Final Commencement

 Jonathan Campbell knew he was dying. The fifth admission to a hospital with cancer in its title was the tangible evidence. Not just for him, but for his roommate too, and the guy across the hall and for most of the 52 other patients who occupied rooms on the unit. But Mr. Campbell’s death was imminent. It was a week prior, when, free of emotion, he’d told me of his decision to donate his body to the medical school when the time came. As his nurse, I’d already been privy to this information, but I listened as he expressed his wish in an off-handed fashion like we were discussing the weather. Mr. Campbell would die with dignity.

His roommate, the lonely, gruff cab driver, Tony Martino would not. His eyes would fill with unfallen tears as he attempted to process the dire news his doctor had dumped on him earlier—pancreatic cancer was ravaging his body. Mr. Martino had no one. While I changed his bedding, he’d encourage me to linger by informing me he knew all the “best places in the city.” Along with restaurants, he’d recommended, “College Inn broth,” as the best for use in soups and sauces. He’d fashioned himself an amateur chef. Genuinely interested, I hung on his every word and wrote his suggestions down on my note pad. I felt as sorry for him as a nurse allowed herself to feel.

 “Time to go, Mr. Martino, you’ve been discharged. Good luck.” I said while handing him the prescriptions the doctor had left.

 Mr. Martino merely nodded. The look of terror remained. Sending him home to die alone seemed like a cruel blow. The orderly who wheeled him towards the elevator, stopped briefly and Mr. Martino spoke with Mrs. Campbell and her mother in law who arrived as they’d always done, promptly at 3, dressed in matching navy skirts with tucked in off-white blouses and severe oxford-type shoes. Had it not been for the knowledge of Mr. Campbell’s generous donation, I would have suspected the women were members of a religious order, but a sect that required uniform dressing would be unlikely to allow desecration of the body. I dismissed the thought and decided they were just plain and simple. Mr. Campbell, too, was non-descript. He was nearly fifty, of average height, and devoid of the typical cachectic look of the terminal patient. Except for his translucent complexion, he looked robust. I nodded in their direction as I headed for the nurse’s station. Mr. Campbell escorted the visitors to his room, now quiet after the departure of Mr. Martino who’d shared his taxi stories with the Campbells who’d listened with rigid politeness every afternoon.

 The nurse’s station, a glass walled office, encompassed the center of the unit; it provided a false sense of security as a way station between life and death.

 Patients were less needy during visiting hours so I used the time to catch my breath. Sheltered in that other healthier world, I grabbed Mr. Campbell’s chart and read his history. He, a college professor held a PhD in Philosophy, and an MS in Biology—all earned at Ivy Leagues. What a waste, I thought. He’d been diagnosed earlier in the year, had the usual bouts of chemo and radiation, all futile. I was in awe of his background, absorbed in reading his impressive history until Mrs. Campbell knocked on the glass interrupting me. She looked stricken, a look I imagined Cleopatra had when the asp bit.

“I think he’s gone, my husband, I think he’s gone.” Her voice was shaky; she gestured with a backward wave for me to follow her.

 I checked my sensibilities outside the door to his room. I refused to let nerves get the better of me, but the fact was—it wasn’t my job to pronounce him or to inform the family. I could find a vein and with bulls eye accuracy start an IV, change a surgical dressing, remove a suture, administer medication and do all my job expected of me with professionalism and expertise, but pronouncing death and notifying families was above my position.

 Mr. Campbell lay motionless; his skin an eerie shade of white; his essence gone, the shell was all that remained. Mrs. Campbell, stood on the side of her husband’s bed.

 “Has he lapsed into a coma?” She asked looking up at me raising her eyebrows expecting a positive response.

 I knew the answer but I wracked my brain for a way to postpone the inevitable, unfavorable, but long expected response; I pulled the wall phone off its hook, and paged the resident on call. Dr. Broadhurst, a known slacker, was as unresponsive as the deceased. The post-mortem responsibility for Mr. Campbell rest on my shoulders. On the pretense of listening for a heartbeat, I put my stethoscope to his chest.

 “I’m sorry,” I told the women.

 No tears fell. They were rung dry.

 “I have calls to make,” the mother said and left. Her sensible shoes tapped the floor all the way to the elevator bank.

 “I’ll give you some time alone,” I told the wife shutting the door behind me. The hallway buzzed with life.

 Time of death was added to the last page of Mr. Campbell’s heavily inked chart. I must keep a record, document, keeping protocol intact, as if any of it mattered now. I admired Mr. Campbell’s bravado and generosity; giving of himself, albeit it after death, for the benefit of others had been heroic. But a nurse couldn’t dwell on the loss of patients, it would cause suffocating grief. Nurses had to distance themselves. It was what kept us whole.

 “Thank you for taking care of him,” Mrs. Campbell said as she bid me goodbye.

 The time had come.

 I lifted his pale hand, and spoke as I bathed him. He would be “the body” now, an it. The medical school anatomy lab, his body’s final destination, often held an atmosphere of bantering where respect for a body would give way to ward off thoughts of one’s own mortality.

 “Mr. Campbell, I’ll remember you; it’s an admirable thing you’ve done. I read in your chart you were a philosopher and a scientist. You probably reasoned this decision out over time, convincing your wife you could help find a cure.”

 After attaching the identifying tag to his big toe, I covered him with the plastic sheet, sighed, and placed my hand on his chest.
 The thud of the stretcher’s wheel locking startled me. I looked up at the morgue’s orderly.

 “Who were you talking to?” he asked.

 “Mr. Campbell, my patient.”

 “He’s dead, he can’t hear you.”

 “How do you know? You ever been dead?” I glared at him, “Don’t cover his head until you’re in the elevator, the family’s still around.

 The empty room, now ready for the next patient, still held the heaviness of death and loss. I wondered about Mr. Martino, how many months were left before he would come back and be next in line? Thoughts of Mrs. Campbell lingered too. Would this choice of her husband’s haunt her memories? Where would she go to mourn with no body to bury, and no ashes to keep? I wonder still.