
Death at a New York Hospital

by Engelbert L. Schucking, Dr. rer. nat.

Wednesday, 5 p.m.

The double doors of the critical care unit in the kidney ward of a prestigious New York hospital stood wide open. Visitors, nurses, and nurse's aides walked in and out of the room, but I hardly noticed this busy traffic.

I stood near the elevator banks, where I had been ordered to wait. In my hands were plastic shopping bags from Gristede's filled with cosmetic and medical paraphernalia, bottled water, and legal papers, but I was unaware of them as I stared at the woman on the raised bed in the northeast corner of the critical care unit. Intense light illuminated her naked body without a shadow, as if she were onstage, totally vulnerable. She was lying flat on her back, arms by her sides, her breasts standing up, filled with fluid. She had scant pubic hair, her legs were slightly parted, her right foot was turned outward.

Brenda Hewitt, poet and editor, was an English-woman of great style and wit who began her career on the *New Statesman* and came to the United States over twenty years ago. When the tragic events I am about to describe were all over, the following appeared in an obituary in the *New York Times*:

Brenda Hewitt, Editor, 53
With Johnson Publishing

Brenda Hewitt, the former editor of the book division of the Johnson Publishing Company, died

F.L. Schucking is a professor of physics at New York University. The maiden name of the patient has been used. The doctors have not been identified. The location of the hospital has been changed. Otherwise, the events are reported as observed.

This article is reprinted with permission of the author and the Village Voice. © 1986 Engelbert L. Schucking.



Brenda Hewitt, poet and editor, 1930–1984

of a kidney ailment in a New York hospital last Thursday. She was 53 years old and lived in Greenwich Village.

Miss Hewitt, who was born in London, edited and produced the Johnson Publishing Company's entire output from 1966 to 1973. This included such titles as "Black Power U.S.A." by Lerone Bennett as well as classics that formed the core of many black-studies programs. In the early 1960s, Miss Hewitt edited manuscripts at the University of Chicago Press, including Milton Friedman's "Capitalism and Freedom." During the last 10 years, although Miss Hewitt was ill, she occasionally edited books for small presses.

I lived with Brenda for more than 16 years. When her kidneys stopped working and she became a home dialysis patient, I nursed her. In the past six years I never left her alone for more than a few hours at a time, except for two one-day business trips. We loved each other, and her illness had brought us so close together that we could often read each other's thoughts.

But now she and I were back in the kidney ward where eight years ago she had received her first emergency dialysis. Dr. P, her personal doctor since 1976, and director of dialysis at the hospital, had sent an ambulance to bring Brenda here for treatment of a possible infection. I had come along.

In the ninety minutes since our arrival the hospital staff had only exacerbated her critical condition by doing test after test—as if she were a new patient—without treating her. Dr. X, the intern in charge of Brenda's treatment, had shown little interest in what I could tell him about her condition. In fact, he had cut me short and ordered me to wait outside. What I saw from there worried me: her naked body lay absolutely still.

The first-year resident on duty, Dr. Y, was standing on Brenda's left side. He picked up her left wrist. He

said cheerfully, "How are we, Miss Hewitt?"

There was no answer. I edged toward the open door of the critical care unit to get a closer look. The doctor dropped her wrist and slapped her face. Her head rolled over lifelessly. He said, "There's no pulse."

Dr. X (the intern) put his stethoscope on Brenda's chest. "No heartbeat," he said.

When I came close to Brenda's bed I noticed they still didn't have an airway. I said: "I want this resuscitation stopped! I'm legally authorized to make this decision." A few heads looked up, but that was all.

A long time seemed to elapse and then someone said, "Code." Nobody hurried as they do on TV. A nurse rolled in a green steel flask that had been standing outside. She made me step out of the way. It was 5:14 p.m.

A nurse climbed on Brenda's bed and started to thump Brenda's chest. They had begun CPR (cardiopulmonary resuscitation). The nurse was kneeling at Brenda's left side, pushing her sternum rhythmically down with both hands. Meanwhile Brenda's head was lying flat on the bed, face up. Somehow it had returned to its previous position, before Dr. Y had slapped her face, which meant she certainly could not get any air. There was a huddle of personnel near the head of her bed, apparently trying to get a respirator to work. But no one had created an airway.

As millions of Americans know, the ABC of CPR is: A (airway opened), B (breathing restored), C (circulation restored)—in that sequence. If a person is unconscious the lower jaw drops down and backward, so that the tongue seals the pharynx. To open the airway—A—you have to tilt the person's head all the way back, lift the neck so that the chin points straight up, remove any dentures, and then, if breathing does not resume spontaneously, start B, i.e., mouth-to-mouth resuscitation. But keeping the heart going will not ventilate the lungs, and lack of oxygen for more than four to six minutes results in irreversible brain damage. For a severely anemic patient like Brenda, the critical time might be even shorter.

I began to realize that, unexpectedly, the moment that Brenda had been awaiting for such a long time had finally come: her deliverance from years of almost continuous, unimaginable pain.

After eight years without kidney function, precariously supported in a state of constant severe anemia by a dialysis machine at home, blind in one eye, with severely impaired vision in the other, unable to walk because of a collapsed arch in her right foot, diabetic

since youth, and stricken with multiple other afflictions, she was free at last. Death, the Redeemer, had come.

It was the previous summer that Brenda decided she didn't want to be revived if death came. I had promised her *not* to resuscitate her in that event. No promise I had ever made had been so difficult; it went against all my feelings of wanting to keep Brenda with me as long as possible. Afterwards, I removed the vials of epinephrin (adrenalin) and sodium bicarbonate that had been taped to the dialysis machine. Intravenous injection constitutes the last step—D = Definitive (Drugs)—in the ABCD of CPR.

I had also promised to make her wishes known if she could no longer speak. Suddenly a great calm came over me; I knew what I had to do and I was going to do it.

I took the legal papers from the plastic bags I carried. They gave me the power to help Brenda and included a handwritten living will signed by her and two witnesses the previous September and the original medical consent and authorization drawn up with the help of an attorney and signed by Brenda before a notary public. It read:

I, Brenda Margaret Hewitt, residing in the City, County and State of New York, do hereby nominate, designate and appoint Engelbert L. Schucking, with whom I have lived in a close and loving relationship for these past number of years, as the person with full and complete right and authority to make for me any and all necessary and desirable determinations with respect to my health, medical care and/or treatment in the event that I shall, at any time, be ill, incapacitated and unable to act on my own behalf or in the event that in the judgment of my physician or health provider it is not in my best interests for me to make such determinations.

I reject the use of artificial life support measures such as electrical or mechanical resuscitation of my heart when it has stopped beating, by mechanical respiration when my brain can no longer sustain my own breathing.

The documents stressed that I knew about Brenda's wishes to decline certain medical treatments, authorized me to receive all information about her, and waived all claims she might have against the medical personnel who followed my instructions.

With these papers in my hand, I tried to enter the critical care unit to confront the doctors. A short, heavyset nurse's aide stepped in front of me. "You are not allowed in there!" she said gruffly.

"I am legally authorized," I replied, waving the papers.

"You must stay out," she insisted.

"I'm going in."

When I came close to Brenda's bed I noticed they still didn't have an airway. I said: "I want this resuscitation stopped immediately! Miss Hewitt doesn't want to be resuscitated! I'm legally authorized to make this decision for her. I have here the original of her living will signed by her before witnesses. I've also a notarized medical consent and authorization, signed by her, for me to act on her behalf to consent to or withhold treatment. Using that authority, I want this treatment stopped at once!"

These words were said in a loud, clear, and commanding voice, I had the eerie feeling of merely having delivered *her* message while I was helplessly witnessing the inexorable destruction of her brain.

A few heads looked up, but that was all. The chest-thumping continued without interruption. Finally a doctor urged me, "We must discuss this matter outside." He gestured for me to follow him.

Reluctantly, I went with him into the corridor. He studied the papers, then asked me to wait. He would talk to the doctors inside.

When he had not come out again after about ten minutes, I walked back into the critical care unit. Brenda was a heart-rending sight. A couple of hoses were stuck into her mouth, presumably ending in a tracheal tube. Her face was grotesquely distorted. There was a deep cut in the inside of her left thigh, and she was lying in a pool of pink arterial blood.

A man in a white hospital smock turned to me and introduced himself: "I am Dr. Z, the chief medical resident." I gave him the documents and he read them.

When I tried to help with an explanation, he said sharply, "I can read." He handed the papers back to

Dr. A said amicably that the doctors who had disregarded Brenda's instructions were "erring on the side of life." I told him I didn't accept this because doctors are not allowed to operate without informed consent.

me and added, "You have to step outside." He didn't express any concern about Brenda's wishes, but merely seemed disturbed that I was a witness. I didn't budge.

"What gives you the right to cut her up like a piece of meat against her will?" I asked angrily. Nobody answered. They just went on.

I tried the last argument I had to prevent them from treating Brenda against her will.

"If you restore heartbeat, breathing, and electrolytes but she comes out of this with brain damage, I'll

hold each one of you who participates in this and the hospital jointly responsible," I said loudly. "I'll sue you and the hospital for every cent we can get."

"You're raising your voice. You're upset. You're disturbing the patients," said Dr. Z.

"I *am* upset," I answered, "but that doesn't mean I don't know what I'm talking about. I must raise my voice if that's the only way to be heard."

Dr. A, a senior staff member of the hospital's kidney center, then arrived. He told me to come outside with him and we would consult a hospital administrator. He read carefully through the legal papers and listened when I told him some of the reasons for Brenda's decision against any attempt at revival when death came.

Dr. A said amicably that the doctors who had disregarded Brenda's instructions were "erring on the side of life." I told him I didn't accept this excuse because doctors are not allowed to operate without informed consent. They were acting against the patient's wishes. We had a civilized discussion without result. He said he would talk to the doctors—could I wait here for a moment? I said I would.

To reassure myself I took Brenda's purse from one of the plastic bags I still carried. Next to her driver's license and credit cards was a slightly crumpled white envelope, unsealed, addressed: *To whom it may concern*. I read what she had put down in her own hand in even horizontal lines, as always clear, precise, and unemotional:

June 28, 1983

I have reached what appears to me to be the logical end of my life, and this statement is intended to protect me from well-intentioned efforts of the medical profession to restore or support life in me if I should, as a result of accident or design, fall into a state where I am unable to sustain argument on the subject, or to sign waivers.

I therefore state that from now on I would welcome death, and would want to resist any means used to avert it.

If I should become comatose or not fully conscious through the use of pain-killing drugs or any other substance which it might seem appropriate to me to take, no effort should be made to revive me or to use life-support mechanisms to maintain me in such a condition.

I went back to the unit to find Dr. A and to try to see what was going on. A tall, burly man in a grey security guard's uniform and armed with a nightstick barred my way. "You can't go in there," he told me.

"My common-law wife is in there, dead or dying," I said. "She has legally authorized me to make all deci-

December 1985 263

sions with regard to her treatment. Will you prevent me by force if I go in there to be with her?"

"You can't go in there," he repeated, not moving. When I took a step forward, he assumed a threatening attitude.

I tried to think of another strategy. I needed a lawyer now if anything was to be done to follow Brenda's wishes. Perhaps I had to get a court order even to see her on her deathbed. I had promised her that I would be with her when death finally came. I phoned Brenda's attorney, but she was not at home.

At last Dr. A came back. He informed me that Brenda's heartbeat and breathing had been restored. He was careful to point out that her breathing was hand-supported by some sort of bellows, not by an electrically powered automatic respirator. Presumably he remembered that Brenda's living will had explicitly rejected the use of "mechanical respiration."

What could I reply to Dr. A? There wasn't the slightest chance her brain was still intact. Angrily I

I had to get a lawyer. Quickly. I tried 24-hour lawyers from the Yellow Pages. I got only answering machines except that in one case a secretary answered and said her employer would call me at home after midnight. He did—three days later.

told him I was going to sue them for what they had done to her. I said I had been prevented by threat of force from seeing her. Dr. A promised that he would arrange for me to see Brenda for "two minutes."

Dr. A had more news. "The doctors have decided they will have to drain fluid from the bag surrounding the heart of Miss Hewitt," he said.

"A pericardiocentesis!" I exclaimed. "They can't do that without consent."

In the sober language of medical experts, a pericardiocentesis is considered a "potentially lethal procedure." It is a terrifying operation. The patient is propped up in a seated position and then approached by the surgeon with a trocar, a hollow dagger, which is connected to a large syringe. The doctor drives the trocar into the pericardium, the double-layered sac that contains the throbbing heart and the beginnings of the major blood vessels. The fluid constricting the heart is then drained off.

What Dr. A had announced to me was in fact the beginning of a new turn in torture in which intern Dr. X, nine months out of medical school and not yet allowed to treat people outside the hospital, would get the chance to perform an operation that is normally done only by cardiac or thoracic surgeons in a cardiac

catheter laboratory. It could only mean agony for Brenda and further mutilation of her body.

I had to get a lawyer. Quickly. I tried 24-hour lawyers from the Yellow Pages. I called them all and got only answering machines except that in one case a secretary answered and said her employer would call me at home after midnight. He did—three days later.

Dr. A returned to tell me I could now see Brenda for my "two minutes." But I was not prepared for what I saw. Her legs were stretched wide apart and her calves were tied to the sides of the bed. The straps were tight around her lower calves, where she could never bear even to be lightly touched. She was still naked. They had gone into the subclavian vein on the right side of her chest.

She was on a *mechanical* respirator. Either Dr. A had lied to me or the medical team had assumed they could do whatever they wanted with her body. The intern, Dr. X, stood near the bed.

"You are going to perform a pericardiocentesis?" I asked.

"Yes," he said.

"You can't do that without consent," I told him. "You've no right and you know it. She's legally authorized me to act on her behalf. This will be aggravated assault and battery. I'll sue you. Do you think you can cut her up just as it pleases you like a piece of meat? Who gives you the right? Who do you think you are?"

An impatient Dr. A motioned me out of the room and told me they had not been able to reach Brenda's personal physician, Dr. P, so a hospital administrator had approved the actions of the staff. Brenda's own wishes apparently meant nothing.

I looked past the security guard into the critical care unit. Brenda's face and most of her body were hidden from my view by a screen. She had been

To deal with the pain of her illness Brenda used to massage her legs, arms, and back with lotion. To pass the night she often counted to ten thousand and back in a morning, or she would compose long stories in her mind.

propped up on a high seat behind it and I could see her legs dangling limply out in front. Dr. X was facing her with the instruments on a table nearby.

Brenda was blind in her right eye. The lens in her left eye had been extracted to remove a cataract. She had to wear a soft contact lens and glasses to see things nearby. Probably all she could see in front and to her

left was a glaring blur. Dr. X would be faceless when he stabbed her.

It would be a quiet operation. If Brenda felt the cutting edge of the trocar piercing her heart, there would be no sound from her. A victim who has her mouth taped shut around air hoses and a tube in her windpipe cannot scream.

Tuesday, 6 a.m.

It had begun as an ordinary nondialysis day. She had been sitting on the side of the bed, as usual, through the small hours of the morning, very tired but unable to sleep because of pain.

To deal with the pain she massaged her legs, arms, and back with lotion. To pass the time she often counted to ten thousand and back in a morning, or she would compose long stories in her mind. This morning she had tried to read a few more pages of *Little Men*. There was a mark at Chapter 8 of the book she was never to finish.

Itching had also been particularly bad lately. She had scratched herself in a number of places that had become infected. I had put some bacitracin and neomycin on the lesions.

When I got up that day to prepare the assignments for my classes, Brenda was just drifting off to sleep. I woke her at 10:30 a.m. She didn't like being awakened—it meant forsaking her dreams for the world of pain—but she had to take insulin and eat something.

In her dreams Brenda was still free. She had described this clash between dream and reality in a poem about a dying dolphin:

ESCAPE

All day she nestled by the marble flanks,
One salt-flecked sunwarmed arm across his back,
Her green eyes clear and fathomless with dreams
Of leaping, free and potent, from the seas.

She saw her body soar beside her god,
Bright water in cascades from gleaming skin,
The burst of sunlight on their skywards heads,
The shock of water to their smooth return.

She dreamed of journeys through a friendly sea
To islands, sandbars, reefs, and secret rocks;
Of silent hosts crooning in wordless tongue
Whose gentle strength upheld her failing force.

All day she dreamed. They went to her at dusk,
Urgent for dinner and preprandial drinks.
Her gaze was limpid, but her body cold—
The dolphin's marble texture strangely warm.

When I left to teach my class, she was ready to go

back to sleep. I put the cordless phone into the wheelchair at her bedside, lowered the blind, and filled the carafe with spring water. I blew her a kiss: "Bye, Peetel," I said, using a nonsensical pet name we had for each other. "Bye, Peetel," she said sleepily. I had not kissed her in years. The slightest touch on most of her body simply meant more pain.

She was still asleep when I returned from my noon class. At 3:30 I started a bath. Plain water, even if treated with bath oils, hurt her skin. I ran the bathwater, therefore, through a large carbon filter, which took almost an hour. At 4:30 I woke her and lowered her into the bathtub.

Toward midnight Brenda said, "I feel very ill." And after that: "I think I am dying." How did she know? I had not noticed the coming of *mal'ak hamaveth*, the Messenger of Death.

After the bath I wheeled Brenda into the living room to her chair by the TV set. Harpo, her favorite cat, had been waiting all day for her to emerge from the bedroom. I served a Swiss mushroom soup with two slices of buttered toast. When she finished eating, I put the cordless phone, spring water, Demerol, the mail, the wastepaper basket, and a cup of hot tea within reach and left in a hurry to teach my evening class.

When I returned she was sitting in the wheelchair at the threshold of the kitchen, where I kept the spring water. She'd been thirsty and managed to transfer herself into the wheelchair to get more water. For one hour she'd been trying to get the wheelchair over the half-inch-high threshold, but she hadn't had enough strength. I felt guilty because on the way home I had stopped at the college bookstore to look at a sale and was ten minutes late.

I helped Brenda back into the chair, fetched her water, and put two stuffed peppers into the oven. I had brought back the weekly harvest of some two hundred and fifty homework papers. Brenda helped me put them into alphabetical order and related the news: Gary Hart was the apparent favorite in the Connecticut primary.

I drew four units of insulin from the vial and handed her the syringe and an alcohol wipe. She pulled up her long white nightgown and injected the drug into her left thigh. The cat on her armrest jumped off—he couldn't stand the smell of the isopropyl alcohol on the wipe.

I disposed of the syringe and served dinner, a green pepper stuffed with rice in tomato sauce. She balanced the plate on her knees as she ate. We talked about

politics. The *New York Times* was lying on the table between us, opened at the book page. She hadn't done the puzzle yet. We'd do that the next day, together, during dialysis.

After dinner Brenda took a Demerol and a Valium. At 11, just after the TV news had started, she said, "I think I have a fever."

I helped her into the bedroom. Her blood sugar was high. She began to feel nausea, which could have been caused by the high blood sugar. Her pulse was accelerated, normal for a rising fever. But the temperature was not very high: 100.7 degrees Fahrenheit. Her blood pressure seemed all right. Her breathing was normal, twelve times a minute, not too deep, not too shallow, no coughing—I wasn't very worried. If we could get the blood sugar back to normal she might feel a lot better the next day. The whole episode might just be one of the low-grade fevers she got almost every month and that usually disappeared the next day.

Toward midnight Brenda said, "I feel very ill." And after that: "I think I am dying."

How did she know? I looked at her. She seemed tired, but I did not see a hippocratic face. I had not noticed the coming of *mal'ak hamaveth*, the Messenger of Death.

Wednesday, 12 Midnight

I sat by her bedside all night to comfort her. The blood sugar came down in the morning and I gave her some dextrose intravenously very slowly to forestall an insulin reaction. She was unable to keep down food or orange juice. The nausea and the fever remained. I thought she might have a staph or strep infection that had started with the lesions on her skin.

I called Dr. P, her personal physician, at 9 and told him about Brenda's condition. "You'll have to bring her to the hospital, Engelbert," he said. "You know she wouldn't want to go," I told him, "but I'll ask her and call you back."

I woke her. Her condition had not changed in the

The doctor who had come to see Brenda at home took me aside: "You have to get her into a hospital." "She refuses to go," I said. "She's had very bad experiences."

past nine hours. "Peetel," I said, "I think you have an infection. I've talked to Dr. P. He says you'll have to go to the hospital. Are you willing to go?" I gave her a sip of hot water from the thermos bottle. She swallowed slowly and answered, "No, I want to die at home."

"Do you mind if I get a doctor to look at you?" I

asked. "Perhaps he can take a blood culture and P might then be willing to prescribe an antibiotic that I can give you on dialysis later." She didn't seem to care. I called Dr. P back. He said he was willing to talk to the doctor who would come to see her.

I called one of the housecall services listed in the Yellow Pages. The doctor, a young nephrologist, came two hours later. He looked at Brenda briefly and took her blood pressure. I showed him my home chart and her last blood chemistry. He tried to reach Dr. P on the phone, but Dr. P was out to lunch. He said that Dr. P could call him through his agency; they would keep him. Then he took me aside: "You have to get her into a hospital."

"She refuses to go," I said. "She's had very bad experiences." He insisted: "She has an infection. If she does not get treated, she can be dead in a few hours." He wouldn't prescribe any antibiotics that I could give Brenda during dialysis or give her any himself without talking to Dr. P. I wrote him a check for \$40 and he left.

At 2 p.m. I finally reached Dr. P and gave him the number of the doctor who had seen Brenda. About twenty minutes later Dr. P called back. He had talked to the doctor and they both agreed I had to bring her to the hospital. I said I'd like to give her vancomycin (an antibiotic that we had used for Brenda's many infections in the past; our supply had run out) during dialysis at home and asked if he could phone in a prescription. Dr. P said: "No. This infection can be caused by anything. Vancomycin might not be effective." "She's very weak," I told him. "The stress of transport has to be considered, and as you know, she has refused to go." "You can wait till she's in a coma and then take her," P said. I replied, "No, I couldn't do that." His voice became urgent. "Engelbert, this is an emergency that you can *not* treat at home. I'll phone the kidney ward. They'll have a bed ready for her and I'll send an ambulance." I said, "Yes." Dr. P hung up. I shall regret that yes till I die.

I packed in a hurry. In a couple of days, I thought, we would be back home.

The doorbell rang. I woke Brenda and said: "Peetel, I'm very sorry. I'm at my wit's end. They won't give you antibiotics unless I take you to the hospital. The ambulance is here. I'm very sorry, Peetel. I don't know what else to do." Brenda was only half awake. She turned away from me to lie on her side. She said *nothing*. I knew what I was doing was wrong. I had betrayed her.

Brenda's bed wasn't ready when we arrived at the kidney ward. A patient was wheeled out of the critical care unit and an empty bed was brought in. A tall young man in a white smock introduced himself: "I'm

Dr. X, I'm in charge of your wife." I asked, "Are you an intern?" "Yes," he said. A shorter young man joined us and said, "I'm Dr. Y, I'm the resident in charge of your wife." I inquired, "Are you a first-year resident?" "Yes," he said. "Dr. X will ask you some questions about the patient."

Dr. X asked me, "Is she allergic to penicillin?" I remembered the last time Brenda had been asked this question. "No," she'd said, "just to doctors."

Dr. X wanted to know what medication she took. I told him, adding that she was a diabetic and blind in her right eye. I showed him the home chart. He looked at it for only a second. "I see, her blood sugar was never under 100 today." I said: "No, not at all. It was 70 this morning." But he didn't seem to listen. He handed the chart back to me as if all this information could be of no interest to him and said abruptly: "I have to do a few tests. You have to wait outside."

I left reluctantly. If Brenda had been given a single room I wouldn't have budged. But with other women being treated in the critical care unit, I felt out of place. I realize now I should never have left her.

From the visitors' lounge I saw Dr. X with a tray of test tubes filled with blood (the hospital bill listed fifty-two different blood tests—costing a total of more than \$1,200—for this evening alone). He said they'd be finished soon with their tests. I was stunned. The only words I could think of came from the field of engineering: "destructive testing."

When I took up my watchpost by the elevator banks, Dr. X and Dr. Y, flanking their charge, seemed to be discussing something. They didn't look at their patient. Their patient was dead.

Thursday, 9 a.m.

Brenda appeared unchanged since the previous night, but her eyelids were moving. Was she trying to convey something? Both eyelids simultaneously went open-shut, open-shut, open-shut. . . . But then I realized this motion was exactly synchronized with the respirator. No message from behind dead pupils—just a reflex. My love had been turned into an obscene puppet.

The pupil of her left eye did not respond to light. She was in a coma. Her beautiful brain had been destroyed.

No sign of Drs. X, Y, or Z. I asked whether Dr. P had been in to see her. He had not. I left to go talk to him.

"Have you seen Brenda?" I asked. "No, not yet," he said. "But I've heard. It's very sad."

"I want you to do two things," I announced, looking him straight in the eye. "One, I want her removed

immediately from the kidney ward and transferred to another critical care unit in the hospital."

"I'm afraid that's impossible," said Dr. P. "No other critical care unit in this hospital would take Brenda in her present state."

I was surprised by this flat refusal. I told Dr. P: "My second request is, I want the respirator removed."

I reminded him that Brenda had given him a copy of her living will and the medical consent and authorization form, and asked him to attach them to her

A man suddenly appeared behind me. He said he had heard I was having problems with the doctors attending Miss Hewitt. Perhaps he could help, he was the "patients' representative." "Perhaps we can make a deal," he said.

chart. He had agreed to honor them.

I handed him copies of these documents and the letter she had left for her friends and family.

Dr. P read all the papers and said: "I'll have to talk to the doctors. I'll be over there later."

I left and went back to the kidney ward. A man suddenly appeared behind me. He said he had heard I was having problems with the doctors attending Miss Hewitt. Perhaps he could help me, he was the "patients' representative." Could we go into the visitors' lounge to discuss the matter?

We did so, but it soon emerged that he was not very interested in learning what had happened yesterday. I became suspicious and asked, "Who are you working for?" He answered, "The patients." I tried again: "Who employs you?" He replied, "The hospital."

Possibly sensing my misgivings, he said: "Let's not get involved in what happened yesterday. Let's talk about today. Perhaps we can make a deal." He handed me his business card.

I shuddered, suddenly comprehending: *Here* was the Messenger of Death. A salesman in a business suit suggesting, "Let's make a deal."

He made copies of my documents and asked me whether I was agreeable to having a conference with Drs. P, X, Y, and him in the doctors' lounge. I said yes.

There were no handshakes when I met the assembled doctors. Dr. P was sitting at the conference table with Brenda's medical chart in front of him. Drs. X and Y were also there but barely acknowledged my presence.

"Can you tell me how long her brain was without oxygen?" I asked.

Dr. Y answered, "She was without circulation for five minutes, but the blood pressure was so low for

twenty minutes that the oxygen supply was quite insufficient during that time.”

I asked, “Would you then say that she has suffered extensive brain damage?” He said, “Yes.”

“What is your prognosis for her coming out of the coma?”

He answered, “Our experience with diabetic dialysis patients who have suffered brain damage is that the

They had covered Brenda with a white sheet up to her neck. Her contact lens, dried hard, was sticking like a splinter of glass into the left corner of her eye. Her neck was distended and bruised. I felt a cold fury. I should *never* have brought her here.

damage is usually severe and irreversible.” I wondered whose experience he meant. He looked too young to be speaking so authoritatively from his own.

I asked, “Did you take an EEG [electroencephalogram]?”

“No.”

“Her living will,” I continued, “states clearly and explicitly that she rejects respiration by machine. I want the respirator removed.”

Dr. P said, “Yes, we shall do that,” and added quickly, “We’ll naturally withhold dialysis.”

Today the doctors seemed to be more inclined “to err on the side of death.” Was that the “deal”? If Brenda could breathe on her own, I thought, I’d take her home. Not one of these doctors would ever touch her again.

I asked how long she might live without artificial respiration. The answer was, “We don’t know.”

“I have a last request,” I said. “I want all restraints taken off her, anything that might make her feel uncomfortable after you have removed the respirator, and then I want to be left alone with her.”

The conference was over. Dr. P wrote a long statement on Brenda’s chart, closed it, and clutching it tightly, said “I’ll have to go.” I smoked a cigarette to calm myself. The first time I read the medical consent and authorization, it had registered in my mind simply as a legal document. Now I began to understand what it meant. It was a letter of ultimate love and trust. What it said, in effect, was: “I am all yours; *you* decide how much I shall suffer; *you* judge what will be done to me. Let me live if you want me to, let me die if you think it is time.”

Was it now “a time to die”? Should I let Brenda die by doing nothing? Dr. X interrupted my attempt to find an answer by announcing that I could see her now.

They had covered Brenda with a white sheet up to her neck. The tubes to the respirator were gone but the leads of the EKG were still attached and the sleeve of a blood pressure cuff hung loosely around her left upper arm. Her pulse was strong, her breathing labored. Her blind eye was closed, her left eye open. Its pupil was large and did not react to changes in light intensity. She was, perhaps, blind now—a fate she had feared more than death. The contact lens, dried hard, was sticking like a splinter of glass into the left corner of her eye. Her upper denture was in place; presumably it had not been noticed. Brenda’s face was puffy, almost unrecognizable. Her neck was distended and bruised. I felt a cold fury. I should *never* have brought her here.

I told the nurse I wanted to be left alone with Brenda and drew the curtain around her bed. Digital pulse data flickered in red on the monitor screen. The numbers were nonsense; the equipment wasn’t working.

I didn’t pull back the sheet that covered most of her body. I couldn’t bear to see the wounds, the bruises, the hurts they had inflicted on her. I was afraid I might discover more than I had already seen.

I spoke many words of love into her ears, all those silly words lovers use to each other, words of closeness, words that jog memories. No sign of recognition. I urged her to lift a finger. There was no response. Perhaps she was deaf now. I pressed her right hand—it remained limp.

Over the next half hour, the frequencies of her pulse and breathing were steadily slowing. I told Brenda her pain and suffering would soon cease. I asked her forgiveness for having brought her here. Her breathing became louder. I held her left hand and felt her pulse. I could smell her neighbor’s bedpan. I looked at Brenda for a last message, a last nod, a last sign before death came.

Her heartbeats were five seconds apart when something hit me in the back. Someone had come in under the curtain. I said: “Please, leave us alone. She’s dying.” Something bumped into my back again. Without taking my eyes from Brenda I said, “Please, go!”

Thanatos, the Angel of Death, had arrived and a voice behind me muttered, “I’ve come to get the TV set.”

I turned half around to look into the blank eyes of a nurse’s aide. I told her, “Have you no sense of decency left?” She went without a word.

I had just felt the last beat of Brenda’s pulse. There was one more breath, so woeful I shall never forget it. The time was 11:40 a.m. I closed her eye. I kissed her lips at last. It would no longer hurt.