Another cold morning, another walk down the gloomy hall to Mother’s hospital room where I find her asleep. The bag of urine hangs down the side of her bed. Wait a minute.

The kidneys regulate urine production. If the bag is filling up, that means that her kidneys are not shutting down. The doctors made a mistake. They said the kidneys weren’t working and that she was dying. She isn’t dying at all, but I’ve told the staff to stop all treatment! I have to find a doctor. They have to hook her up to an IV and whatever else before it’s too late. Jesus effing Christ. I’m killing my own mother. I fly out the room, catch up with members of the roving medical team, and latch on to her doctor.

“There’s been a terrible mistake,” I say. I trip over the words: urine bag, kidneys still working. The doctor takes my elbow, turns me away from his colleagues.

“There are others ways in which the kidneys fail,” he says. “Her system is starting to shut down.”
I’m relieved. Yes, my beloved mother is truly dying, but at least I’m not killing her.

Mother wakes, asks for cranberry juice. A mad dash to the cafeteria yields one juice container with a pokey little straw. She squeezes her eyes shut and smacks her lips. “It’s come full circle,” she says. Seeing my confusion she explains, “We used to ripen cranberries in the old house.”

She lies on her side, fists tucked under the pillow, her back to the window where I’ve pushed the curtains open, as if she might climb out of bed, look out at the street below, and amuse me with witty or snarky comments about what she sees. With the door to the room shut, we exist in our own little world of slow moving time; the only sound is the soft hiss of the facemask as it fills with vapour. Three days ago, the doctor said she was dying. Or was it two days ago? No matter. The names of days, the very feel of the days elude me. Since I stopped working, every day is a day “off” yet the notion of the weekend retains its allure, and when the clock hits 5 P.M. on a Friday, my partner and I shout “weekend” with lots of exclamation points in our voices.

I wrestle today’s edition of the Globe and Mail from my purse. What’s new? Who cares? The disadvantage of this private room is that I can’t see the staff unless I step out into the hallway, which is where I find the Québécois doctor who is about to walk past me. I lift my hand.

“Can anything else be done to make her die faster?” I ask, not caring if that sounds callous.
“People in palliative care wouldn’t normally wear a mask,” he says.
“Okay. Take it off.”
“You’re doing the right thing,” he says.
“So I keep hearing.” I don’t mean to sound gruff.
“If we say that, it’s because we want you to know that your decisions mean that your mother won’t be put through needless procedures that would bring pain to the last days of her life. I guess we’re also saying thank you.”
I stare at him.
“We don’t like to watch our patients suffer because a family member can’t let go. It’s hard for us when that happens. You may not think what you’re doing is important, but it is and I want you to know that.”
“Thank you.”
“Without the mask, she’ll die within a couple of days or a couple of hours,” he says. “Each breath will take longer to come.”
I nod. Had I known about the mask I would have had it removed on Sunday. As it is, I may have extended her life by two miserable days—days she would not have wanted. I’ve failed her. The nurse comes, takes away the mask, and tucks her in. Mother reacts to nothing, not that there’s much stimulus in here. I wait and watch her breathe. What happens during those long seconds when she seems to neither inhale nor exhale? Where does she go?
The timing of her death is not up to me. It may not even be up to her. I don’t want her to linger,
but if that is her fate, I hope she falls into a state of unconsciousness until she dies. Twice she has called her sister’s name, “Reta!” The first time I said nothing. The second time I lied and said that Reta was on her way. I want to block whatever emotion caused her to call out yet it never occurs to me to distract her with a story, a tale full of the smells and sounds that she likes, a place of calm. Instead, I’m dismayed that she mentioned Reta, dredged her up from who knows what part of her love and irritation toward her sister. I fear the place her cry came from; some unfinished business she won’t have time to put right.

Any moment now, the future of a life with my mother will no longer exist. Is there something I ought to say to her, something that I might regret not saying? No.

Only one short week ago today Mother grabbed her faded tote bag, informed the superintendent and her brother Lew that she was taking a taxi to emergency, and came here feeling … what? Sick, of course. Hopeful too, I expect. Hoping the doctors would fix what was wrong, hoping to be granted more time. Look at what has happened, just when she had come to trust the medical system.

Until the heart attack, she had avoided doctors for 26 years because of the time she complained to her GP about a pain in her neck.

“The doctor said it could be very serious. He sent me for x-rays,” she told me over the phone. “Now he says I have to have an operation on my spine. As if that isn’t bad enough, I’ll be flat on my
back for weeks, not allowed to do any housework, never mind go to work.”

“When’s all this supposed to happen?” I asked.

“Next month. So, I’m coming to see you.”

On the day of her operation, the surgeon, whom she had not seen before, questioned her about her symptoms. He decided that the surgery would do more harm than good and cancelled the procedure. She called me that evening.

“He sent me home,” she spluttered.

“That’s great news,” I said.

“Bastards. They should be shot for what they put me through. I’d already moved dishes down from the higher shelves because they told me I wasn’t going to be able to lift my arms.”

“Yes, but in the end, that doctor saved you from a terrible operation.”

“I’ve half a mind to write an article for that feminist Ms. magazine about how women need to be educated about their own health and how to navigate the medical system. That’ll fix ’em.”

After that experience, she avoided the medical mafia for two decades, seeing no reason to visit a doctor, any doctor. “They’ll find something wrong even if they have to make it up.”

Colds, flus, and a sprained ankle healed on their own and she stayed healthy until five years ago when she had a heart attack. She ended up in the cardiac wing here and was told that she wouldn’t be released from hospital unless she got a GP.

“Find me a female doctor,” Mother said. I eventually found a woman who was starting up a practice. This physician would listen to only one
medical problem per appointment, and angled the chairs in her office so as not to face her patients. I thought, “a perfect match: a doctor who hates patients and a patient who hates doctors.” Mother paid the price for her GP’s lack of concern three years later when the doctor failed to see that Mother’s weakness was not from “old age” but from loss of blood, a situation that landed her in emergency where she received three blood transfusions and underwent colon surgery.

This sometimes vain, often stubborn mother of mine became achingly acquiescent after her first hospital stay. I hated her subservience, yet was grateful that she wore her Medic Alert bracelet and organized her pills according to the day of the week, she who had not taken a pill in decades. Much good it’s doing her now.

Lew’s son, my cousin John, arrives at the hospital after work, bringing me coffee and a doughnut. His visit is a surprise: he hadn’t told me he was coming. Having him here lightens the atmosphere, makes the room seem big enough to hold all the feelings we have. I suppose he’s here for me as well as for his aunt. Had I known what a difference having another person beside me would make, I might have asked for company. I hadn’t realized how lonely and sluggish I’ve been feeling.

I describe the born-again Christian, the man who approached me the other day claiming to be involved in palliative work and who wanted to know if Mother had found redemption in Jesus. John and I split up and skulk along the fourth floor to look for him. Now that John is here, I’m
emboldened and convinced that we’ll catch the fanatic in the act of badgering some poor soul. Seeking him out and exposing him will redeem me; will make up for my not having the guts to grab his nametag. John and I are thorough but our quarry eludes us.

Before I leave the hospital, I remind the nurse to give Mother her regular dose of painkiller. I grab my photograph of her; should she die tonight, I don’t want anyone to steal this picture. John drops me off at Mother’s building at eight o’clock in the evening. I gather up her mail: one credit card bill and five requests from charities.

My instinct is to pick up the telephone as soon as I’m through the door of her apartment to check for messages, but she doesn’t have voice mail.

I’m still mulling over the question the night nurse asked as John and I were leaving. How did she put it? “Shall we call you if we think the end is near or call you when...?” Her voice trailed off. It took a moment for my brain to pick up her meaning: she was asking if I wanted to be there when Mother died. That was so unfair. Hadn’t I made enough decisions for one day? What should I answer? I gripped the edge of the nurse’s desk while my mind crashed. “Call and I’ll decide then,” I said. Jesus.

Out of habit, I look into the fridge. The roasted chicken I bought (when? three days ago?) is practically intact. Mother hasn’t eaten for a week. Here’s a container of sweet potato that should be thrown out and some wrinkled carrots. I shut the fridge door. I can’t bear the sight of the food she
will never eat, the currants and candied ginger she will never stir into a cake. Anyway, I’m not hungry.

A friend told me that some patients postpone dying until loved ones arrive. Mother isn’t one of those people. Others let go only when all the visitors leave the room; they die in the time it takes to buy a cup of coffee. I’ve been warned that Mother’s final minutes might be difficult to watch. I don’t think I want to witness them but I might change my mind.

A recollection from childhood comes to me: my mother explaining that she didn’t need a priest to contact the Almighty. “I’ve got a direct line to God,” she said. Now I have a direct line to her. There is a connection between us at this very moment; I know it, feel it. I can send her a message, and she’ll receive it. Even in sleep, she will receive it. I face the eastern sky. It’s important to get the words right, not only the words but also the truth of them. This will be like prayer.

I imagine the path my words will travel to reach her. The sounds will float out the window, rise up over the building, up higher still, westward over Fenwick Towers, across the southwestern quadrant of the Public Gardens, and into her hospital room. Satisfied with the flight plan, I open the window, take a deep breath, and tell my mother, it’s all right, darling. There’s nothing you need to do. I’ll be fine. I’ll miss you like crazy, but you don’t have to worry about me.

I pour myself a nightcap, turn off the lights in the living room, crawl into her bed, and try to
read. I leave the bedroom light on so that I can easily find the telephone in case the hospital calls.