Introduction

What I tried to do with this story is not only encapsulate what it was to be a volunteer at Omega, but also to understand and enrich my own feelings about the things that happened—understand my limits, my inherent prejudices or fears, and to heighten my sense of sympathy for these patients as well as my own observational skills when I encounter similar situations in the future. It is easy when you work or volunteer in such a tense environment to “tune out” to the situations around to and to simply react and respond rather than synthesize the information around you. That’s what writing about your experiences; even some time afterwards, gets you in the practice of doing. You are forced to be subjective use descriptive language, your imagination, in situations, which some health care workers are trained (forced, habituated) to see objectively and clinically.

Cleaning

I had been volunteering at the hospice for three months, and I was going through what seemed to be a very awkward period. The regulars and the nurses that came on during my Wednesday night shift began to recognize me, to know my name, and to trust that I would be coming back next week, but the residential area of the hospice still seemed alien and awkward: I still felt like I was trespassing. I remember it was two weeks before Christmas, and the small, dark living room of the back living quarters where the patients lived had some sparse, mostly old donated decorations and a tree that some night nurse or volunteer had put up a couple of days earlier. Christmastime brought with it an eerie, alien tension to the house. Christmas meant winter. Winter meant TB. The lonesome tree in the corner took on a much more imposing and ominous form given the extra weight of some unnamed illness lurking in the shadows. The longtime resident and early winter’s TB scare, Donny, just returned to his room at the hall, and the last portion of each of the Nurses’ shift meetings included a stern reminder to keep tabs on him, to make sure that his case doesn’t spread, especially due to the recent cold snap. As the temperature shot down week to week, the smoking residents out own the patio steadily dwindled, until only Curly remained, looking for another way to stare down death, I guess. No small attempt for cheer seemed to dull the nervous edge around the hospice. It had been several months, at least my entire stay, in fact, before there was a death among the residents. The Paula, the night nurse, reminded me that we were long overdue, and, once they come, they come in bunches.

The Friday after my shift Mary passed away, apparently not from the TB that had the hospice staff in fits. The diluted explanation that I received was that she had simply lost too much weight this time around for her to withstand, which conjured up a childlike and superstitious image of the poor woman just vanishing into thin air, perhaps simply becoming to small for the staff to notice. Mary was one of the residents that I have never gotten to know on an intense, one “to one level, but she was always present a permanent fixture on the couch in the living room as well as in my own set of feelings about the hospice. Every night, when I arrived for my shift I would turn from the residential corridor into the living room where Mary would be waiting for me, staring at me, judging me, with deep and distrustful eyes. At times she seemed almost accusatory, glaring with
her entire emaciated being curled under a light throw blanket on the corner of the couch, condemning me with her illness and condition, insisting, screaming with her whole self that I had no rightful place in her domain, that I was in violation of her natural state. I don't think that we ever exchanged words, I think I may have attempted a few meek introductions every now and then, but I was already beaten before I spoke, already planning my retreat into the kitchen or the washroom, or wherever I could be useful when I felt I wasn't wanted. As it was, for the first hour of my shift, every shift, the living room clearly belonged to Mary.

The next shift after her passing, I was immediately greeted with a task from the head nurse: I was to do a “final cleaning” of Mary's living quarters. Armed with a spray bottle of 10% bleach, several pairs of latex gloves, and sterile toweles, it was my duty to go into the resident's room and eliminate any trace of Mary. The room itself was bare – all of the possessions had been removed the day before- but the space still had an organic aura to it; I simply could not escape Mary staring at me from the blank bookshelves, the bare bed, and the small empty drawer set- the skeleton of what was recently an active and alive space. My cleaning, my presence, was an intrusion on her person, and with every square inch of newly sterile bedpost or countertop, I was destroying Mary's imprint, a grave crime apparent only to myself and the fading specter. I could not turn away, I could not keep from throwing away all of her that was left. I had to be meticulous. Nothing could be left to chance, each person coming in was as bad off, if not worse than their predecessor, and they too could fall from the contents of one speck of the poor woman perched in perpetual readiness on the couch. Mary had to be gone. In two hours work, she was.

I can't say that I remember the next resident in Mary's room. There are only so many faces you remember, and only so many residents that are well enough to even respond to. The bleach had certainly worked its magic- soon the distinct image of Mary began to fade and blur, the image that is left is as sterile, harmless, and indistinct as the room she left behind. It is very difficult to admit that volunteering at Omega House became easier and more rewarding after Mary, I even feel that I helped more people, reached out more. Paula assured me that these feelings were normal- everyone always felt a odd form of relief whenever a resident that we were uncomfortable with left the hospice. In spite of this, I couldn't help but feel less human, or more ashamed of my own good health now that Mary had left.