Saving the Best for Last

Bless This Marriage: Wish Fulfilled Despite Illness
Samatra C. Doyle, MN, ARNP

Attending a patient’s wedding was a career first, to say the least. The groom, an older gentleman, and his bride of a similar age had known each other for 35 years—and been in love for the last 10 of those. The couple came to Seattle initially for the surgical management of neurofibromatosis, which unfortunately had transformed into metastatic malignant peripheral nerve sheath tumor. He was admitted to one of the university’s hematology/oncology floors. Unfortunately, no curative interventions were available to this gentleman, and plans were being made to discharge him home. His amazing fiancée was his advocate, friend, companion, and source of humor and levity during this tragic and horrible situation. She made him laugh, held his hand, kissed him, and took care of his personal needs, all while being remarkably put together and kind hearted. It was a sight to see—that selfless commitment and love.

The couple had planned to get married at some point in the future but, when it became apparent that the future was suddenly quite finite, it was their wish to be legally married as soon as possible. Personally, it was an honor to be present at the wedding. Another medical service had sent flowers, and the palliative care team was in attendance to witness the ceremony. In addition, the bride’s adult children were in attendance, one of whom acted as the wedding photographer. The nurses from the hematology/oncology department had gathered signatures on a congratulatory card and purchased a cake and apple cider (and wine glasses, of course) to celebrate the occasion.

The patient, although bed bound, emaciated, and at times slightly disoriented, was fully present during his wedding. He could not wait to kiss his bride, and they held hands the entire time. He wore a clean t-shirt and hospital pants; she wore a lovely blouse and skirt, and a friend had provided her with a simple bouquet. He sat up in bed, while his bride stood next to him, holding his hand. The chaplain came to perform the ceremony, and, as a group, we all said “bless this marriage” at the appropriate time.

The couple then exchanged their vows, which had almost everyone in the room in tears or, at least, misty eyed. Through his slightly labored breaths and clipped sentences, his cachectic and ashen face,
one could see yet another happily married couple. The only difference was that this marriage would last, technically, not even a month. So it was the ultimate in bitter-sweet experiences. I was so happy for the patient, as this was one of the last things he wanted to do before his death. However, I also felt for her, knowing that this would be short and, in the end, sad. Thankfully, they did have 35 years of knowing each other, but I imagine that neither of them would have ever thought they would end up being married in a hospital, with an oncology ARNP, RN, and a palliative care team in attendance. But, admirably, they dealt with what life gave them and seized opportunities where possible. They exchanged their rings, kissed as if they had never kissed before (he couldn’t wait—it was ridiculously adorable), and then everyone in attendance shared their thoughts and blessings for the newlyweds.

I was utterly impressed that, despite their challenging circumstances (an obvious understatement), they treated each other with kindness, respect, and humor. It was clear that they loved each other, through the good times and the very worst that life had delivered. Her love for him was selfless—she knew his end was near, and yet she wanted what was best for him.

Bless this marriage.

Patient’s Dance Moves Not Slowed by Diagnosis

Amy Silverman Berkowitz, RN, BSN

With 36 years of nursing under my belt, I found my true calling when I started working in an inpatient hospice three years ago. Hospice is bedside nursing at its finest, and palliative care is simply symptom management. The true challenge of hospice is to treat the entire family and create a dying experience in which patients can find some solace, resolution, and peace.

Mr. F was 58 years old with metastatic melanoma to his brain. He was only mildly confused at the time of his admission, but he was weak and unable to transfer without the assistance of at least three staff members. He was divorced from his wife, so, from the beginning, his children would come for short visits on the way to work in the morning or on the way home in the evening. His days were long, and the patient was very verbal with the staff about his fear of dying.

One day, I was sitting outside Mr. F’s room working on my COW (computer on wheels) when I heard cheering and clapping with music emanating from his room. I got up to see what was happening in this usually quiet room and found three young and very pretty women sitting by Mr. F’s bedside. They were gathered around a laptop computer watching a competitive dance event. It turned out that Mr. F, looking to spice up his life as a divorcee, had joined a ballroom dance class to fill his nights. It was clear from the expression on their faces that his younger dance partners were very fond of him. Unlike his other visitors, they had already visited for two hours. At lunchtime, one of the young ladies approached me and asked if I could get him into a wheelchair. I asked her why, and she said, “I want to have a last dance with him. He was my dance partner and he is an incredible dancer. It would be my final gift to him.”

Mr. F had been bed bound for days on our unit. He was a large man and had minimal use of his legs, so it was a very difficult and painful effort to transfer him out of bed. It was clear that his friend was determined to dance with him before she left. Therefore, I chose to give him pain medication for comfort, offered him the urinal, and then went to find two staff members to help me with the challenging transfer from his bed to a wheelchair.

We wheeled him into our dining room area where his dance partner had already moved several tables and chairs out of the way and had a CD player ready. I decided to stay and watch in case Mr. F became uncomfortable or out of breath. His dance partner turned on the music and the dining room was transformed into a ballroom. Taking his hands in hers, they moved gracefully as she whirled and twirled his wheelchair around the room. What struck me most was the look on Mr. F’s face. He was concentrating on every move and his eyes never once left those of his partner’s. My eyes filled with tears as I realized that, in Mr. F’s mind, he really was dancing his last dance. For 20 minutes, she pulled him forward and then pushed him back ever so gracefully and gently so that his wheelchair was in a constant fluid and twirling motion.

Later, when I was making rounds, I went to see if Mr. F was comfortable and if he needed anything before my shift was over. He asked me to look at the card that his dance partner had brought him. She had inscribed, “To the father I never had.” I read it out loud and his eyes filled with tears. I said, “After your divorce, your dance group has become your community, hasn’t it? It is obvious that they adore you and miss you.” I wiped the tears as they streamed down his cheeks and took his hand and sat down on his bed to share the moment with him. With a quivering lip he said, “You know, I was leading!” And then, with a more solemn look he said, “It was a good day.” I realized that it had been a powerful day for me, too. I love my job and these are the moments that remind us of the people our patients were, before they came to our hospice. It had been a good day for me, too.

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Bonus Online Exclusive Content!

In this bonus online exclusive Heart of Oncology Nursing article and podcast, Darcy Alimenti, a student in the School of Nursing at the University of Virginia, discusses her family’s battle with multiple cancer diagnoses in a five-year period and how her role as caregiver put her on the path toward a career in oncology nursing.

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