

M. A. Robinson

Seeking Sarah

a novel

BEAVER'S POND
PRESS

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Contact M. A. Robinson at MARobinsonBooks.com for speaking engagements, book club discussions, and interviews.

This book is dedicated to Rick,
whose love and patience gave me the space to write this book.
Fly high, my love. You are greatly missed.



One

The lights were still turned down to their nighttime low in the unit, even though the morning action was already beginning. The phlebotomists had started on their rounds, wheeling around their caddies full of needles and tubes, slipping into rooms to procure their allotment of blood for the tests the doctors had ordered. Now, with a mechanical hiss, the doors to the unit opened again, admitting the droning X-ray machine, which would also make its way from room to room. The nurses' conversations picked up a notch as they bustled around preparing to turn their charges over to the next shift's workers, who would be arriving soon.

Don preferred the dim and hushed atmosphere of the nighttime, which seemed more respectful to the suffering—the ones lying in the beds, as well as those sitting vigil next to them. During the day, in the harsh glare of fluorescent lights, the unit was a bustle of activity, as doctors and nurses, technicians and students, and specialists of all kinds descended on the place to work their magic for the benefit of these most critically ill patients. They would lounge at the desks, having conversations frequently of a personal nature, unrelated to the business of curing the sick. They'd sometimes laugh and tell jokes, and Don always felt a small flare of anger that they were being so frivolous when people were dying all around them. He knew that for these workers, these medical personnel, this was a way to release some tension, that being around the drama of the ill and wounded, the pain and grief of lives torn apart day after day, would wear them down if they didn't have some relief, but he wished they could take their socializing elsewhere. He did not want to hear it, did not want to be diverted from his focus on the woman in the bed in front of him. At the same time, he knew

that when a crisis arose, as it did with alarming frequency within the unit, these same doctors and nurses would leap into action, and he was grateful then that they were so close by, able to respond in the blink of an eye to whatever emergency a disease threw at them.

Don had discovered that hospital care was not what he expected. There was no kindly Marcus Welby, MD, stopping by the bedside twice daily to share his wisdom and, after a while, pulling a cure out of his sleeve, sending a patient home with better health and a warm feeling in the pit of her stomach. Instead, there were teams of health care “providers.” There were doctors, for sure, but mostly they seemed to be very young, and he wondered secretly whether they had enough knowledge and experience.

For starters, there was Dr. Lewis, Sarah’s internist, who had admitted her to the hospital. She had been in practice for seven years, but she looked to him like a college student. She had come by a few times, but they had seen more of her partners and associates who arrived in her place when she wasn’t available. There was a group of intensivists, a relatively new type of specialist who supervised patients in intensive care. There were other specialists, physicians who concerned themselves only with a certain aspect of Sarah’s care, such as the gastroenterologists who treated her liver disease, and the nephrologists who worried about the kidney function. Sometimes it wasn’t even a doctor who came to evaluate Sarah, but a physician assistant or a nurse practitioner. They all came and went at such a dizzying pace that he had trouble remembering which one was in charge of which organ.

In addition to the doctors were many other people involved in providing and maintaining the kind of support that Sarah now required. There was a very kind practice nurse, Jan, who came on the weekdays, generally before the other team members, and quizzed him gently about how things were going and what his concerns were. There was a respiratory therapist who worked with the ventilator. There were RNs and PCAs, patient care attendants who provided the minute-to-minute attention that each patient required. There were pharmacists and physical therapists, occupational therapists, clerks, orderlies, and technicians of all kinds. And there were learners. Interns and residents, nursing students and medical students, even college students who thought that they might like to go to medical school, trailing after the regular doctors to see whether they were really cut out for the job. The list seemed endless, and every time he thought he had an idea

of all the people who might venture into Sarah's room on an important medical mission, someone with a new job or purpose came along.

The latest addition had been the palliative care team. Here was a team within his teams, or maybe surrounding the other teams. They had arranged a conference for him with the specialists caring for Sarah. They had inquired about other family members who might need to be informed, might need to help in decision-making, but he had told them there was no one else to involve. This wasn't technically true. Sarah had family but had not been close to them. In anger, she had pushed them away for years, for grievances he had failed to sort out.

Dr. Blomquist, the palliative care doctor, had been very kind, spending more than an hour to lay out the situation, answer his questions, and listen to him talk about Sarah. She had helped him understand the medical issues and the increasingly futile nature of the care being provided, as well as the possible pathways and potential outcomes going forward. She had helped him decide to forgo resuscitation if Sarah's heart were to stop, explaining how unlikely it would be for the procedure to give Sarah any benefit. The option for "comfort care" had been explained, and he understood that it was his call to make when he felt Sarah should suffer no more.

There was a palliative chaplain as well, Julie, who had a wicked sense of humor and was delightful to converse with, but whose presence reminded him of the precarious nature of the situation and made him wonder if they believed Sarah's death was imminent. Still, they honored his wishes and decisions about the treatments, and came by often to offer their support, and so were a welcome addition to the regular cast of people in the drama he was now living.

Don sat now at Sarah's bedside with his thoughts muddled in his head, fatigue pressing down on his body. He wished not to be there. He wished that none of the events leading up to this hospitalization had occurred. He wished that he were home, waking up in his bed, getting up to get ready for the day, and that the woman now lying in the hospital bed were there with him, stumbling around in her morning stupor as usual.

But how far back would he have to go to erase all of this? The illness that gripped Sarah had not arrived suddenly. It had been born of years of bad choices. It had been created by her attempts to drown the demons inside her and numb herself to the pain of life. Truth be told, he did not know all

the reasons that she had been compelled to drink. She had rarely confided to him the events of her life before she had met him. He had gleaned bits and pieces of her history that she let slip during a few uncontrolled rantings. Watching her through the years, he'd made guesses about what might have occurred to cause her to seek oblivion in a bottle. But he never felt that he truly knew her dark side. Perhaps her drinking had not been a response to external events at all. Maybe the demons had been a part of her always, present with her since birth, tormenting her soul for past sins.

Now grief flowed through him as it dawned on him that he would never find the answers to these questions. Sarah would not rise again from this hospital bed. She would no longer be the sun in his sky, lighting his path, but also burning him if he got too close for too long. His thoughts ground to a halt, but not before denial slipped insidiously back into his thoughts. *She's not gone yet* chimed loudly in his head as though someone had spoken it aloud.

The team had met with him yesterday, explaining their recommendations but offering no cures. Sarah's liver had been destroyed by the drink she had looked to to save her. It could no longer detoxify the blood of any substance and now her internal processes were poisoning her with the normal byproducts of metabolism. Blood vessels, swollen by the increased pressure from her deteriorating liver, had burst, bleeding into her digestive system, and infection and low blood pressure were causing kidney failure. She was being given transfusions, antibiotics, and medicine to support her blood pressure. She was connected to a machine that would breathe for her. She was receiving feedings directly into her bloodstream. She was being turned and moved in the bed to prevent bedsores, and her limbs were being massaged and moved to stop them from stiffening and contracting.

Did he now wish them to begin the dialysis treatments that would replace the function of the kidneys, albeit poorly? She would certainly die without the treatments and would likely die even if given the treatments. If dialysis started, there was no knowing whether it would become permanent, if by some miracle she survived this illness. And in that case, she would be much debilitated, would likely need nursing-home care, possibly long term. Nursing-home care! She was only fifty-four, fifteen years younger than him—far too young to be placed in a nursing home. But he realized her body was older than that number, had lived through too much to reflect its true age.

Here in the unit they were surrounded by other patients already receiving the life-saving dialysis treatments. In the room to the left lay a man of seventy-nine, Oscar, whose body had been ravaged by diabetes. Don had spent many hours in the small waiting room near the intensive care unit with Oscar's wife, Pam, as they waited until they could get back in to continue their bedside vigils. Oscar had suffered a heart attack many years ago, followed by coronary artery bypass surgery. He had lost one foot to an infection and had been on dialysis for the past eighteen months. Pam had confided to Don that Oscar's vision was also very poor, but he did not like to admit that and tried to cover it up.

Now Oscar was lying in the ICU, felled by an infection of the catheter used to connect his blood to the dialysis machine. The infection had overwhelmed him; he was on the same medications to support his blood pressure that Sarah required.

This had all occurred two days before Oscar and Pam were to leave for a cruise vacation. Pam had explained how there were special cruise ships that catered to people who needed regular dialysis treatments. How the two of them had tried to carry on a normal lifestyle, in spite of the need for Oscar to present himself, three times a week, to sit for the four-hour dialysis treatments. How they had traveled, each time setting up in advance where and when he would go for his treatments. She relayed it all to him with a stoic, if not positive, attitude, but Don could see that it was taking a toll on this woman. Her face was careworn and lined, and there were deep dark circles under her eyes. She spoke to him of Oscar's determination not to be disabled. Oscar had told her that if they could not live a decent life, doing the fun things they had planned for their retirement years, then he didn't want to go on. He had told her many times that it would be very easy to simply stop the dialysis treatments if his condition deteriorated, but she wasn't sure if they had reached that time now. There had been hints that stopping the treatments might be reasonable, but no one had pressed her for a decision, and she wasn't yet ready to face the issue.

At the time, Don was appalled at the idea of Pam having this decision thrust upon her. It was unthinkable that you might have to say the word that would result in the end of your loved one. Now he was being asked the question about Sarah. His own love was on the line. But who else could make the determination if not the person who knew you best? Really, it

came down to simply reciting what Sarah would decide for herself if she were able.

What would she want? Sarah's illness had only seriously affected her for the past few years, despite its many years in the making. And until only recently, with the exception of the times she was in rehab, they had happily kept their routines, interrupted only rarely by visits to the doctor's office, and the occasional ultrasound or CT scan.

He and Sarah had been together only seventeen years, not the fifty that Pam and Oscar had shared. Yet it felt like they had been partners and soul-mates forever; he could barely remember what his life had been like before he had met Sarah. He would be more than willing to make the same sacrifices for Sarah that Pam had made for Oscar, if only he could have her back. Would Sarah want to live the kind of life that Oscar was living? Could she be happy within the confines of such a restricting schedule? He felt that the free spirit of Sarah would be destroyed by such regimentation, or was it only his perception of her that would be destroyed? Don could not stop the questions swirling around in his brain. No matter how hard he tried not to think about them, his mind drifted back whenever he let down his guard.

He stroked Sarah's hand, whispering endearments, hoping she could hear him. He wondered what was happening in her mind. He worried that she was immersed in a personal hell, feeling every one of the intrusions into her body that all medical treatments seemed to require. He had been told that the sedation flowing into her IV prevented her from choking on the tube in her throat, from feeling the pain of frequent needle jabs, or the discomfort of her immobile limbs atrophying day by day; prevented her from awareness, prevented her from feeling or knowing anything. But how could the doctors really know? Surely at some level she had to comprehend her dire situation. He hoped they were wrong about the experience of nothingness. He hoped she was dreaming of good things, good times.

He pictured her mind roving through the parties they had been to, the long trips they had taken on their bikes, the balloon flight he had booked as a surprise for her birthday. They had stayed at a bed-and-breakfast in Napa, waking before sunrise to arrive at a grocery store parking lot where the huge colorful nylons were being inflated. She had been so excited, interested in everything the gruff balloon operator, Mike, could tell them about the

functioning of the sandbags, fire, and flaps. They had climbed into the gondola, feeling like items packed into a picnic basket. When they rose silently into the air she had whooped and clapped her hands. They had guzzled champagne despite the early morning hour. It had been dizzyingly exciting to watch the vineyards slipping silently beneath them, workers tending the vines and sheep grazing in pastures, unaware of their presence unless Mike fired the burner with a harsh whoosh. Afterward they had a picnic, tasting wines from local wineries until the rest of the day was lost in a glorious haze. These were the visions he wanted her brain to be playing for her. Most of all he hoped she wasn't having nightmares; the sadness and confusion of her illness manifested in who-knows-what visions. The demons from her early life coming back in her coma dreams.

To divert his thoughts, he turned his mind to the other patient he knew about on dialysis. Trent, in the room to the right of Sarah's, was twenty-five years old and had tried to kill himself by drinking antifreeze. Jodi, the nurse caring for Sarah when Trent was admitted two nights ago, had explained to Don that antifreeze contained ethylene glycol, which would have given him a pleasant high, similar to being drunk, until the body began to break it down into substances that were damaging to the internal organs, especially the kidneys. An eight-hour session of dialysis was required to remove these toxins from Trent's blood. By the time he had arrived, however, significant damage had already occurred in his kidneys, so he now would require ongoing treatments almost daily. He lay in a coma, with one machine breathing for him and another machine cleaning his blood.

Don had caught glimpses of Trent lying in his bed, his body tattooed and pierced in numerous places, the strange spiky haircut and multiple tubes and lines protruding from his body making him seem like an alien creature. Ironically, there would be no thought of stopping dialysis for Trent. The young man who didn't want to live would be kept alive. Don reflected sadly that there were no loving family members hovering around Trent as he lived out this nightmare. He had already alienated anyone who might have cared about him. Don was struck by the thought that perhaps if they had stuck with him, he might not have reached this terrible moment in his life. Now, no one was here to make his decisions. The medical system would presume that everything possible should be done to keep him alive,

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regardless of the futility of the care. It was not yet a lost cause; there was still a chance that he might improve. He might come out of his coma, and his kidneys might recover, so the medical system rolled bravely on.



Sleep drifts like fog in and around my brain and I slide into that lazy space between dreaming and waking. My limbs feel heavy and I neither want to move, nor need to. I lie in perfect comfort, feeling joined to the world, as if my physical body has no real limits, yet feeling with clarity the soft warmth against my back, my arms and legs. There is no time, no world, just these sensations. Serene thoughts of floating and drifting this way forever surface and then, as if this idea has broken a spell, change creeps in, hardly perceptible at first, but soon becoming undeniable. The world tightens around me. I push back against this change, but the act of grasping at my contentment causes my tranquility to evaporate. My mind, dragged away from its pleasant reverie, struggles to comprehend what is happening. Mounting pressure squeezes the air from my lungs and I can't breathe. All is darkness. I see nothing. I can't move, but my frenzied mind ricochets around, supplying images of giant arms wrapped around me with evil intent, or a hydraulic car press coldly, mechanically ratcheting down. Someone is trying to kill me! Panic floods through me and I renew my struggle to strike out, but still I can't move. I try to scream, but no sound comes from my lips. My heart pounds, until it seems as if it will burst through my chest.

Time seems to enter another dimension where all action dwindles to slow motion, and I can examine each thought carefully, methodically sort through these ideas, trying to discern the truth. I seem to have gained an extra dimension as well, a separate part of me observing this entire process with no emotion, with complete detachment. This can't be normal. Is this dying? Is it possible I have become an uninvolved observer of what happens to my body and soul?

Expanded mind time allows me to ponder, to question, as if it didn't involve me personally, but is just a thought exercise. Who could be doing this to me? Who would want me dead? I have no money, nothing of value to be killed for, and I have never been involved with

criminals. Who would want to kill me? Is it someone I know, or some random evil person taking delight in another's pain? If only I could see something, I might know who it is, yet the thick blackness remains impenetrable, my body immobilized.

Without warning, I am snapped back into real time, the hostile force cinching ever tighter. My mind, ejected from cool rationality, is now consumed by swirling emotions. Panic, fear, and regret whirl about inside me, creating some new and terrifyingly greater emotion that defies description. I am desperate for the return of the neutral perspective that so worried me earlier and that has now evaporated as if it never existed. Anything would be better than this torture. Time passes, or not; it is difficult to judge, as my energy drains away, my struggles tapering off until I am limp and ready to surrender when, without warning, the pressure eases. Minute expansions of my lungs become possible as electric sparks course across my skin through circuits of their own devising, zinging into my hands and feet, collecting painfully in my fingers and toes. At the same time, relief pours over me like a rush of cool water, washing away the worst of my distress but leaving in its wake a new dread of what can happen, what is possible in the world.