



## MENAGERIE

It might seem strange, but Claire loved her job. She went into work looking forward to the day ahead, even though, as with today, a Monday, she had a twelve-hour shift, which would be followed by two more twelve-hour shifts on successive days. The building, starting with the reception area, was light and airy. Sunshine streamed through the skylights onto walls that featured soft, luminous colours. Furthermore, the people were amazing. She got to spend time with the most incredible individuals of all ages, races and traditions. It was undoubtedly a positive environment with a lot of laughter.

And, yes, there were unhappy times, although last week, luckily, things had gone well. Perhaps that was a bad omen. Nothing would happen for a while and then there would be a spate of deaths.

Anyway, there were no deaths overnight, as she discovered at the morning handover. The team discussed referrals and discharges, looked at how the fifteen patients were managing, and determined any changes to be made to their treatment plans. The inpatient unit at Ashdown Grove Hospice was full most of the time. There were currently eight referrals who needed to be assessed and three patients waiting for a bed.

At eight o'clock, when Claire emerged from the staff room, the ward was as busy as usual. Through one door, she could see Adele, one of the healthcare assistants, helping Len with his breakfast. Although she had been assigned three other patients to look after, Claire listened to Len's wife, Janice, for a few minutes along the corridor. Len had heart failure and failing kidneys. The consultant had warned that he might become delirious from rising potassium levels, and Janice reported that he was suffering flashbacks from when he had



served in the Falklands. Len and Janice had been married for fifty-five years. Claire found it touching how she would refer to him as ‘my Len’. She said all that she could think of saying in the circumstances. She was there for Janice and understood what she was going through. Janice blinked away her tears and headed off to her husband’s room. It was always humbling, as a nurse, to be admitted into the private world of a family. As much as it was a privilege to be present at a birth, it was a privilege to be present at the end of a life.

Further along the corridor, Claire turned into another room to see her first patient, William. Birthday cards graced the table, a huge teddy bear sat on a chair, and balloons were tied to the corner of his bed. Funnily enough, Claire’s birthday had been the day before William’s. They had both reached the milestone of thirty recently. She immediately noticed he was asleep and whispered a greeting to his wife, Josie, who had been staying in the family room overnight. The most conspicuous feature about Josie was her baby bump. She was seven months pregnant.

‘He’s been sleeping a lot,’ she said, in response to Claire’s question, ‘and he’s completely gone off his food.’

They transferred themselves to the bathroom to avoid waking William up.

‘His breathing is very shallow,’ Josie went on. ‘But sometimes he takes these huge rasping breaths. It sounds as if he’s in agony.’

Claire explained the phenomenon of Cheyne–Stokes breathing – a cycle of anywhere from thirty seconds to two minutes where the dying person’s breathing deepens and speeds up, then gets shallower and shallower, before starting again.

‘I know it’s distressing to listen to,’ she said, ‘but he’s not in any pain. If you look at him, you’ll notice he’s deeply asleep.’



‘How long do you think he has?’

There was no point in withholding the truth. It was not a question, though, she could answer with any certainty.

‘Each person has their own timing. I would guess hours to a day or two.’

Four months ago, William had been living a full life. He was a tremendously funny chap who loved playing pranks on his friends and colleagues. Then he had begun to suffer pain in his stomach and back, which had led to a diagnosis of pancreatic cancer. When Claire had met him after his admittance, he was still talking, revealing the details of his traumatic hospital treatment. He had told her that all he wanted from now on was peace – no more tests and alarms.

Claire checked her pager, which had just vibrated. It was Nerys, another patient on her list. Ignoring the call for the time being, she and Josie returned to William, who was just waking up. She put her face near his and said, ‘Hello, William. Good morning!’

His eyes searched the room for a second before finding hers.

‘How are you feeling? Are you in any pain?’

He shook his head slightly and smiled.

She reviewed his medication chart and then examined his syringe driver to ensure the pump was running properly. The syringe driver delivered a steady stream of medication through a small plastic tube under his skin over a twenty-four hour period. Palliative care in a hospice was not only person-centred but was also very technical. Medication and other treatments to cure or control any serious illness would stop and the focus would shift to comfort measures. This formed a contrast to Claire’s last job as an ICU nurse where, by trying to save her patients’ lives, she had sometimes put them through unnecessary agony.



She had left the hospital four and a half years ago when her father had been admitted to Ashdown Grove Hospice. It had been a difficult step, taking him to the hospice, but she had been impressed by the way his death had been handled. Indeed, the experience had led her to embark on a new career trajectory.

‘Can you help me reposition William?’ she asked Josie.

It was important to move him occasionally to avoid pressure sores on his skin. As she gently turned him on his side, while Josie held the pillows, she noticed the mottling of his knees and feet, how they felt cool, and how he was sweating. She did not leave the room before asking Josie how she was coping. Relatives who kept a vigil often neglected themselves.

‘I’m all right,’ she responded. ‘Many of William’s family are arriving later, so they can help me keep watch over him.’

The next patient on Claire’s list was Nerys, who had requested assistance earlier. (Thankfully, another member of staff had pressed the call point to indicate that they were dealing with the call.) Nerys was, in fact, the most common user of the nurse call system. Within a few minutes, she could go from being hot to being cold to being hot again.

‘Where have you been?’ she asked upon seeing Claire.

‘I was with William and his wife. Was it important?’

‘Not any more. Petra dealt with it. She wasn’t happy, I could tell.’

‘Why?’

‘No reason. Maybe she got out of bed on the wrong side this morning.’

Nerys – or ‘No filter’ Nerys – knew all the staff by name. She had views on everybody: Colin, the chaplain (obsequious), Fran, the physio (a martinet), Gracie, the ward



sister (not a looker, poor thing). Although she did not approve of some of Nerys's opinions, Claire could not help thinking there was something brave and innocent about her. She was eighty-two and had cancer of the bowel. Unfortunately, the cancer has reached her liver, and now she wore a colostomy bag. She had previously visited Ashdown Grove as a day patient, but with her battle almost at an end she had been admitted to the inpatient unit as a permanent resident.

'Maybe she didn't like me saying she could do with losing a few pounds,' Nerys added.

'Maybe,' Claire responded.

'By the way, what have you done with your hair?'

'What do you mean?'

'I don't know. Have you brushed it?'

As it happened, Claire had been unhappy with her appearance that morning and had spent an extra five minutes trying to sort herself out.

'Have you looked at your own hair recently?' she retorted.

'Cheeky whatsit!'

Nerys was clearly happy that Claire had been provoked. She looked distinctly fragile lying in her bed. Her bony body was wrapped in a pink dressing gown, she wore small oval glasses that were perched on the end of her nose, and her iron grey hair clung in thin strands to her head.

'How are you feeling today?' Claire asked.

'I'm surviving. That's about all I'm doing.'

'You haven't finished your breakfast. Do you want the rest of it?'



Nerys looked at the yoghurt bowl on the overbed table and tut-tutted. On her bedside cabinet, along with a box of tissues and a lamp, there was a mobile phone, a Sudoku puzzle book and a vase of flowers (regularly replenished by volunteers at the hospice). Each of the rooms had TVs and en suites as well as French patio doors overlooking the garden.

Claire gave Nerys her medication, unrelated to the cancer, which was kept in a locked drawer in her room. Nerys suffered from arthritis and constipation among other ailments. After she had swallowed her last tablet, she asked if they could have a chat in private. ‘It’s important. I have something to say.’

[These are the first few pages of a longer story.]

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