

Michael Keene - COVID-19 Hospitalization Account

My husband, Michael Keene, was only 39 years old when he died from COVID-19 at the University of Kentucky Hospital on October 28, 2020. Michael was a husband, father, and United States Army veteran who served our country for more than ten years. He also lived with PTSD related to his military service.

Michael was isolated from his family for more than three weeks. Because of COVID restrictions, I was not permitted to be at his bedside. For a man already living with PTSD, being seriously ill and separated from the people he trusted was especially concerning. Communication became increasingly difficult as his condition worsened. Phone and video calls were my only opportunities to see or speak with him, and eventually even those became impossible.

Being kept out of the hospital also prevented me from seeing Michael's condition for myself and effectively advocating for him. I could not observe changes in his appearance, mobility, or mental state. I could not ask questions as things happened or be present when critical decisions were made. I depended entirely upon hospital staff for information, and there were times I struggled to get physicians to return my calls while my husband deteriorated.

I specifically asked about medications outside of the hospital's COVID treatment protocol and whether there were other options we could try. I was told they would follow the protocol and was not offered alternative medication options. Watching my 39-year-old husband deteriorate while being separated from him and feeling unable to pursue other treatment options left me powerless.

Michael was eventually intubated, heavily sedated, and given paralytic medications. During this time, he was also physically restrained to the bed. His arms and hands were restrained while medications already prevented or severely limited his movement. Knowing Michael and his PTSD, the thought of him experiencing isolation and physical restraint without his family present continues to haunt me.

Michael was treated with remdesivir. According to records I later reviewed, he received numerous doses over a course that exceeded the recommended treatment duration. I believe the extent and duration of this treatment deserve review.

I am also deeply concerned about Michael's prolonged immobility. His records document multiple days when physical therapy did not occur or was recorded as refused or dismissed despite his critical illness and confinement to a hospital bed.

Michael ultimately suffered a pulmonary embolism. His autopsy also documented a visible blood clot in his leg. This raises serious questions about how frequently his legs and physical condition were assessed. Had I been allowed at his bedside, these are exactly the physical changes I would have watched for and questioned. I believe the missed physical therapy, physical assessments, prolonged immobility, leg clot, and pulmonary embolism should be examined together to determine whether there were opportunities to identify or address the clot sooner.

While Michael was fighting for his life, our son was also fighting for his. He was born prematurely just two days before Michael died. Michael never got the opportunity to meet or hold his son.

Michael spent more than three weeks isolated from the people who loved him while I was prevented from fulfilling one of my most important roles as his wife - being beside him and advocating for him.

Michael entered that hospital as a 39-year-old husband, father, and Army veteran. He never came home.

Michael can no longer speak for himself. I can. I am asking that the circumstances of his treatment and care be examined, and that his story - and the stories of families like ours - be heard.