“Doctors urged my family to consider removing me from the ventilator. It was a ‘quality of life issue’ since I would likely ‘never breathe on my own again’ if I lived.”
When I was 33 years old, I moved from criminal prosecutor to private practice. I was healthy and active. So, when my lower back started to hurt, I just applied heat and continued talking to clients and going to court.

When the pain increased, I went to my internist, who examined me and sent me home with muscle relaxants. As five days passed, I had extreme difficulty breathing. Another visit to my internist produced the same medications but not blood work or chest x-rays.

Over the next 24 hours, I deteriorated quickly. After my internist refused to see me, I found another doctor who discovered my blood pressure was only 70/50. After blood work and a chest x-ray was performed, I was ordered immediately to the emergency room; my white count was three times higher than normal.

I was placed on oxygen and admitted directly into the Medical Intensive Care Unit. That evening, my kidneys failed. Only 24 hours later, I went into respiratory arrest and was intubated. I was soon diagnosed with both Sepsis and Acute Respiratory Distress Syndrome. My family was told the prognosis: ARDS. My chances of survival were, at best, 50 percent.

I was forced into a drug-induced coma, insulted with tubes, and assaulted with machines. As days turned into weeks, the grim reality of my illness was evident. Doctors urged my family to consider removing me from the ventilator. It was a “quality of life issue” since I would likely “never breathe on my own again” if I lived. A tracheotomy was performed after about two weeks.

After four weeks, I was given steroids, and I showed minimal improvement. Medications were reduced and I emerged from my coma. Almost immediately, I

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ACUTE RESPIRATORY DISTRESS SYNDROME

- Acute respiratory distress syndrome (ARDS) is defined as an acute process, which results in moderate to severe loss of lung function.
- Between 150,000 and 200,000 Americans will be diagnosed with ARDS each year. Worldwide, that number is about 2.2 million.
- There is no known prevention or cure for ARDS, and patients are treated with supportive care in the Intensive Care Unit.
- Although ARDS is always a critical syndrome, more than half of the patients who are diagnosed with ARDS survive.

Source: ARDS Foundation—www.ardsusa.org
suffered a delirium and both of my lungs collapsed a second time. I was losing blood. Five chest tubes, eight blood transfusions, high fevers, and more infection followed.

After another four weeks on the ventilator, I could breathe on my own. It took an additional week in the hospital and several months of recovery to restore my emaciated and deconditioned body.

I delayed my attorney work for another eight months, but I was able to get pregnant six months following my release from the hospital.

I now have two daughters, Lily and Dana, work part time as a trial attorney, and serve as president of the ARDS Foundation. I feel a passion and desire to support those who are dealing with ARDS as patients or family members every day.

_Eileen Rubin was a patient speaker at the ATS International Conferences in San Francisco (2007) and San Diego (2009), Calif.; and Denver, Colo. (2011)._