, via the rear lift and getting the power chair clamped down and secure, was a mission in itself. How different from opening the passenger door of a vehicle and sliding in! The journey itself was uncomfortable and scary for Tim, as the old van bumped along and jarred Tim's neck at every stop and start.

I was anguished because there was as yet no access for Tim to come into the house, but fortunately the weather was fine. We made a barbeque and sat around a large table erected outside. I spent most of the afternoon feeling anxious and distressed that Tim would be alright, panicking about pressure relief and every other small detail that affected his comfort. Tim was exhausted by the time we returned him to the unit, but it had been an important new experience to cross off the list.

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The next time Tim came for a visit, he used a wheelchair taxi, which operated more smoothly. By that time Chris had manufactured a ramp of sorts, which gave Tim access to the house – our boy could finally come home. I felt both sadness and joy when he was able to wheel into the house and keep warm in front of the fire, as the autumnal days turned cooler.

A good friend had given us an electronically operated 'lazyboy' chair, into which Chris transferred Tim. He shed emotional tears at being able to sit in a 'normal' chair again for awhile. It was another first.

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Chapter Sixteen

Bowel and bladder are two words you will hear frequently on any spinal ward. When the spinal injury occurs, dependent upon the level, bowel and bladder function may, or may not be impaired.

For the duration of his stay in ICU in Australia, Tim was catheterized and passed urine via his urethra into a bag hung at the bedside, so that gravity could help nature take its course. Since the accident, Tim had experienced no urge or sensation to urinate, just as he had no sensation of anything at all below his chest.

During his very first week in the spinal unit, Tim was taken to the urology room and underwent a procedure to insert a supra pubic catheter, which entailed passing a plastic tube through the wall of his abdomen, directly into his bladder. The catheter was another indignity, which now became the norm. We became accustomed to seeing the tube taped in place, snaking down the inside of Tim's pants leg. The bag was positioned at about mid calf level, for collecting the urine. This also made it relatively easy to empty during the course of the day.

The spinal unit worked to a regime of opening the bowels every second day, prior to the patient taking a shower. Tim was now getting used to sitting in a shower chair and

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with the aid of suppositories, he would be left sitting over the toilet and his bowels would work.

I must confess this procedure still remains somewhat of a mystery to me. Tim didn't want to discuss it in detail either, so I will leave it to your imagination. It must truly be one of the most difficult and humiliating things to deal with – we cannot begin to imagine.

As there is no sensation below the level of injury, there are also hidden enemies lurking. Things which would normally cause you or I pain or discomfort, but cannot be felt by Tim. He would be oblivious to a bump or bruise, and even a more serious fracture could escape his notice, unless blatantly obvious. Just the same, if there is a problem with the bowel: impacted stool, or a kink in his catheter, causing a backflow of urine, he has no way of knowing.

This is when the spinal patient usually experiences autonomic dysreflexia, as a symptom of these otherwise hidden problems – being cold and clammy, experiencing a high temperature or a severe pounding headache (which Tim is subjected to), is usually accompanied by exceptionally high blood pressure. This is the body's way of dealing with what is happening to it and can be life threatening if not paid urgent attention.

It doesn't take much deduction to realize, that the spinal cord patient needs to be expertly vigilant with regard to all

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aspects of their own care. Tim had to learn to take responsibility for all of these things, even when he was feeling down and depressed.

During the summer months of Tim's stay in the spinal unit, we were all able to make the most of the lovely outside spaces. Adjacent to Bottle Lake forest, the unit overlooks the pine trees at its border. More recently, a beautiful garden and children's play area had been developed, in recognition of the work done by Doctor Angelo Anthony.



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Tim's nephew and nieces used the play area each time they visited and we all sat outside for hours on lazy, warm summer days. A long verandah stretched the entire length of the unit for shade, and at the far end, a barbeque area and tables were provided outside the dining room. We often brought food up to the unit and had impromptu picnics, or take away fish and chips from the shops nearby, if Tim was feeling up to it.

One week, when it was particularly hot, the unit was a sight for sore eyes. The men wheeled about, stripped off to their singlets. Most of them sported a dripping facecloth or towel at the back of their neck, or in Tim's case, on top of his head! He loved the delicious sensation of the cold droplets dripping onto his neck and shoulders. It is only natural, when you can feel so little of your body, that what you can feel becomes exquisitely sensitive to pain or pleasure.

Another reality of being spinally injured, is that the mechanism for controlling body temperature is affected, and Tim is unable to sweat like you or I. On many nights the electric fans would be whirring at the bedsides of red-faced patients, who had spent too long in the sun.

Getting Tim in and out of bed was something I had always found difficult to watch. The backbreaking lifting of long-ago nursing is a thing of the past and an electronic hoist now does the trick – a strong durable sling is positioned

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under and around the patient's body and is hooked up to a hoist. At the touch of a button, Tim would be raised off the bed, to dangle precariously in mid air, as if by a thread. The sling is then swung into position over the chair and Tim would be lowered down again.

His face always expressed the sheer vulnerability which he must have felt each time this happened. A hoist is a marvelous piece of equipment to aid the nurses in their work, but Tim much preferred being transferred by the physios. We in turn learned how to perform a sliding-board transfer, so that in the evenings we could get Tim back into bed without using the hated hoist. (This would surreptitiously be effected behind closed curtains and out of sight of prying eyes.)

Tim would position his chair at the side of the bed, which we raised or lowered to the same height. Then, Brian would bring Tim forward to rest over his shoulder, whilst I pushed the slippery sliding board under Tim's buttocks. On the count of three, we would slide him across and onto the bed. Whilst Brian maneuvered the chair out of the way, I would support Tim's back, as his feet hung over the side of the bed.

In time, Tim was able to take more and more of his upper body weight, by flinging his arms back and locking his elbows as the physios had taught him. Brian then swung Tim's legs up onto the bed, whilst I lowered his shoulders.

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Bravo! Eventually we had our routine down to a fine art and with it a sense of achievement that comes with doing something useful.

Tim would often experience spasm as we positioned his legs on the bed. Sometimes, I would have to press his bent knees back down onto the mattress as they shook uncontrollably. We had first observed this happening with heart-stopping gasps, way back in Sydney, when we had fervently hoped that it might be voluntary movement, but of course it wasn't. All spinal patients experience spasm and it can sometimes be so violent as to jerk them out of their chairs. Tim had been prescribed medication to control his spasm, but eventually he cut it out altogether. Spasm was actually a good thing, as it moved Tim's legs and thus aided circulation and helped prevent pressure build up.

Tim was also taking medication for neuropathic nerve pain – his shoulders, particularly his right one, had been extremely painful from the get-go and he had received a series of cortisone injections to help with this. There were other pills for a variety of reasons, which Tim gradually hoped to decrease over time, but he always made the nurses smile, by swallowing them all in one go.

As we made Tim ready for bed, we would take off his abdominal binder, which Tim called his girdle! It was simply a broad piece of elasticised material, held in place with Velcro. During the day, whilst Tim was upright in his chair, it

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helped to pull in the abdominal muscles, which Tim could no longer do for himself. Most tetraplegics developed this “tetra tummy” over time, unlike their paraplegic cousins, who had normal sensation and movement to a much lower level.

We called them the lucky ones. They were able to zip about in their manual chairs, propelling themselves with strong, bulging biceps. We envied them their ability to sit upright in their chairs without need of the lateral supports, which Tim had, to prevent himself from toppling over sideways. They could also perform their own pressure relief by raising their buttocks off the chair with their strong arm muscles, whilst Tim needed to be helped forwards and then pushed back. Often it seemed that Tim’s life had become so severely restricted that it was hard for him to find a reason to go forward. But go forward he must.

A young girl, who had been in her chair from the tender age of sixteen, had told me that the secret was to find your own special thing to want to live for and once you had found it – not to let go.

Chapter Seventeen

Whilst undergoing their rehab in the spinal unit, all patients follow a structured timetable of physiotherapy and occupational therapy sessions. Assistive technology to aid their computing and communication skills, and meetings around study or work options for the future. This also helped to keep their days as full and productive as possible. By the time of a patient's discharge, such things as equipment and care-giving needs had to be organized, as well as accommodation and housing needs being met.

Tim had been trialing a couple of different power chairs, and he found it hard to come to a decision, as he liked different features of each chair. One turned more smoothly and looked better, but the other travelled better over uneven terrain and had more efficient controls which Tim found easier to manipulate. Eventually he chose, and the chair was ordered.

Similarly he needed to try out and choose a hated hoist, and as you can imagine, he found it hard to decide which of these he could cope with. A bed with a special mattress had been selected, and also a piece of standing equipment. Initially, in the gym, Tim had been using the tilt table to bring him up to a standing position. He was strapped to a plinth-like bed, which was then raised by degrees, until he could tolerate being upright.

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Most patients experience extreme light headedness when they are first elevated and often pass out. Tim did go ghostly pale a few times, but generally coped well. I found it wreaked havoc with my emotions every time I walked into the gym and saw Tim standing up. He was the tallest in our family and now we always seemed to be looking down on him in his chair or in his bed, so it was good to see him at a height again.



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Tim eventually progressed to a standing frame which did the same job, and would be much more compact for storage when he moved into his own place. Tim favoured one which could winch him electronically from sitting to standing, with a tray table in front. This would enable him to read, eat or simply stand and watch TV, which seemed like a good plan.

You may wonder why such a piece of equipment is necessary for those with a spinal cord injury, and there are many benefits. Taking weight through the legs is good for the circulation, aids bowel and bladder movement, stretches out the ligaments, helps to prevent osteoporosis and is also good for breathing.

Since weaning from the ventilator, Tim's breathing was now much shallower than before the accident, due to the fact that his diaphragm and intercostal muscles didn't work as well. Instead of seeing his upper chest expand and fall, we now noticed that the movement seemed to generate from his stomach.

Tim had also been trying out a manual chair, which he propelled with the aid of a pair of rubber-faced mitts. It was exhausting work and he needed to develop his upper body strength to be efficient at pushing. If Tim could master the manual chair it would give him a certain degree of freedom, such as travelling in a normal vehicle, if someone could transfer him in and out. It's possible to

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pack a manual chair into the boot of a car, but a one hundred and twenty kg power chair is quite another matter.

Chris had already experimented taking Tim in the car, and he did so enjoy the normal feeling of sitting in the passenger seat, being able to see out of the windows and look around. In the wheelchair taxi, sitting up so high, his vision was limited to a mere patch of the road.

We had been talking to the Mclsaac Trust care-giving agency, who specialized in clients with a brain injury or spinal cord injury. They seemed to be our obvious choice and would build up a core group of carers around Tim, who could also have input in their selection. He had specified – young, female, blonde etc!! They said they would see what they could do.

Getting the right care-givers, who Tim could relate well to and who had a good rapport with him, would be imperative. It was at this point, that Tim's friend Todd said that he would be interested in becoming one of Tim's carers, which pleased Tim no end.

Of course, for any of this to happen, the most important feature had to be the securing of suitable modified accommodation for Tim. This was to prove our greatest challenge. Tim had not lived at home now for many years and we all felt that it was best if he kept his independence and lived in the community with caregivers.

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We, his family could then preserve our roles – as mother, father, brothers etc. It was a very hard decision to make.

Tim didn't really have any assets and nor was he eligible for any ACC payouts, which made the situation pretty gloomy, but he was placed in top priority with Housing New Zealand. We hoped that a suitable place would become available in time for Tim's discharge. Lifetime Care would pay for any modifications to the dwelling, which was a great relief.

For the duration of this time, Brian and I had been struggling to reorder our own lives and get back to some semblance of normality. Brian had eventually begun to do some casual work for his old firm, whilst I had got stuck into the garden with a vengeance and found it therapeutic to weed and mow and dig.

Finally, I also found a new part-time job and life resumed some sort of routine, similar to the one we had had, before our life of house-sitting had begun three years earlier. The work gave me another focus, for which I was grateful.

As soon as I crossed the road to catch the bus to the spinal unit at the end of my day however, my mind automatically reverted to 'Tim time.' As the bus rattled along, I wondered how I would find him that day – had he eaten, would he be in good spirits?

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Eventually, we even had the occasional night out with friends, or went to the movies. It was hard to do, as there was always the thought of Tim lying in that bed at the unit. We knew that our lives had to resume, although it was incredibly hard to put it into practice, but if Tim could do it, then so could we: each day was a challenge for us all.

Chapter Eighteen

Suddenly one day, we woke up to realize that it was six long months since the accident. Certainly, it had been the most challenging and emotionally demanding six months of our lives, and whilst things were not so raw, they were still no easier to cope with. Both Brian and I still experienced that stomach-churning emotion each morning, when we awoke and remembered the reality – how must it feel for Tim each new day?

Many folk had helped us, as we stumbled along the way, entering our lives and leaving a little of themselves behind in the process. Similarly at the spinal unit Tim got to know patients, who would arrive and depart when their rehab or procedure was completed.

Some of these people were inspirational. They touched us with their personalities, their stories of courage and devotion, and their kindness to Tim. He could see there would always be people, both better and worse off than he, but it was cold comfort to him at the time.

We had a breakthrough around Easter time, when Tim finally agreed to make his first public appearance on some local outings. On Good Friday we drove to Sumner and Tim maneuvered his power chair along the esplanade, with his niece Jamie sitting proudly on his lap. Somehow, the focus

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shifted from the guy in the chair, to the cute little girl on the guy's knee in the chair. Tim enjoyed the fresh air and the change of scene.



Not one to do things by halves, the next day we braved the Arts Centre, seething with holiday crowds and Tim and Chris tested the bratwurst sausage from one of the many food stalls.

We even managed a brief shopping excursion, to buy Tim long overdue gifts, for his birthday and Christmas. It should be noted right now, although I will not shame the store we visited, that there was an abundance of stock blocking the aisles, which made them very difficult for Tim to negotiate in his chair. This was something, which I would never before

have noticed, yet which I now felt most indignant about.

We purchased an electric shaver, which Tim was able to hold himself and use with minimal assistance, as well as an electric toothbrush. Having other people clean his teeth had been a real aversion for Tim, so it was good that he could now do this mostly for himself.

Independence of any degree, is absolutely the key to quality of life for a spinal cord patient, who depends on others for so many of their daily living requirements. No matter how small or insignificant the task, doing it for oneself is the optimum outcome.

Our rollercoaster existence entered another phase when Tim developed a pressure sore – this after a day spent in bed one weekend, and no attention paid to his heel resting in one position for too long.

Another strange mark also manifested on his lower back as well, which had everyone stumped as to its cause. It was at this very same time that another dear friend Stevie, arrived for a surprise visit – all the way from California.

Tim was devastated that he had to be on bed rest for a few days. Frustrated and depressed, Tim's appetite plummeted, but eventually, when he was allowed up for awhile, he and his friend disappeared to the pub. There

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they managed a few liquid lunches and eventually, tempted by Stevie with steak and pizzas, Tim started eating again.



We were now well into autumn and the days were getting colder and shorter, which combined with a really wet spell, meant outside activities were off the agenda. It was also time for the next phase in Tim’s rehabilitation: “Transitions.”

This area had been set up in another part of the hospital grounds, away from the spinal unit itself, but connected by those never-ending internal corridors. There, the patients had their own rooms and determined their own daily

structure to a large extent.

The idea behind Transitions, is that the patient starts to get ready for rejoining society, and takes on daily tasks such as planning what to eat, shopping for the ingredients and going on various other planned outings. The cooking and eating is done communally in the small dining area, with patients taking a hand with chores if possible.

Staff are always around, but less hands-on than the nursing staff in the spinal unit. Whilst this seemed to work really well for those less incapacitated than Tim, he felt at first, that Transitions was just a waste of his time.

The peace of a single room was nice, after a few months of sharing and constant noise 24/7. The down-side however was that Tim now had no internet access or TV above his bed, which had been his main source of entertainment and link with his mates and the outside world.

Once more he retreated to a place within himself that was full of pain and misery, spending a lot of time at the smoking area outside in the cold, smoking one cigarette after another, provided he could get someone to light them for him.

Tim had been a smoker for a number of years, but a few months before his accident, he had finally given up, much

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to my delight. Of course, he was unable to smoke at all after the accident. He had also been advised it was particularly unwise for a spinal cord patient to smoke, due to their weakened breathing abilities and the possibility of causing chest infections. Nevertheless, we saw many of the patients, wheeling round to the designated smoking area, where they would contentedly puff away.

There came a day when Tim was feeling down, that he decided to join them, and of course, he was soon buying packets and smoking far too many. He evolved his own way of smoking, with the cigarette constantly in his mouth, and he became very adept at flicking the ash and spitting out the butt.

A number of weeks later, Tim seemed to realize this was a bad idea and used nicotine patches to quit, which was great. However now he was back to cigarettes again with a vengeance. The smoke perpetually curling up one side of his nose, had irritated and reddened the skin. He lost all interest in his appearance and grooming and was looking terribly thin and scrawny, due to his poor appetite.

We tried to tempt him with various tidbits, and Jodie's homemade pumpkin soup with cheese scones sometimes did the trick. He also liked to nibble on Pringles, when he couldn't face a meal – they were light enough to maneuver and pop into his mouth. Bags of sweets were useful sugar fixes – we would bring in 'jelly snakes' or 'party

packs' to be picked at. Tim became adept at getting them into his mouth too.

Tim's constant companion for some time had been a covered water bottle with a handle on the side, which he could manipulate and drink from independently. But even drinking seemed to be too much trouble of late, and Tim's fluid intake had dropped dangerously low.

Brian voiced an idea, which he thought might lift Tim's spirits and suggested a sleep-over at home. Wow! Tim perked up a little and miraculously, we managed to get it approved by the medical team.

With a list of instructions and his drug supply in tow, Tim arrived by taxi one Friday evening and we were prepared with a bed made up in the lounge, which was toasty warm from the roaring log fire. I, of course, was beside myself with worry. Would the bed mark his skin, would something go wrong and Tim become dysreflexic?

When it was time for us all to go to bed, I found it hard to sleep and constantly disturbed Tim, with my pleas to let me turn him. Morning eventually arrived and much to my relief Tim's skin was unscathed. (I told you so mum - mutter mutter!!) I breathed a sigh of relief and vowed that next time I wouldn't fret so much.



The next day was sunny and warm. Brian and I managed to get Tim up into his chair and outside, where we had breakfast alfresco. Tim and I spent a few hours in the garden, me pottering about, Tim following the sun in his chair.

After lunch, Chris put Tim in the car and they went for a drive, and the day just seemed to get better. By late afternoon, with Tim ensconced back in the Lazyboy, we were all feeling very pleased with ourselves.

By early evening, we ordered the taxi to get Tim back to

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transitions, where Brian and I put him into bed. That night we all slept the sleep of the exhausted. But it was a good feeling of exhaustion and another new experience to cross off our list – Tim's first night out of a hospital environment for six and a half months!

Chapter Nineteen

The cold snap was very evident. Hanging washing in the early morning my feet crunched on the frosty lawn; frozen pegs and frozen fingers sticking, cloudy breath fogging the air. This was our first winter in New Zealand for four years and we felt it keenly. I squinted in the sun and pondered the fact that I was here, instead of playing tennis somewhere in the sunshine. How life's direction can turn on a dime.

Tim had finally settled into Transitions and was joining in at times with some of the activities there. There was a large wooden chess set sitting in the lounge and one day I suggested that we have a game. I hadn't played for many years. I knew Tim would take me to the cleaners, which he did, but it proved to be an enjoyable exercise, and we had a few more encounters.

Here at last, was an experience where Tim was on a level playing field and it made me realize that there were still plenty of things he could enjoy, if only he could be persuaded to try them.

We had come to know some of the staff of the Spinal Network Trust, an organization which operated out of the Allan Bean Centre onsite at the Burwood Hospital. Otherwise known as the ABC, the centre was opened in 2001 and

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named in honour of Mr. Allan Bean, surgeon and specialist in spinal rehabilitation, who had retired in 2000.

The library and resources there were available to all patients, their families and carers. Through a staff member I had been put in touch with another mother of a young man with a spinal injury. We spent time talking together and had a few coffees together. It was good to know that this person, really understood how I felt, having been through the same thing herself. Her son was now involved in wheelchair rugby and Tim was encouraged to consider giving it a go.

Ironically, Brian and I had been watching it with great interest at the Beijing Paralympics. We were able to source a book and a DVD from the ABC centre called "Murderball", which tells the story of an American who is spinally injured and goes on to play wheelchair rugby for his country.

A powerful read and an even more startling documentary drama, we all watched it with interest. But Tim wasn't ready yet for this kind of involvement and we let it drop, hoping that seed had been sown and eventually he would find his own new sport to pursue. After all, it had always been his sport, which had lifted him to another level.

Tim's discharge date was fast approaching and he was certainly ready for a change of scene, after spending over

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six months in Burwood. Lifetime Care and Support had approved Tim's attendant care needs and he was assessed as needing one hundred and sixty eight hours per week. I quickly did my multiplication and realized that this meant 24/7 care.

Slowly, slowly, aspects of his life had become commonplace – where to place this pillow, how best to position that leg, how to hang a catheter bag on the side of the bed. Yet we still felt the shock of the reality – no feeling, no sensation, dependency, loss of dignity.

Minds played games, when for an instant we forgot and then quickly jolted back to the truth – this is for life. The impact of Tim's accident had plunged us all into a whirlpool – Tim stuck in the vortex and we, his family, swirling about him.

Periodically we would come up for air and then descend again into blackness. The blackness of grief, uncertainty and weariness, but we clung on and kept popping back up to the surface to try and carry on swimming in the river of life. And where is the joy in it?

Well, we all have to find that joy, that reason and then hold onto it, as we move forward into this new and different life.

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