

Hospice 101  
by Gary Corbin

A few nights ago I woke up in a strange bed to a strange sound. A gasping, wheezing, whirring sound. Was it human? Machine? Where was I?

I sat up, looked over to the next bed, just inches away. Then it all came back to me. “Dad?” I said in a hoarse whisper. “Are you okay?” No response. I lay back down and tried, with limited success, to go back to sleep.

I’ve spent the last several nights providing hospice care to my terminally ill father. I doubt that anyone ever envisioned me as a hospice care-giver. I am a man, after all, and while there is no reason for it, our culture persists in casting women in such roles. Women abound in my family; my parents have six daughters and two daughters-in-law, many of whom are local (one even lives on the other side of their duplex). Also, I am the explorer in the family, the wanderer, the prodigal son who escaped to a new life on the west coast, 3000 miles away. But I had the opportunity, the ability, and the desire to step in, so I did. Yet why is this a surprise? This role speaks to both my character and to my role in the family. I am the one least tied down, but at the same time solid, rational, dependable. I am, in a way, the family's utility player. Put me in, coach. I'm ready to play.

Still, it has been a trial by fire and has proved both more and less difficult than expected. The easy part was learning the routine. That was surprising because on its face the “routine” is anything but. Six different treatments occur on independent intervals (4-hour, 6-hour, and “as needed”) and change every few days, and as a result, neither patient nor caregiver get very much sleep. Until I arrived, my mom carried that load alone for months, and I can tell you after only four days of it that she is built of much sturdier stuff than I. On my first night off, I slept twelve

hours and would have slept eight more had I not been woken to greet family members coming to visit on a Sunday afternoon.

The more difficult part is acceptance. Dad's affliction is lung cancer, marked by a persistent, incurable, and accelerating cough and a shortness of breath that alone would be enough to drive anyone crazy, much less in combination with other things. Unfortunately, those "other things" are just as bad: metastasis of the cancer to his liver, pleural sac, and lymph nodes, and severe arthritis, exacerbating a lifetime of traumas to his back and shoulders and aggravated by every cough.

There are pills, there are syrups, there are machines. He gets oxygen from a noisy pump through a thin tube he wears over his ears and inserts into his nostrils, a tube that stretches the length of the house when extended and lays in a loose, often tangled coil at the foot of a hospital-style table next to his bed. Twice on my watch, he has fallen in his morphine-addled state, at least once tripped up by this tube, sending his head crashing into his dresser, leaving bruises and bloody welts on his head. Thankfully, his hair has grown back since he abandoned chemo over a year ago, and his thick white mane covers most of the evidence of this fall.

The morphine itself is administered through a nebulizer, essentially a fancy mister/inhaler, which runs eight minutes at a time, whenever his cough threatens his sleep or peace of mind, on average every three to four hours. This is no average cough. It begins as a breathy wheeze, perhaps enough to rattle the phlegm hanging loose in his throat, but not enough to expel anything except the moisture in his breath. It builds with a rapid succession of frustratingly inadequate hacks, each louder and breathier than the one before, sometimes stronger, sometimes weaker, but each one only a hint of the power he needs in order to satisfy what his body requires: a gale force that would rip the tumors from his chest and lungs for him to spit into the toilet instead of the blood and bile he generates now.