Terror and Rehabilitation of Two Family Members with Spinal Cord Injury

Gabi Zeilig MD, Harold Weingarden MD, Rachel Laufer BSW, Amichai Brezner MD and Michal Navon BSW

Departments of Neurologic Rehabilitation and Pediatric Rehabilitation, Sheba Medical Center, Tel Hashomer, Israel

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The threat of terror affects the international civilian population. While the physical and emotional toll following a terror attack is enormous, for the victims and their families it is utterly devastating. The effect is multiplied when several members of the same family are struck. We report on the unique rehabilitation problems in a family where terror resulted in the death of the mother, and spinal cord injuries in the father and daughter.

Patient Descriptions

On 5 August 2001, five members of one family were traveling in their car when a terrorist group opened fire. The mother was declared dead at the scene. The father suffered gunshot wounds to the face, chest, abdomen, upper limb, and spine. The 15 year old daughter sustained gunshot wounds in the chest, abdomen, upper limb, and spine. The bullets did not hit the two younger siblings in the car. Both the father and the daughter underwent multiple surgical procedures and remained with severe spinal cord injuries, the father at T7 and the daughter at L2.

Within 2 weeks, a decision had to be made whether to follow the normal procedure of providing separate adult and pediatric rehabilitation or to find a way to keep father and daughter together. Separating them would likely increase the feeling of loss in each as well as remove any parental support for the daughter [1]. Nonetheless, it was decided that they be placed in separate adult and pediatric rehabilitation settings in order to provide the unique expertise of each department. Additionally, there was a risk of altering the parent-child relationship because of the severe suffering and physical inabilities each faced and the need for individual emotional and physical adjustments

The father's rehabilitation program was complicated by the parallel multiple medical interventions. Reconstructive and plastic surgery procedures were performed for lip, mouth and maxilla. The hand fractures and chest wounds required appropriate management. A very severe neuropathic and musculoskeletal pain syndrome hampered rehabilitation. Reactive depression due to the terrorist murder of his wife, coupled with his own and his daughter's injuries, and his inability to care for his four other children, further complicated the rehabilitation program.

The initial management of father and daughter was conducted in different trauma centers. On transfer of the daughter to the pediatric rehabilitation unit, problems with adjustment and compliance with treatment became apparent. The question of separating the father and daughter was reassessed. A decision of separate treatment was reached, but that family counseling sessions be provided outside of the rehabilitation.

The other two siblings in the car, brothers aged 7 and 13, returned to their home in a small closely knit religiously observant community not far from the site of the attack. The community has been providing the physical supervision and care for these two children and their two other siblings (aged 11 and 9) as there are no relatives living in Israel. Immediately following the attack the 13 year old had been actively involved in the medical rescue efforts for his parents and sister. While all of the children have a high level of stress, this boy showed particular symptoms of a stress disorder that included suicidal ideation, behavioral changes, and the need for psychological intervention.

Comment

Spinal injury is known to have a significant impact on all members of a family [2,3], but when the injuries are the result of a terror attack on the entire family many additional factors become evident. Care provision must take into account the individual patient's needs as well as the inter-relationships when more than one family member is the victim of such an attack. Additionally, even those family members not directly injured are far more likely to demonstrate symptoms, especially when the terror activity is ongoing and the feeling of insecurity persistent. In addition to acute medical care, we recommend that close and continued social and psychological management be provided from the initial stages after such an attack for each member of the family, and for the family as a whole.

References

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Correspondence: Dr. G. Zeilig, Dept. of Neurologic Rehabilitation, Sheba Medical Center, Tel Hashomer 5262, Israel.
Phone: (972-3) 530-3725/15
Fax: (972-3) 535-2888
email: zgavriel@ccsg.tau.ac.il