

The other day I had the experience of verifying that a person had died. This is not a common occurrence for a district nurse, and was definitely a first for me.

I had seen the patient earlier in the morning to assist her husband with hygiene care. She had been a palliative patient for six months, and seven days before my visit had become unresponsive. When I saw her in the morning, she did not look well; the seven days without food had burnt up any residual fat she had left. She looked small and her skeletal system was too readily seen. Her husband and I talked to each other and to the patient as we worked, and he told me about the fiery woman she had been. It was an insight into how she must have still appeared to her husband.

It was midday when I received a call asking me to return. The patient had died, but with her general practitioner stuck in his office and no local doctors available, her family needed a nurse to verify the death before a mortician could take her away.

When I arrived, her husband had been joined by his two sons and a grandson. It was heartbreaking and sweet to see these men so vulnerable as they comforted each other and talked about the woman they loved. I offered my condolences, shook hands, and stepped into the bedroom.

Death, despite the patient's already wasted visage, had subtly changed her. Her skin, absent the constant flush of blood, had become grey. Her limbs had begun stiffening and her face had lost any hint of conscious expression. This was a body devoid of life. Animate become inanimate.

It was obvious that she was dead, but for legal reasons I had to perform the necessary tests to confirm the fact. My stethoscope failed to find the usual rhythmic thudding of a heart or the static flow of drawn breaths. I felt for her pulse and found only cooling skin. I watched her chest, but the material covering it failed to move. I pinched the ends of her fingertips, but no muscles contracted, no reflex fired to pull away from the painful stimuli.

I confirmed her death to her husband and sons and they thanked me, and cried, and kissed the patient's forehead, then retreated to the living room to allow me to write my notes. After a few moments one son returned and asked in a voice thick with tears if I could do anything about closing his mother's eyes. I felt sick seeing the distress in his face as



## Verification

A visiting nurse finds himself cast as a player in a universal drama.

his gaze flickered over his mother. I assured him I would and stood as he departed.

It is a weird thing to place your fingers over someone's eyes. It is intimate, and invasive, and unnatural. The patient's sockets were sunken and I had to carefully pry the retracted lids over the curves of her orbs. I let the weight of my fingers pin the lids down, and waited. Her other son entered and we made small talk while I stood there, holding closed his mother's eyes, my other hand resting on the patient's head and occasionally stroking her thin hair. I don't know why I stroked her head, only that I wanted to comfort her and the boundary of intimacy had already been broken.

I wonder how it must have felt for her son to see a stranger holding shut the lids of his mother's eyes, the woman who raised him and taught him and

cared for him. How surreal a moment that must have been for him, and how final my act must have seemed.

Her eyes closed, the son thanked me and left for the living room again, and I did the few things I could think of to lay the patient out. I crossed her hands over her abdomen to stop blood pooling in the limbs and discoloring the flesh. She had been propped onto her side by a pillow that I removed to lay her flat. Her body was already stiff, but she settled with some small encouragement. I finished my notes, packed up my gear, and then I was done. I stopped to talk to the family for the last time and shook hands again with the husband, offered the small support I could, and assured him that if he needed, he could contact us at any time.

I stepped from the house, looked at my list of patients, and continued on my day, while the family behind me began shouldering the grief that would consume the next period of their lives.

It was a good experience—not because I derived any joy from it, but because it was real and sad and respectful, and not awful. It was the other end of the spectrum from my daily efforts to stave off death, it was an event that takes place thousands of times across our planet every minute, and it was my first time as a player in that common drama. ▼

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