

And How Would You Describe The Pain?

She was a former model but

She was not a model patient

She did not make terminal illness appear trendy.

She did not radiate optimism

She did not possess an indomitable will to beat her illness

She had not given her cancer a suitable pseudonym

To assert her dominance over this unwanted invasion.

Her neighbours did not bring around lasagne

Her husband was long gone (“a widow for years”)

Her son was expecting another child

So would not have time for her.

She had friends who were dying too

They sometimes went into respite care at the hospice so their husbands could have a break

Her husband was dead

So she did not qualify

Although she could have done with a break from looking after herself.

She spoke of an in-between feeling

Not a sensation of the tumour creeping in between the lungs and chest wall

But the in-between of

Not knowing if it was weeks or months

The in-between of

Not sick enough for hospice but struggling at home

The in-between of court cases and ACC disputes

Even our conversation swung between

The difficulty of dying

And favourite coffee brands.

She spoke of fear:

Her biggest fear was dying alone.

Her biggest fear was that she would be put into a rest home.

Her biggest fear was a long, drawn-out death.

Watching hospice friends die, one by one, she was afraid she would be next.

I think she was also afraid she would be last.

She nearly cried

Talking about her husband dying

her friends dying

the shock of her diagnosis

the lack of support

being alone

I nearly cried too.

The day before, I had observed an interaction

Between a doctor and a body with metastatic cancer

Brought in by its owner, a bubbly 30-something, and her husband.

The three discussed the body's calcium levels and thyroid problems,

Fatigue and the gas in the stoma bag,

"More blood tests!" was what the body needed, and the couple had agreed

This was much easier.

I had seen dying before, but from a distance,

Not this prolonged, lonely dying –

I had not sat for so long in this place where questions have no answers

Where problems have no solutions

I had not looked straight into a dying face

And asked how it felt to be there.

I could only make feeble observations:

“That sounds really difficult.”

“So it seems like you feel quite unsupported?”

“It must be hard not to know.”

What else could I do?

I have learnt the skills of using stethoscopes,

Tendon hammers, sphygmomanometers, butterfly needles

I would like to learn the skill

Of putting them down

Knowing when a patient has had enough of being a primary-tumour-poorly-circumscribed-

With-widespread-mets-secondary-to-haematogenous-spread

And today, just wants to be a person.

If there are right things to say,

I would like to learn these.

If there are no right things to say,

I would like to learn this too

And learn how to sit in this space

Where we cry in between

Eating chocolate chip biscuits

And drinking Hummingbird Crave.