

## 15 October 2021: Living with the Consequences of a Cardiac Event — A Musical Patient Perspective on Autonomic Vulnerability, Ambiguity, and Partnership

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### Abstract

*This preprint presents a first-person medical narrative communicated through original musical composition. It recounts the long-term consequences of a catastrophic complication during premature ventricular contraction (PVC) ablation, resulting in left ventricular rupture, acute cardiac tamponade, and emergency open-heart surgery.*

*While the intervention was life-saving, subsequent years were marked by persistent autonomic dysregulation, multisystem instability, and sustained changes in functional capacity. Rather than conventional prose narrative, the medical testimony is embedded within the musical structure itself — rhythm, harmony, motif, and lyrical development reflecting dysautonomia, ambiguity, and recalibration.*

*Drawing on narrative medicine and illness phenomenology [1,2–6], and chronic illness theory, the work proposes musical composition as a methodological form capable of representing embodied illness experiences that resist linear description [1,2–6]. The composition traces three trajectories: pre-existing autonomic vulnerability, the acute intraoperative crisis, and the prolonged renegotiation that followed.*

*This preprint contributes to medical humanities, patient-experience scholarship, and narrative medicine by suggesting that patient-authored creative works may function not merely as reflection but as qualitative data conveying dimensions of illness that structured clinical documentation cannot fully capture [7,8].*

**Keywords:** Cardiac Tamponade, PVC Ablation, Left Ventricular Rupture, Autonomic Dysfunction, Dysautonomia, Cardiac Autonomic Neuropathy, Musical Narrative, Patient-Composer, Embodied Illness, Continuity of Care, Clinical Language, Patient–Clinician Partnership, Narrative Medicine

### 1. Interactive Musical Score and Recordings

The full musical score, lyrics, and performed recordings are available via the interactive flipbook link:

<https://brucehknox.aflip.in/48d505167a.html>

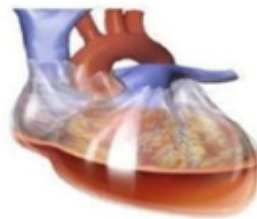
Please click on the link provided, then navigate to the bottom right corner of each page to turn the page and allow the music to begin.

## CARDIAC TAMPONADE 2021

Welcome, and thank you for picking up to listen to the  
Rhymes and Songs I have created to celebrate the events of  
15 October 2021: Medical interventions, my recovery, and healing.  
These songs affirm all involved.

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BRUCE KNOX

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### 1.1. Musical Patient Perspective

The narrative is communicated through musical composition rather than expository prose. It explores survivorship, autonomic vulnerability, and the stabilizing role of acknowledgment and partnership amid clinical ambiguity.

### 2. Conclusion

This work has sought to do more than recount a medical event. It has attempted to render audible what often remains clinically invisible: the prolonged negotiation of life after survival. The emergency of 15 October 2021 was finite in duration; its consequences were not. Autonomic instability, multisystem recalibration, and the subtle erosion and rebuilding of capacity unfolded over years rather than hours. Prose can describe these realities. Music can inhabit them.

The decision to communicate this narrative through musical composition rather than conventional exposition is not stylistic but methodological. Dysautonomia is experienced as rhythm disrupted, tempo altered, equilibrium unsettled. Clinical ambiguity feels like unresolved harmony. Fragmented care resembles thematic material passed between sections without full integration. By embedding the medical narrative within structure, motif, repetition, tension, and release, the composition mirrors the physiology and psychology of lived illness in ways linear language cannot fully capture [2-6].

The lyrics tell a story. The score carries the body.

Equally significant is the fact that the patient and the composer are the same person. The act of composition became part of the recovery process itself. In shaping disordered experience into musical form, chaos was given contour; uncertainty was given cadence; fragmentation was given thematic return. What medicine stabilized biologically, music helped stabilize narratively. Writing the work required revisiting fear, vulnerability, and ambiguity — yet it also allowed integration.

This dual function — testimony and therapy — underscores an important dimension of patient experience scholarship. Healing is not confined to physiological repair. It includes the reconstruction of meaning. When patients author their experience — whether in prose, visual art, or music — they participate actively in that reconstruction [7,9,10].

For clinicians and health systems, this musical presentation offers an invitation. It asks that survival be understood as the beginning of a longer narrative rather than its conclusion. It suggests that language, continuity, and relational humility matter as much in the years following intervention as technical excellence matters in the moment of crisis. It proposes that patient-generated creative work can serve not merely as reflection, but as qualitative data — conveying dimensions of experience that structured metrics cannot fully measure [8].

Ultimately, this composition stands as both witness and gratitude:

witness to the complexity of surviving catastrophic cardiac events, and gratitude for the life preserved that made both survival and song possible. If the music carries therapeutic value for its author, it is hoped that it may also foster deeper listening within those who care for others navigating similar terrain.

In this way, the work seeks not only to tell a story, but to contribute to a culture of care in which survival, meaning, and partnership are understood as inseparable movements within the same human score.

### 3. Companion paper

#### 3.1. Musical Composition as Method in Autonomic Recovery Scholarship

##### 3.1.1. Abstract

Narrative medicine has established the importance of illness storytelling in clinical care [1,6]. This paper argues that musical composition may function as methodological form in conditions characterised by autonomic instability and embodied uncertainty.

##### 3.1.2. Discussion

Autonomic dysfunction is oscillatory and unpredictable. Phenomenological accounts describe illness as disruption of bodily transparency and chronic illness as biographical rupture [4,5]. Musical motif allows repetition with variation — a structural analogue to recurring symptoms.

If narrative prose is accepted as qualitative evidence, there is no principled reason to exclude musical narrative [6]. Creative arts scholarship increasingly recognises artistic expression as legitimate health research methodology [8].

##### 3.1.3. Conclusion

Music does not replace biomedical analysis. It complements it by carrying embodied experience within structure. In autonomic recovery — where instability is rhythmic and uncertainty persistent — musical composition may function not merely as reflection but as method [11,12].

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