If she’d been given a choice, Lee would have chosen one cataclysmic storm, with thunder, lightning, branches breaking, windows rattling, power failing. She would not have chosen this persistent grey drizzle, grey sky, this unrelenting misery. But she has not been given a choice. She looks out the window at the heavy clouds, the dreary street, the fallen leaves, mushy as mulch. She wraps her shawl closer, against an imagined draft. Esmelda won’t be in today, of course. David is also gone, and his bed will go today. She stripped it late last night, when she finally got home. Vital Mobility has already called to confirm the pick-up.

David no longer lives with Lee; Lee no longer lives with David. Lee will live alone now. She nods, mustering resolve. It’s too quiet. Esmelda’s Spanish radio programs, the regular rhythm of the ventilator, the beeping of the monitors and machines, all the usual background noises are gone. How will she ever get used to the quiet? Music, voices, laughter, sounds of living would help. That and discipline. Discipline scaffolded by work and visits to Kindred House. Despite this morning’s dread of silence, of space, in the end, Lee will take well to living
alone, so well that she will insist on living alone, sleeping alone, for the rest of her life.

Why hadn’t it made her cry, stripping the bed, pulling off the sheets, the absorbent pad, the egg crate topper? The stark mattress, its dark blue polyurethane cover cold to the touch, had seemed alien. She’d expected David’s body to have changed it somehow, but of course, it was exactly as it had been on the day it arrived. Instead of crying, she’d wondered what to do with the sheets. They won’t fit any of the beds in the house. Can she donate them? Can one of the caregivers in her support group use them? She’d have to remember to ask.

Once the bed goes, she’ll bring the furniture out of storage, turn this room back into a living room. Her boys will help. In three days, Tim will fly in from London, Ray from Vancouver. Wives and children, too. Lee hasn’t decided yet where they will all sleep. Maybe the grandkids can camp in here. By the time they arrive, David’s back-up generator, monitors, suction machine, bed boards and lifting holsters will be gone. Yes, this room will do for the grandkids, but she’ll have to lug the air mattresses and sleeping bags up from the basement. Ray and Helen can use Ray’s old room; Tim and Julie can sleep in Tim’s old bed which is now in the dining room. Lee will not sleep in the master bedroom, nobody will. Instead, she will sleep on the
couch in her office. A nod of satisfaction, at least this bit of planning has been easy.

Lee turns from the window and goes to her office, at the back of the house, to start her day. Only four patients. She clicks on the electric fireplace, an offering of comfort, checks that the afghans and pillows are in easy reach, the tissues stocked, the water bottle full, the glasses clean. In the foyer waiting area, the coat rack, boot mat, umbrella stand, coffee machine wait. Lee has time for coffee and the phone call before her first patient arrives.

“Good morning. This is Dr. Stone.”

“Hi Dr. Stone. This is Katie. Good timing. I’ve just come from Dr. Stone’s room.”

“Can you tell me how his night was?”

“Of course!” The clicking of a keyboard. “Umm...right...here’s the note. Dr. Stone’s first night went well. He seemed agitated after you left. You know, eyes rolling, blinking, crying, but he settled after a bit. He tolerated his feeding well. No obvious signs of discomfort or pain. He slept soundly.”

Lee’s shoulders fall, a heavy exhale. “And this morning?”

“All good. We just finished his hygiene and feeding.”

Lee nods. “What’s on his schedule today?”

“Umm...” More keyboard clicks. “Routine intake assessments...nursing, RT, functional...”
“Sounds busy. Is it too much?”

“Yeah, we’ll pace it. Give him plenty of rest time.”

“Good. I appreciate it. I’ll be by this evening.”

“He’ll be glad to hear that.”

“No, please don’t tell him. Just in case.”

“Oh, sure. Whatever you like.”

Lee clicks off the phone, silences the ringer, waits. She was right to resign from the hospital, to start a private practice. She and David had plenty of space. A few simple renovations, added on to the larger project of making the house amenable to David’s wheelchair, had created a waiting area and office. In private practice, she controls her days, can stay close to David, help Esmelda. Also, today’s patients have forced her out of bed, into the shower, into clean, presentable clothes, and out of her thoughts, her dark mood. She will be no good to David if she too becomes immobilized.

A tentative knock. A new patient, DM. Chronic pain management. At the end of the hour, DM leaves with red, puffy eyes. Lee writes her assessment note and begins drafting a plan for DM’s transition back to full-time teaching.

Transition. That’s what she’d told the boys. “Dad is transitioning to hospice.”

“That’s good, Mom,” said Ray, “it’s been so hard on you.”

Reasonable. Understanding. Accepting. But that was Ray.
Tim was harder. Always, even as a baby. “Why now?”

“He’s gotten worse. It’s progressive. Esmelda, I, we can’t handle…”

“So hire more help. You can afford it. I can help some. Ray too, probably.”

“It isn’t about money.”

“What then?”

“Tim.”

“He doesn’t want hospice.”

“I know, but…”

“But what? Dad wants to die at home. And he’s not dying. Not yet.”

Some variant of this conversation several times since. Not even Ray could sway him, convince him that neither of them, so far away, can really know. Tim will be convinced only once he sees his father, watches the nurse suction his lungs. Then he will hold his mother, press her to himself in silent apology.

That hug will heal something in Lee, but it will not ease her shame. Yes, it is shame she feels, will always feel. She has handled it poorly, slinking off to visit hospices, putting David’s name on waiting lists. It is easy now, too easy, to hide things from him, to restrict his reality, to misuse her power.

“Should we come?” Ray asked.
“Soon, maybe a few days after he’s admitted, once he’s settled.”

“How do I say goodbye, Mom?”

The buzzer startles Lee. Her next patient. She’d originally seen SP for marital therapy but now is treating him alone for depression and anger over his separation.

After David’s diagnosis, after the numbness of the shock wore off, after the flood of fear and anger ebbed, before he lost use of more of his body (already his left hand was weak, unreliable), David and Lee met with colleagues -- neurologists, occupational therapists, respirologists, home-care nurses -- to learn about treatments (palliative, only), prognosis (terminal, always). These meetings, which forced them to speak it aloud, to confront the realities, to make choices, required recuperation, retreat. “Those weeks,” Lee will tell her therapist, once David’s death is no longer sensitive to the touch, “when David and I came together like that, were the most intimate, the most meaningful, of our marriage.”

Not that they’ve had a bad marriage. No, it wasn’t bad, but it wasn’t good either. What it was, was efficient, easy, with neither overt conflict nor infidelities. It provided structure, stability, security for the boys, and most importantly to David and Lee, ample space for work, careers.
They came close to shattering only twice, both during David’s illness. The first time, Lee shouted, “Exactly! It’s your body, your death, do whatever you want. Why should I have any say? Who the hell am I anyway? Damn you!” She had packed a bag and stayed in a hotel for two days until guilt and worry pulled her back. They’d reconciled, of course. Maybe they’d even forgiven each other. She learned, after that, to let her once placid husband have his rages, to duck when he flung objects (mugs, books, forks, whatever he had at hand) and words (ugly, vicious, hurtful words). Eventually, he became less and less able to act out his rage.

The second time was when they told the boys. They convened a family meeting, the first since the boys left home. By then, David had lost use of his left arm and his right arm was weak, his words were slurred, his fatigue formidable, his fear, their fear, unfathomable. But they’d hidden it from the boys during Facetime chats, in emails and texts. Hide it from the boys had been their agreement since the boys really were boys. No arguing, no disagreements, no bad news. “How could you hide this from us?” Tim had shouted, jumped to his feet, stormed around the living room. Ray rocked on the couch, doubled-over, arms wrapped around his head. “How long have you known? Why didn’t you tell us?” he asked over and over. Lee had no answers and by then, she also had nothing left to give her boys, no comfort, no
consolation. And in that room awash in Tim’s rage and Ray’s
grief, David had said, clearly, with almost no slurring at all,
“Your mother insisted we wait. I wanted to tell you right away.”

No, she mustn’t be angry with David. After all, he is dying.
She had decided, in the dark days after that family meeting, to
not be broken by his betrayal, to save her marriage from
shattering, to try again to be a good enough wife. And yet, her
black thoughts have not stopped. Anger, resentment, rage.
 Unspeakable.

Her friends, her therapist, even the members of her caregiver
group urge her to be positive. Lee hates that they expect her,
perhaps on account of her profession, to have some special
dispensation, some special reserve of strength, wisdom,
acceptance, some special armor against rage and despair.

When can she rage?

She desperately needs to rage.

Lee finishes her note about SP’s session, then heads to the
kitchen to fix lunch. Will David’s next feeding and suctioning
be alright? She’s had so much trouble with the equipment, but he
isn’t their first tube-fed patient, not their first mucus-filled
lungs.

The fridge is almost empty. Peanut butter and jelly on stale
bread, improved slightly by toasting. No milk. She’ll stop for
groceries on the way home from the hospice. She thinks again
whether David needs anything else from home. He needs so much now but also so little, or at least, so little she can give him. She checks her voicemail. First Ray and then Tim asking after David. She’ll email them later, after her last patient. The Vital Mobility people should be here soon for the bed. Then two more patients.

The men from Vital Mobility are right on time. The two men, the older one burly, the younger scrawny, remind Lee of an old-fashioned comedy duo. Abbott and Costello. Laurel and Hardy. But no repartee, no slap-stick, no humour at all. Instead, there is distance, detachment. Paperwork signed, clearances appraised, bed rails rattled, brakes released, and it is done. It takes only a few minutes.

Lee stands where David’s bed has just been. She cries, quietly. Has she been too rash? Should she have continued a little longer? It’s been sixteen months. Not very long; so very long. How do the others do it, keep them at home until the end? Why has she failed?

A loud knock. NI is early, as usual. Wiping her eyes, Lee hurries to the back door, welcomes her patient into the waiting area. She will not invite her into the office until the appointed time. Lee goes into the powder room, splashes her face with cold water. Then, she sits at her desk, watches the clock.
Covertly, like a traitor, a double-crosser. That’s how she found the hospice, toured it, made the arrangements, put David’s name on the waiting list. She hoped he’d have one of the sunnier rooms, that he’d be admitted soon. She explained the hospice’s at-home assessment as part of hiring an extra personal support worker, since Esmelda was not always able to work overnight. David had blinked agreement.

She wished he could still use the eye-controlled keyboard but that had stopped weeks ago. All he had left were slight movements of his brown eyes. Lee told herself she could read love, fear, sadness, anger in them still.

After NI leaves, Lee goes into the waiting area, puts a pod in the machine and waits for the coffee to brew. The end of NI’s treatment is nearing. Lee stirs whitener into her coffee, returns to her desk to plan the termination. She will raise the possibility during next week’s session.

She already regrets not preparing David. She avoided it, hadn’t even tried until yesterday morning. David sat propped up in the hospital bed, freshly bathed, shaved, suctioned, diapered, lost in too-large-now pajamas. “David, love, this afternoon.” Lee held the military brush. The dark, polished wood, the boar bristles soothed her. David’s father had brought the brush from England or France, a memento of war. It had sat on David’s dresser since his father died. Before his diagnosis,
he rarely used it, but afterwards, he’d use nothing else. Without a handle, the brush’s back curved snugly into Lee’s palm. She brushed his still damp, mostly still dark hair. “This afternoon, you, we, we’re going.” His hair was still thick, healthy. “In the transport ambulance.” She wondered if she should give him a trim, maybe just the back, a quarter inch. “We’re going to.” Each stroke an atonement. “To Kindred House.” The brush smoothed his cowlicks. “Kindred House Hospice.” Hair off his forehead. “It’s not too far.” She brushed the hair over his ears. “It’ll be easy for everyone to visit.” The bristles moved smoothly. “I, we, Esmelda and me, that is, we can’t.” Brushed it all again. “You need so much now. I worry we’ll hurt you.” The bristles left furrows in his damp hair. “The bedsore is because we weren’t careful enough.” Lee looked, finally, into David’s eyes. Fear, anger. “It’s a lovely place, David. They know better. Big rooms. Sunny.” She gripped the brush, the bristles pressed into her fingers. “I’ve packed your things. The digital frame, your mother’s quilt.” Lee put the brush on the bedside table. “I’ll pack Dad’s brush and your razor, too.” She wiped David’s tears with her fingers, kissed his forehead. “I’ll ride with you in the ambulance.” She stood at the foot of the bed, worked the control panel to recline him. “I’ll stay until you’re settled.” She tugged and pushed at the pillows to get them just right, to avoid pressure on the bedsore. She wiped the
tube connecting him to the ventilator. “I’ll come see you every day.” She wiped his tears again, reattached the oxygen saturation monitor. “I’ll read to you. You’d like that, right?” David blinked. “Maybe a mystery? There’s a new Louise Penny.”

David looked away, closed his eyes.

Lee’s last patient, FC, is a recent widow, lonely, isolated, who mostly just needs someone to listen. She has sent a text saying she is running late. Lee fixes another coffee, rummages for a cookie, finds forgotten shortbread in a tin. Waits.

David and Lee stopped sharing their bed only a few months ago, once David couldn’t help with the transfers in and out of his wheelchair. Despite the wasting, he was still too heavy for Lee to manage alone, especially with the need to accommodate the ventilator and feeding tubes. That last night in their bed, Lee held David, cradled him, as she spoke into the dark about the beds they’d shared. The single in his dorm room, so narrow neither of them could sleep. The cheap, cheap futon, so hard it had knotted their back muscles. The iron bed he’d salvaged from a garbage-strewn alleyway, how he’d dragged it to their musty basement apartment in the rain, how Lee had brought it back to life with gold spray paint. And then, the bed where they lay that night, the bed where they’d conceived the boys. Victorian, hand-carved walnut with burl panels. Bought after their residencies, after they both secured staff positions at the
hospital, after they bought the house. They’d found it at an antique market in a little town whose name was lost now. This bed, too, had needed a little love, a little orange oil, to revive its warmth, its beauty.

After the diagnosis, they still made love, when David felt able, but Lee’s desire disappeared once he could no longer move with her, when she could no longer feel his weight on her, when she worried about hurting him, about his trach tube, his feeding tube. She tries not to think of the last time, when he raged through his keyboard, accusing her of being repulsed by him, of never really enjoying sex, of being unfaithful. She thinks instead of those early times in college, when they’d both been new to it all, and of the later times, before it became routine, ritual, when they’d loved so well, so richly.

With David in the hospital bed, the antique bed was too big, too cold. That’s when Lee had Tim’s old bed brought down to the dining room, next to David’s sickroom.

Once FC has left and Lee has written her session note, she puts the files in their drawer, locks the cabinet, turns out the lights and leaves her office. She will forget to email the boys until late tonight, after they’ve both called again, a tinge of worry in their voices. She will forget because she is eager to get to the hospice, worries it will be very late, especially if there is traffic. Lee makes a list of things to take with her.
She forgot so much yesterday: wash cloths, nail clippers, extra pajamas, warm socks, diapers.

How she hates herself for her revulsion, her nausea, whenever she diapers David. Even with Esmelda’s help, Lee could not escape the task completely. She and David were unable, unwilling, to look at each other the first time. “Go away,” he typed with his eyes. “Leave me alone. Don’t touch me.”

“He isn’t incontinent,” Lee explained to the hospice staff, “but the diapers are easier than bedpans and urinals.” They’d nodded. Yesterday, at least, they kept him in diapers.

The transport ambulance had arrived right on time, 2:00 pm. Esmelda had already said her teary goodbyes, promised to visit the hospice. (When she and Lee run into each other at the supermarket, six months after David has died, Esmelda will apologize for not visiting, for disappearing. Lee will hug her and lie about not needing an apology.) Lee had David ready, had packed his things, the ones she remembered. The attendants, friendly but serious, declined Lee’s offer of coffee, tea, water.

When they moved towards David’s bed, introduced themselves, Lee felt lightheaded, unsteady on her feet. She leaned against the wall, in the far corner, behind the bed, head bowed, eyes closed. She listened: the attendant’s explanation, the gathering of the sheets, the count to three, the grunts as they lifted
David, the settling of his body on the gurney, the attendant’s reassurances, the buckling of safety belts, raising of handrails, fiddling with the trach tube, the ventilator, more reassurances, finally, oh finally, the wheels engaging, the gurney moving out of the room, down the hall, out the front door. Were David’s eyes full of fear, betrayal, anger, acceptance? Lee will never know.

“Ma’am?”

Lee straightened, opened her eyes. The attendant stood before her.

“We’re ready Ma’am. It says here you’re riding with us?”

In the ambulance, Lee crouched on the bench, a hand on David’s shoulder, cooing to him, to the terror, the rage in his eyes. She wanted to say, “I have broken faith with you. Please forgive me,” but she said nothing. She had realized, over a month ago, that she did not want David to die in their home. She did not want to find him, or worse, to watch it happen. She did not want to clean up afterwards. She did not want any of it. Why did he want her to go through that? Why did he want that to be her last memory of him? Why was he so stubborn, so selfish?

When it happens, two weeks from now, David will be alone in his room. He will suffocate, his diaphragm, his ventilator no longer enough. Years later, Lee will decide she should have moved him into hospice or long-term care much sooner, and she
will urge other caregivers not to wait. How shocked, how upset, she’d be to know this now.

“David, I’ve set the frame here. I’ll turn it on.” The digital picture frame had been Tim’s idea. He’d loaded it with hundreds of pictures: David’s childhood, Lee and David’s wedding, the boys, the grandchildren, vacations, birthdays, Christmases, Thanksgivings. David can watch the pictures, a slide show, with no effort. Lee thinks he likes it. His eyes widened when she showed it to him, explaining Tim had shipped it from London. They’d watched it together. She’d narrated, laughed. David’s eyes filled with tears. On David’s first evening at the hospice, Lee started the slide show, stared silently at the screen, at her vibrant, healthy husband, rather than his shell in the bed beside her. No, that was too far. He was still there, trapped in that broken body that had betrayed both of them. Sometimes it was easier to pretend this David was someone else, someone new. “Your nurse will turn it off later,” she finally managed to say. “I’ll be back tomorrow.”

David blinked agreement.

He did not blink when Lee said, “I love you.”

In the taxi home, Lee looked out the window. It was still drizzling. Rivulets ran down the window, creating trails in the glass that reflected the streetlights. One large drop started its descent, stopped, split in two. The two smaller drops made
their own paths down the window. One moved slowly, mostly straight; the other curved, jagged, dwindled to nothing midway down.

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