

Please enjoy this free sample of a nurse's hour-by-hour retelling of a day in the life. It reads like fiction, but it is real, with names changed to protect privacy. All rights reserved. To purchase this book in print or digital version, go to www.nursingknowledge.org/sttibooks

Ebook Sampler

TALES FROM THE PAGER CHRONICLES

PATRICE RANCOUR

Please enjoy this free sample of a nurse's hour-by-hour retelling of a day in the life. It reads like fiction, but it is real, with names changed to protect privacy. All rights reserved. To purchase this book in print or digital version, go to www.nursingknowledge.org/sttibooks

TALES FROM
**THE PAGER
CHRONICLES**

Patrice Rancour, MS, RN, CS



Sigma Theta Tau International

Honor Society of Nursing®

Sigma Theta Tau International

Editor-in-Chief: Jeff Burnham

Acquisitions Editor: Cynthia Saver, RN, MS

Development Editor: Carla Hall

Copy Editor: Nicole Sholly

Cover Design by: Commercial Artisan, Indianapolis, IN, USA

Interior Design and Page Composition by: Rebecca Harmon

Printed in the United States of America

Printing and Binding by Edwards Brothers

Copyright © 2008 by Sigma Theta Tau International

All rights reserved. This book is protected by copyright. No part of it may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission from the publisher.

Sigma Theta Tau International

550 West North Street

Indianapolis, IN 46202

Visit our Web site at www.nursingknowledge.org/STTI/books for more information on our books.

ISBN-10: 1-930538-72-3

ISBN-13: 978-1-930538-72-6

Library of Congress Cataloging-in-Publication Data

Library of Congress Cataloging-in-Publication Data

Rancour, Patrice, 1951-

Tales from the pager chronicles / Patrice Rancour.

p. ; cm.

ISBN 978-1-930538-72-6

1. Cancer--Nursing. 2. Nurse and patient. 3. Nursing--Psychological aspects. I. Sigma Theta Tau International. II. Title.

[DNLM: 1. Oncologic Nursing--Personal Narratives. 2. Nurse-Patient Relations--Personal Narratives. 3. Nurses--psychology--Personal Narratives. WY 156 R185t 2008]

RC266.R36 2008

616.99'40231--dc22

2008027579

First Printing

2008

AUTHOR NOTE

Due to the nature of my work, confidentiality is paramount. All names used in the telling of this story are fictitious. Often, circumstances have been intermingled to give composite illustrations of clinical experiences taken from my years of work with life-threatened individuals and their families. While portraits herein are representative, individual privacy has been protected. If any incidents described in this book seem familiar to the reader, it is because these experiences, while unique to each individual, are not unusual.

DEDICATION

I would like to thank Professor Emeritus Dr. Grayce Sills, Ohio State University College of Nursing, for her wonderful network of connections through which I ultimately found myself at Cynthia Saver's door at Sigma Theta Tau International. Thank you, Cindy, for "getting it." I want to thank all of those editors out there who kindly provided me with extremely favorable feedback, but politely declined to publish my manuscript because they didn't know quite what to do with it.

But mostly, I would like to thank the legion of people who allowed me entrée into the most intimate moments of their lives, those patients and their families, who permitted me into the nightmare world of life-threatening illness, just by sheer virtue of the fact that I did have the letters, "RN," behind my name on my name tag. How humbling. And also, how illuminating to be on the receiving end of so many teachings in conscious living and conscious dying. There are not so many work paths that actually provide one with the fodder of how to live a life consciously, but certainly, nursing is one of them. Most people really don't know that much about what nurses do until they need us. And then, it is our privilege to serve.

From a fellow pilgrim on the path, I thank all of you who serve as my teachers. I can only hope I receive all the lessons.

ABOUT THE AUTHOR

Patrice Rancour, MS, RN, CS, has been in the health care field for 35 years as a clinician, educator, and consultant. She received both her undergraduate and graduate degrees from Ohio State University. As a psychiatric/mental health clinical nurse specialist, she has authored 40 papers and has presented at numerous conferences and symposiums. Her primary areas of interest include working with life-threatened individuals and their families, complementary and alternative therapies, spirituality and healing, end-of-life care, and grief and loss issues. She continues to maintain a private practice in addition to her current position working with Ohio State University's Faculty/Staff Wellness Program providing worksite wellness services to university employees. All things being equal, when she isn't working, the author would rather be wandering the shoreline of a certain barrier island off the coast of Georgia.

TABLE OF CONTENTS

FOREWORD.....	ix
INTRODUCTION.....	xii
1 Blythe Spirit in the Medical Intensive Care Unit	1
2 The Most Beautiful Girl in the World.....	9
3 The Midnight Visitor.....	16
4 The Difficulty with Letting Go.....	19
5 Dying for Love.....	26
6 The Parable of the Oak Trees.....	36
7 The Code in the Lobby Restroom	42
8 Lessons in Powerlessness	48
9 And Now It's Time for You to Stop Taking Yourself So Seriously	53
10 An Old Wound Still Festering.....	58
11 Betsy and Elizabeth	65
12 Sleeping Beauty Awakens.....	75
13 She Who Doth Protest Too Much	85
14 An Unanticipated Message.....	92
15 The Reiki Queen	102
16 Get Behind Me, Satan	107
17 So Who Prays For You?.....	111
18 All Hail to the Chief.....	115
19 The Tale of the Gypsies	118
20 The Red Lever	129

21	Requiem for the Honeymooners	134
22	Wedding Bells	142
23	Occupational Hazards	148
24	Pregnant with Trouble	153
25	Trouble in Paradise	162
26	Worlds Collide	168
27	See No Evil	171
28	Does Allah Punish Vanity?	178
29	Trying to Get to Heaven	184
30	This Old Man Can't Take Much More of This . . .	190
31	I'd Rather Be Fishin'	193
32	Family Matters.	201
33	And So It Goes.	206
	Glossary.	209
	Discussion Questions.	215

INTRODUCTION

The work of nursing is often hard to bear, which is why it is not for everyone. Being given a socially sanctioned entrée into the warts-and-all shadows of human lives is, as they say, not for the squeamish or faint of heart. But for those with an eagerness to explore the very human realms of conscious living and conscious dying, the work of nursing expands into high art, a true gift to the practitioner. Where else does one get paid for learning how to live—and for that matter, die—on such a conscious plane?

Why write this book? On a very personal level, my contact with the people in these stories filled me up so much that I felt the need to pour them out or I would overflow. Nurses are affected by the people we take care of. It is an error in judgment to believe otherwise. Long after the last time I met with each of these individuals, their gifts continue to pour out of me in ways I never anticipated. An old adage has it that while the learning is in the hearing, the healing is in the telling. The metaphor of the wounded healer must be an apt one for me, as the writing about what my patients shared with me has helped heal those broken places left in me by their loss. (Those places that Ernest Hemingway assured us are made stronger afterward.) Some believe that people come into our lives for a reason, a season, or a lifetime. I guess these unsuspecting folks came into my life for the long haul. I so longed to share what I had learned from the presence of my patients that *Tales* just seemed to organically breathe its way into existence.

One of the occupational hazards of health care work is that it comes at you fast. The idea of being catapulted throughout a day by the call of a pager is readily understood by anyone who has ever worn one. The pressure of being able to cut to the chase quickly when the sheer volume of needs is threatening to swallow one alive is a very real phenomenon, and I wished to convey that clearly in the book. The notion of “pager urgency” when working with cancer patients becomes a critical experience in the reading of the stories. This ultimately became the literary device I chose to use to propel the story line. Emergencies, by their very nature, preclude the opportunity to research the best approach to a situation. The pressing priorities become carving out “enough” time to spend with people who desperately deserve it and then prepare to move on to the next crisis avalanching behind the current one. There is almost never time to contemplate the most ideal solution for every new problem. And so, one of the most palpable features of this narrative is the pressure to be able to tap dance just as fast as possible, always thinking fast on my feet. In the end, it is a trial by fire, often forged in concert with the people being served.

The audiences I wanted to reach are multiple and varied. If you are someone who has a serious illness or who loves someone who has a serious illness, I would like you to read this book as a manifesto of hope. While not everything is “fixed” in what you are experiencing, not everything is “broken” either. I would like you to connect with those unbroken parts, breathe some life into them, and expand them into every inch of your true self. I would like you to remember that you are more than your body, that, indeed, you are a spiritual being on a human path rather than the other way around.

If you are a health care provider, I would like you to read this book as a manifesto of hope. I would like you to focus on everything that you accomplish in a day and not what you were unable to accomplish. I would like you to reconnect to the energy that gives meaning to your work, so that work becomes the prayer you send out into the world. By prayer, I mean to suggest that it is the very real manifestation of your life's purpose.

If you are a professional health care student, I would like you to read this book as a manifesto of hope. You, like the rest of us, are a work in progress. Become mindful of all of us who come into your life for a reason, a season, or a lifetime. For we are all sent into each other's lives as living, breathing teachings.

And if you are someone who does not fall into any of the audiences above, I would like you to read this book as a manifesto of hope.

As a fellow pilgrim on the path, I wanted to “show,” not “tell,” stories about illness, care-giving, what it means to be alive, and what it means to face the prospect of not being so. (I offer discussion questions at the end of the book for those interested in exploring these and other topics more in depth.) Not all of us have the advantage of working with people facing such quandaries, so hold your true self larger. Remember that you are the hero of your own life's story, and by the time you reach the end of it—for it is, after all, a short ride—you will want to be as love-worn as the Velveteen Rabbit.

—Patrice Rancour
December, 2007
Columbus, Ohio, USA

Blythe Spirit in the Medical Intensive Care Unit

I no sooner turn on the pager, than it whines back at me.

Six forty-five a.m. and we have lift off, I mumble to myself. I switch my computer on in the storage closet that masquerades as my office, the space I share with two other clinical nurse specialists. As I dump my purse into the lower right-hand drawer, the computer screen comes alive with a list of messages to be replied to since yesterday. I choose instead to return the page, listening to the distress on the other end of the line.

“Can you come over to MICU right now? Mrs. Bueter just died and her husband is losing it over here.”

As I slip on my lab coat, I make a note to myself that it is time to get a new one. I notice once again that it is frayed around the collar and cuffs. Every few months I seem to register this but still don't remember to do anything about it.

On the way to the intensive care unit, I pass by windows that I probably won't think to look through the rest of the day. The rain distorts them in streaming gray teardrops.

I consider the Bueters. How much they have gone through. All those weeks in the bone-marrow transplant unit, the massive infections that left her debilitated, the dire drug side effects that left her demoralized. And still she and her husband powered through. Denial is a wondrous thing, whether it comes from the patients or the medical staff.

I pass through a labyrinth of corridors, peering into rooms where I know nightmares are unfolding. What is it that Helen Keller noticed for us all? Was it that the world is full of suffering, and also the overcoming of it? I hope to God that this morning I can align myself with the last part of that equation. Some days, amidst all the suffering here, I have to wonder.

I push past the double doors into the medical intensive care unit and slide my frayed sleeves up to lather at the sink. In the flurry of the early morning shift change in the long MICU ward, I notice that one cubicle has its flowered bedside curtains completely drawn around it. No invasive procedure going on in there, I think. No intubation, no extensive dressing change, no catheterization. I know that on the other side of those curtains, two souls wait. One watching to make sure no harm comes to the other. The other is now Mr. Bueter.

“Mr. Bueter,” I murmur softly as I slip through the curtains. “May I join you?”

He looks up at me, eyes glazed, and nods. Passively, he allows me to embrace him. His lax body is exhausted. Last night was the culmination of the three and a half months I have walked with both of them through this whole ordeal. And of course, it does not begin to address their previous two and a half years spent in diagnosis and treatments. All of which brings us to this time, this place.

We don't say much in the beginning. I look at him in profile. Although he is 52 years old, he looks 82. He is staring down at the body of his wife, to whom he had been married for 28 of those 52 years. As a result of their relationship, there are three others in this world, and one of them has two children.

As I sit with him, I try to imagine what this moment must be like for him. I say, "Robert, I am trying hard to imagine what this moment must be like for you. Help me understand what you are feeling."

He inhales a tremulous breath and silent tears course down his worn cheeks. Like the rain on the windows I passed on my way to the MICU, I think. He lets me take his hand. We sit that way for awhile, and I wonder if the description the nurse gave me about his "losing it" was really a description of her state of mind, her facing the start of another day in the MICU, a place where they are supposed to be saving lives.

After a bit, he wipes the tears from his face and pries one of those inadequate little tissues out of the hospital tissue box. During hospitalizations, when bodily fluids are predictably known to be more copious, more relentless, why are hospital tissues so notoriously stingy?

"She was a fighter," is all he says. He says it with admiration.

I feel such a tender sadness when he says this. Truth, justice, and the American way. To be a fighter. Whatever the cost. Whether it makes sense to fight or not. A fighter to the end. Ours is a very macho culture, I think sadly.

Not so long ago, at a conference in New York, a World Health Organization official clucked his tongue at the audience, and shook his head. "You Americans. With your

‘fighting’ spirit, your ‘war’ on cancer, your ‘armamentarium’ of drugs. Do you not understand that most of the rest of the world understands that illness and pain are just a normal part of life?”

While this is true, what is also true is that due to the quint-essential American refusal to smell bad, to suffer the slings and arrows of pain and illness, to our massive refusal to lay down and not go so gently into that good night, we now have tools like the polio vaccine, migraine headache medication, and organ replacement surgery. Of course, as these innovations come down the pike, they have often brought with them the kinds of ethical dilemmas that outstrip our technical abilities to cope with them. It is a mixed bag now, isn’t it? The public always expecting that high tech will save them when it is many times that the high-tech solutions merely create the portal to the next nightmare that hadn’t yet been anticipated.

I bring myself back to the present, to Robert Bueter. I notice that I am breathing rhythmically, a little habit I have become more conscious of in times of suffering. By matching the breathing of the one with whom I am sitting, and gradually and ever-so-gently lengthening the exhalations, we end up sitting in synchrony and breathing together. It is a way of bearing the deep ache of a broken heart, and doing it together.

Often, the only way into a heart is that it be broken first.

I turn my attention to Dorothy, Dorothy of the fighting spirit. Dorothy who fought because that was what was expected of her, from her family, from her doctors. She fought because no one she listened to offered her a different—

although no less honorable—option. Her body is filled with the fungus that overwhelmed her. And now that fungus is dying too. Kill the host, you kill yourselves, I think to myself. I can't help but think Dorothy and her greedy, fungal stow-aways are a microcosm of what we are doing on a planetary scale. The world in a grain of sand.

I breathe myself back to the here and now, to Dorothy, knowing she is no longer in there. I believe with all my heart that Dorothy is most likely lingering around, and is kicking up her heels to be outside of this decaying vessel, her body, like a butterfly escaped from the confines of her cocoon. I think to myself, "You go, girl!" A small smile twitching the corners of my mouth as I picture her, mostly wishing she could let Robert know she is free at last. Free at last, free at last, thank God almighty, free at last!

And then, as if he is picking up my thoughts, Robert says, "You know, I think I can hear her whispering in my ear."

"Really, Robert? What is she telling you?"

"She says she is doing all right and not to worry about her."

"Do you believe her?"

"I believe her. It's just that I miss her so much already. It feels like someone has just opened my chest and removed my heart. I can't imagine my life without her." He drops his head into his hands.

But what is the old saying: Women grieve; men replace? I think—not unkindly—that Robert will most likely be remarried within the year.

Instead, I say, "While you are in the middle of this right now, it is hard to remember that Dorothy's illness was really

just a small part of a much larger life. Right now, it seems like it was the totality of her life. But remember, Robert, it wasn't."

He dries his eyes and nods. "I know it."

"And so what was it that made you fall in love with Dorothy in the first place?"

His face gradually lightens with a wistful smile, despite the tears on his stubbled cheeks. "It was the first week of college, and I went to a pledge party at my roommate's fraternity. And as I walked in the door, there she was. I wasn't able to take my eyes off of her." I watch as his eyes fasten on some other time, some other place. They dart about as he retrieves shreds of his lived life, a waking, lucid dream.

"Love at first sight?"

"Well, for me, anyway" he replies, wiping the tears off his face, blowing his nose. "It took me the whole damned party to work up the nerve to go up to her and introduce myself." He looks down at the corpse of his wife and gently caresses what little hair she has back from her face. "You wouldn't be able to tell from looking at her now, but she was some kind of looker back then." I see him look at her, but know he is seeing the girl at the party instead.

I look at the body on the bed. It is bloated, cooling, mottled, the lips becoming dusky. Large bruises still track up and down her arms, her veins having blown long ago, despite the central line. I know the silent blood is already pooling by gravity into her back, her buttocks, the heels of her feet. I try to imagine the girl he is now seeing in his mind's eye. Instead, I catch a glimpse of a blithe spirit dancing rapturously in the cubicle above our heads.

“And so, is that how it began?”

He nods, time traveling to a point when there were no central lines, no low blood counts, no immunosuppressive drugs. His face youthens momentarily as he bridges back to a point on a timeline that has none of this devastation in it.

“Yeah,” he smiles weakly at me. “And as they say, the rest is history.”

“Robert, she was surely lucky to have you.”

And he says with predictability, “No. I’m the lucky one.” They all say that. Or nearly all of them.

It is always humbling to be in the company of such trust, such devotion, such love. It happens daily, but because it is so quiet, people do not appreciate how heroic it is. It doesn’t show up in newspaper headlines. It will never be the lead story on the six o’clock news. But it is heroic nonetheless.

I meet his gaze and say levelly, “Robert, I see what you have done here. You were nothing short of remarkable with Dorothy.”

He nods in acknowledgement, squeezing my hand.

“Thank you,” he says gratefully. And I know he means it. It is no small thing to be caught in the act of doing something good.

My pager goes off again. I switch it to vibrate. He nods, acknowledging that my day is moving along as well as his, although now our paths must of necessity diverge. Each of us has our work cut out for us.

He suddenly turns to me and says, “How do you do this all day long, day after day?”

“Robert, of the two of us, yours is the harder job.”

He shrugs and nods at the truth of this.

“Is there someone you would like me to call for you right now?”

“No. I just want to be able to sit here alone with her for awhile. Before all the business of having to bury her starts.”

I nod, and we embrace, both of us knowing that this is most likely the last time we will see each other. I will try to get time off to go to Dorothy’s funeral, but I know it is wise not to promise anything. It always depends on the workload, who calls in sick, and so on and so forth. I take one backward glance at the two of them, framed in the canopy of bed curtains pulled to protect the other patients from contemplating their own mortality. Who is the staff trying to kid? Everyone conscious knows what is happening behind those curtains.

The Most Beautiful Girl in the World

I go to the nurse's station, which is already humming and underway with the next shift's slate of crises, to return the page I had silenced.

"Hey, it's me," I say into the receiver. "What's up?"

"Yeah, it's about Marianne in 942. You promised her you would be here when they came by to take the dressing off her bilateral mastectomy. They're waiting on you."

"Be right over."

As I leave the intensive care unit behind me, I pass a lovely Somali woman swathed in her beautiful Muslim silks, her sneakers incongruously peeking up from under the exotic drapery. The bucket of hospital disinfectant she pushes ahead of her does nothing to diminish her elegance and dignity. We make silent eye contact as she slips by and nods imperceptibly, leaving a vaporous disinfectant trail in the air after her.

The hallway in front of the elevator bank is glutted with the morning traffic. Instead of waiting, I push through the stairwell door and decide that—for my own good—I should be using the stairs more often anyway. By the fourth floor, I am huffing and puffing. By the time I get to the landing on 9 South, I have broken a sweat.

As I approach Marianne's room, James, cradling the phone on his shoulder at the nurse's station, catches my eye.

"Here," he says, handing me a mirror while he packs a sheaf of papers into the pneumatic tube, "You're going to need this. Thanks for coming. I'll be in as soon as I get this stat order filled."

I nod.

"She's pretty ragged around the edges," he says. The rest of what he intended to say is interrupted by the voice coming to the phone on the other end of the line. He resumes his attention to the phone, asking for the piggy back IV solution that Margaret Eversole in room 922 needs.

I momentarily pause outside 942, praying that as I enter into the nightmare behind this door, I will somehow know what to say, how to direct my energies. I start the breathing as I push open the door.

The room is packed with people in white lab coats crowding around the bed. The corners of the room are still lost in the early morning darkness, but the harsh fluorescent overhead light, buzzing its low vibrational hum, is unforgiving as it carves out the figure in the bed in bright bold relief. A patient controlled analgesia pump, a device that automatically drips intravenous fluid into patients, is beeping in the room next door, equally merciless in its insistence.

"Wish someone would get to that damn pump already," Marianne grimaces as Charlene, the resident, pulls at the corner of the dressing across her chest. "Thanks for coming," she says to me. "I thought maybe you wouldn't get here in time."

I take her hand. “Wild horses...” I trail off and give her hand a squeeze. Her unruly blonde hair tells me she was doing a lot of tossing and turning in the night. Charlene continues to work at the dressing.

“How’s the pain been?” I ask.

“Oh, not too bad,” she minimizes. “Maybe a five or a six.” Her pasty expression tells me a different story.

“We can do better than that,” Charlene murmurs as she continues to work the paper tape gently around the dressing. Once the tape has been released, the medical students press forward, hovering over the operative site. No one is talking to Marianne or looking at her face, which is fairly drained of its strength, the mouth set resolutely, the eyes glassy. Charlene begins to lift the dressing when I realize I am holding my breath because everyone else, including Marianne, is holding theirs.

“Wait,” Marianne says, a little too loudly. “Wait just a little bit, can you?”

Charlene looks into Marianne’s face and nods, rising up a little bit, her latexed hands still on the dressing. Everyone in the room breathes a bit, including me.

I look into Marianne’s eyes, eyes I have been staring into on and off for the past month as the 32-year-old single woman has worked through the shock and awe of a recurrence of her breast cancer from six years ago. Those eyes had been so resolute back then when she had heard for the first time that the recommendation was for a bilateral mastectomy. “They are not separating me from my girls,” she had vowed at the time.

We seem to have time-traveled together in a split nanosecond as we both recognize what this moment means.

“You’ve come a long way, baby,” I smile softly at her. “Well, are you ready?”

She nods at me. “I am.” She looks back up at the resident, takes a deep breath, and says in a stronger voice, “You can go ahead now.”

The resident gently lifts the dressings off and Marianne intently looks at the faces of all those medical students staring at her empty chest, watching their expressions with just as much concentration as I am watching hers.

A couple of them nod. “It looks great,” one of them remarks. I wonder if it would look as great on his mother’s chest, his sister’s, his girlfriend’s.

Charlene checks the integrity of the suture line and the two drains. “Marianne, everything looks the way it is supposed to here. Dr. Mack really did a nice job.” She throws the old dressing into a nearby waste basket and starts to rip open a new dressing from a sterile package. “Did you want to take a peek before we dress it again?”

Marianne catches her eye. “Yeah, I do, but not with an audience. Do you mind giving me some privacy? Won’t take me long.”

Charlene smiles at her and places the dressing package back on the overbed table. “Honey, I’ve got a floor of patients to see. Take all the time you want.” She removes her gloves and shoots them into the basket. “Come on boys and girls.” She turns and threatens with mock gusto, “I’ll be back.”

They leave the room unceremoniously, closing the door behind them. We have been planning this moment since before the surgery. I take a scented candle out of her drawer and clear a space for it on the perpetually cluttered bedside table.

“I hope to God the sprinklers don’t go off.” I light the candle. The heady fragrance of jasmine begins to suffuse through the antiseptic gloom. Marianne flips on her CD and Pat Matheny’s guitar licks light up the room. I turn on a softer incandescent lamp at the bedside, which means we no longer need the glare of the fluorescent light. As I turn it off, Marianne raises the head of her bed to about 30 degrees. I hold the mirror in one hand, waiting for her signal that she is ready to proceed.

“Before I look,” she says looking me dead in the eye. “I want you to describe to me in detail what you see first. No whitewashing.”

I meet her gaze evenly. “OK,” I say as I scan her chest closely. “But let’s work on the pain thing first. You want to bolus yourself before we do this?”

She nods as she reaches for the PCA button, and we hear the little ping as the morphine is released. Thank God for patient-controlled analgesia. In this entire mess, it is one of the few ways Marianne can control what is happening to her. Within moments, the muscles across her forehead visibly let go.

I continue. “It’s like this. Each incision is about five inches long, running from each arm pit to your breastbone at about a ten-degree angle. The skin at the incision site is pink, of course, but not too bad. The suture line is pretty clean with nothing oozing from it to speak of. Each incision has its own

drain, and the drains are doing their job pretty well with about a quarter of a cup of bloody drainage in each. Have you decided on names yet?" I ask the question as if she were naming her twins. In a way, she is.

"Yeah, I couldn't decide if I should name the drains Bert and Ernie, Hekyll and Jekyll, or Fred and Barnie."

"Well what have you settled on?"

"Lucy and Ethel," she says. "Remember, we're all girls here."

"So named," I say, and I knight each drain with a slight tap of my finger. "Anything else you want to know before you take a peek?"

She searches my face carefully.

"I don't think so," she says, so I hand her the mirror. She tries to bolus herself again, but we both know it is too soon.

"Well, here goes," she says, taking the mirror from me and holding it up to her mutilated chest. Her face registers nothing as her eyes search out what she sees in the mirror.

"Well, it's pretty much like you said," she murmurs.

"Remember, Marianne, you have a body, but you are more than just a body." I feel compelled to say this to her, thinking to buffer the shock.

"Actually, it looks just like I thought it would. I'm glad we spent all that time looking at mastectomy pictures before the surgery. And I'm really glad I'm not doing any reconstruction for awhile. I just don't think I could face all of that right now. And thanks for being honest with me. About how this

looks.” A tear slides down her left cheek. “I think I’d like to be alone right now for awhile if you don’t mind.”

“You sure?”

She nods. “I’m sure.”

“I’ll tell James to make sure he knocks before coming back and to make sure nobody else comes in. How much time do you need?”

“Oh, say about twenty minutes?”

“You got it. “ I lean over and give her a careful squeeze. “Remember, it will not always feel like this,” I tell her. Again, she nods. As I reach the door, I turn and say, “Oh, and make sure you blow out that candle before you let him back in here. Otherwise there will be three of us brought up before the fire marshal instead of just the two of us.”

She looks back at me from the soft, scented light of her bed, and I think I have never seen anything quite so beautiful.

I bump into James as he walks out of the room next door, finally having put us all out of our misery by attending to the pump in question. I tell him about Marianne, and he nods.

“How’s it going in there?” I point into the room he is leaving.

“Go on in and see for yourself,” he grins.

“What’s that smile for?” I ask suspiciously. “She was really a mess yesterday.”

“Like I said, go in and see for yourself,” and he saunters down the hallway, his corn-rowed plaits swinging smugly behind him.

The Midnight Visitor

I push open the door and whisper, “Mrs. Gomez, are you awake enough for a visit?”

“Come on in,” she says.

She is sitting up in bed, sipping gingerly from a steaming Styrofoam cup of strong coffee. The aroma is fragrant. Gotta get me one of those, I think.

“Wow, you look like you are feeling a whole lot better than you were yesterday,” I observe, approaching her bed. I can hardly believe the transformation. Yesterday, she was having a hard time coming to terms with learning that her tumor was not responding to the chemo. She had been so severely agitated she had been given a tranquilizer to try to calm her. This morning, I am with a different woman, one who has already carefully applied lipstick and who is, as they say in accepted hospital parlance, “in no acute distress.”

“What’s happened since I last saw you?” I ask, sincerely curious.

She smiles a knowing smile and focuses just above and to the right of me. I look around my shoulder, wondering if someone has just padded silently into the

room, but there is no one there. Her gaze is persistent, and I try to step into it so we can resume eye contact. When I do so, her eyes flicker to the left of me. It is a bit unsettling.

“Well, yesterday, as you know, was a very hard day for me. When they told me they could not give me any more chemo or radiation, I lost it. I don’t think I have ever felt so low in my life. And let me tell you, I’ve been low!” She sipped thoughtfully from the cup. “I just did not know if I could continue with all this suffering. And then last night, Jesus came to me, and laid his hand on my head, and told me he would take care of me, no matter what.” Now she is finally looking directly right at me, “And ever since then, I have been just fine. Because I believe him.” She looks back at the space above my upper shoulder and smiles knowingly.

Stepping back to resume eye contact, I say, “I’m really relieved that you’ve found some peace in all of this. I know you were in a lot of pain yesterday.”

Suddenly, the obvious hits me and I realize what is happening here. I look at her pointedly.

“He’s still here, isn’t he? Jesus, I mean.”

She nods, smiling into her coffee. I understand now that I have been stepping on another’s toes, as I have been shifting position back and forth. I laugh at myself.

“Please forgive me,” I grin at the space over my shoulder. She grins, too.

“Mrs. Gomez, I’m so very happy for you. “ And truly I am, for when all hell is breaking loose around you, having faith such as this is nothing short of a miracle. And in her case, a real healing. “Do you want to talk about it?”

“No, I don’t need anything right now,” she says, quietly fingering the crucifix at her throat. “I am really very good. I am just very hungry today and want to eat.”

“I can see that,” I say, remembering that her appetite has been problematic the last week or so. Let’s not mess with success.

I leave her waiting for her breakfast to arrive. Over the brim of her coffee cup, she continues to smile up at a face I am not privy to see. I chart what she has told me, and already can hear her doctors chalk it up to the morphine, a vacuous explanation at best, a regrettable lack of faith on their part at worst.

The Difficulty with Letting Go

It is about then that I hear a disturbance down the hallway and start making my way toward the locus of the noise. As I approach the nursing station where the fracas is coming from, I see one of our attending physicians, stethoscope carelessly slung around his neck, standing in the hallway with an angry woman who is shouting into his face. He is listening to her calmly enough, but I sense he is reaching the end of his patience with her.

The woman is dressed rather plainly, in clothes that look as though they've seen better days. She appears to be in her early 60s, with mousy, graying hair, and a hard edge set to her face.

"I don't care if you think he's on death's door this very minute. I'm telling you I will sue you for every nickel you have if you do not pull him through this. You people charge enough for what you do here. *So do something!*" she shouts.

"I can see you are upset, Mrs. Bishop, but it doesn't change anything," said the resident. "Your husband does not want any further aggressive treatment here.

And while he is in his right mind, and he is my patient, I have to defer to him. It is his decision, not yours.”

Other patients and family members come to the entrance of their rooms to see what all the commotion is about, but once they see what is happening, they disappear back behind closed doors. People have enough to deal with here without having to be party to the crises of others. This misery usually does not love company.

“So you think for as sick as he is, he’s in his right mind? You’re telling me he is actively dying, yet you think he can make up his own mind?” She is standing almost on tiptoe to be able to look him in the eye.

“Yes, Mrs. Bishop, that is exactly what I’m telling you. And if you don’t keep your voice down, I’m going to have to ask you to leave the unit. You’re beginning to upset the other patients here.”

“Are you threatening me, Doctor?”

“Can we go down the hall to have this conversation privately?” he suggests.

She begins another explosive deluge of epithets. He begins to lose his patience with her and nods to a nurse behind the nurse’s station.

“If you do not calm down, Mrs. Bishop, I will ask Stacy here to call security to escort you off the unit. Now I don’t want to do that, but I can’t have you upsetting everyone else here.”

“Oh, *you* can’t have? *You* can’t have? Somebody ought to remind you that you work for *me*, doctor. And not the other way around.”

At this, a younger man comes out of a nearby room and approaches her quietly but firmly.

“Mother, let’s take a break now. You’re getting yourself all worked up. Let’s go out and get a cigarette.” He reaches slowly for her arm, but she moves away from him.

“You’re right, John, I do need a cigarette!” She turns to the attending. “You’d better not be here when I get back. I want another doctor for my husband. If you can’t help him, maybe somebody else can.”

As she stalks off the unit, her chagrined son in tow, the doc is left standing there, just shaking his head. I approach him.

“You handled that well, Richard.”

“You’re kidding, right?” he says.

“No, I’m not kidding. She was being quite difficult. What’s the story?”

He walks me over to the nurse’s station where we can have more privacy.

“Well, I really feel sorry for her poor husband. He is beginning multiple organ system failure and has been consistent about not wanting anything aggressive done for him. His kidneys are shot, his liver is shot, his heart and lungs are going. He wants to go home with hospice, but his wife there is in full-blown denial and is just not hearing him.”

“Poor guy,” I agree. “Anything I can do?”

“Yeah, if you want, go on in and support him. My guess is that this is the way she’s been all her life and she’s decompensating now. She seems to have poor coping skills. My guess is

that you won't make much in the way of in-roads with her in the short time he's got."

He gets up to write his notes. "Anything you can do to support the poor guy would be a good idea so he can get some peace and quiet. She's unreasonable, and I really think she's not rowing with all her oars in the water."

"I'll do what I can," I say, but add as an afterthought, "It's hard to remember that while she's screaming into your face, what you are probably dealing with is her grief reaction."

"That and a massive personality disorder," he smiles as he shakes his head. It's hard to have sympathy for a person who has just threatened to sue you for trying to take care of her dying husband.

I leave the station and knock on the patient's door. I hear a "come in," and I enter. An elderly man is lying on his side, his withered head cupped in his gnarled hands.

"I don't hear anything else going on out there. Is she gone?"

"Yes she went out with your son for a cigarette."

He shakes his head wearily. "Well, pull up a chair while we have some peace. My name is John Bishop."

I pull up a chair to the bedside and introduce myself. He pulls a sip from the straw in the cup of water at his bedside and wipes his mouth with the back of his hand.

"Your wife is a formidable woman, John."

"She's been that way her whole life. She's having a hard time accepting that I'm not going to recover from this illness."

It's making it hard for me to just let go. I'm worried about how my family will cope with her when I'm not there."

"Who all is in your family, John?"

"Well, there's Shirley, my wife—you just met her—and my two sons, John Jr. and Ted. And then there's my daughter, Sandy."

"Sounds like your wife gives you all a run for your money."

"Oh yeah," he says grimly. "She's a control freak. Always has been. Always will be. And this here situation is sending her right over the edge."

"So you think because she won't give you permission to let go, you're abandoning your family if you do?"

"That's exactly what it feels like," he says. "You know I'm mighty tired of just hanging on here. I keep hoping she's going to see the light, but I just don't see her being able to. She's always counted on me being the rock, you know. I don't think she believes she can handle things without me."

At that moment, Shirley comes flying back into the room. When she sees me, her eyes narrow suspiciously.

"Who are you and what are you doing here with my husband? I bet he's telling you what a witch he has for a wife now, isn't he?" She looks at him pointedly. "Forgot my damn cigarettes," she mutters as she grabs them from a coat pocket thrown over a chair. "You know, I just might go down there and throw myself in front of a damn truck!" And with that, she stomps out of the room.

He looks at me helplessly. “You see what I’m working with here?”

“Is she likely to follow through with that threat?”

“Naw, it’s mostly for show.”

“Well, John, the way I see it, your wife’s not as helpless as she makes you all believe she is.”

“Well, Shirley’s always been a little on the head-strong side.”

“So what do your sons and daughter say about all this?”

“They tell me to do what I need to do. That they’re all right.”

“Well, do you believe them?”

“Oh, I guess I do. They’re good kids. It’s just that I feel a little guilty leaving them here to deal with Shirley. I’ve kind of buffered them from her all their lives.”

“Well, it’s not like they’re kids anymore,” I observe. “And, I don’t know how much you’ve really been able to buffer them. I saw your son out there with his mother and he seemed to handle himself pretty well.”

“Well, I guess that’s true enough,” he says thoughtfully.

“You know, John, you give a lot of your power away to Shirley, don’t you?”

“What do you mean?”

“I mean, she’s not here now. You’ve got your kids’ permission to let go. You’ve got permission from all of us here to let go. And yet you don’t let yourself. The only permission you really need is the permission you’re denying yourself.”

“You think it’s easy as all that?”

“I didn’t say it was easy. But maybe it’s just that simple.”

“I never much looked at it that way.”

I can’t suppress the smile that hovers at my lips.

“What’s so funny?”

“I think you’re afraid she’s going to be so mad at you for having the nerve to leave her that she’s going to come after you and make your life just as miserable in the hereafter.”

With that, he grins back at me. “You know, young lady, I do believe you’re right.” And he takes another little sip from his straw.

I rise from the chair and shake his hand. “Well, John, it has been a pleasure to have met you. I just want you to know that I have every confidence in you that when you are truly ready, you will take the next right step.”

“Well, thank you for your time here today. I won’t forget it.”

I leave the room. All seems quiet in the hallway for now, although I am pretty sure there will be more fireworks once someone has finished her cigarette. I wonder if John’s wife will let me in, will let me help her with this. I’d also like to think that John will give himself the permission he needs and not be here tomorrow when it will start all over again. I’ll try to remember to check the census when I get in. I can’t help but wish him bon voyage.