

own sturdy self seemed to me like an affront to her. Would I say the wrong thing? Better to say nothing at all, I thought and subsided, reduced to answering-machine messages and cheery cards in the mail, and so the silence grew. A week went by, then another, till the phone call came. Where are you? I miss you, she said, and I admired the grace in the act, the hand across the widening gap. I climbed on the bus, holding the flower that had seemed irresistible at the corner, just one, a rose that spoke of summer. I was up against it—what did I have to offer if I couldn't offer a cure? I waited at her door, twirling my flower, tonguetied again. But she was there, and she was smiling. Come keep me company, she said. I've missed you.

And so, in fits and starts, we began to make a different friendship, this one based on bedrock. For when you can't mend what is broken at the center of a friend's life—whether it's the marriage that's gone forever or the lost child or the vanished job—you learn a deeper truth, how to accept the unacceptable and, however slowly, move along together. In the end, all I have to offer is, perhaps, a little comfort as the waters rise.

Sometimes, as today, comfort means

hot soup and cool sheets and the pure animal pleasure of hearing someone else's footsteps in the hall, like the click and clatter of a hoof in the next stall. Sometimes it's a date for the movies, to soak a few handkerchiefs and emerge blinking, covered with popcorn, as if we were 12 again. We've been known to spend a morning trying on hats for nonexistent parties, or an afternoon running away to the next town for dessert. We are rude in hospital hallways, shoulders shaking as we make fun of indecent procedures, serious-faced doctors. Other friends are there, joining to form a raft above the waves, to sit in on appointments, take care of the practical details of life. What has happened has taught us all a kind of emotional imagination we may have lacked. We've learned to ask rather than prescribe, to honor the ordinary pleasures, to take it slow. Sometimes she'll tell us what she needs, other times we must divine it. This week I thought of how frustrating she must find it—house-proud always—to see her house take on a slightly awry look as more pressing things interfere. I'm your hands, I said, tell me what to do—a matter of shades pulled just so, chairs tugged into place, fresh water in the flowers, till the house

looked itself again.

Most of all I've learned to listen. We are a pair of smarty-pants talkers, fast and furious, trading stories and what we fondly believe is wit, finishing each other's sentences—most days we still uncork. But now I know to sit quietly as her words tumble out. Fast, packing each moment full, the clock's chime in the background, marking the hours. I told her she could say anything to me and many days she does. We're like children, sprawled on the hill under the moon, roving, roving, as the stars spin. Sometimes it's teasing at an old knot, figuring out why that relationship foundered, this one flourished. Sometimes, the hardest times, we fumble our way to framing an answer to the everlasting why that flows like undertow in the current we're racing. And sometimes we're simply silent, a pause in the conversation that began years ago and will last forever.

She's called to thank me, but of course thanks is wholly beyond the point. As I seek the comfort to give, I know that what I've found in the search is comfort for myself, the consolation that comes from accompanying a friend on her journey as far as I can go, however steep the way. •

Home of the Brave KATHERINE B. WEISSMAN

worried that volunteering at a hospice would be too heartbreaking. It turned out to be heart healing.

OCTOBER 1999: I DECIDE TO VOLUNTEER in a hospice around the time of my mother's birthday. She would have been 85. Lung cancer took her life three and a half years ago, and she did not "go gentle." She was frightened and angry, half out of her head. Hospice care couldn't give her a good death, but it did make her last days more comfortable. It was a haven, for her and for me.

I tell friends what I've done and they are filled with respect. They say, "I could never do that," as if I'm endowed with special powers. I'm not. I'm drawn to the work—and I can't even say why.

November 4: Tonight is my orientation class and I'm scared stiff. Of reliving my mother's last weeks. Of making some ghastly mistake with a dying patient. Of failing, choking, quitting, copping out. Of my own death.

My fellow volunteers, I notice, are surprisingly young, and many of them have full-time jobs. All of them seem serious. Anyone frivolous will be weeded out by the two-page training checklist—reading, classes, meetings, fieldwork, even a final exam. It's like school, which is reassuring;



I was good at school.

Marion Edmonds, supervisor of volunteer services at Jacob Perlow Hospice, goes over the basics: Hospice isn't a place; it's a program that supports patients who are terminally ill (a prognosis of six months or less) and their families, at home. In addition, hospices sometimes have an inpatient unit (IPU) where clients can stay temporarily if home care breaks down (during a medical crisis, for example). The Jacob Perlow unit is at Beth Israel Medical Center in New York City. That's where my mother died.

We pair off and practice a skill fundamental to hospice care: listening without interrupting, judging, or tuning out. It's harder than it sounds. You must be attentive no matter what a patient is telling you, Marion says—whether it is boring or fascinating, whether you're hearing it for the first time or the twentieth.

November 5: Back at Beth Israel, I embark on a bureaucratic obstacle course—being screened for tuberculosis (this very contagious disease poses a significant health hazard in a hospital) and acquiring a photo ID. I am treated like staff because I *am* staff: Volunteers are legally required to provide 5 percent of patient-care hours in any hospice program certified by Medicare.

It is starting to dawn on me that this is not a charitable walk-on. People will trust their hearts to me, and their bodies. I come across a section in my training manual on what to do when a patient dies: "Gently close eyes," it reads, "and prop head up with a towel or small pillow so that mouth closes." I am startled by the matter-of-factness. I can't do this! Can I do this? Volunteers may choose between working the inpatient unit and taking on home-care clients. At the moment, I'm cravenly drawn to the IPU, where I run little risk of being alone with a patient at the moment of death.

November 18: At tonight's class on spirituality—defined, broad-mindedly, as a belief in "anything bigger than yourself"—the Protestant chaplain (there's a rabbi, too) has us write down five of our favorite things (mine are ballet, dogs, clouds, bread, and Mozart) on slips of paper. He asks us to throw one slip into a large trash can,

then a second and a third. He takes another slip from each of us and gives us one: The new slips say things like "hair loss" and "incontinence." Finally, we toss the last of our own slips, leaving us with only his. The class mutters, angry and bereft. This is how the dying may feel—cheated of life's pleasures, besieged by the indignities of age and/or illness. It's a lesson in empathy.

After a break, we learn simple hand-and-foot massage, practicing with a partner. Groans of ecstasy fill the room. My mother and I worshiped massage; we'd take turns getting and giving. When the cancer pain was killing her, it helped.

December 14: Part of my fieldwork is to observe an experienced volunteer in the IPU. I haven't been back there since my mother died, and as I ride up in the hospital elevator I feel a familiar dread. But once I'm inside it's okay: The unit isn't haunted, and my mentor Len*, a balding accountant, radiates calm and competence.

The essence of giving comfort, I think, is never to abandon the other person—to keep showing up, no matter what.

We walk around, introducing ourselves to the patients, family, and staff, asking if we can help. We bring ice water and blankets, make beds, take away dinner trays.

A tiny, pale old woman with a German accent says, "I used to like meat. Now I don't like anything." A man sleeps deeply, surrounded by balloons saying GET WELL. A youngish woman, her red hair intricately braided, fiddles with the oxygen tubes in her nostrils and tries to read.

Afterward, I feel as if I haven't done anything—but I am exhausted.

December 15: This morning at the IPU team meeting, there's a brisk, frank exchange of information, professional but not bloodless, about the patients. It turns out that the redheaded woman is a former nurse, only 35. She has a kind of lung cancer that literally crushes the chest, "and she's scared to death," somebody says. For a moment, I find it hard to breathe.

December 16: Medical people are often characterized as healers. *Comforters* would

be a better word for the hospice doctors and nurses who lead my third class. Their specialty, palliative care, aims not to cure but to ease the pain and quiet the mind. This, as much as surgery, is an art.

After the class, we're given an employee handbook called *Bloodborne Pathogens*—you can't miss its gory, red-splashed cover. It reminds me that I will be caring for people who may have HIV or ("just as deadly") hepatitis B. Not to be melodramatic, but wearing latex gloves could save my life.

January 20, 2000: The last class has an air of sadness. We discuss the hospice's bereavement program, which supports family members for up to a year following a death, and Marion quizzes us on the "four tasks of grief" (to accept the reality of the loss, work through the pain, adjust to the person's absence, move on with life). It strikes me that I am going to be in mourning every time one of "my" patients

dies, which is always.

Finally, the social workers take the floor. Their role in hospice is to assess anything that isn't strictly spiritual or physiological—from family and ethnic background to practical matters and coping mechanisms. Our group, under their tutelage, forms a make-believe family, with one member designated as terminally ill. Her "death" scene is excruciating. Her labored breath seems real, and when it stops, we feel stunned, punched in the gut. While a person is dying, there is an incredible urge to do something, anything—talk, cry, get a nurse, get a drink of water, *get out*. You want to run away; you also want to stay.

February: I meet Sadie on my first "solo" shift in the IPU. She is up, moving around her room, tidying, fussing, buzzing with an odd nervous energy. Her eyes burn. Her hair, what there CONTINUED ON PAGE 203

**To protect privacy all names have been changed, except for Marion Edmonds's.*

is of it, is gray, scruffy, itchy. Her mouth is bleeding; with one hand she keeps a gauze pad pressed to it. Inside the pocket of her blue-and-white-striped hospital robe, she has safety-pinned a small money purse. She wears a wedding ring. She is 80 years old, and she is holding on to the things that keep her human. I fetch her clean socks, a fresh robe; I straighten her bed; I escort her when she waltzes down the hall demanding cigarettes. She never complains, never cries. "I wish I could do more for you," I say.

"It's rough," Sadie says, and repeats it. She is in bed now, and she pats a space next to her. I sit and take her hand. "Don't leave me," she says. She grips my hand strongly, as if it could keep her in this world forever.

The following week, her bed is empty. My hands shaking, I check the chart—Sadie is back in her apartment, with a home health aide to care for her. I never know the time or place of her death. I do know that I won't forget her dignity.

This work is not depressing. It inspires awe.

March 7: Graduation Day. I sign a contract committing myself to four hours of service per week for the next six months. It feels official, and serious, and it is both.

Not that humor is taboo here. As I'm leaving, I notice a cartoon on the wall: An anxious-looking woman is opening the door to the Grim Reaper. Caption: "Relax, I've come for your toaster."

April 3: I decide to try home care for a change. On the unit, I see a particular

person for two weeks running, at most. I want a longer relationship—longer, that is, in hospice terms: On the average, a patient is with us only 25 days.

Mr. P. (we never get to first names) is my first case. He has cirrhosis; I'm to stay with him while his elderly wife goes to the doctor. Less than an hour after she leaves the apartment, it becomes clear that Mr. P. has chronic diarrhea. I put on gloves and try to clean him off, but he's too weak to get out of bed and too heavy for me to lift alone (or is that just an excuse?). Ashamed and miserable, he keeps calling for his wife. Conversation is impossible. As for deeper communion, forget it. It's hard to be spiritual in a wet diaper.

At last Mrs. P. comes home, and together we change him. Even though hospice staffers give me credit for sticking it out ("Trial by shit," someone says), I feel like an utter failure.

I go home, dump everything I'm wearing, stand in the shower, and cry. I can still smell it.

April 21: Esther, my new home-care assignment, tells me about her late husband, her gentleman friend the bad investor, her sister in Florida with Alzheimer's, and the daughter who isn't speaking to her. All this on my first visit. "I don't have much longer," she explains without self-pity.

Esther still looks pretty good. She gets up to open the door for me; she sits in a chair while we talk; she's dressed and alert. She says she is not in pain from the cancer, but she feels a "gnawing"—she touches her chest softly, sadly. Already I love her stubborn, honest face.

May 4: Esther is worse. She stays in bed; she's short of breath. Her devoted younger daughter, she says, is a saint (her eyes fill). The older one seems to care only about her inheritance—they've just had a wrenching visit. The bitterness and rage pour out, giving her a brief surge of energy. After half an hour, though, she asks me to leave so she can sleep. I wouldn't mind sitting in the dark with her, but she seems to feel that while I'm here she must talk. Is she just being polite? Should I stay anyway? When I ask Marion later, she says, "Would you leave *my* house if I asked you to?"

May 12: Every time I call, Esther is sleeping. I send her a card. I hang on to the hope that she will rally. But tonight she dies. Looking back I can see that she was closing down; still, it's a shock. She was so lucid, and now...

Now I'll grieve for Esther. Actually, I want to skip that part and go straight to another patient, but Marion says no. After absorbing so much of somebody else's pain, I need time to take care of my own.

The essence of giving comfort, I think, is never to abandon the other person—to keep showing up, no matter what. In hospice that means sharing, as much as I can, a patient's last journey. This is not a self-sacrificial choice, but a kind of partnership in which the dying person becomes a powerful mirror for the one who goes on living. It helps me shed some of the guilt I feel about the way I handled my mother's final illness. It also helps me contemplate my own end with less fear and evasiveness. By giving comfort, I get it. By coming so close to death, I hope to unmask it. ●

Is Hospice Work for You? A Volunteer Checklist

ARE YOU GRIEVING? If somebody close to you died less than a year ago, you may still be too involved in your own bereavement process to embark on this work, says Marion Edmonds of Jacob Perlow Hospice. In time, being a hospice volunteer will help you integrate such a loss, but for now, don't go there.

CAN YOU MAKE TIME? Volunteers generally work four hours a week, and the training takes two or three months, sometimes longer. That doesn't sound like much, but it's taxing. Even if you don't finish, however (the dropout rate is 50 percent), the program will leave you with an awareness of hospice and a deeper understanding of the end of life. That's a lot.

ARE YOU SELF-AWARE? Hospice work triggers heavy emotion—self-doubt, possessiveness, guilt, rage—and it may be tempting to indulge in unfettered self-expression. Not a good idea. You need to remain compassionate but detached or you'll be of no use to anyone.

DO YOU HAVE AN OPEN HEART? Some volunteers have special talents—I've met massage therapists, ministers, medical students, and Irish harpists. But all you need is a desire to help.

TO FIND OUT ABOUT PROGRAMS IN YOUR AREA, call the Hospice Help Line of the National Hospice and Palliative Care Organization (NHPCO) at 800-658-8898. Or try these Web sites: www.NHPCO.org and www.hospiceinfo.org.