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## Doctor Ajaz

by Sue Hitchcock

“Don’t let her get married! Please, Doctor, She shouldn’t do it. For the sake of her daughter, please make sure it will be prevented.”

The woman in front of me was my patient’s mother, a woman over seventy, I guessed. Of course my priority is the welfare of my patient and I had never met her mother face to face before. We had spoken on the phone, when the final stage of the cancer had resulted in my patient being admitted to her local hospital. Over the five years I had been treating her, she had become someone I admired – intelligent, practical and always ready to fight.

The fact that she had a little daughter motivated her and me too. The cancer was our mutual enemy.

Joe, her partner was not the child’s father, but he had loyally accompanied her to most of her consultations and had spent long hours with her during various treatments, most recently the removal of a brain tumour, which unfortunately did not prevent her from losing the use of her legs. The cancer was creeping up her spine.

She decided to go home to her parents’ house, as Joe still had to work and it was from there, at Christmas (which is strangely quite usual) that she was admitted to hospital.

It was then that I phoned her mother. It was crucial to transfer her to St. Georges, where I could treat her. The mother was entirely co-operative, but despite constant urging by both of us, the transfer took two weeks.

On her transfer to St. George’s I met the mother, who, though weeping constantly and clearly perfectly aware of the outcome of the final stage, had something else worrying her.

Of course, my concern is primarily with my patient, and at this stage I can only assume her feelings. She does speak still, sometimes with the authority which she used to have, but not with the understanding. There was a report from her local hospital that she had demanded from a nurse, that a written authority for the attachment of a third arm should be brought. She still insists that it is there – the third arm - and that she can see it.

Therefore I am left with a dilemma as to whether the partner or the mother has her interest at heart. A deathbed marriage is usually arranged only between couples who have lived as man and wife for years, and I would have to agree that the patient was capable of consent and so I reassured the mother that I could in no way do that.

It was the patient's daughter who was the concern of her grandmother, who had taken care of her when her mother was working and later when she was ill. Out of curiosity I checked out the background of the partner. There was nothing specific against him. He had two children of his own, but his ex-wife had taken action to prevent him seeing his own daughter. It proved nothing.

A visit to her home was arranged to see if her last days might be spent there, and later the same day a discussion including my patient was to follow. As we began the meeting, the parents had not arrived. They were late, Joe having come without offering them a lift. Had he hoped to control the situation?

The decision had to be with me with advice from therapists. Only going to a hospice was possible. My patient was obviously upset, but there was no option.

It was unlikely she would live more than a few weeks longer but her daughter would be well cared for in the guardianship of her loving aunt and her grandparents. The grief felt by all concerned, including Joe, was in my mind, but no longer my business.