

Lethal Choice

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Lethal Choice

a novel

by Stanley A. Terman, Ph.D., M.D.

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Dedicated to Dr. Ronald Ferris,
who knew how to live and taught us how to die.

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Chapter 1

As he walked down the hospital corridor towards his patient's room, Dr. Norman Cameron wondered, as he had now for days, *How much longer would she hold on?*

He opened the door, glanced toward the bed, and felt relief that Vivian Barretino's eyes were shut. He would not need to force a smile. Her thin body remained motionless as he approached her bed. As he raised her stiff hand and gently stroked her cold, curved fingers, Vivian opened her eyes and rolled them toward him. Brilliant turquoise, they were the only animate parts of a body that was literally turning to stone. Cameron kept his voice gentle. "Vivian, dear, how is it for you, this morning?"

"I hurt, Doctor. I hurt all over. This is the worst it's ever been."

In his thirty years of medical practice, Cameron had witnessed the ravaging effects of many diseases, but Scleroderma, when severe, was among the worst. The "scarring" disease progressively stole flexibility from every tissue. Strikingly visible in the skin, it slowly destroyed critical internal organs. Barretino had the variant where calcium deposits erupted through her skin.—Like miniature shards of ice.

"I'm sorry you had such a painful night, Vivian. The nurses called me—"

"I know. They increased the IV, but it didn't help." She swallowed hard. "I hate to complain, Doctor, after all the time you've spent with me. I know you're doing all you can."

Cameron gazed at her in silence.

Vivian was not quite fifty. Her long limbs and elegant hands were testaments to the ghost of beauty past. Until twelve years ago, she worked as an exotic dancer. Now, silver gleamed at the roots of her sparse auburn hair. Tiny spots of red dotted her parchment-like skin. Over the past few days, the subdued glossy sheen on her face had turned to an unnatural purple hue.

"I know your pain is terrible. Give me a moment to read your chart, okay?"

As Cameron sat down, he let every muscle in his face go limp except for a conscious frown. He knew that made him appear compassionate. He opened the chart but his eyes refused to focus. Instead he recalled the magnificent sunrise across the Washington, DC, skyline that he had just enjoyed from his new office... from *his* Palliative Care Center... from the very room where, in addition to the daily routine of reducing the suffering of terminal patients, he'd soon make the greatest medical contribution of his life.

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Cameron never worried about how long he sat in front of a patient's chart. Unless she was anxious about bad news, the longer he took, the calmer she became. Of course, she imagined her "wise doctor" was absorbing data and trying to figure out the best way to treat her.

After a few moments, Cameron did focus on the nurses' notes. After making a separate memo in his Palm Pilot, he looked up at his patient and thought, *How long would she hold on?*

Vivian had been suffering from Scleroderma for eight years. Her symptoms worsened after the trial. The jury refused to hold the manufacturer of her silicone breast implants liable for causing her Scleroderma. So she became depressed, and that made her disease worse.

Three weeks ago, when Cameron first admitted Vivian to the Palliative Care Center, she expressed little interest in living. The social worker's detailed report indicated Vivian had no family. Surprised when her mood improved, Cameron wondered if it was the social worker's excessive visits or if she gave *his* patient false hopes. He didn't expect her to recover from depression. Cameron always told his patients the truth. And the truth about Scleroderma, is that for advanced cases, all remissions are temporary.

He looked up. "Vivian, I'm sorry. There's nothing new here. I wish I could give you more hope."

Vivian sighed. "At least I have your support. You've spent more time talking to me than any other physician." Her look softened with appreciation. "And your promise... Especially your promise... I can't tell you how much that means to me. I'm so grateful. Than—"

"Please... don't thank me. You don't have to. Helping you through this... your most challenging time... It's been *my* privilege. I only wish I could do more."

Poor Vivian. Trapped in her own body, what kind of life did she have? She was denied even the privacy of showering since she needed two people's help. Cameron looked closely... why did her face seem shiny? Ah, tiny tears. His sympathy turned to conviction. He knew exactly what he had to do. And why. That is, when she was ready. And she seemed so close...

"I'd do anything to make the pain go away," Vivian said. "Maybe I'm ready to—"

Cameron turned his head, which stopped Vivian from completing her request as they heard, "Good morning!" It was Juliana, the Palliative Care Center's head nurse. Like a reflex, his Palm Pilot shut with a crisp metallic snap.

"I hate to intrude, Doctor, but I promised Vivian I'd stop by while you were here."

Juliana seemed curious about the Palm Pilot as Cameron slipped it into the side pocket of his white jacket. Doctors don't usually write separate notes. "Not at all. I'm glad you came. I'm concerned about Vivian's pain. The night nurse's note... the one written at 3:45 AM... 'Severe agitation.' That's when I was called and told you to increase the IV rate."

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“Yes, and they did.” The nurse looked intense. “Doctor, can’t we give her something more, to ease her pain?”

Cameron turned toward Vivian. “Please excuse us for talking as though you weren’t here. You know I wish I could. But you’ve already received the maximum dose of steroids. Any more would do more harm than good. Of course, I’m no longer worried about your becoming addicted to narcotics. So I did increase your dose of painkillers. The problem is, your type of pain—from the crystals of calcium—is so difficult to treat.”

Vivian turned to the nurse. “I’m glad you came in.” Her voice strengthened with determination. “But I’d like to talk to Dr. Cameron alone, now. Okay, Juliana?”

“Of course.” The nurse moved closer and lightly touched her shoulder. “I’ll come back in about an hour.” She turned and closed the door.

Vivian’s lips barely moved as she whispered, “I’m thinking about Michelle. She’s very worried about me.”

“Of course she is. That’s her job. That’s why hospitals hire social workers—to worry. But you haven’t—? I mean, *have* you discussed your options with her?”

“No, I couldn’t. She wouldn’t like it. She so much wants me to get better.”

“We all do. Of course. But you must be realistic. The question is, what do you want? Not, what does she want? That’s not relevant. What do *you* want, Vivian?”

“Doctor, I’ve lived most of my life alone. Over the past few days, I’ve come to realize that I will have to make my final decision alone.”

“Whatever you decide, Vivian, you’ll have my total support. If you like, we could talk more about it. I have time now.”

“Dr. Cameron. We’ve been over it so many times. I remember everything you’ve said. I don’t need any more talk. Actually, your promise... it has... well, it’s... it’s been such a great source of comfort. It’s the *only* thing that brings me comfort.”

Cameron retrieved his Palm Pilot, flipped it open, made a final note, and slipped it back in his jacket. Then he took Vivian’s hand. “I’ve devoted my entire professional life to minimizing suffering. I just wish I could reduce yours.”

He studied her face to detect any hint that she would say something else. Her eyes seemed focused but her tight facial skin hid her emotions. After another moment he said, “Okay, then, Vivian. I’ll see you tomorrow morning.” He turned and walked toward the door.

“Doctor, may I ask?”

Cameron looked back. “Yes?”

“Could you possibly come back this afternoon?”

“This afternoon? What is it, Vivian? You’ve never asked for a second visit before.”

“I don’t know, Doctor. Maybe today—” Vivian’s eyes focused on his. “I don’t know for sure, but maybe I’ll decide today... Maybe today will be the day... the day that I’ll hold you to your promise.”

Chapter 2

David Grainger slid between the doors of the hospital elevator to avoid being late for rounds. As the elevator rose, he mused on the wide range of doctors' motivations as they hustled from patient to patient, making diagnoses and designing treatment plans. Was it the opportunity to show off their clinical acumen? To assert their sense of importance? To prove their prowess as they fought disease?

Now ten months out of medical school, the intern had to conclude that cures were rare. The goal of internal medicine was primarily to slow down the progression of diseases. For example, controlling blood sugar doesn't cure diabetes. Patients rarely left physicians better off than before they became ill. So he had decided on a career in research, to prevent disease.

The elevator doors opened to reveal Tom Mendendorf, the third-year resident whom the Director of Graduate Training had paired him with. His broad shoulders filled out his white coat as if it had been tailored for him. He sipped coffee as he leaned against the nurses' counter of the Internal Medicine ward. For mental alertness on their schedule from hell, Tom and he counted pots, not cups of coffee. "Good thing you got here before Franklinstein."

"Thanks." David took a gulp from the cup that Tom had just handed him.

Dr. Franklin, their faculty physician, was a stickler on punctuality. Interns and residents secretly called him "Dr. Franklinstein"—which made Tom and him, his "Igor."

"Closing arguments should start today," Tom said.

"Huh?"

"You know, the Kenard trial," said Tom.

"Oh, yeah." David grimaced.

"What do you predict?"

"Life," David said.

"Life? Really? Want in on the pot to guess the closest number of years Kenard gets?"

"Sorry. I'm not a betting man."

David turned when he heard the sound of slapping feet. Dr. Franklin's pronounced stoop emphasized his basketball-center height and bald head. "Good morning, Doctors."

David's task was to gather patients' charts. As he removed them from the metal shelves one-by-one, he mused on the upcoming parade of maladies. Some

patients had conditions that could not be circumvented—like the colon cancer patient with a family history. Others had preventable diseases—like the stressed-out, beef-eating, sedentary “Type A” personality who had a heart attack. Finally, there were self-inflicted patients—like the eighteen-year old girl in liver failure from an overdose of Tylenol after her boyfriend dumped her.

David never judged patients harshly because their illnesses were preventable or self-inflicted. Instead, he felt such patients deserved more compassion. Millions of middle-aged men eat red meat, millions of teenagers are rejected in romance, but most live long, healthy lives. David found it draining to deal with families and patients with terminal conditions... like Kelley. They were standing in front of her room. David tried to visualize the lab report as Tom rattled off the young woman’s lab results. His energy lifted as Franklstein pronounced the conclusion that he had hoped for, and now could expect. “Good. Her liver function tests have improved. Tom, remove her name from the list of patients waiting for liver transplants.”

Rounding on patients was an emotional roller coaster. David’s energy faded as he approached Donald Becker’s room. Since his two colleagues remained behind, he had no choice but to open the door and be the first to step inside. The drawn curtains created a darkness that enveloped him. He walked in, inhaling the smell he hated most: Dying.

Becker’s medical history was sad, but not unique. A once-successful photojournalist, this forty-three year-old had been admitted to Memorial five times in the last three months. He had dropped from an aerobic-lean 165 pounds to less than 95 in the past year. His face sported square jaws that once evoked comments on its strength. Now his cheeks were so sunken that his eyes appeared ready to burst from bony sockets.

“Hurts,” Becker murmured, rocking back and forth. His skeletal mouth gaped to emit a low grating moan. David felt the hairs rise on the back of his neck. Becker continued, “Stop it. Stop it stop it stop it stop it—”

Franklin stepped forward and shook his head. “We’ll see what we can do.”

David despised the constellation of ailments from AIDS—skin cancers, blindness, untreatable pneumonias, progressive dementias. No part of the body or mind was safe from assault. While research on new drug cocktails was increasing survival time for newly diagnosed HIV-positive patients, even the most brilliant physicians who treated patients with advanced stages of AIDS were frustrated by the limitations of their science.

“—Stop it. Stop it—”

Franklin motioned to David. “Administer a Mini-Mental Status.”

David moved forward to get the man’s attention, trying to disregard the stench of slow rot. “Mr. Becker, can you tell me the date?” Getting no answer, he asked, “The day of the month?”

“I’m not sure. Monday?”

“How about the year? What year it is?”

“Nineteen hundred and—? No, I mean two thousand and... I don't know. Sorry. It just hurts so bad.”

“It's okay, Donald. Can you tell me where we are?”

“This place here? It's very large—”

“All right. Can you tell me what my job is?”

“You'd know that.” Becker closed his eyes. He seemed exhausted.

Franklin moved to the bedside. He spoke softly and slowly. “Rest easy now, Donald. We'll see what we can do.” He nodded for Tom and David to move toward the door.

For a moment, the three men stood motionless in the hall. The huge deterioration in both Becker's mental and physical condition had shaken them all.

“Dr. Grainger, did you inform Donald's parents that his end was near?”

“No.” David's neck flushed warm with embarrassment. “I haven't had a chance.”

“*Haven't had a chance?*” Franklin's eyes burned. “That's no excuse. If you didn't want to do it, at least you could have been honest with me. And with yourself. Tell me, now, exactly why did you NOT want to tell them?”

“Well, I can't predict the future... and I figured, maybe there was a chance Donald would respond to the IV nutrition we just started.” More softly, he said, “You never know.”

Franklin was condescending. “Dr. Grainger, do you still see ‘Death’ as the enemy?”

Grainger hesitated. “I guess I see my role as a doctor to do everything to prolong life.”

“Sometimes that's too a narrow view.” Franklin turned. “Dr. Mendendorf, what would you recommend for Mr. Becker?”

Tom hesitated. “Should we transfer him to our PCC?”

“At this point, the Palliative Care Center can't do anything more for him than we can.”

Tom nodded as if responding to a standard cue. “Poor guy's really hurting. What about us raising his morphine dosage by, say... fifty percent?”

David stepped forward. “That much, so fast? It could be lethal.” He looked at Tom. “What are you saying?”

Tom glanced at Franklin.

Franklin's head was bent into Becker's chart as he flipped through its pages. “Ah, here's his Advance Directive. He designated his mother to make medical decisions for him if no longer can.” He turned the page. “And he checked the box to indicate he's willing to risk dying to relieve his suffering if his pain is extreme—as long as two doctors consider his terminal condition to be hopeless.” Franklin stared down at David. “His condition is hopeless, isn't it?”

David felt forced to nod.

“One reason why his pain is so extreme, David, is that he is tolerant to lower doses of narcotics. Let’s double his morphine,” Franklin said. Add a barbiturate, Tom, as sedation will help ease his pain.”

David gulped. Could he go along with this plan? He’d witnessed doctors interpreting patient’s Advance Directives to allow them to impose *their* wishes on patients, but this was worse. Franklin and Tom were colluding to give Becker a combination of medications that would definitely stop his breathing. David had heard that such scenarios played out thousands of times a day nationally, but he never thought he would have to take an active role in one.

As if Franklin could read his thoughts, “Doctor Grainger, please define *Double Effect*.”

“Okay. Medical ethicists use the term to justify the side effect of dying from prescribing sufficient medications to relieve extreme pain. Even the Catholic Church considers it permissible—as long as the side effect is considered *possible* but not really *intended*.”

David bit his tongue as other words went through his mind, words that he dared not say. *But you are intending it. You’re prescribing enough meds to deliberately end our patient’s life. That’s active euthanasia. It’s immoral, unethical, and illegal. In Becker’s case, it’s tantamount to **Managed Death**.*

If David could be totally honest, he would use this term. But directly confronting a faculty physician would end David’s internship, and he had only two more months to finish. Then he’d get his medical license and start his fellowship. To balance diplomacy with integrity, David attempted to explain, “I just wanted to be absolutely certain that Becker really wished to die now.”

Franklin raised his voice in anger. “But that is NOT our intent. We only want to provide him adequate relief for his extreme suffering. You administered the Mini-Mental Status, Doctor. Do you think we need to ask a psychiatrist to confirm that he has lost decision-making capacity?”

“No. He can’t even articulate a choice, let alone a consistent one. But—”

“Then who would be better than his physicians, to decide what’s in his best interests?”

David’s right eye started to throb. His unique headache usually didn’t start until late afternoon. He had nothing to say. For some reason, Franklins’ stare softened. Now what?

“David, your combination of idealism and denial, though inappropriate, has inadvertently led me to consider a relevant legal point. Given the daily news coverage of the Kenard trial right now, it’s not a good time for me to take any risk, even if my delay prolongs Becker’s suffering.”

David wondered where Franklin was going with this remark as the tall doctor handed him the chart. “Check the medication log. Has Becker needed to increase his dose of analgesics?”

Glad for the excuse to look away, David flipped through some pages. “He was on Vicodin on admission but we had to switch him to morphine. Since then, we’ve increased his dose about every other day. Yesterday, we upped it twice.”

“So he’s definitely tolerant. Tom, document that point in Becker’s chart. David, get an informed consent form for ‘Controlled Sedation for Refractory Suffering’ from the file cabinet.” Franklin’s stare was relentless. “I want *you* to get written permission from his parents.”

David felt a shiver inside. “Me?”

“Yes. You,” Franklin said. “You can find Becker’s parents in our cafeteria.”

“All right, I’ll speak to them,” David said, “but I must admit that I consider it my duty to convince them not to—” He stopped himself. Had he already said too much?

“NOT to agree’? Is that what you were about to say? If so, it’s precisely why I chose you.” Franklin smiled. “If you obtain their informed consent, I’ll have no legal repercussions.”

Franklin motioned for them to move on to the next room. After a few steps, he stopped and asked, “Dr. Grainger, would you be surprised if the Beckers do give their consent?”

David’s jaws welded together.

Franklin grunted and turned to Mendendorf. “Doctor?”

Tom straightened up. “If his mother signs, I’ll write the orders.”

“Good.” Franklin motioned to his I-gors to move on to their next patient.



Fifteen patients and ninety minutes later, David pulled Tom over to a quiet corner of the nurses’ station. “Can I ask you something, Tom?” He waited for a nod. “Has Becker been a burden to you?”

“What do you mean?”

“You know. All those fever work-ups in the middle of the night, and—”

“So?”

“It’s so frustrating treating him. The extra stress on us, hardly any sleep—”

“Just what are you implying?” Tom’s expression hardened.

“Nothing, I was just wondering—”

“Look, my work load has absolutely nothing to do with—”

“Then why did you volunteer to take him out? Isn’t Kenard standing trial for what you’re planning to do?”

“How can you ask that? This is totally different.”

“But you stood in that hallway and concocted a plan to take Becker out. How is that different from what Dr. Kenard did?”

“We only ordered sufficient meds for suffering so extreme that we couldn’t control it any other way. In contrast, Kenard committed active euthanasia right

after the patient's priest informed his congregant that it would be a mortal sin. Our hospital's ethics committee approved the protocol for treating refractory suffering. But Kenard thumbed his nose at the Catholic Church."

"If all that's so, how come Franklin admitted he would have made this decision to take out Donald without asking his parents if Kenard's trial had not been in the news?"

"David, it's not that we believe, 'doctors know best.' But if we could make the decision ourselves, it would spare Donald's parents from a lot of guilt." As he placed his hand on David's shoulder, Tom no longer looked defensive. "Listen my young colleague. As you ask Becker's parents to sign that form, try not to make them feel as though they are granting permission to kill their son. Otherwise, they'll be guilt-ridden for the rest of their lives."

David swallowed hard. "How can I avoid that?"

Tom hesitated. "Say it was *our* decision. That it was hard for *us* to make."

"But it didn't seem that hard for Franklin." David brushed Tom's hand away. "— Or for you! How can you live with yourself after making the decision to give him an overdose of meds? Don't you ever wonder if you're playing God?"

"Becker was pleading for relief, David. You heard him."

As Tom paused, Becker's muffled moaning came from down the hall.

Tom pointed toward Donald's room. "Listen to him suffer. You call yourself a doctor? How can you live with yourself, if you ignore his request and allow his suffering to be prolonged?"

Chapter 3

“**Y**ou look absolutely fabulous.” Cameron extended his hands and gently pulled Wendy up from the oriental hand-carved mahogany bench near the maitre-d’s podium. He remembered to restrain his hug. His wife had left the house twice this week, but this was the first time she had enough energy to dress up.

“It doesn’t feel like me. Not completely.” Wendy pointed to her wig.

“As far as I’m concerned, you could have worn one of your silk scarves. I particularly love the royal blue one. The way it contrasts with your skin—”

“Be serious. I wouldn’t—”

“You’re doing so well, dear. Soon, you’ll be your old self again.”

By arriving just as they opened for lunch, they were offered a window table. *Jeffrey’s at the Watergate* was their favorite DC restaurant. It was here that Norman had proposed marriage.

“I’m glad you decided to come here. Look at the sailboats on the Potomac!”

Cameron was amazed at how Wendy’s spirits rose so quickly. “I know. See that beautiful tall ship? The one with flapping sails? If it were nighttime, we’d only see a string of lights.”

But the real reason he suggested lunch was because Wendy’s energy could not last if they had waited until he left the PCC that evening. Still, she was getting stronger every day. Chemotherapy had extended her life. But still, he worried. For how long?

Wendy had been so beautiful when they’d met twenty-seven years ago, he could hardly believe she agreed to marry him. To his eyes, she became even more beautiful as the decades passed. There were many challenges. Her greatest disappointment was infertility. Not having children must have made it harder for her to be the wife of an obsessed medical researcher. She helped his work by scanning the popular media for articles related to his research interests. But it was her keen interest in pets and designing jewelry that channeled her nurturing and creative energies. After all these years, he had to ask, how much happiness had all his late hours and the eighty-three published articles that they produced really brought them?

“These new brochures excite me,” she said. “Indonesia, Thailand, Singapore, and Myanmar. I wouldn’t mind if we spent all our time in the Far East.”

Cameron loved the way her face glowed when she talked about traveling. Her eyebrows arched as she envisioned a visit to these places. He had to look more

closely now since her hair had grown back so light. “I just want you to have the best trip possible.”

Cameron’s mind flashed to Wendy’s struggles during her last round of chemotherapy. Memories of her 106-degree temperature, her trembling in the ice bath, and her bouts of nausea—These images would fade, like those from prior treatments. He looked at the fine lines that surrounded her hazel eyes.—A testament to her many battles.

A question from a waiter startled him as if he’d been in a trance. “Yes, yes. I already know what I want. An order of your Jumbo Lump Crab Cakes, please.”

“And I’ll have the Chopped Cobb Salad.” She smiled. She knew he’d eat half of her salad in exchange for two small bites of crab cake. “I can’t wait to see the floating market near Bangkok. But you know what I’m most looking forward to? Spending time with you without your worrying about patients or being frantic to finish a grant application by the deadline.”

His thoughts drifted back to the challenges of the last five years: the *dotcom* crash that wiped out their life’s savings. Wendy’s cancer. They hoped for a cure... but when it recurred, he felt shaken to his core. Then his research grant was not renewed. No further funding. Shortsighted, goddamn government, slicing at the top, at the brains, at the source of lasting discoveries, at Norman Cameron, B.A., M.P.H., M.D., Ph.D.

His reprieve came from headhunters searching for a physician to lead Memorial’s PCC. Cameron feigned more delight than he felt when they offered to double his Walter Reed salary. He knew he wouldn’t stay long enough to replenish his life’s savings. But late in the interview process, his interest was piqued when the headhunters introduced him to key members of the Good Life Committee. In return for his participation in their special project, they offered Cameron a bonus large enough to take Wendy around the world and to retire in comfort.

But it wasn’t just the money. Cameron had long disdained the overuse of high-tech medicine and its appalling waste of resources. For many illnesses, fifty percent of lifetime medical costs are spent during the last year of life. That’s futile when the patient’s quality of life is virtually nil. As members of the Good Life Committee confirmed their impressions of Cameron’s clinical pragmatism, the doctor began to read between their lines. He didn’t have to ask if they represented the health-insurance companies’ CEOs. He knew their salaries were based on performance. They had to reduce costs to maintain high profits.

The CEOs’ mercenary motivation did not bother Cameron. He could foresee a scenario where everyone would win. His work would encourage doctors to decrease expensive, futile end-of-life care. Patients and caregivers would be saved from needless suffering. A huge potential monetary drain on insurance companies, including Medicare, would be averted. And, if the timing worked as he planned, Cameron would receive the recognition he deserved for being the courageous outspoken physician who put a stop to inappropriate excessive end-of-

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life care, just as Wendy and he retired by taking a dream-come-true around-the-world trip.

Perfect, he thought, as he locked in on these images.

He squeezed Wendy's hand under the table. "I also want more quality time with you dear. It won't be long now." But as he moved his fork over to her salad plate, he worried if her strength would endure. Never religious, he surprised himself by hearing what he mumbled next. "I just pray my bonus comes before it's too late."

Chapter 4

Years ago, David learned he could block out intrusive painful thoughts by focusing on something concrete. So he decided to go to the library. He needed to read a few more research articles so he could write the paper required to complete his fellowship application. But on his way, his cell phone vibrated. From the prefix of the phone number, he knew the caller was from Georgetown.

“Hello, Dr. Grainger? This is Ryan Leary. You saw me in the Outpatient Oncology Clinic about two months ago. Remember me?”

“Ryan Leary.... It sounds familiar, but I’m not sure.”

“I’m sixty-eight and have advanced prostate cancer. You explained why my energy was zero—because all my testosterone was wiped out, remember? And you gave me the phone numbers of some prostate cancer support groups.”

“Oh yes, of course. Sorry. It took me a minute to remember.” David wondered why Leary’s doctor had failed to inform him that decreased vitality was a common side effect, but it’s not allowed for interns to fault their faculty physicians. “Did you find a group?”

“Yes. I met some nice people at the group. Thanks. Dr. Grainger, I was quite impressed with the personal way you related to me. So may I ask... Would it be possible for you to refill—”

“Mr. Leary, aren’t you a patient of Dr. Moskowitz?” David interrupted.

“Yes. I am, but—”

“Are you calling me because he’s out of town?”

“Listen, I need to speak to someone who really cares, and you—”

“Before you go on, may I say something? I appreciate your confidence in me, but I’m just an intern. Until I get my medical license, everything I do must be signed off by a faculty doctor.” David sighed. “Still, Mr. Leary, I’ll try to help if I can. What going on?”

“Doctor Grainger, please, could you just renew my pain medications? I’m not asking you to make any changes from what Emmanuel Moskowitz prescribed. Can you, could you please just do that?”

“No, I wish I could. Dr. Moskowitz would have to approve. I’m truly sorry.”

“I’ve tried to get in touch with Dr. Moskowitz, but—”

“If he’s out of town, I could get another physician at Urology Associates to call you.”

“That’s okay.” His volume tapered off. “I’ll try phoning Moskowitz one more time.”

After the click, David was struck with the contrast between the steadiness of the dial tone and the uncertainty of his own conviction. Did he feel drained because he had to say No? Or because Leary was so needy? Or because Leary's request tapped right into his conflict about Becker, who would soon feel no pain—at the expense of not feeling anything else, ever again?

David wished he could have prescribed more pain meds for Leary. Helping others was what originally motivated David to enter clinical medicine. He recalled the prayer his mother had posted on their refrigerator door:

*I expect to pass through this world but once.
Any good that I can do, or any kindness that I can show,
Let me do it now . . . for I shall not pass this way again.*

Somehow he no longer had any motivation to do library research. He changed his direction toward the cafeteria. If the Beckers weren't there yet, he could make up for missing breakfast.



Swarms of doctors, nurses, residents, and visitors. Scrub suits, smocks, white shirts, ties, Bermuda shorts, T-shirts. Wan complexions and sunken eyes. Dishes clattering, isolated bursts of laughter. A droning television mounted high in the corner.

David stood at the entrance of the cafeteria, scanning the crowd for Becker's parents. They were easy to spot, huddled together over a table in the farthest corner. David took a deep breath and walked toward them. He considered asking them to move to the Quiet Room. However, the cafeteria might be a better place to discuss their son's fate. With its constant chaotic rush and its smell of fried potatoes, stewed tomatoes, and coffee, the room was a churning sea of life that might remind the Beckers there was more to the world than the sinking island that was their son.

Or was David just finding an excuse? In the public glare of the cafeteria, this dreaded conversation would likely be shorter.

Joseph Becker was shaped like a fifty-gallon drum: no neck, no waist, his arms as thick as most people's legs. David had learned the construction contractor specialized in refurbishing historic homes to meet the strict specifications of the Washington, DC Historical Society. His snowy-haired wife, Angeline, sat beside him. They were holding hands. Mrs. Becker watched David approach through thick-lensed glasses.

David took the chair across from Mr. Becker. "I don't know if you remember me. I'm one of the doctors from the third floor, where your son is. Dr. Grainger?"

Mechanically, Joe Becker extended a massive hand. Its strength and roughness were a stark contrast to his son's skeletal, quivering fingers.

"Mr. and Mrs. Becker, we need to talk. Would you prefer to go to the Quiet Room?" David gulped, realizing that question heralded him as the bearer of bad news.

Joe glanced at his wife. She didn't move. "No," he said.

"I was sent—It's about Donald. Remember, you signed a DNR order?"

For several heartbeats there was no response. Angeline finally said, "Yes." Her voice, soft as a pussy willow, somehow slipped through the noise of the cafeteria.

Joe remained silent, his posture unchanged.

"As you know," David said, alternating eye contact between the parents, "Donald's condition is not improving. This morning, his pain was worse."

Joe's face frowned deeply. Angeline's mouth curved down.

"During rounds, the other doctors... and myself... we considered the options." David squeezed his thighs together. "These are difficult decisions. One option was to raise the amount of his morphine and add a sedative.—To reduce his pain. But there's a risk." David twisted in his chair. "These meds could stop his breathing, and—" He had to say it. "There's a possibility your son might not make it."

Joe remained still. Angeline looked at her husband, then turned to David. Her eyes were sunken and swollen, her skin looked as if it had been dredged in ash. "So what do you want from us? To approve increasing his medications? To accept the risk he'll die?"

"Is that it?" Joe interrupted "You want us to agree to possibly killing our son?"

Joe's directness shook David. "No, it's not. I mean not I. Not what I want. But I have to—Yes. I do have to ask you if you'd agree."

He couldn't believe what he just said. Exactly what Tom advised him not to. He wished he could take it back. Their faces dropped, proving his words had made them feel guilty. He wanted to run and fade into the crowd. Or hide in the library. But he had to stay. And suffer with them. "This was a very, very hard decision for us, at rounds today. There was even some difference of opinion among the doctors. But we want to do what's best for—"

"Best for yourselves!" Joe Becker's voice rang like a hammer blow on cured concrete. He turned his huge rectangular head and stared hard at David. "Tell me, doctor, how long will Donald have, if we don't increase his medications?"

"Well, I wouldn't want to—"

"I'm sure you wouldn't. So try this one. How many days ago, even weeks ago, could you have given him enough medications to stop his pain and end his misery? What were all those goddamned forms we signed for, anyway?"

"We tried to ask your son this morning, but he can no longer—"

"Tell me straight." Joe rose from his chair. He was solid like a tree stump. "For once, I want one of you quacks to give me a straight answer. How long has our son been suffering up there while you and your buddies only discussed—only talked

about—helping him? Instead of doing something to relieve his misery? How long, Doctor?”

“Mr. Becker,” David said, “as physicians, we must preserve life and—”

“And cover your asses!” Joe shoved the table forward with his thighs. His eyes were red-rimmed, swollen. Angeline’s hand rose toward him.

“Oh, Jesus, Jesus, you damn doctors. And my poor son.”

As startling a sight as water springing from stone, tears poured down his flat cheeks. David wanted desperately to look away, but the sight held him. Joe’s hands rose and extended, then swung back up to his face with an audible slap. Through them came the sound of weeping.

On all sides, the cafeteria noises continued.

Angeline rose and stood beside her husband. Standing a half-head taller than Joe, she put one arm around his shoulders and turned to David. “Do what you have to do,” she whispered. “Please! Just do it.” Tears poured down her face, too.

“I’m sorry. I really am. It hasn’t been easy on any of us.”

As they continued to cry, David forced himself, “I’m sorry, but I have to ask. This form—Could you sign it? It explains the risks we just talked about.”

He handed the clipboard to Angeline, but couldn’t watch her sign. A moment later, she handed it back to him.

“Thank you. I’m really sorry.” He hated hearing the way his voice sounded with ineffectual words. But he did feel sorry... Sorry for making them decide, sorry for being unable to relieve their guilt, sorry for failing to prevent Donald’s imminent death. Sorry for failing so miserably.



As he walked through the cafeteria, David kept his head down for fear that shame might show on his face. Then a boy in a baseball cap caught his eye. He was sitting with a woman, probably his mother, in front of a dish of melted ice cream.

Had the boy lost his appetite because his father was sick? Had he visited his Dad and said the wrong thing? Had he nagged him to get out of bed, reminded him that he had promised to take him to the zoo? Worse, had he wished for another father, one who wasn’t too sick to play with him? Did the boy feel guilty now? And would he feel guilty for the rest of his life, as David did, every time he thought of his own father?

A female voice snarled from the boy’s direction. “What are you starin’ at?”

David shook his head and mumbled, “Sorry.” Before he looked away, he noticed the hairless skull underneath the baseball cap.—Chemotherapy, for cancer. No appetite, even for ice cream. David hurried on, his face burning with shame.

Near the exit of the cafeteria he looked up at the television set. The face on the screen looked familiar. Thinning hair and black horn-rimmed glasses. Below the

image of Dr. Kenneth Kenard floated the CNN logo and the words “Breaking News.” David moved closer to hear the TV over the noise of the cafeteria. “The defense has rested. Closing arguments begin next week.”

David wished he were at the courthouse at that very moment. He’d walk right up to Kenard and explain how his actions had shaken the sanctity of medicine, how they had tarnished the whole profession. Doctors were supposed to heal, not to kill.

Still under his breath, but louder, “I’d like to punch you in the mouth.”



David rushed to the house-staff lunchroom. The sooner he found Tom and gave him Becker’s signed consent form, the sooner this whole ordeal would end.

He looked around and saw Michelle Wintress, Tom’s girlfriend.

“Hi!” she said brightly. “Tom just called. He’ll be down in a few minutes.”

He often enjoyed lunching as part of this trio. Today though, despite Michelle’s chipper attitude, his spirit was down.

“How’s Slowpoke?” asked Michelle.

He forced himself to answer. “Either sleeping or running forty miles per hour.”

He appreciated her changing the topic. She convinced him to own a pet even though it seemed stupid for a medical intern whose entire life revolved around the hospital and didn’t even have enough time to sleep. Michelle told him that Animal Rescue had a Greyhound that would be “put to sleep” if no one adopted her. Gentle creatures, rich assholes make them race until they get hurt. She claimed she wasn’t allowed to have dogs where she lived and promised to feed and walk her whenever he couldn’t.

Later, Tom admitted that Michelle had sensed David’s loneliness. Part of her social worker’s talent was her knowing when to implement what intervention. Now David couldn’t imagine coming home without being greeted by that leaping bundle of bones, sloppy tongue, and unbridled affection. And Michelle kept her promise. She walked Slowpoke every third night.

David yearned for a girlfriend but he didn’t envy Tom. He liked Michelle’s golden hair and was tempted to flirt with her green eyes, but he couldn’t get past her sharp chin and angular physique. They seemed to match her personality, which was too aggressive for him.

A chair squeaked. “How did it go?” Tom asked, as he sat down.

Without a word, David handed over the clipboard.

“What else?”

“That’s all you need, isn’t it?” David said flatly. “Now you can write your orders.”

David felt a light hand on top of his. “What’s wrong? Why so angry?”

“Not now, Michelle.” David resented Michelle’s friendly advice when it turned into intrusive psychotherapy. She had accused him of holding back his feelings so many times. “Please, not now.”

She took her hand away.

Tom turned to Michelle. “Dr. Franklin forced David to... to do something that’d be very hard for anyone.” He caught David’s eyes. “Why don’t you tell her?”

David wanted to yell, *Stop messing with my mind!* Instead he said, “I appreciate your offer, but now’s not a good time. I need to work in the library.” More than ever, research was calling him. He wanted to distract his thoughts by focusing on his fellowship paper.

Michelle looked at him with lowered eyes, head cocked, and hair falling at an angle. “David, you can’t run away from things.”

Again. David stood up. “If there’s anyone who knows that running doesn’t help, it’s me.”



Tom watched David leave with concern. “Ease up a little, Michelle. If he’s not ready, don’t pressure him.”

“But we’ve got to get him to talk. He’s avoiding his issues.”

“But you’re not his official psychotherapist.”

“But I know him and I care about him.—Like a friend.”

“Maybe you care too much. That’s one reason I love you. But sometimes—”

“I know, that is a problem for me. Tom, can I talk to you about something else? It’s the PCC. I’m starting to worry about transferring patients there.”

“Why’s that?”

“Before I transferred them, my patients were doing okay... not happy of course, but coping. But after being on the PCC, every single one became severely depressed. I know you can’t predict exactly how long ‘terminal’ patients will live, but their previous physicians had predicted much longer survivals. I know because I went back and checked their charts.”

“Doesn’t the PCC force patients to give up their hope for a cure?” Tom asked.

“No. Patients do best when they come to terms if a cure is no longer possible. You know the importance of acceptance—”

“Yes, but I heard that the PCC staff forces their patients to sign DNR forms.”

“Not true. They only ask,” said Michelle.

Tom hated the PCC’s deal. To get expert pain management as part of *Comfort Care*, patients had to agree to forgo diagnostic testing and potentially curative treatments. Two weeks ago, he was forced to ask Donald Becker to choose between *Curative Care* and *Comfort Care* because his insurance companies would not pay for both. Michelle’s words rang true. Several research studies showed that depression shortens lifespan. “Telling patients that there’s nothing

more we can do for them has got to be depressing. Maybe that's why those patients do so poorly."

"But there is much we can do. We never stop caring. We don't write them off. We just encourage them to accept this as the last chapter of their life. And we never offer false hopes. I can't figure it out, though. Dr. Cameron takes such a strong personal interest in his patients. Other than psychiatrists, I've never seen a physician who spends so much time talking to his patients."

Tom softened. "For a department head, that's really rare."

"And I put in extra time, too. I came in early today to make sure I'd have time to visit Vivian Barretino this afternoon because I fear she might be slipping into a depression."

"Michelle, did a doctor on the PCC write an order for a social worker consult?"

"No... but I don't think one is needed. Vivian's in the same hospital—"

"Be careful—"

"Something's wrong on the PCC, Tom. I've got to find out what."

"May I ask, who appointed you? Remember *your* Child Guidance Clinic? I believed you, but what was the bottom line? They fired you and nothing changed. Right?"

Despite his note of caution, Tom admired Michelle's commitment. She showed him an article on how patients survive sixty percent longer after heart attacks if their social workers called them every week. Michelle reasoned, her extra attention would similarly extend the lives of her terminal patients after they transferred to the PCC.

"Be careful," Tom said. "Once the physicians you work with transfer a patient to the PCC, she's no longer officially yours. I admire how much you care, but some of the PCC docs might see your interest as intrusive."

"But it's still—it's still right morally."

"In hospitals, politics carry more weight than morals. I'm worried about you."

"I love that you care about me, Tom. But for just one minute, consider poor Vivian. Who does she have to worry about her? Only me."

Chapter 5

Dr. Norman Cameron opened the lower left-hand drawer of his oak desk and removed an antique leather doctor's bag. He had reviewed the notes from his Palm Pilot. Comparing her responses to those of other patients, he knew she was close. As he walked down the hall to her room, he wondered if Vivian Barretino had decided to finally end her suffering.

For her, that would be best. With Scleroderma, Vivian would certainly suffer another period of unbearable pain. At that point, she'd be suicidal again, like when she first entered his Palliative Care Center. Again he wondered about her unexpected improvement and whether it was the extra visits from that social worker that had strained his patience. How goddamn long was he supposed to wait?

Cameron saw no crime in hurrying Nature along, no conflict in giving Vivian the opportunity to decide how she'd accept the inevitable. So over the past four days, he had gradually replaced her painkillers with placebos. As a result, her pain had reached a level now—rather than several weeks from now—where she was motivated to commit suicide. Why make her go through all that anguish again?

Cameron entered her room, walked over to the bed, took Vivian's hand, waited for her to open her eyes, and then asked, "Tell me, Vivian, why did you want to see me again, today?"

"I've decided it's time, Doctor. I want my pain to go away. Permanently."

"Are you sure, Vivian? Would you like to talk about it some more?"

She merely looked up at him.

"Vivian, this is your call." He took care to speak very slowly. "This is entirely your choice, you know." He held his breath as he waited for her answer.

"Explain it again. How would it work?"

Cameron reached down to remove a stainless steel bottle from his medical bag. He pointed to the flexible plastic straw in the bottle. "*If... If* you definitely decide that you want to drink this... And again, Vivian, it's entirely up to you—You must drink quickly, not stopping until it's all gone. That's for your safety. Otherwise you could end up brain-damaged. The last thing you want is to become a vegetable. So, if you do drink all of this, you'll fall asleep. It will become a very, very deep sleep... And then, all your pain will go away. Forever."

Cameron waited for her to respond. He knew he did need not to say anything else.

As he waited, he reflected on his recent research. Vivian was the last subject in his series of seven. All the other researchers' work on correlating pain and suicidal intent were flawed. Some asked terminal patients to rate their "will-to-live" by choosing a single number from 1 to 10. That was so ridiculously superficial. Cameron used extensive interviews to learn how patients grapple with the option of Physician-Assisted Suicide.—But not as an abstract concept. He doubted that patients would struggle with this lethal choice unless they really believed he would fulfill his promise to assist their suicides. As the head of the PCC, Cameron could offer his patients this option since they were expected to die. But it took more than position. It took courage. The unique combination of position and courage made it possible for Cameron to contribute greatly—to medicine and to society.

Cameron never asked the Human Subjects Research Review Board to approve his research project. The committee members were dummies. But it didn't matter. He never expected to publish his findings in a professional journal where only few hundred academicians would read his article. No, his plan would achieve recognition from millions.

Cameron would educate the masses on how pointless it is to prolong lives after they lost all human quality, or were totally consumed by pain and suffering. He'd create a dramatic video documentary that would be widely distributed, a video that would change the behavior of both doctors and patients so that it would become routine for them to engage in discussions about the option to hasten dying.

"Doctor, I'm ready." Vivian's voice jarred him. It was much stronger than he expected. "I can't continue like this. There's just no letup."

Out of compassion, in the course of his long clinical career, Cameron had helped dozens of patients to end their lives. But in conducting his current research, he was aware of his own conflict of interest. To be honest, he was biased in wanting his patients to decide to hasten their deaths. That's why he deliberately took extra efforts to make absolutely certain that each patient had several opportunities to change their minds. Then, there would be no question that their decisions were both well-considered and independent. He took pride in the meticulous way he followed his self-imposed ethical code.

"Vivian, are you absolutely sure you want to do this?"

She nodded.

"You know, if you want to change your mind now, just say, 'No.' That's completely fine with me. But you must say it." He looked straight into her eyes. He would not proceed unless she said it. "Say 'Yes' or 'No,' Vivian. Tell me what you want. If you're not sure—"

"Yes. I say, 'Yes,' Doctor."

Cameron's shoulders relaxed a notch. "Okay, now, Vivian, drink this. It will end your suffering." He helped her put the straw to her lips. "With Scleroderma,

there's much suffering in your future. If you're sure you want to avoid that... really sure... then drink up, quickly."

She looked directly at him. Her eyes filled with appreciation.

Cameron swallowed as he realized that his face would be the last she'd ever see.

She put her lips to the straw and sucked. She winced at the bitterness.

"Quickly, Vivian. Drink quickly."

Cameron watched her throat swell for a moment as she swallowed. When the liquid was all gone, he exhaled the fear he'd been holding back, the fear that Vivian might fall asleep before she drank it all. Thank Heaven she didn't.

Cameron held her hand as her eyes closed and she fell asleep.

He reviewed their conversation. Her act was completely voluntary. He repeatedly emphasized she could change her mind. She said, "Yes," many times, then she verbally expressed her desire to end her life by sucking in all the liquid—proving her determination. Beyond any doubt, Cameron had not swayed her choice.

Right now, her respirations were still strong. For most patients, this amount of sedatives would stop her breathing in an hour or two. But Vivian's Scleroderma might slow her gastric emptying so it might take several hours for her to pass on. The danger was that during this interval of time, some do-gooder on the staff might try to resuscitate her.

That was a chance Cameron would not take.

He retrieved a filled syringe from his bag, inserted the needle into Vivian's IV tubing, and quickly pushed the plunger all the way down.

Vivian Barretino's chest contorted in a single upward heave. She gave a final feeble whimper, and then slumped motionless.

Cameron put his stethoscope to her chest and listened.... A moment later, he released his deepest sigh. For a moment, he felt a bit queasy. Then he reminded himself of how much Vivian would have suffered and he settled down with a profound sense of satisfaction. He felt sorry about Vivian's recent suffering from his substituting placebos, but that was necessary to prove the connection between extreme pain and suicidal intent. Yet compared to the years of suffering that plagues many victims of Scleroderma, her few days of pain were brief.

He replaced the bottle and syringe in his bag, zipped it up, got to his feet, and stretched. Bending over a patient for so long was murder on his lower back.

He left the room and shut the door. At the nurses' station he said, "Ms. Barretino is resting quietly." As previously planned, he resisted the impulse to add anything else like, *Please don't disturb her*. While he wanted as much time as possible to elapse before anyone discovered she was dead, saying anything like that might seem suspicious in retrospect.

The head of the PCC walked toward the elevators with a sense of accomplishment. He had executed every detail with perfection. Cameron's noble

goal—to reduce end-of-life suffering—would never be cloaked in the robe of a martyr standing trial for murder, like that idiot, Dr. Kenard. No one knew of Vivian’s plan. She had no family to request an autopsy. Even if one were performed, he had already prescribed the same sedative and no one would check its blood level. For sure, the lethal dose of potassium would leave no trace.

Cameron pushed the elevator UP button and waited. The doors opened.

Out stepped Vivian’s social worker.

“Oh. Good evening, Dr. Cameron.”

He could only manage a nod as he watched Michelle Wintress walk toward Vivian’s room. He retraced his steps quickly enough to place himself between her and the door to Vivian’s room. Once there, he caught his breath.

“I’m glad I saw you, Ms. Wintress.” Cameron’s tempered his voice with fatherly kindness. “I wanted to tell you how much I appreciate the work you’ve done with Vivian.”

She blushed.

“But she’s resting now and does not want any visitors.”

Wintress looked puzzled. “But I usually visit her around this time.”

“Yes, I know, but I just saw her. Today, she was adamant. ‘No visitors.’”

“That doesn’t sound like Vivian. You know she has no family or local friends. I’m all she has. I just can’t believe she wouldn’t want to see me.”

Struggling to conceal his irritation, Cameron tensed his toes down. “Yes but she was in a lot of pain and needed more medication. That’s why I came in. I told you, she is simply just not up to a visit.” He forced a smile and toned down his voice. “Your concern and involvement are impressive, Ms. Wintress, but a patient’s wishes must always come first. Don’t you agree?”

“But... but she’s never refused me before. Can’t I just ask—”

“Ms. Wintress,” he raised his voice to resound with authority, “you’re not questioning my clinical judgment, are you?”

“No, of course not. It’s just—” Wintress crossed her arms in front of her chest. “Well, when can I see her?”

“Perhaps tomorrow. However, I suggest you call first.”

Cameron instantly regretted that last suggestion. He swallowed hard. There was no way to undo it. At least Wintress turned to go back to the elevator.

He entered Vivian’s room and looked through the slightly ajar door. He watched Wintress push the DOWN button, wait, and get into the elevator. It descended.

Cameron waited another moment, then stepped out of Vivian’s room, firmly closed the door behind him, crossed the corridor, pushed the UP elevator button, and waited. Once inside, he pushed “8,” and his pulse began to slow.

Close call. He pondered how to inform Wintress that Barretino was dead. Perhaps he’d have the night nurse call her at home and wake her up. An abrupt emotional shock from a deep sleep might erase the memory of his recommending she call before coming in.

Chapter 6

David accomplished little at the library. Reading research articles did little to distract him. As he walked back to the Internal Medicine Outpatient Clinic, he ruminated about Becker: Was he feeling guilt, grief, frustration, compassion for his parents, or conflict with Tom and Franklinstein? Did he even want to sort it out? He hoped that focusing on the problems of patients would provide the distraction he sought. He looked at the white board to learn where his first patient was, and entered a small alcove by pulling on its curtain. There sat Joan McCarthy, a woman in her sixties, for her third appointment since her heart attack in February. An attractive nurse had just finished taking her blood pressure and jotted down, “145/92” in her chart.

Ms. McCarthy had spruced up for her doctor’s visit. Pearly pink lipstick highlighted her wrinkled lips and a hint of blush shaded her cheekbones.

“How is it, Doctor?” Her voice quavered.

“Tell me, Joan, did your ex-husband give your cats back?”

She blinked. “Why, yes, he did. How did you know?”

The young nurse who assisted Joan looked back as she hung the blood pressure cuff on the wall, obviously eavesdropping. After noticing her great calves, David turned to Joan. “Last time, you were extremely upset about losing your cats.”

“I didn’t lose my cats! Harry stole them.”

“Well, I’m glad you got them back. You know, studies show that caring for small pets significantly lowers the risk second heart attacks.”

“Really?” Joan’s eyes brightened with surprise.

“In fact, if you had been petting your cat as the nurse measured your blood pressure, it would have been even lower.”

“So, I’m better?” she exclaimed.

“Better, yes. But wait a few more weeks before going to a disco.”

She beamed and was suddenly quite lovely. David wondered if her husband left her for a younger woman, but dared not ask. Volumes of research proved that lonely hearts have an increased risk of heart attacks.

David stood by the main desk writing notes in Joan McCarthy’s chart as the nurse approached. A gingery dusting of freckles complemented her green eyes and a large bun of hair perched on the back of her head. David wondered how her hair would look if she let it down.

“Can I ask you a question, Dr. Grainger? Every month, you must see hundreds of patients. So how did you remember Joan’s cats?”

“Maybe because I have a dog.” David glanced briefly at her badge. “*Slowpoke* definitely saved me from having a heart attack this year, Cathy.”

“But I’ve seen you recall special things about other patients.” Her smile revealed great teeth. “You’ll be a good clinician. It’s a pleasure to see you work.”

“Thanks for the feedback. My mentor taught me—the best way to take care of a patient is to care *about* the patient.”

“I agree! Who was your mentor?”

“Dr. Gerald Solomon.”

“Our Chief of Staff?”

“Yes. It was a great loss to teaching when he went into administration.” For a moment, David felt some guilt, then he knew why. He decided to explain. “I’m planning to spend next year as a research fellow. That will take me away from patients.”

“For a while. But many fellows return to clinical medicine. I predict you’ll come back”

“Why?”

“Because you do care.”

David said, “Thanks, I’ll have to think about that,” but what he really thought was how nice it was to receive appreciation from an attractive female. It had been a long time. He wondered if Cathy’s interest in him extended beyond clinical medicine. “Cathy, if you happen to be free, I’m invited to a party at Dr. Solomon’s, this Saturday night. They’re celebrating his son’s return from India. He and I were roommates at Brown, and—”

She giggled softly. “I’m sorry, Dr. Grainger, I’m married. I don’t wear a ring when I’m working. But thanks... really.”

David felt awkward. “Okay. I still enjoyed working with you.”

“Me too. Listen Doctor, keep up the good work.”

David knew his embarrassment would end as he took care of his next patient. He looked at the list. Oh, no. It was someone he’d secretly given the nickname, “Mr. Whiner.” After checking the radiologist’s report, David anticipated disclosing the results would be difficult.

Floyd Panogakos was a frail man with papery skin and a wet, sulky lower lip that shone in the overhead lights. David figured his psychosocial development was about that of a seven year-old. More correctly, a spoiled seven year-old.

“Mr. Panogakos, your X-rays explain why you need to use three pillows to sleep at night. And why you’re so tired. It’s because your heart is enlarged. But we can—”

“My heart? Now my heart is going bad, also?”

“Yes. Probably a side effect from the radiation treatment you received years ago. But—”

“Those damn treatments also made my teeth fall out. What the hell is next? My nuts?”

David’s jaw tightened, but he reminded himself that Floyd was a sick, scared, and immature man. “I know side effects are bothersome, but medications can reduce them. You were first diagnosed with Hodgkin’s Disease, when? Twenty-three years ago, right?”

Panogakos nodded, with a smirk.

“You’re fortunate, though. Without that treatment, you’d—”

“I’d probably be better off. Your damn cure is worse than my disease.”

David took a step back. “Absolutely not. Hodgkin’s is a very serious disease. Don’t you realize you’re—”

“What? Lucky? Lucky I’m alive? All you doctors say that. But I’m falling apart. One part of my body after another!”

“I said I can prescribe medications to help strengthen your heart and—”

“How about prescribing enough sleeping pills so I can end it all, Doctor? Do you know—”

But instead of listening, David was recalling a scene from his second year at medical school. In bed, studying for his course in Pathology, he learned how recent advances in the chemotherapy of Hodgkin’s Disease was permitting patients to live for twenty-five years or more. That’s when David flung the five-pound textbook like a Frisbee. It shattered an old floor lamp.—One of his father’s favorites. As his anger subsided, he felt sad. He missed his father. And he was still guilty about his own selfish behavior...

Panogakos’ reed-thin voice jolted David’s consciousness back to the alcove. “... And you’re no better than the other doctors. None of you give a shit. Every new med gives me more side effects. There’s only one way to end it.”

“I’m sorry, Mr. Panogakos—”

“I’m sorry too. How about finding me a doctor who does care—if one exists?”

“I guess I could try, but please understand, side effects are just part—”

“Jesus, you’re such a broken record. You try living with this. Do you know—”

David slammed his stethoscope down on the exam table. “You get a little tired, Floyd? Need to sleep on an extra pillow? Need false teeth? How sad. How terribly sad.” David heard his voice rise, but was powerless to stop it. “You’re so lucky to be alive, so fortunate that you didn’t die twenty years ago, so blessed that you didn’t have to leave your wife and son forever.”

David stopped shouting but his heart was beating hard.

Panogakos stared at him, slack-jawed.

The alcove curtains swished aside. Tom stuck his head in. “Excuse me, Doctor, would you help me with something—out here?”

David took a breath. “Get dressed, Mr. Panogakos. I’ll see you in a few minutes.”

“Like hell you will,” Panogakos growled.

David followed Tom down the hall to a quiet corner. “What was that all about?”

“Nothing.” Sweat stung the corner of David’s eye.

“Nothing?” Mendendorf frowned. “You were really spouting off.”

“Panogakos was ungrateful, that’s all.”

“Hell, if you’re going to yell at ungrateful patients, you’d better invest in a truckload of throat lozenges. Are you still upset about Becker?”

“No, that’s not it. Well, maybe. I guess I just blew it, that’s all.”

“There’s got to be more. What is Panogakos’ history?”

“He’s a twenty-three-year survivor of Hodgkin’s Disease.”

“And?”

“Well, back then, Hodgkin’s patients rarely lived for more than three years.”

“And you wanted him to appreciate his long-term survival?”

“Right.”

“Anything else, David?”

“This whole day sucks. First rounds with Franklin. Then in the cafeteria, I blew it with the Beckers. But I was wrong to take out my frustrations on another patient.”

Tom sighed. “Yes, it has been a rough day. And now, I have to tell you something that will make it rougher. Donald Becker died while you were in the library. At least he went peacefully. And his parents were by his side. Actually, they seemed relieved—”

“I’m glad it went smoothly.” David tried to sound like he meant it.

“David, why don’t you talk to Michelle? Or maybe it would be better if you and I hung out over a couple of beers?”

“No thanks, Tom. I’m glad you asked. It’s not easy to lose a patient, but I’ll be fine.”

David waited. His resident didn’t say anything for a while. Maybe he’d said enough to get him off his back. Between Tom Mendendorf, M.D., and Michelle Wintress, L.C.S.W., his life could easily become a goddamn psychotherapy marathon.

Chapter 7

Ryan Leary saw Jonathan glance at his watch for the third time. “Where the hell is Pratt?” his son said. “He promised to give me ample time to get to the airport.”

“You can go now. I’ll live without a nurse for a few minutes.” He motioned to the phone. “There’s always 9-1-1.”

From his adjustable-railed hospital bed, Ryan swallowed his desire to say more. His chest gnawed as he watched his son pace. Not since he’d rocked Jonathan as a baby in this very room had the old hardwood floors of the Georgetown brownstone creaked so rhythmically.

“I’ll stay just a few more minutes. Where the hell is Bruce?”

“Pratt called when you were downstairs, loading your bags. He just had a flat tire.” Ryan wondered if his words sounded convincing. To him, they buzzed like a loose fan blade—Thanks to the damn feeding tube running through his nose.

“That could take a long time.”

“Not him. The man’s a mechanical wiz. He’ll probably pull in as you’re leaving.”

Ryan hated lying to his son. It was the first time. Ten days ago, Ryan returned exhausted from Memorial. After a dismal meeting with Dr. Cameron, he made a decision that had to be kept secret. “Go now,” he said to his son. “Traffic to Dulles might be terrible. With an absolute zero level of testosterone, how could I get into trouble?” Ryan managed a wink despite deep bone pain.

“You can joke now? After being so angry at your doctors?”

“I’ve finally learned that anger is its own punishment.”

“So you feel better now?” Jon’s voice sounded desperate for hope.

“We junkies feel great all the time.” Ryan forced a smile with his mouth closed, to hide his bleeding gums – a side effect of chemotherapy. The truth was, being under-treated for pain still enraged him. How ironic to discuss this on the very morning he had to fake taking meds so he could think more clearly and maximize his strength.

Jonathan’s face brightened. He leaned over the bed, kissed his father’s brow, and turned to pull a chair towards the bed.

“You put that chair right back. I said, ‘Go!’ Good luck in Boston.”

Jonathan put his hand on his father’s cheek.

Such a good boy, Ryan thought. The best. “Have a safe trip.”

As Ryan heard Jon running down the stairs, he knew his last chance to say a real goodbye was drifting away, forever. The ache in his stomach spread upward as the garage door opened and the Volvo started....

Now he could let the tears stream down his cheeks and drop the façade of well-being. He so much wished he could have told his son how proud he was of him, how solid he thought his life-values were, how many ways he was like his mother.—His beloved Audrey. Ryan was certain she'd be waiting for him on the other side.

To shake off his sadness, Ryan congratulated himself on creating a successful ruse. When he heard the news of a multi-car accident on the traffic report, he phoned Pratt and advised him to take Route 267 between Fairfax and Georgetown. His nurse was late precisely because Ryan directed him right into that pile-up.

Ryan pressed a button to raise his bed into a sitting position and let the guardrail drop. With care, he tried to swing his legs out and down—

His spine exploded. Pain burst in every direction, flashed into every limb, crashed against the back of his skull. The room darkened and he screamed.

Two months ago, after he pleaded with Dr. Moskowitz to increase his pain meds, the doctor gave the nurses strict instructions to dole out no more than what he prescribed. Later, when Ryan confronted the doctor and discovered that it was his religious belief to never risk shortening a life underlying this restriction, the former President of Leary Industries fired him on the spot. He'd have sued, but for a more urgent agenda item.

Ryan had to search for a replacement for Moskowitz. Patients in his prostate cancer support group whispered that a doctor named Kenard might help. But after leaving two messages on his answering machine and receiving no call back, Ryan figured he was just another worthless doctor. Then he read the headline: "MERCY KILLER TRIAL BEGINS." Evidently, the Catholic Church had found exactly what it wanted: a right-to-die M.D., ready to crucify.

Ryan felt he had zero options until two weeks ago. That's when he received an unexpected call from the Head of Memorial's new Palliative Care Center. Dr. Norman Cameron introduced himself as the PCC's specialist in *Comfort Care*. Ryan hoped this self-proclaimed leader in pain control would offer him the ultimate, permanent release. So he endured being tied into a wheelchair and shoved into a special van, to let Jonathan drive him to Memorial.

Extraordinary effort. Absolutely draining.—A total waste of time.

After a quick review of his chart and a superficial physical examination, Cameron sat down to talk. "You're welcome to come to our Palliative Care Center. But I never give patients false hopes. I'm sorry, but there is a limit to how much even we can do for you." Concern etched in the creases across the doctor's face. "It won't be easy, from here on out."

Not knowing Cameron, Ryan feared being locked up on a psych ward if he directly asked for enough morphine to end his life. So he only hinted. And

Cameron acted like he didn't understand. Later, Ryan figured the bastard knew all right. He just wouldn't admit it.

Today, he made one last-ditch call to that nice intern who referred him to group therapy. When getting another month's supply of medication did not work, he had to implement "Plan B." He'd feign willingness to check into the PCC after his son returned from Boston. But by then... no more pleading with doctors, no more humiliation from a middle-aged male nurse changing his diapers, no more feeding tube, no more Foley catheter in his penis, and no more pain.

—No more Ryan Leary.

It was a tough choice. But a rational choice.

Ryan left Jonathan a note. It asked him to forgive his subterfuge and tried to convince him not to blame himself for going to Boston. Hopefully his son would see the wisdom of sparing them both weeks of misery. For what? Christ, he had zero quality of life.

Ryan focused on the wall above the shelves that displayed his college tennis trophies. There, a crucifix of Jesus' arms extended, his fingers curled in agony. Ryan could relate to the figure now, as never before. In his mind he heard his own voice say, *This is my blood that is given for you. Drink, that ye may have everlasting life.*

Ryan clutched the sheets, and worked his legs—stalks of desiccated driftwood, every bone and tendon throbbing—inch-by-inch, over the side of the bed. He bent his knees, touched his feet to the floor, and let them support his weight. Weeping in pain, he prayed for his suffering to end.

"Father, take this cup. Oh, God, my God! Take it, take it, take it!"

As the wave of pain subsided, he realized his diaper had fallen to his ankles. He stepped over it, letting the Foley catheter drag along the floor.

On the street, he heard a car decelerate. His heart thumped as he visualized Pratt rushing in, seeing him in pain, insisting he swallow all his missed pills. Ryan would welcome the relief—though partial and temporary.

The car moved on. He sighed. His resolve returned.

In his youth, he could have crossed the room in two long strides. His youth? Three years ago. Now his tiny sliding steps sounded like hissing. He concentrated to maintain his balance.

He made his way to the foyer. Pale May sunshine fell through the beveled-glass window. It reminded him that he'd miss tonight's sunset. So what? He'd seen enough.

He stepped to the staircase and raised his right foot, intending to place it on the first step. But his left leg shrieked, forcing him to put his right foot down. Sweat poured down his back and chest. His head throbbed like a bass drum. He closed his eyes, inhaled, and raised his right foot again. This time, he used his arms to grab the banister and pulled. A thin squeal escaped his compressed lips. But when the thundering blackness faded, he was standing on the first step.

How many times would he have to repeat this, to get to the attic?

One step at a time, moving in and out of consciousness, he trudged on. Could he make it? He wasn't sure until he finally reached the top floor hallway. Surprisingly, he felt buoyant, floating above the cloud of pain. If only it would last—

It didn't.

He shuffled across the half-lit hallway to his wife's old sewing room. He grasped the doorknob, but it was instantly coated with sweat and slipped when he tried to turn it. He put his hand under his loose gown, grabbed the knob with it, tightened his grip, and twisted.

The door opened.

Inside, an intricate array of ceiling beams formed triangles that pointed to his window of opportunity. He shuffled toward it and looked out. Straight ahead, branches of a maple tree spread beyond the small extension of eaves. Below, patches of bright-green spring grass interspersed with blocks of cement.

A car stopped in his driveway. Pratt exited. Ryan stepped back from the window and held his breath. When he looked again, the driveway was empty. Pratt would be coming. Soon. He must hurry.

Ryan twisted the window latch. It creaked but turned. He grabbed both brass tabs at the bottom of the window frame and pulled. The window didn't budge.

He rested briefly, took a deep breath, then hauled up with all his strength. His entire body convulsed, jolted as though electrically charged. He had to lean against the window to keep from falling. When the spasm passed, he slumped over and sobbed. His last obstacle—

Tears filled his eyes. He shivered. The pain was too intense to try again.

The front door slammed. "Hello?" He heard Pratt's puzzled shout. "Mr. Leary? Ryan? Where are you?"

Ryan looked around the room. In the corner was an old desk chair on casters. Exactly what he needed. He rolled the chair in front of the window and turned it sideways so the backrest would be out of his way. He took one enormous lunge to stand on the chair seat, then clutched the window frame as the chair wobbled underneath him.

His teeth clenched as he tasted blood.

"Ryan? Ryan?" Footsteps, rapid thuds, racing up stairs. Louder, closer—

With his arms by his side, Ryan twisted his back to a tennis serving position, paused a second, closed his eyes, and hurled himself head first through the glass window.

A burst of glass. The whole world stopped.

His senses returned. Underneath his stomach, something hard. His eyes focused. Damn, he was barely three feet from the window. He had landed on the damn eaves. He tried to roll away from the window to drop off the eaves. But he

couldn't move. He looked back. His nightgown had snagged on a stalagmite of broken window glass. He was completely exposed around the Foley.

Pratt's voice, loud and clear. "What the hell are you doing out there, Leary?"

He saw the nurse staring at him through the broken window.

Ryan opened his mouth. Blood gurgled onto his lips and chin.

Pratt's voice softened. "You poor sick jerk." The nurse put his hands between the fragments of glass and bent toward him.

Ryan strained away, but the nightgown held taut. "Let me go."

"I can reach you. Don't worry."

Ryan wondered if he'd only imagined speaking. Again he said, "Let me go!"

Pratt took a step back, then stared at him in silence. "Look at you! Leary, what a God-awful mess! Those bloody lines across your face will take months to heal. And the scars will make you a photogenic zero. You're useless." He shook his head. "You blew your chance to become our movie star."

Pratt pulled out a pocketknife and slit the nightgown off the broken glass.

Ryan slid down a few inches. Was he finally free? He took a breath, preparing to summon his last bit of energy to roll toward the drop-off.

Then he saw Pratt pull back his fist. A sledgehammer crushed into his left side and propelled him over the edge. Instantly, everything changed.

Gushes of air swirled around him, but he couldn't breathe any in.



Gazing through the window, Bruce Pratt pondered why he had paused so long. Okay, the poor old bastard looked pathetic, lying there, with his Foley hanging out. But what the hell difference did that make? He had no pity for him.

He turned from the window, walked downstairs, and entered Leary's sickroom.

He had three calls to make. But he could make only one of them from Leary's phone.

He picked up the handset and hit 9-1-1.

Chapter 8

The ER was a tsunami of activity. Patients rolled in moaning and wailing. Gurneys rattled over linoleum. “I bet it’s the overflow from the pileup on Route 267,” Tom shouted to David over the noise. They hurried past victims sprawled over plastic chairs, lying on the floor, on gurneys. Bruised and bloody. Some moaning, others sobbing, a few in stunned silence.

The ER supervisor shoved a tattered two-inch thick chart into David’s hands. “The trauma team called the resident who had almost finished working up this patient. Send her home fast, okay? We need the cubicle.”

David nodded, turned and entered the alcove.

“Olive Faulkner?”

A heavysset African-American woman pointed to the wizened lady in a wheelchair. “Yes, my mother. Where’s the other doctor?”

“I’m Dr. Grainger, Mrs. Faulkner.” David nodded to the daughter as he took Olive’s fingers gently in his. “I’ll be discharging you.”

David placed the chart on the end of the bed and looked at her, before putting the stethoscope in his ear. The old lady wheezed a shrill whine every time she struggled to pull up her tiny chest. With the scope on her chest, her lungs sounded like band-saw rasps. When David stepped back again, her eyes had bulged and her mouth gaped, thrusting her dentures forward. Her face was turning blue! Her hands flew in the air, clawing wildly. In her eyes, David saw the greatest fear any human being can experience—the fear of not being able to breathe.

“Hey! Help her. She can’t breathe,” the daughter yelled.

David threw back the alcove curtain, ran to the medication counter, grabbed an aerosol inhaler, hurried back, and pressed the spout to Olive’s purple lips. She clamped her hands over his, strained to suck in air, heaving again and again. Gradually the blue tide in her face receded. Her breathing eased. She closed her eyes as David removed the inhaler.

She moved her lips without vocalizing. “Bless you. God bless you.”

“Is she all right?” the daughter shrieked. “Is she all right?”

“I’m fine now, Sweetie,” Olive whispered. “I feel much, muh—” She stiffened. Again her hands rose in marionette jerks.

David replaced the inhaler and waited for Olive’s breathing to stabilize. The floating nurse peeped in. David gestured for her to stay. “Don’t worry, Mrs. Faulkner, I’ll be right back.”

He hustled out to the central desk and handed the chart to the charge nurse. "I can't discharge this lady. She needs a thorough pulmonary work-up."

The nurse nodded, opened the chart, and then shook her head. She pointed to a handwritten note on top of the chart. It said, "Call Director of Patient Services."

To David, "Patient Services" was a euphemism for the hospital's collection agency. Its Director lectured to the interns about eight months ago and should have used the title, "Maximizing insurance returns by making the most financially rewarding diagnoses." That was only one way to improve the hospital's economic bottom line. The other method sifted down to interns without a lecture: Deny admission to uninsured, indigent patients. Like Olive Faulkner.

David's call to Patient Services confirmed his suspicion. Memorial had not been paid for Mrs. Faulkner's previous ER visit so she would not be admitted unless her crisis was life-threatening. But they also warned David not to discharge her unless she was medically stable. Otherwise, the hospital could be accused of abandonment, which carries a fine of \$25,000 and would open them to a potential lawsuit.

David was more worried about Olive than Memorial's legal liability. If the cause of her respiratory failure was not treated, next time she might expire on her way to the hospital.

David rarely called his mentor for clinical advice, but right now, he'd welcome Dr. Solomon's wisdom. He dialed the number, but when he heard the answering machine's message, he hung up. Olive Faulkner needed his immediate action.

He thought for a moment, picked up the phone, and knew exactly what to do.

A few minutes later, he opened the curtain of the alcove, thanked the nurse in such a way that she'd leave. He gave Olive's daughter a hard look. "I'd like your mother to get the best care. But I have to ask you if I can count on you. Can you be discreet in handling your part?"

She nodded, tentatively. "What do you mean?"

"University Hospital is way across town, but that's where your mother needs to go. The problem is, when the discharge nurse checks you out... it would be better... you know what I mean, if you didn't mention that you're taking her there."

The daughter nodded more definitely. "Oh, I see. Politics? It's everywhere."

The tight knot of pain above David's right eye eased. Todd Silver, his medical school buddy at University Hospital, had agreed to admit Olive as a teaching case so she'd get a pulmonary work-up.

David bent down to make eye contact. "Mrs. Faulkner, the doctors at University will take care of you. Okay?"

"Whatever you say, Doctor," She touched his arm. "You're very kind and—"

The squeal of ambulance tires drowned out her next words. David threw back the alcove curtain as the ER doors flew open. Two Emergency Medical Technicians rushed in, steering a rattling gurney on which arms and legs stuck

out at odd angles. David looked up at the supervisor's work board. He was up for this next admission.

"Jumper," one EMT told him. "Took a header through an attic window. Really mean glass cuts. Broke almost every bone in his stupid body."

"Care to put that in more professional terms?" David trotted alongside the gurney, dodging traffic in the jammed corridor.

"Sorry," the first EMT responded. He looked at his partner to answer.

"Multiple compound fractures, probable skull fracture. Rule out subdural hematoma. Multiple thoracic lacerations. Internal bleeding. This guy actually jumped *through* a glass window. Deep facial cuts. Two units of plasma, so far."

"Lucky though," the first EMT said. "We found him lying on a small patch of grass between slabs of concrete. Had he landed on the hard stuff, we would be rolling him into the morgue, right now."

David glanced at the chrysalis of bandages and tape surrounding a motionless head above a cervical collar. Blood welled up through the cloth in long, thin lines in a way that was characteristic of sharp cuts from razors or glass. One eye peered up with a glazed expression. David took out his flashlight. The pupil reacted to light.

"He'll need thoracic surgery first, then orthopedic surgery. I'll call the plastic surgeons, also." He took the clipboard from the EMT and scanned the papers. When he saw the name, he gasped. "*Ryan Leary! Leary? My God! What happened?*"

The pain behind David's right eye exploded like a bomb had gone off. He yearned for a little time to think about the phone conversation he had with Leary a few hours ago. But there was too much to do. He stammered, "You'll make it, Ryan. I'll help you get through this."

David's reflexes kicked into automatic. He dialed the surgery secretary and gave her his long list. Then he guided Leary's gurney to X-ray. He sat down and waited. Normally, this would be the time in his routine when he'd read the patient's old hospital chart, call his other doctors to alert them that their patient had been admitted, and write the initial treatment plan. But David was too shaken to do anything but sit there, as his mind flooded with questions.

Why did Leary call? Had he really run out of pain meds? Did he request more so he could overdose? Was jumping his second choice for suicide? Did David miss a cry for help by not suspecting suicide? Was there any way David could have prevented this tragedy?

Right now, David had no information to answer any of these nagging questions. Most likely, he never would. The dictations of other physicians would not address them. Although new to the practice clinical medicine, David understood that one reality about a patient's medical history. Although important, it is prudent to leave some facts out—to avoid lawsuits.

Chapter 9

Cameron was so focused on Barretino and Wintress as he entered the elevator that he jumped when his cell phone started to vibrate. He looked at the strange ID number. He didn't recognize the area code so most likely, the caller was Bruce Pratt. To avoid anyone tracing their calls, the Good Life Committee gave Pratt several pre-paid cell phones. Registered around the county in a variety of fictitious names, Pratt just threw the phones away after making a few calls.

Cameron couldn't talk in public. "Is that you?" ... "Call me back in two minutes, okay?"

He had barely sat down at his desk when his phone vibrated again.

"Bad news, Doc. Leary took a high dive right through his attic window. I'm sorry that I got here too late to stop him."

Cameron said, "Oh, no," but felt himself smiling. Good thing Pratt couldn't see his face.

Privately, he congratulated himself for handling Leary's interview in such an artful way. Now, he'd win his conflict with the Good Life Committee by default. With Leary eliminated, they'd be forced to give him the extra time he needed to search for a more suitable patient to star in their *Finale* video. Cameron was so excited that he almost missed Pratt's next words.

". . . and the SOB's still alive."

The heavy pressing in Cameron's stomach felt like when he was knocked flat in a college boxing match. "Alive? Where is he now?"

"Getting closer every minute, Doc. I sent him to Memorial's ER."

Stunned, Cameron hung up. His initial remorse for Leary's botched suicide attempt turned into a feeling of validation. Another of life's natural experiments, Leary had inadvertently added to the "living" proof that terminal patients need physicians to help them commit Physician-Assisted Suicide. Without it, they can increase their suffering instead of ending it.

The crucial question for Cameron was, how long would he live? His next move depended on whether or not Leary survived. If Leary ever told the committee how discouraging Cameron had been with him—

A noise from his front office made Cameron jerk straight up in his chair. His secretary had already left for the day. "Who's there?"

The office door swung open. Howard Haynesworth, the silver-haired chairman of the Good Life Committee, bounded in. “Why the hell did Leary jump?”

“I don’t know.” Cameron caught his breath. How did Haynesworth find out so quickly? “I just spoke to Pratt. He was also surprised.”

“You have no idea?” Haynesworth sat in the leather chair in front of Cameron’s desk.

“Patients get suicidal when they’re hopeless.” The doctor continued in a superior tone so the economist would realize how little he knew about medicine. “The most frequent underlying factors that cause hopelessness are unrelenting pain, fear of losing control, the sense of increased dependency, and the belief they’re a great burden to others.”

“For God’s sake, Norman, just tell me: Could you predict this, or not? Yes or No?”

Realizing now that Pratt had called Haynesworth first, Cameron took the opportunity to play with Haynesworth, hoping that his anger would mount.

“Remember Howard, I only saw Leary once. Two weeks ago he seemed impressed with my reputation in pain management. He said he was eager to enter our PCC. I even sent Pratt to make home visits. I was anticipating his admission any day now—”

“Is that a ‘No’? Are you telling me that you had no idea this would happen?”

“Suicide is often an impulsive act.”

Haynesworth shook his head. “Will he live?”

“Let me try to find out.” Cameron tried to hide his own urgency. He keyed in Leary’s patient code into his computer. “He’s in thoracic surgery. Next, he’s scheduled for orthopedic surgery but they won’t send him to ortho unless he does well. So we’ll know in a couple of hours.” Cameron stared hard. “Does that answer all your questions?”

The corners of Haynesworth’s mouth twitched. “I bet you’re pleased, Doctor.”

“I beg your—”

“Even if Leary survives, he’ll never star in our video. So, you win. You always advised the committee against choosing a terminal patient with pain.”

“Not exactly. I only encouraged choosing the most convincing person for our *Finale*.”

Haynesworth huffed. “You must also realize that timing is critical. End-of-life medicine is wasting hundreds of billions of dollars a year. State legislatures don’t seem ready to legalize Physician-Assisted Suicide. So we must sway public opinion by producing our video now!”

“But we must create the most dramatic appeal—”

“Cameron, if we wait too long, Medicare will crumble as fewer young workers become strapped with paying for more old sick patients.” Cameron wondered if Haynesworth was trying to get back at him by delivering an economics lecture.

“Other health insurance companies will go bankrupt and our major financial institutions will collapse,” he continued. “Clinton was right. Ignoring health-care reform will result in the end of our present way of life. But George W. was only partially right—to focus on Social Security, when Medicare is in far more trouble.”

“The economic domino effect?” Cameron said, to make it appear that he was interested.

“Yes.” Haynesworth’s eyes narrowed and his voice grew icy. “Our sponsors don’t have the luxury of waiting any longer. Either they cut costs to increase the profits of their health insurance companies now—or they’ll lose their jobs. If that happens, we’ll lose our bonuses. Got that?”

Cameron took a deep breath. Interesting how the pressure had made Haynesworth admit his greed. “Okay, I understand the great pressure our sponsors are under. But Leary’s disaster exemplifies exactly why terminal patients with pain are not suitable for the *Finale*.”

To stop Haynesworth from interrupting him, Cameron raised his hand. “Using a patient with pain for our *Finale* video is a grave mistake. It would portray Physician-Assisted Suicide as the last desperate resort for pain relief. In turn, that would invite criticism from pain specialists, Hospice and other caregiving organizations.” Cameron pointed at Haynesworth. “To be convincing, our documentary must portray Physician-Assisted Suicide as a prudent, rational choice for *any* patient who has experienced a profound loss in quality of life. Patients who suffer from painless dementia and unconscious patients, including those in comas or in the permanent vegetative state, or more likely, their family members, will be able to identify better with a *Finale* star who does not suffer from pain.”

“You’re right, but don’t get too far ahead of yourself, Norman.”

“Okay Howard, but you can count on me to insist that we select for our *Finale*, a patient who still has all his wits. That eliminates anyone taking narcotics to relieve their pain. Got it?”

“Yes, in theory. I agree. But your preferred type of patient is scarce. You’ve already kept us waiting five months.” Haynesworth stood up. “Look, I’m calling a meeting of the Good Life Committee for Saturday, at 1:00 p.m. The Embassy Suites in Tyson Corners. Be there.”

“That’s outrageous. I need more time to—.”

“I’m done waiting, Doctor. Leary’s out. Two days from now, our committee will select one of your potential candidates to be our *Finale*. Got that?”

Cameron stared at Haynesworth without saying a word.

“Be prepared to stay all afternoon, into the evening if necessary.”

As Haynesworth left the room, Cameron muttered, “Shortsighted idiot.” But his whining about how their sponsors might lose their jobs was probably accurate. The healthcare industry had been up and down for quite a while. Cameron could still remember when Oxford Health stock lost 90 percent of its value. Its

shareholders were so angry, they ousted its CEO in 1998. Haynesworth was right. Reducing end-of-life expenses was urgent. And not just for companies that sold health insurance. With the expected three-fold increase in the number of patients suffering from dementia and the relative three-fold decrease in family members available to take care of them at home for free, there will also be a crisis for companies that sell long-term care insurance.

Next, Cameron ruminated about his bonus. The remuneration for all Good Life Committee members was based on performance. The greater the savings in insurance claims, the greater their bonuses. So Cameron's insistence on the qualities of the **Finale** was not just for pride or scientific recognition, although they too were important. Assuming Cameron's most optimistic predictions, his bonus would be between three and five million. He deserved that much since he was taking the greatest professional risk. After all, he would be the **Finale** patient's attending physician, he'd write the documentary's script, he'd direct the action, and he'd be the co-star in the final drama. This project could not proceed without him. But he needed them, too. In addition to his monetary bonus, the committee would provide Wendy and him with new identities so they could enjoy the trip of their lifetimes. And for Wendy, it would be her last.

Cameron unlocked the bottom drawer of his desk and took out a folder. He perused his list of potential terminal patients who were in no pain. Advanced Multiple Sclerosis, widespread paralysis from strokes, end-stage emphysema, congestive heart failure....

Any of these diseases could evoke great sympathy. Just as important as medical diagnosis was the **Finale** patient's ability to command respect from his social stature and personal history. Furthermore, he must possess communication skills, to arouse deep emotions in his viewers.

Cameron's handpicked list of eligible patients had originally numbered seventeen. Three had died before the PCC opened. So far, none of the others had progressed to the point where they needed hospitalization. But several were close. He scanned the list of remaining names.

One of them could be the one. The question was, *who?*

Chapter 10

Four miles from the Capital, in Arlington, Virginia, a board game was in progress.

“Check.” Ben Brewster said, after his daughter snatched his Queen. “Trying to destroy your poor old pop?”

“Just once.” Her eyes sparkled. “Just this once.”

Ben peered at the board. “Please have my King’s Bishop capture your Pawn.” He allowed himself a narrow smile. “Oh, by the way, Sammie, that’s check, again.”

“No problem, Imperialist Swine.” She immediately moved her King. “Saw it coming. You’re dead meat this time.”

After a moment Ben said, “You know, beating your butt at chess is not quite as exciting since I have to ask you to move my pieces. My Knight to Queen-5, please.”

Sammie grabbed the black Knight, hesitated, and then looked at the board. “Damn.”

He grinned. “Checkmate!”

“Not again.”

“You wouldn’t want me to let you win, would you?”

“Of course not, but—”

“Honey, I’ve played chess for forty-five years. Even with only my ‘power finger,’ I beat every Internet opponent. Only Captain Travis can consistently beat me.”

Sammie took her father’s power finger, the index finger of his right hand, in hers. “It figures. Another soldier. Chess is such a man’s game.”

Ben laughed. A wheezing sound—nothing like the old roar that used to embarrass his wife when he let it loose in public. “But you also said that about Scrabble.”

“I still say ‘debriefing’ is slang. Women use it as they remove their panties.”

Ben laughed again. He loved his daughter’s sense of humor. He twitched his finger into her palm, realizing what a poor substitute it was for those big bear hugs they used to enjoy. “Your thinking is intuitive, like your mother’s. When I tried to teach her chess, she waxed artistic by moving the pieces around so they’d look best.”

Sammie’s laugh was a feminine version of Ben’s full-throated explosion. It saddened Ben to note how rarely he heard it these days. That had to be his fault.

—His and Lou Gehrig’s.

Of course, he shouldn’t blame a great baseball player for having this terrible disease named after him. And Ben tried not to blame the ignorant physicians who

did research on Amyotrophic Lateral Sclerosis, for whom ALS remained a baffling mystery. After decades of flawlessly sending electrical impulses to instruct muscles to contract—suddenly, the nerves stopped communicating. Why? In some cases, medical scientists could point to a gene or implicate an enzyme, but no one really knew why the nerves just stopped—unpredictably but relentlessly—one muscle group after another.

It was more than two years since Ben last carted around a golf course, almost a year since he gave his resignation speech to the Virginia State Senate. Waking up had become a daily nightmare. Each morning, he'd become aware of his disease all over again as he checked how much muscular control he had lost since the day before. Once a function was lost, it never returned. And the endpoint was clear: total paralysis.

At this point, Ben still had his voice, his facial muscles, and his power finger. With the help of some ingenious contraptions, he could still command a laptop computer fastened to the bed, and guide the joystick on his wheelchair. He got out of bed as much as possible, even though it took his caregivers hours to bathe him, dress him, and put him into his wheelchair.

"The weatherman says tomorrow will be beautiful, Sammie. Get out for a while."

"Can't do that, Dad. I gave Christine the day off."

"But this weekend is a holiday. What did you call it? The Virtual Bobby Sox?"

Sammie rolled her eyes. "If you're referring to the Vernal Equinox, Living Planet Herbs celebrated that day at the end of March. This weekend, we celebrate May Day. In pagan times, it was a festival of rebirth and replenishment."

"—Which nowadays should be a three-day weekend for a hard-working vitamin company executive," he said, "if only she'd take advantage of it."

"I will take advantage of it. By spending it with you." Her eyes had the "don't-argue-with-me" look that she had inherited from him.

Ben was both ashamed and pleased. He didn't want Sammie cooped up with him on a beautiful day. She should be out smelling the spring flowers, not tending to the decay of her father's winter. But both knew he was glad to have her company. She remained his greatest source of pleasure.

"Alice will bring her weekly care package, soon. Please, Sammie, after she gets here, take off for awhile. See your friends. Better yet, break some guy's heart."

"I'll think about it. Are you ready for dinner yet?"

"Sure. Barbecued steak, baked potato with everything, and a big Caesar salad."

"Dad—"

The baby-food slop Ben could still eat was far from appetizing. "How about a little juice? I'm not hungry yet."

"Dad, you've got to eat."

"What, and lose my new-found waistline?"

Ben watched Sammie shake her head as she turned toward the kitchen. At twenty-eight, she was a natural beauty. She parted her chestnut hair in the middle and let it hang straight to her shoulders. Her periwinkle blue eyes, which Ben called lavender, startled him every time he saw them—as had her mother’s. The high cheekbones she inherited from Gloria gave her an exotic look.

She never fussed over clothes. She wore dark business suits while working as Product Information Manager for Living Planet Herbs, Inc. Today she wore one of her long shapeless dresses that effectively hid her lithe, well-proportioned figure. She kept fit by good nutrition, swimming, walking, and yoga. Martial arts training had been a regular part of her repertoire until she became disillusioned with the trainer.

Even as a teenager, Sammie had worn only a light dusting of powder and a touch of lipstick. Three years ago, after a business trip to India, she’d declared, “I’m not going to pollute myself with chemicals that might destroy my body’s natural ways.”

Ben wished it was her insistence on being natural that kept eligible bachelors away. But he knew the reason—her decision to move home. He hated seeing her interests narrow down to Lou Gehrig’s disease, his damned hospital bed, and his wheelchair. How much happier would she be cultivating a relationship with a young man, instead of taking care of an old one?

Ben heard the refrigerator door open and close, then the whir of the juice machine. Typical Sammie. Never bottled juice. Since her trip to India, she insisted that everything be fresh and toxin-free.

Once, Ben had jokingly asked if people in India drank from the River Ganges, in which dead cattle and human waste floated. She’d given him “the look.”

Now she returned with his juice and raised the straw to his lips.

He glanced at her. “Wait. This is just plain old OJ, right? No buffalo chips or eye of newt in it?”

“Come on, Dad.”

“No, really. You shouldn’t use your poor old dad as a guinea pig. Those horse pills you had me on last year were bad enough, but Chinese herbs? My God.”

“Dad, the Naturopathic remedies Living Planet Herbs distributes are new formulations of compounds used for thousands of years. And they work. We got great results from some botanicals from the Amazon rain forest—”

“I knew it. What’s in this juice besides juice?”

She sighed but her eyes were smiling. “Echinacea, a healing herb used in the Far East since before recorded history. Even in U.S. medical journals, there’s evidence for—”

“Never mind. I’ll drink it. But if it tastes bad, I warn you, I’m going to jump out of this bed and turn you over my knee.”

“That’s the spirit.” She again lifted the straw to his mouth.

Ben sucked once, then coughed. “Holy smoke, it tastes like pig manure.”

“You’ve eaten a lot of pig manure, have you? Drink up.”

A few sips more and he blinked. His eyes widened. “Wait, wait! Oh, my God—”
“What?”

“I just moved my toes.”

She wrinkled her nose. “Very funny.”

He imagined himself reaching up and putting his arm around Sammie. But no part of him even quivered. He could no more physically express his anger than demonstrate love. Sometimes Ben inventoried all the gestures, leaps, and strides trapped inside his body and imagined them building up steadily, accumulating energy like radioactive waste until one day they’d reach a critical mass—Then Ben Brewster would detonate with the impact of a tactical nuclear device.

Of course he never revealed such thoughts to his daughter. It would upset her to realize how much the paralysis frustrated him.

Sammie had transformed the family room in his honor. After removing the bar, sofa, and coffee table, she renamed it his “recovery room,” arguing it had positive “energy.” Indeed, the patio doors let in the sunshine. Ben could smell meals cooking and hear the newspapers land on the front porch. The family room held so many memories. At night he lay with his eyes closed and imagined he could hear laughter and the bark of pets long gone.

The inevitable course of his disease, he knew, would one day force him to move to the Palliative Care Center. Then his quality of life would decline further. Hopefully that move was many months away. Meanwhile, his life had quiet pleasures. Chess with Sammie, listening to her read the newspaper aloud, and motoring his wheelchair onto the patio to gaze at Gloria’s prize roses.

All the bushes were thriving, even though Gloria had been gone eight years. The roses were so much like her. Sweet yet thorny, delicate but tenacious, some colored deeply and others patterned.

If Gloria had been a rose, what now was Benjamin Brewster? A cactus? An unmoving, uncomfortable semi-animate prick?

Look what “Lou Gehrig” had done to him.

Over the past six months, his need for home-care gradually increased to full-time. Not because he’d taken a piece of shrapnel in Da Nang, not because some drunk driver had crossed the center divide and hit him head-on, not because he’d misjudged the final turn of the triple diamond run at Sugarbush. No. At the age of fifty-eight, Ben Brewster was one finger away from being quadriplegic because his own nerve cells had waged war against him.

His sharp ears picked up the crisp ticktack of heels on the walkway outside. “Uh, oh, here comes trouble.”

“Is it that time already?” Sammie hurried to open the front door.

Ben reveled in the scent of wet pavement and fresh-cut grass that rolled through the doorway. Then came the perfume his sister always wore.

“Ms. Punctuality,” Ben said slowly, being careful to pronounce this word. He’d begun to slur words recently. Though he could compensate for the mild impairment, it heralded future problems. His greatest worry was drowning in his own saliva. Last week he’d had two terrifying battles where he struggled to breathe. Of course, he hadn’t told Sammie. Why worry her more?

In his war with nerve cells, there was no fighting back, no treaty possible, and only two choices before final defeat. When the muscles he needed to breathe became paralyzed, surgeons could slice a hole in his throat and insert a hose from a mechanical ventilator. Or he could suffocate to death. Slowly. The most he could hope for—decision-time was many months away. The question was, how many?

Alice Phillips bounced in puffing slightly. A plump and pretty woman, she was two years older than Ben. Her reluctant merriment brightened a very proper Chevy Chase exterior. As a devout Catholic, she was tirelessly energetic when doing good. She accepted Sammie’s help and they placed three full paper bags on the table. From one, she lifted an audio book. “Clancy’s latest.” Then she pulled out two DVDs. “Mozart’s *Magic Flute* and Verdi’s *Othello*.”

“What about ‘Debby Does Dallas?’”

Alice looked at Sammie and groaned. “He’s in one of his moods, isn’t he?” She flicked a speck of lint off her flashy yellow pantsuit, leaned over, and kissed Ben on the cheek. “Lipstick looks good on you. I think I’ll just leave it there.”

“Big sisters,” Ben grumbled. “Is this revenge for when I used to sneak down and spy on your slumber parties?”

“Like we didn’t know you were there.” Alice kicked off her open-toed sandals and dropped into the recliner. “So, Sammie, how’s our patient been this week? I assume surly, nasty, impatient, and coarse?”

“I’m not your patient,” Ben protested, fighting off a surge of peevish anger. Lately Alice fancied herself a doctor. So did Sammie. Funny how people suddenly became medical geniuses as they orbited the burning-out sun of an ALS patient.

He held his tongue. Knowing the only part of him that could leave his bed was his voice, he exercised care when using it. Sammie’s fussy devotion and Alice’s weekly visits complete with gifts and gab, were their ways of expressing love. He was grateful they put up with him, the burden increasing almost daily.

“God’s been watching over you, Ben,” Alice said. “So far, you haven’t needed to go to the hospital. And when you do, Memorial has its new PCC. You know, Dr. Cameron’s offered you a free initial evaluation.”

Sammie frowned. “I don’t like hospitals. We can afford a nurse, so why think of that? Next week, I’ll learn how to use the suction machine. So why—”

“Hello?” Ben spoke up. “I’m present in this room. Is anyone interested in what I have to say?”

“Sure,” Alice said, but turned to answer Sammie. “Dear, when your father’s ready, it’s only an evalu—”

“I don’t care,” Sammie snapped. “Hospitals are brimming with staph germs and all kinds of—”

“I’m serious,” Ben said, as loudly as he could. “Listen to me, damn it.” He took a needed breath. “Sammie, testing is okay. Dr. Reynolds said it won’t hurt to find out where I stand.”

“Dr. Reynolds?” She looked at the ceiling.

“I know you don’t care for his methods, dear,” Alice said, “but he has been our family doctor for three decades. By the way, is your little problem cleared up?”

“I treated it myself. With a douche of vinegar and purified water.”

“Oh.” Alice’s plump cheeks flared red. “Oh, my.”

Ben grinned. “Vinegar and water? Dr. Reynolds prescribed salad dressing?”

“Benjamin Brewster! You just mind your own business,” Alice said.

“It was just a little yeast infection,” Sammie said. “Actually, he prescribed some chemical goop, but I never filled the prescription, and I’m just fine now.”

“Oh,” Ben said. “Woman troubles. Sorry I asked. Alice, you were right. It wasn’t my business.” He looked back at Sammie. “So, what about Thousand Island?”

“Ben!” Alice cried.

Sammie chuckled.

“What?” In his mind, Ben made an expansive, innocent shrug—all shoulders and arms, with a tilt of the head. “What did I say?”

Chapter 11

David likened the ending of an ER shift to passing the baton in an Olympic relay race. The outgoing runner had to keep pace with the incoming one to complete a smooth transition. David had just presented his list of unresolved patient problems to the incoming doctors.

He glanced at the clock. 6:40 AM.

“Dr. Grainger, there’s a Mr. Leary wanting to talk to you.” The ER nurse pointed to a middle-aged man leaning against the corner wall of the waiting room. Disheveled, he looked like he’d slept in his rumpled red windbreaker.

Leary? David had never met Ryan’s son. He wondered what the man might reveal. Could David have prevented Ryan’s suicide attempt? He extended his hand but received none in return. Awkwardly, he changed his gesture by pointing to a row of plastic chairs. “I’m Dr. Grainger.”

The man did not budge. “I’m Ryan Leary’s son, Jonathan.”

“Sorry about—”

“Can we talk? In private?” His eyeballs twitched behind designer-framed glasses.

David glanced at the wall clock. Eighteen minutes until rounds.

“I think so. I’ll be right back.”

David found Mendendorf in the ER alcoves. “A family member wants to talk with me in the Quiet Room. I’ve cleared my cases. Okay?”

“Don’t be late for rounds.”

As they entered the Quiet Room, David motioned Leary to an oversized stuffed chair. He searched for something encouraging to say. “Your father’s surgeries went well.”

“I just saw my father.”

“Really? I’m impressed. Few people get past our Surgical ICU nurse.” David recalled the surgeons’ report. “If you’re worried about his spleen, don’t. He’ll manage fine without one. And his ribs and limbs will heal. What’s most important now that your father has come out of anesthesia, is that he’s medically stable.”

“Stable?” Leary spoke as if the word has a bad taste. “You’re right. He’s stable. So stable, he faked us all out. He even tricked Bruce Pratt, his nurse, to change routes—to avoid a traffic jam—but directed him right in to it. You know why? So he’d have enough time to kill himself.”

The workings of the suicidal mind bewildered David. How could it be at the same time, both strategic and determined to commit the most irrational of all acts?

“We found Dad’s pain pills under his sheet. He hadn’t taken any all day. Can you imagine? Climbing all the way up to the attic without any pain meds? Dad must have suffered terribly. That proves how determined he was to end his suffering.”

David’s stomach churned. Ryan’s suffering must have been intense. “I’m sorry your father suffered so much. By ‘stable,’ I meant only to describe your father’s *physical* condition. Did you father tell you anything more?” The headshake convinced David that Jonathan did not know that his father had telephoned him. “Perhaps I could call one of Memorial’s psychiatrists?”

“Dad never was a quitter,” Jonathan’s voice was low but insistent. “But when his Prostate Specific Antigen rose again, Dr. Moskowitz prescribed meds to lower his testosterone. That ended his friendship with a lady friend. Wasn’t that when he saw you?”

“Yes,” David said.

“Dad went to a prostate cancer support group, and they turned him on to an Internet site where he learned that patients can refuse to lower testosterone.”

“But he would have died sooner,” said David.

“Perhaps, but at least he would have felt like a man to the end. Look what happened instead.” Leary took a handkerchief from his pocket and blotted his forehead. “I doubt Moskowitz told him he had a choice.”

So, Moskowitz did not provide Ryan the opportunity to make an informed choice. And now, this tragedy. Four years of medical school had not prepared him for this meeting. He didn’t know what to say. “Aren’t doctors expected to keep their patients alive as long as possible?”

“When Dad confronted Moskowitz, he admitted that he restricted his pain meds to avoid any risk of decreasing his respiratory drive since that might hasten his dying. So Moskowitz forced Dad to suffer more... and longer... because of his own religious beliefs.” Jonathan put his head in his hands.

Guilt plagued David as he wondered, *If I had asked Tom to prescribe more pain meds... maybe Ryan would not have jumped? But then—*

“Wouldn’t you be mad at Moskowitz?” asked Jonathan.

David resisted his inclination to criticize Dr. Moskowitz as he recalled a warning at a risk management lecture. “Interns should never comment on another physician’s behavior. Offering such opinions can invite malpractice suits.” So David struggled to think of something to say that might be comforting. “These are tough decisions for everyone.” His inadequate sounding words echoed hollow in his stomach.

“I let Dad down, just like Moskowitz did,” said Jonathan. “Dad asked me to help him out of his misery, but I said no. That was terrible of me.”

“But you had to say no, Mr. Leary,” David said. “What else could you do?”

“Help him the way he wanted. But I just couldn’t do it. I was only thinking of myself—” His voice broke and his eyes filled with tears.

Without thinking, David said, “I know how you feel. I also only thought of myself when my father died. I was nine—” David stopped himself, embarrassed for sharing personal memories.—Unprofessional.

Jonathan shot him a doubtful, half-hostile glance.

David cleared his throat. “Mr. Leary, your father’s thought processes—he would never have asked you to help him die—if his thought processes were intact.”

“What? His thought—? What?”

“Processes. I mean his ability to process thoughts in a rational way. That’s all. But you see, your father was not rational.” Relieved by finding a professional truth, David glanced at his watch. Eight minutes until rounds.

“Look, Mr. Leary. Rational people never ask their sons to help them die. The best thing now is for a psychiatrist to see your father. It’s required by law, anyway, since he attempted—”

“I’ll never forgive myself,” Jonathan said. “I wish I had helped him.”

“You followed your conscience, Mr. Leary. And if your father had been able to think rationally, I think he would thank you for doing the right thing.”

“The right thing? For God’s sake, Dad jumped through an attic window. Don’t you get it? *See how desperate he was.* Moskowitz and I forced him to do that.” He sobbed again. “Dr. Grainger, I took the path that was easier for me, not what was best for Dad.”

The words, “best for Dad,” reverberated. Twenty years ago, his mother had whispered those exact words as David cried in her arms.

Jonathan Leary sat up straight, composed himself, and looked directly at David. “What about now, Doctor? Dad still wants to die, but he can’t. He’s immobilized by casts and pulleys. All he can do is lie there and suffer.” Leary’s reddened eyes pleaded, “Dr. Grainger, my father needs your help. Would you help him? Can you? Would you?”

David sat frozen in place, the time of rounds starting forgotten.

“Please help him. You’re his doctor so I’m asking you. I’m pleading with you.”

“What you’re asking for is both unethical and against the law.” David stood up.

“My father needs your help. He’s trapped.” Leary stood in front of David, close enough to sense heat from his red face, to smell his unwashed body. “Please, help him. Please.”

“I can’t.” David’s voice was hoarse. “It’s against everything I believe in.”

Jonathan stared at the floor, the fire in his voice gone. “Doesn’t any doctor have the courage to help?”

David wanted to defend doctors, to point out that adherence to ethical and moral principles demanded courage—but Jonathan wouldn’t understand. Not now. He glanced at his watch. Four minutes to rounds.

He looked over Jonathan Leary's bent head toward the door of the Quiet Room. He was sure that he had closed it. Now it was open. In its frame stood a tall, thin man in a long white coat... looking at them.

David had no doubt who he was. His photo had appeared in the *What's New at Memorial* newsletter. The story announced the opening of the PCC.

David's only question was, Just how long had Dr. Cameron been listening?



Cameron hardly stepped aside, forcing David to turn sideways to get through the door. He watched the young intern sprint down the hall. Then Cameron took a seat across from Jonathan Leary positioned to study the man's face. It seemed to have aged a decade since young Leary had brought his father to the PCC.

"I'm so sorry about what happened." Cameron said. "It's a great shock. I thought your father was eager to come to the PCC."

Leary stared at the wall, without talking or even blinking.

"Have you visited your father?" Cameron asked.

Leary nodded. "Yes, in SICU. I'm waiting for them to transfer him to ortho."

"Can he speak?" Cameron knew one fact about patients who attempt suicide. If they ever spill their guts, they will do it when first come to, because that's when their defenses are lowest. And Ryan Leary could say things that would destroy Cameron.

"No," Jonathan replied. "He was still out of it."

For now, Cameron thought. He had to make that permanent—before Ryan received the mandatory psychiatric consult required of all suicidal patients. Haynesworth's information tap would provide him a copy of the shrink's report the moment it was transcribed. And if the head of the Good Life Committee discovered that Cameron had discouraged Leary by letting him think the PCC would not grant his wish for a permanent way out of his suffering, Cameron would not only lose his bonus, he'd lose his job. Hell, it wouldn't even be safe to start his car.

"Mr. Leary, what will you do after your father recovers from his injuries?"

"Do? What do you mean, do?"

"Your father will have more pain, so he'll be out of it for a while."

Jonathan nodded.

Cameron leaned forward. "But because of his attempt, they'll consider him a high suicide risk. His psychiatrist will most likely recommend keeping him under constant surveillance, to ensure he doesn't try to kill himself again."

"Oh, God." Jonathan clutched his thinning web of hair. "Why can't they leave him alone?"

"These days, doctors must consider every legal risk, despite what they believe is right for their patients. I'm sure you're following Kenard's trial?"

“Just the headlines.”

“He’s facing second-degree murder for helping a patient, directly. I sympathize with your father’s plight, but there’s no way I can help him, directly. Understand? Not directly.”

Jonathan looked at Cameron intensely. “But could something be done, Doctor? Indirectly? Is there some indirect way I can help my father? One that would be painless?”

Cameron’s tone softened. “Of course. Yes, there is a way that comes from kindness, a way that would release your father from all his pain. We would not want him to suffer any more. He’s suffered far too much already.”

Startled by Dr. Cameron’s words, Jonathan looked up as if to plead for more information.

“There is one way you can help your father, even in this busy hospital.”

“Please,” he implored, “tell me what I can do.”