

Primary Care

(One-act version. About 70 minutes.)

by Bill Monroe

in collaboration with Thomas R. Cole

The Characters

Eliot “Stony” Marcher Nicknamed "Stony," he is a big, ruddy, physical man and chief resident at Jeff Davis. His dominating personality and his sarcastic humor reveal the disillusionment he has experienced in his medical education and almost conceal a boyish vulnerability. The med students are slightly in awe of him and he is known as a peerless and uncanny diagnostician. He wears a Mickey Mouse lapel pin on his "cape," a long white lab coat frayed and split up the back seam. Beneath the lab coat he wears ostrich skin cowboy boots and jeans with a thick leather belt. His brass belt buckle depicts a physician on horseback; the caption reads "Medicine in Texas."

Sybil Dean Riegel A woman, blind, with advanced Alzheimer's disease. Widowed and childless. 90s.

Jolanda “Jo” Winstone A nurse, Anglo-Hispanic, working her way through medical school, currently in her third year. BSN degree. Single. Late 20s.

Dr. Marsha LeMarque Attending physician, faculty member, Internal Medicine, at Jeff Davis, a major teaching hospital. Competent, well-respected, efficient. Somewhat strenuously self-fashioned. Unmarried. 40s.

Wynn Brooks A nurse's aide at Jeff Davis, African-American. Usually works the night shift. Widowed, with five living children. Booker T. Washington High School. 50s.

Margie Dunne Mrs. Riegel's niece. Semi-retired and living in Beaumont. Married, with grown children in Austin and San Antonio. 60s or 70s.

Three residents at Jeff Davis, **Jenn**, second year, 28, **Doug**, fourth year, early 30s, and **Keith**, first year, 26

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Prologue

SETTING: An auditorium.

DATE: April 17, chronologically following the action of Scene 1, which begins on March 15.

NARRATOR

We begin the action with a prologue that occurs on April 17th. We are in an auditorium, as if for a Grand Rounds presentation. STONY stands with his back to us, his arms up and out, like a symphony conductor who has just completed his work. As the last, unheard note dissipates, he waits, turns around to face us as if for applause, and bows from the neck and shoulders. A follow spot illuminates STONY as he addresses the audience.

[See slide 1 in "Images for Staging *Primary Care*"]

STONY

Thank you, ladies and gentlemen. Yes, it is always quite a show here at Jefferson Davis. "Never apologize, never explain — it's a sign of weakness." (Identifying the quotation.) John Wayne, *She Wore a Yellow Ribbon*, 1949. Hey, it worked for the Duke and the British Foreign Office. Why don't we make it our official slogan? (Letting the audience in on something.) You see, everything we do around Jeff Davis is excusable. We talk, talk, talk to disinfect. You recite the case history, give the numbers, and show some slides at the postmortem, and wah-lah: you make death and dying neat and tidy. Toss in an ethics conference, and the whole mess is scoured clean.

Take the Riegel case.

[See slide 2 in "Images for Staging *Primary Care*"]

A lost lady is found somewhere and brought in here with advanced AD—uh, Alzheimer's Disease. She refuses to eat. But since she's demented, they think they've got a right to keep her alive. For one thousand, two hundred, and twenty-five days, they keep going at her, taking blood, running tests, calling in specialists: ophthalmologists, cardiologists, gerontologists. Oh, they may call it practicing medicine, but it's really a sick habit. It finally ended 10 days ago... just 3 years and 3 months too late.

Thirty, forty years ago, when people were ready, we let them die. When Dr. Hart interned over here in the fifties, there were no geriatric ICUs with ventilators and CT scanners. He says you'd bring in a bowl of mush and before you could set it on the tray the roaches were already running for the spot. Yeah, it was disgusting, but at least it was honest. The patients didn't want to eat, and the roaches were hungry. (Thinking of an example.) OK, after Bobby Kennedy died, the old patriarch, who'd already lost two sons, he, what's the phrase, "refused nourishment." Sirhan shot the senator in June and Joe Kennedy Senior was dead by Halloween. Nowadays we'd put a tube in his nose and keep him alive with Ultra Slim Fast so he could stick around long enough to be told that John John had crashed into the wine-dark sea.

They want you to think it's about compassion. (Shaking his head.) No matter what the situation, it's actually about control. We can make them live, so we do. (Reveling in his ability.) I can take a 1-pound lungless neonate and three months later you've got yourself a bouncing baby boy. Grangerford—Lord rest the soul of the good doctor—would stand up here and expound on the heroics of his geriatric team when they "saved" some played-out wino. Everybody would applaud the good work of the Grangerford unit. But nobody had the guts to ask, Why. "Why save a man who's been trying to slip out of this world for two score and ten. Why not just let him go?"

Of course people don't want to hear this. Yeah, it'd be nice if we could all Hoover the crap the marketing people dish up. "Since 1939....We're here, because we care." There will always be feces, however, and it must be disposed of oh so carefully. Stony's rule number one: the shit always runs downhill. That's why hospitals need shitflow committees: so nobody sees it and none of it gets on the higher-ups. Those of us near the bottom — the residents and third years, the LVNs and aides—we do the work, while they take the credit, and the big money, and present their research at some five-star hotel in Vegas or Miami Beach. Yeah, we burnout, some sooner than others. Because they control our lives. And not just the higher-ups. Scutmonkeys like us are "on call" for anybody who's got enough strength to push the red button clipped to the bedsheet.

[See slide 3 in "Images for Staging *Primary Care*"]

Case in point: the other night I draw the black bean and have to work 11 to 7. Some guy's out on the town, comes in drunk, wants a little piece of his old lady. She says no, he says yes, she starts to fight, he beats her up and rapes her. He's sound asleep, she gets up, goes in the kitchen, strikes a match, lights the stove, and puts some water on to boil. No, she's not fixing to have herself a cup of English Breakfast tea. Fifteen minutes later she's standing up in the bed with an oven mitt and a cast iron kettle pouring smoking water on this SOB's pecker. So at three in the morning I've got to leave some kid in the ICU to come downstairs and tend to this crab boil.

I mean, the only way to deal is zone out. You can klep from the drug cabinet, check yourself into the Stress Center, or you can make a separate space with your buckeroos.

[See slide 4 in "Images for Staging *Primary Care*"]

And the hospital hypocrites can't do anything about it. Oh, we'll say "yes, ma'am" and "yes, suh" to the higher-ups, but when we get amongst ourselves, we cut the crap. Stony's rule number two: Ventilate to survive. It takes some tenacious truth to withstand the insanity. We use our own code: "the argot of the resident subculture," the psychobabs call it. "What's wrong with that guy?" "Looks like another case of PPP." PPP is epidemic at JD. Shorthand for piss-poor protoplasm, a diagnostic term for the train wrecks we get in here. OTD—"Out-the-door"—and GOMER: "Get Out My Emergency Room."

(Picking up on the previous story.)

OK, when the Oxy wears off [See slide 5 in "Images for Staging *Primary Care*"] this guy—the one with the red-hot johnson—he takes one look at his girded loins, recalls the events of the previous evening, and wants to go make it up to his old lady. He starts screaming about how this ain't Russia, and he has a right to a drink if he wants one, and we can't keep him against his will. So the nurse calls me at 5:45 and I have to come down again, only this time it's for an AMA/AMF discharge. AMA: "Against Medical Advice." "AMF?": "A-dee-os, muth ... my friend."

(His cellphone sounds.)

Sorry. Gotta run. Another father-raper needs my undivided attention.

Scene 1

[See slide 6 in "Images for Staging *Primary Care*"]

SETTING: March 15, noon. A month before the prologue. Mrs. Riegel's room.

STONY

(Responding to some ongoing concern.)

Jo-Jo, you're gonna make it. Forget about comps for a minute and help me get this tube back in.

JO

I've never done an NG tube.

STONY

Nothing to it. See one, do one, teach one. Let's get her hands in the restraints.

JO

Restraints? There's nothing about restraints in the chart.

STONY

Gale started using them when the aide went on vacation. Now we don't get 3:00 a.m. calls from the Geriatric wing to put this damn tube back in.

(They each take a wrist and tie it to the bed rail.)

OK, now try to keep her head still.

JO

This seems weird, Stony.

STONY

Have you got her?

JO

I don't want to hurt her.

(STONY and JO try to force the NG tube through Mrs. Riegel's nose into her stomach, without success, while MRS. RIEGEL squirms and struggles.)

STONY

"Hold her, Newt, she's rarin'." You want to sing something for us, Hun? Here we go, now. Chord to this now, heah. *Doe, doe, doe.*

(To JO.)

You know "The Old Rugged Cross"? Come on, Jo, don't you ever go to church? OK, I know, "Amazing Grace." That's right. *Doe doe, doe doe, doe doe, doe doe.* Easy. Easy. Got it in!

(They step back from the wheelchair or bed.)

JO

I guess the singing calms her down.

STONY

You do whatever it takes. You want to go far around here, just do what I do.

JO

LOL. I don't need a formal reprimand in my file.

STONY

How about a highly desirable residency in the city of your choice?

JO

I'd settle for a decent case for my clerkship.

STONY

Case? You mean that ethics crap? Don't worry about the touchy-feelies—

JO

Dr. Grangerford said—

STONY

Dr. Grangerford. He dead.

JO

You *need* recommendations.

STONY

Stony's rule number seven: Don't suck up to the psychobabs. You've got it and they don't. "Watch me, Tess. Learn from me." (Jo doesn't get it—shaking her head.) *Working Girl*, 1988, come on.

(Looking at Mrs. Riegel.) It won't be long now, Hun.

JO

You've been saying that for over a month.

STONY

Things move slower in the "Slough of Despond." Patience, my dear.

JO

But my write-up is due next week.

STONY

No worries, you'll have time. (Looking away and pausing to let this soak in). The case conference is this afternoon.

JO

(Scoffing in disbelief.)

You're kidding, Stony. You *are* kidding, right?

STONY:

Do I detect anxiety in my protégée?

JO

With LeMarque? Today? Goddammit, Stony, why didn't you call me, or text me?

STONY

Because I'm still dating Kathleen.

JO

You asshole. You know what I mean.

STONY

(Trying to calm her down.)

Look, Jo, I just found out myself. Since we're kind of in a hurry to, ah, terminate this case, I thought expedited scheduling might be in order.

JO

But what about my preparation. There's no way I can be ready.

STONY

Don't worry. I'll back you up. Look, Jo, it's a win-win situation. You get your case, we get our lives back.

JO

This sucks.

(Reluctantly accepting the inevitable.)

OK. OK. Just tell me what to do.

STONY

Compliance. That's what I like in my patients—

JO

and your women. Yeah, I've heard.

(Picking up the chart, still stewing over the turn of events.)

STONY

OK, here's the drill. First we get Gale to top her off, then we go over to LeMarque's office in Old Red for the conference.

JO

What about the aide?

STONY

What about her?

JO

She's got to be there, right?

STONY

"St. Bernadette" thinks case conferences are bogus from the get-go. She doesn't trust "Ds."

JO

Ds?

STONY

MDs, PhDs, Any kind of Ds. She's been here 25 years and she's still a Nurse's Aide Level II.

JO

But she's designated on the chart as the primary caregiver.

STONY

Was. She's not around. Took a leave last week. Says, "I be sittin' for a lady for a couple of days."

JO

She moonlights as a sitter?

STONY

She does it off and on when "somebody be about to pass." We've got to move on this before she gets back. She'd start her "Live, live!" exhortations and we'd never get anything decided.

JO

So who can we get to be there?

STONY

You.

JO

Me? Wait a minute. I'm not —

STONY

Sure. Somebody decided that we have to have a nurse or an aide present at every Ethics conference. Very democratic and egalitarian. There's so many bleeding hearts around here it's a wonder we're not all HIV-positive.

JO

But, Stony, I'm a med student, remember?

STONY

You're also an RN. Remember?

JO

Not for long.

STONY

You can be a primary caregiver for a few more days.

JO

Look, I didn't come to med school to be a nurse.

STONY

It'll be worth it if we can get this one OTD. Come on. As a favor to the staff. Please.

JO

Oh God, all right. But I'm not going to like it. (She goes over to the bed, glances at Mrs. Riegel. Pulling her attention away, trying to move on.) So, Dr. Marcher, what's this I hear about your heroics in the pediatric ICU?

STONY

Which ones?

JO

You know. Everybody's talking about how you came in and saved that little baby in the hot dog stand.

STONY

They had a scalp line in, but it was crying so hard the IV backed up. They didn't flush it out and it clotted off.

JO

I heard she was seizing by the time you got there.

STONY

Totally dehydrated.

JO

So you did a cut down and saved the day.

STONY

Comes with the territory, ma'am.

(There is an electronic ringtone from STONY's cell phone.)

JO

"Calling Dick Tracy." Are you wanted for another act of derring-do?

STONY

No doubt.

(He takes out his phone and speaks into it like a microphone.)

What? Spill it...Jesus wept. Isn't there anybody over there who can handle a needle? All righty then. Yeah, I'm on my way.

(Puts away the device.)

Let's swing by there before we go see LeMarque.

JO

It won't make us late?

STONY

No, it'll take maybe 30 seconds. I can show you what a bunch of bozos I've got in the Pediatric ICU. Come on—it'll make you feel better to observe these helpless scutmonkeys in their natural habitat.

(They walk out of the room together.)

Scene 2

SETTING: An hour later. Dr. LeMarque's office.

AT RISE: Dr. MARSHA LEMARQUE is at her desk trying to dictate Mrs. Riegel's case.

LEMARQUE

90-year-old white female presented...How long ago did she come here?

(She is nervous, looking in drawers for some records.)

Where is that file?

(She pulls out a drawer and sees what she needs.)

Bingo.

(She takes out an old pack of cigarettes, succumbing to a craving. She enjoys a few puffs.)

Now where is that file?

(She finds it, removes it.)

(She hears a knock at the door, and hurriedly pulls open a drawer, stubs out the cigarette, and brings out an aerosol can of generic hospital air freshener, which she sprays wildly around the room.)

I'll be with you in a minute.

(In one motion she returns the can to the drawer, slams it shut, and waves the deodorizer mist away from her face before telling Stony and Jo to come in.)

(Rather short.)

Come in.

STONY

Excuse me. Dr. LeMarque?

LEMARQUE

Hello, Dr. Marcher. Ms. Winstone.

(Embarrassed by the possibility that Stony and Jo can smell her cigarette smoke, she strides around to the front of her desk and grabs her lab coat.)

Let's get over to the conference room.

STONY

Well, not actually. The nurse's aide can't come, and I told Gale that we would be in your office.

LEMARQUE

Good.

(Marching back to her chair.)

Then we'll just wait until she arrives.

STONY

We probably ought to get started.

(Looking at JO.)

Gale was going to feed the patient after we left.

LEMARQUE

Feed her?

STONY

You know, with the NG tube.

LEMARQUE

Oh yes, of course. All right, then. Why don't you present the case, Dr. Marcher, and we'll just take it from there.

STONY

Sure. Mrs. Sybil Dean Riegel, a 90-year-old white female, was brought by ambulance to the Jeff Davis ER three years ago. She was disoriented times three and had no ID. There was a fracture of the right hip; an operation was performed and was successful. Three weeks post-op the patient was transferred to extended care, where she remains today. A DNR has been placed, and the patient continues the classic downward curve characteristic of AD.

LEMARQUE

Thank you, Dr. Marcher. Uh, Ms. Winstone, what other information do we have on her current status?

JO

BP 112/60. White count 9700, hemoglobin 12.4, hematocrit 37.

LEMARQUE

Nutrition?

JO

Via NG tube: 1300-1500 calories Osmolite, multiple vitamins, zinc, and iron. Patient's weight has fluctuated, initially gaining, then stable, recently losing, now stable again.

LEMARQUE

Physical findings?

JO

(Emotionless, just the facts.)

Her physical exam is unremarkable, lungs are clear, no heart murmur, no tender abdomen, no palpable masses, negative rectal exam, warm dry skin with no breakdown.

LEMARQUE

Extremities?

JO

Good pulses. No edema. Marked muscle wasting and slight flexion contractures of knees and elbows.

LEMARQUE

(After a pause.)

The hip?

JO

Oh yes. A Dawson-Moore prosthesis placed three years ago.

LEMARQUE

(Summing up her questioning.)

And neurological?

JO

Extreme dementia, inability to follow commands, blindness, global confusion...otherwise, unremarkable.

LEMARQUE

Fine, Ms. Winstone. Very good. Dr. Marcher, anything else?

STONY

Incontinent of urine and stool.

LEMARQUE

Family situation?

STONY

Widowed and childless. And now impoverished.

LEMARQUE

Good. I think we covered just about everything. Now—

(Picking up the chart.)

What about what's-her-name, the aide? Will she have anything to add?

STONY

She had something come up. "Personal business."

LEMARQUE

Then I guess we'll have to wait for Gale.

STONY

Jolanda can represent the nurses' point of view.

LEMARQUE

That's right, Jolanda, you're still a nurse. Is your license current?

JO

I still work weekends when I can, Dr. LeMarque.

LEMARQUE

You're aware that new hospital policy requires that a primary caregiver be present during these conferences?

JO

Yes I am.

LEMARQUE

And you feel comfortable with that?

JO

Yes.

LEMARQUE

Good. Then we'll just proceed. Does she, in your opinion, want the tube out?

JO

She does say, "Out, out."

LEMARQUE

Any other verbalizing?

STONY

She mumbles something about wanting to go be with Jesus.

LEMARQUE

I see. Does she still pull the tube out?

JO

(She looks at STONY.)

Not anymore, no.

STONY

They've recently started using restraints.

LEMARQUE

Oh really? Why, why weren't they used before?

STONY

Dr. Grangerford didn't believe in restraints. But since he died the staff has started using them on his old patients. And now...something is supposed to be decided.

LEMARQUE

What about the aide?

(No answer.)

It would be good to have her input.

STONY

With all due respect, it would be better to get something decided, Dr. LeMarque. I mean, we're going nowhere with this case. And Jeff Davis doesn't have the resources. (Stony's phone sounds. He pulls it out of his lab coat and glances at it, turns it off, puts it back in a pocket.)

LEMARQUE

Do you need to take that?

STONY

They'll wait.

JO

Isn't this kind of unusual, Dr. LeMarque—an Alzheimer's patient with an NG tube...

LEMARQUE

There were three—

STONY

Four, counting that Black man who died in March.

LEMARQUE

Right. Four.

JO

All ADs?

LEMARQUE

Yes. But this is the only tube.

JO

Do we know when it was last evaluated?

LEMARQUE

I'm not certain it has been. Dr. Grangerford wasn't there for us to ask questions.
(Musing.) The wrist restraints are something new.

STONY

(Takes a quick glance at Jo.)

Maybe we could remove the restraints—wouldn't that be consistent with policy?

LEMARQUE

But then she'd pull the tube out.

STONY

Maybe. Maybe not. But she ought to be weaned off the tube anyway.

LEMARQUE

Yes, but Stony, it's been two years—almost three now. She's forgotten how to eat, how to swallow.

STONY

People get it back. And, even if she doesn't eat again—maybe that's her decision.

LEMARQUE

But we don't know what the patient's wishes would be, if—

STONY

We do know that there's a natural course of events—if we stop the intervention.

LEMARQUE

Somebody down there left a message on my phone mail. She wanted to try a baby bottle.

STONY

It's Wynn Brooks.

LEMARQUE

She didn't sound particularly bright.

STONY

She's not bright—in any sense of the word.

LEMARQUE

Incompetent?

STONY

More like noncompliant.

(Looking for reinforcement.)

Jo, you know how she is.

JO

It's true. She's infamous among the med students.

STONY

You tell her to do something, she'll do everything but, then disappear.

JO

Unless *she* thinks it's a good idea.

STONY

Always knows what's best for her patients.

LEMARQUE

Why don't I know this Mrs. Brooks?

STONY

She's around. Kind of a short, fat lady? Goes in and out of the patients' rooms singing under her breath.

LEMARQUE

I can't place her.

STONY

Remember the hassle last year with Mr. Moody's heirs?

LEMARQUE

So that was her.

STONY

Yep. She was the cause of that whole thing.

LEMARQUE

Isn't she supposed to have some kind of special relationship with this patient?

STONY

She thinks she has a special relationship with every patient, like she's related to the whole damn world. Everybody's family—except the medical staff.

LEMARQUE

She's not a team player?

JO

She did come up with that baby bottle idea.

STONY

Come on, Jo. A bottle is no better than a tube.

LEMARQUE

Technically, a bottle could be a possibility.

STONY

But it's already been tried. And it didn't work.

LEMARQUE

Right. Gale said she wouldn't take the nipple.

STONY

Would you, if you were her?

LEMARQUE

Probably not. As a physician—

STONY

Of course not. It's like reverting to infancy.

(Turning.)

What about you, Jo?

JO

Well—

STONY

I mean, here's this woman, this elderly woman, who's had a family and dignity. And now they want to take away your independence and autonomy. You're tied down, you're humiliated. You're wearing diapers.

JO

I probably wouldn't want to go on in that way. The dependency...

(She is at a loss.)

STONY

So, we're agreed?

(He looks, first at JO, then at LEMARQUE.)

JO

(Avoiding the question, to LEMARQUE.)

What's the family member going to say?

LEMARQUE

That I don't know. She seemed indecisive over the phone.

STONY

She'll go along with what the doctor says—you know she will.

LEMARQUE

Unfortunately, there's no power of attorney. Maybe something can be worked out.

JO

When is the conference?

LEMARQUE

Eight o'clock...She's driving over from Beaumont.

Scene 3

SETTING: 10 minutes later, the Residents' Lounge.

AT RISE: DOUG, JENN, and KEITH, three resident physicians in their late 20's or early 30's, are seated in the sterile chairs characteristic of vending machine snack bars. They are joined by STONY and JO. DOUG, a fourth-year resident, is married, as is JENN. KEITH is single, a first-year resident, and anxious to be included as one of the group. They are exchanging the crude banter characteristic of the "resident subculture" of a large, urban, teaching hospital.

STONY

You guys don't mind if I bring Jo in for a second, do you. It looks like we're finally going to get Ree-gull OTD. Jo Winstone, meet the Dream Team.

KEITH

Hi.

JO

"The Dream Team"?

DOUG

AKA the God Squad. We just play doctor.

KEITH

So, what's the story on the Riegel case?

STONY

"Waiting for Godot."

JENN

Riegel? Is that the AD with the tube?

STONY

You got it.

(To Jo.)

You did OK in there, Jo. Whatcha drinking, babe?

JO

Just a Coke would be fine.

STONY

(Greek accent.)

"No coke, just pecsi." (No response. He looks around at the group.) "Cheeseburger, cheeseburger?" Come on, doesn't anybody [watch SNL](#) anymore?

KEITH

Oh right! (Laughs a little too hard.)

JO

(Jo realizes that this is a club and that as a mere medical student she is not a member. Stony hands her a Diet Pepsi.)

Thanks.

DOUG

How'd you end up with the tube?

STONY

I've wondered that myself. It must be fate

JENN

Or a tragic flaw.

KEITH

What about you, Jo. What's in it for you.

JO

It's my Ethics Case.

JENN

Something new?

STONY

It's the death and dying stuff they cooked up for the new third-years.

KEITH (To Jo.)

So what's the verdict, Judge Judy? (He snorts at his own joke.)

STONY (Intervening and protecting.)

I told Jo that we ought to untie the old lady and let her pull the tube out.

JENN

Then what?

STONY

Then we offer her an Egg McMuffin and call the morgue.

(The group laughs.)

JENN (Sarcastically.)

Love it when you talk dirty.

KEITH

He's right, though. I mean, that superannuated babe has been circling the drain for—how long's it been?

DOUG

Three years. I had her when I interned under Grangerford. How much longer do you think she'll last?

STONY

(Stony takes a spiral book on medical therapies out of his white coat pocket; in a German accent.)

As I estimate the caloric and mineral requirements, it shouldn't take more than...about a week.

KEITH

(Directing his Spanish at Jo.)

Maybe less without agua, right?

JENN

(In disbelief.)

Why'd they tube her in the first place?

DOUG

Some nurse said that she came from the ER that way. Found her over on Dowling with a dachshund. She got agitated and wandered off.

JO

Sundown Syndrome?

STONY

Yeah, her little dog took her out for a walk and she broke her hip. No ID when she came in. Disoriented, incontinent—but the doggie did his doo-doo in the right place.

DOUG

(Mock sadness.)

That's right. She was lost and nobody knew who she was.

STONY

Except they traced the rabies tag and the vet gave them her name.

JENN

No family.

DOUG

A husband, but he was non compos, too.

STONY

Not any more.

(They look at him.)

Dead.

JENN AND KEITH

(In unison.)

Cancer?

STONY

Hung himself last December.

DOUG

Right. After Grangerford did the tuna.

JO

The tuna?

STONY

You know when you go deep-sea fishing?

JO

Not really.

KEITH

(Trying to impress.)

Well, if you catch a tuna, they flip and flop around, and gasp for breath, and make a big mess of your boat.

STONY

But Grangerford was post-tuna by the time they got him to the ER.

DOUG

Aneurysms can be such a blessing.

JENN

And good, clean suicides.

STONY

What would we do without seasonal depression?

KEITH

This place would be overrun with GOMERs.

DOUG

The ER does get some nice corpses at Christmas time.

(Sounds of "Oooh!" "You are too wicked.")

STONY

It *is* a wonderful life!

(General murmurs of ironic assent: "couldn't be better," "incredibly cool," "absolutely perfect," or whatever.)

Scene 4

SETTING: Early evening, same day. Mrs. Riegel's room.

AT RISE: Night nurse's aide, MRS. WYNN BROOKS, comes into Mrs. Riegel's room humming "Just a Closer Walk with Thee."

MRS. BROOKS

Miz. Riegel? Miz Sybil Dean Riegel? How are you doing tonight, Sybil Dean?

(Pauses.)

Fine, thank you.

(Pulls up a chair.)

I guess you know I been gone for a few days takin' care of Mr. Benjamin. They carried him home this morning. He sure did look fine. Now, Miz Sybil? How 'bout you? Can you squeeze my hand?

(Pause.)

Good. That's real good. Not too hard now, Sybil Dean. I got to bathe you after while. I know that Gale didn't give you a proper bath the whole time I was gone. I swear, I don't know what would happen to you if I wasn't here. You never would get your mouth cleaned and your back warshed.

(Goes to the table and opens a glycerin swab.)

I know you don't like this, but we got to keep your lips moist and your gums clean, don't we.

(Mrs. Brooks swabs Mrs. Riegel's mouth while Mrs. Riegel shakes her head gently from side to side.)

I swear, you're just as bad as that little grandbaby of mine. She be bobbin' and dodgin' around just like you.

(Throws the swab away.)

You feel like singin' tonight? How 'bout "Were You There?" No, that's too glum. I feel good tonight, my Ezra done got out of jail. They said he didn't have nothin' to do with that mess. Let's sing "Amazing Grace." Here we go now.

(She begins to hum. Mrs. Riegel begins to hum with her.)

"That saved a wretch like me. I once was lost but now I'm found, was blind but now I see." All right. That sho make me feel better. How 'bout you.

(Looks at her.)

Don't you start that "Out, Out" stuff with me, Sybil Dean. I know you want that old tube out, 'specially this time of day, but we can't let you do that just yet. Now you set still 'till I can get back here with your supper.

(She goes out of the room humming "Amazing Grace.")

(LEMARQUE enters Mrs. Riegel's room shortly after MRS. BROOKS goes out and tries to interact with the patient.)

LEMARQUE

Hello, Mrs. Riegel. My name is Dr. LeMarque. How are we feeling tonight? How is your nasogastric tube. Any pain inside of the nose?

(Moves the tube around to get a better look into Mrs. Riegel's nostrils.)

It looks like that mucous breakdown is healing nicely.

(Mrs. Riegel begins to groan. LeMarque draws back her hand.)

Does that hurt you?

(LEMARQUE pats the patient's arm, restrained at the wrist. Leans over to hear.)

You want out? Out of the bed? No, you need your rest this evening. Maybe we can get you up tomorrow.

(She gets the chart and returns to the bedside to make some notes. MRS. RIEGEL becomes more agitated, reaches for the nasogastric tube, and knocks a pen out of LEMARQUE's hand.)

Oh, you mean you want the tube out.

(LEMARQUE gropes through the patient's clothes and blankets for the pen.)

Yes, of course. You don't like it, do you?

(Finds the pen and steps away from the bed. MRS. RIEGEL becomes more agitated, pulling against the restraints.)

Please calm down, Mrs. Riegel. I'll get the nurse in here for you. I'm sorry we can't release the restraints just yet.

(Fixing and fastening them. As she does so, her cellphone goes off loudly. She is startled and shuts it off.)

Well, I've got to be going now. You rest and we'll check in later.

(She goes out. MRS. BROOKS comes in shortly after LEMARQUE leaves.)

MRS. BROOKS

Well...That wasn't too long to wait now was it? Here's your supper and your dessert.

(She hangs a bag of formula.)

One of these days I'm going to try a bottle on you. I bet you could learn to like it if you just give it a chance. We could eat and sing all night long—have us a Easter party. We just got to find a way to get a piece of ham and some black-eyed peas through a nipple.

(Laughs and hums “Just a Closer Walk with Thee.”)

Scene 5

SETTING: A hospital room, 8:15 in the evening.

AT RISE: MARSHA LEMARQUE and MRS. DUNNE approach the bed of the patient.

LEMARQUE

(Half-blocking MRS. DUNNE's access to MRS. RIEGEL.)

Now, Mrs. Dunne, this is not going to be easy. Your aunt has been through a lot, and she may not know you. Are you sure you're all right?

MRS. DUNNE

Yes, doctor.

LEMARQUE

Let's go in, then.

(LEMARQUE and MRS. DUNNE approach MRS. RIEGEL's bed.)

MRS. DUNNE

Aunt Meem? Aunt Meem? It's Margie. Margie Dunne. Doctor, is she all right? She's so white, so old-looking . . .

LEMARQUE

It's OK, Mrs. Dunne. Your aunt seems to be resting comfortably.

MRS. DUNNE

But that tube, doctor, going into her nose like that. How can she rest with that tube.

(MRS. RIEGEL starts to stir and tries to pull the tube out.)

MRS. DUNNE

(Noticing the restraints on her aunt's wrists.)

She's tied down!

MRS. RIEGEL

Owww...Owww...

MRS. DUNNE

What's she saying, doctor. What's the matter.

LEMARQUE

I think she's saying, "Out, out." It's the tube.

MRS. DUNNE

Aunt Meem? Aunt Meem? It's Margie. Your niece, Margie Dunne. Don't you remember me, Aunt Meem? Look at her eyes, doctor: she's not showing anything.

LEMARQUE

I thought you knew...your aunt lost her sight about three years ago.

MRS. DUNNE

She's blind?

LEMARQUE

Yes, I'm afraid so—it was glaucoma, according to Dr. Grangerford's notes.

MRS. RIEGEL

(Reaches for the tube again.)

Oww...Woww...Oww.

MRS. DUNNE

She's just tied there—like an animal.

LEMARQUE

Mrs. Dunne, I know this must be a shock for you. But we had to see her. We had to see her so that you would know exactly what her condition is.

MRS. DUNNE

I thought I could do this, doctor, but...I didn't know that she'd be...I didn't know about the plastic tube and all.

LEMARQUE

Please, come sit down, Mrs. Dunne.

(She sits.)

MRS. DUNNE

How long...

LEMARQUE

(Walks to the side of MRS. RIEGEL's bed where there is a nightstand.)

About three years.

MRS. DUNNE

Three years? To have...to be...like that.

LEMARQUE

(Pours MRS. DUNNE a cup of water from a plastic container on the nightstand, returns and hands it to her. She sits down beside MRS. DUNNE.)

MRS. DUNNE

Thank you, doctor.

LEMARQUE

That's why we need to discuss our options.

MRS. DUNNE

Our options?

LEMARQUE

We need to reach some kind of decision about your aunt's care.

MRS. DUNNE

Oh.

(Looking over at her aunt.)

I see.

LEMARQUE

Dr. Grangerford—he didn't really indicate how to proceed.

MRS. DUNNE

Oh, yes, Dr. Grangerford. He called me once. He was so kind—he must have been a fine doctor.

LEMARQUE

Yes. But unfortunately he didn't indicate what he wanted to do.

MRS. DUNNE

Oh I'm sure Dr. Grangerford would have done everything possible.

LEMARQUE

I'm sure he did, Mrs. Dunne. But you see, when I agreed to take your aunt, I thought there was something we could do for her. But now...

MRS. DUNNE

She's not getting any better, is she?

LEMARQUE

No.

(Stands, walks over, and picks up the chart.)

You see, these patients can't speak for themselves. Your aunt can't say what she would have wanted. And without some guidance, some idea...

(Turning to face MRS. DUNNE.)

Did you ever have any conversation with your aunt about life support, a living will, anything like that?

MRS. DUNNE

No, I don't think so.

LEMARQUE

You see, she keeps pulling out her tube, as if she doesn't want to be fed.

MRS. DUNNE

(A slight accusation.)

Maybe she doesn't like the way it feels in her nose.

LEMARQUE

Well, there was a problem with the first tube. We had some breakdown. But without a tube...well, sufficient caloric intake would be difficult to maintain. Signs of malnutrition and dehydration would eventually develop, and then, without the initiation of extraordinary procedures, some opportunistic infection...

MRS DUNNE

She'd die.

LEMARQUE

Well, yes.

MRS DUNNE

(Looking over at her aunt.)

She'd starve, wouldn't she?

LEMARQUE

(Pauses to regroup.)

You see, we were hoping that you could help, since you're the only living relative.

MRS. DUNNE

(Feeling boxed in.)

But, doctor, I'm not the one to...I'm not the legal guardian.

LEMARQUE

Well, the trust officer at the bank...

MRS. DUNNE

That's right. Miss Pilot handles all these matters.

LEMARQUE

Legal and financial matters, yes. But our protocol calls for the inclusion of a family member, someone with that kind of relationship to the patient. Miss Pilot has made it clear that she cannot make medical decisions. It's not her place.

MRS. DUNNE

It's not my place, either, doctor.

LEMARQUE

Please don't be alarmed Mrs. Dunne.

MRS. DUNNE

We've just tried to stay out of it, completely. Uncle Bob was alive, so there was no reason...and then, when we came over for the funeral, my husband said we had our own problems, that there was nothing we could do.

LEMARQUE

I understand, and I am really sorry this is falling on you.

(Under her breath or as an aside.)

On either one of us.

MRS. DUNNE

(Not really hearing, still upset.)

I've only seen Aunt Meem maybe three or four times in the last 15 years. She came to my mother's funeral. And then we used to send Christmas cards and all, but we just never got over here to see them.

LEMARQUE

I know this must seem sudden, but we really do need to make a decision. The tube's been in much too long.

MRS. DUNNE

(Looking over at her aunt again.)

I don't know. With the restraints and all—it's just such a horrible way to end your life.

LEMARQUE

We have considered an operation.

MRS. DUNNE

An operation?

LEMARQUE

Yes. We could try a gastrointestinal tube.

MRS. DUNNE

Isn't that a gastro...tube.

LEMARQUE

No, this would be a tube going directly through the stomach wall. A surgical procedure.

MRS. DUNNE

Oh, no, doctor. No more surgery. She wouldn't want that, I'm sure of it.

LEMARQUE

Well, Dr. Grangerford did try a bottle with formula.

MRS. DUNNE

A baby bottle?

LEMARQUE

She wouldn't take the nipple, according to the chart.

MRS. DUNNE

(Laughing a little and shaking her head.)

I'm not a bit surprised. You never knew my aunt, doctor, but she was a very special kind of person—very aware of her appearance and all. She wouldn't want to be treated like a...to be fed like an infant.

LEMARQUE

See, this is the kind of information that we need to make an appropriate decision. What else can you tell me about your aunt?

MRS. DUNNE

Well—wait a minute. I grabbed some old pictures before I left this morning.

(MRS. DUNNE reaches to retrieve some photographs in her purse. During the succeeding dialogue, family snapshots of Mrs. Riegel and her family are projected. While MRS. DUNNE is fumbling in her purse, JO comes up, looks over at Mrs. Riegel, and then hesitantly knocks on the open door.)

JO

Dr. LeMarque?

LEMARQUE

Jolanda. Still at work?

JO

I guess I should have asked earlier. But, I was wondering if I could sit in on the...conference.

LEMARQUE

Well, that would be up to Mrs. Dunne. Mrs. Dunne, this is Jolanda Winstone. She's one of our best junior medical students.

MRS. DUNNE

Hello, doctor. I'm very glad to meet you.

JO

Hello, Mrs. Dunne. Just call me Jo.

MRS. DUNNE

Have you been taking care of Aunt Meem?

JO

Well, not exactly. But I have looked in on your aunt several times.

MRS. DUNNE

Well, it would be a great help to me...I just don't know what to do.

LEMARQUE

That's what this conference is for, Mrs. Dunne. Jolanda, Mrs. Dunne was just about to provide the family background.

MRS. DUNNE

Yes, I brought these pictures. I thought maybe they might be helpful for you all. You've all been so nice. Taking an interest in Aunt Meem, and all.

(Here, and as she recalls the memories of her aunt, MRS. DUNNE seems to be in a different, less stressed, state of mind. The lights go down and become warmer to indicate a change of mood and to make the slides more visible.)

MRS. DUNNE

You see, Aunt Meem was the youngest—it was a big Catholic family then. My mamma and daddy went back to live at the old home where she was still staying with my grandmother.

[See slide 7 in "Images for Staging *Primary Care*"]

You know, in that day and time there were big houses, and families would live together. Aunt Meem was twenty-two when I was born. (Shows picture to LEMARQUE.)

[See slide 8 in "Images for Staging *Primary Care*"]

She bobbed her hair then. It was the first and only time, but she always had to be in fashion, that's what mama always said. I remember she wore earbobs, she called them.

[See slide 9 in "Images for Staging *Primary Care*"]

She used to let me try on her things.

JO

(Looking at a photograph.)

[See slide 10 in "Images for Staging *Primary Care*"]

Was she married then?

MRS. DUNNE

No, not then, not till much later. Aunt Meem had to run the boarding house for my grandmother after she got too old. It was right over on Fannin. It used to be such a nice big house, with lots of people around—that's how I remember it. I guess they tore it down for some reason. There's one of those boxy-looking savings and loans there now, all boarded up. I drove by it on the way over here. Had to go by the street numbers everything looked so different.

JO

Is that her husband?

[See slide 11 in "Images for Staging *Primary Care*"]

MRS. DUNNE

Yes, that's Uncle Bob. He was one of the boarders in the house before my grandmother died. From Canada, a real fine carpenter. Came over from Germany originally, but Mama always said "Canadian." He was always building things for me—you know, doll houses and little churches and things. And Aunt Meem—she just doted on me when I was a little girl. She was like a mother to me...until we moved away. Mama never said, but I don't think Aunt Meem and Uncle Bob could get married until after Grandma Partlow died. It was a mixed marriage, you know, because of the different religious backgrounds.

LEMARQUE

Did your aunt have strong religious beliefs?

MRS. DUNNE

Well, my husband and I don't get to church much any more. But, I think that Aunt Meem, well, I just remember how beautiful she used to look when she would dress up and take us to Mass.

(JO puts down the note pad, gets up and goes over to MRS. RIEGEL. She starts attending to the patient, checking her pulse, making her comfortable. JO continues to listen and pay attention to the conversation.)

MRS. DUNNE

But she was always taking me places with her and Uncle Bob. We'd go down to the Ferris wheel they used to have, they had what they called the Derby—and we'd ride on that. [See slide 12 in "Images for Staging *Primary Care*"] And there was fabulous ice cream places. We would go and get Dardenella—I think it had a little brandy in it. And Grandma Partlow used to make blackberry wine and made the most wonderful fruit cakes and the best fish chowder and coconut cake you ever tasted. And they had lovely furniture, lovely old velvet furniture, a lot of cherry wood. You can't even buy furniture like that now. They had some

furniture so ornate that they gave a bedroom suite, a big armoire with carved legs and all, to the Bishop's Palace on Broadway.

[See slide 13 in "Images for Staging *Primary Care*"]

JO

My grandmother in Corpus has some big brown furniture like that.

LEMARQUE

Let's get back to your aunt's religious views, Mrs. Dunne. Did she...go to church a lot?

MRS. DUNNE

Oh yes, she never missed. And when I would go down there to visit her before I got married, which was quite a few years ago—I've been married 48, going on 49 years—we would go to Mass, and then go down to the seawall and ride a bicycle.

[See slide 14 in "Images for Staging *Primary Care*"]

Aunt Meem, Uncle Bob, and I, we'd rent bicycles from someplace down there on the boulevard. And then we'd just go to all sorts of different places and then have a big fish dinner. But then, like I say, we all began to live our different lives and so forth, and we didn't get back much. It was sort of sad—when I'd go and we didn't have anything to talk about.

JO

Was she maybe frustrated—or upset about something?

MRS. DUNNE

Oh, no. It's just that, you know, she wasn't right. She would run off—she was wanting to go home, she said. She would get her little dog—she loved her dog.

[See slide 15 in "Images for Staging *Primary Care*"]

She loved animals—and just start out. She'd say, "Come on, Cleo, time for us to be going home to our house." And then she'd start saying goodbye to *us*, like she was going to leave. I think she wanted to go back to the old home place.

LEMARQUE

Your aunt was confused about her whereabouts?

MRS. DUNNE

Oh, yes. After my mother died, well, Aunt Meem started to wander.

[See slide 16 in "Images for Staging *Primary Care*"]

Uncle Bob found an apartment that was easier on him. He liked to putter around the old place, but he'd be up in the attic, or somewhere, and then he'd just come out and she'd be gone.

LEMARQUE

You know that he...that his death was ruled a suicide.

MRS. DUNNE

Yes. Miss Pilot told us. The money was running out.

LEMARQUE

And his own prognosis was not good. He had an inoperable neoplasm.

MRS. DUNNE

An inop...Well, at least she didn't see Uncle Bob suffer.

LEMARQUE

But Mrs. Dunne...

MRS. DUNNE

(Pressing on.)

God does work in mysterious ways. Aunt Meem was a dyed-in-the-wool Catholic, and she even used to have little—I remember, now—altar guild parties. She just did everything for that church—especially the school. She was a volunteer teacher, and helped with all the bake sales and socials.

(To JO.)

I think it was because she didn't have children of her own.

LEMARQUE

But what would she have wanted to do, in a situation like this?

MRS. DUNNE

I just don't know, doctor. I don't think...if she could have had her own will...

(Shaking her head.)

She wouldn't want to extend it. The more I think about it, and talk about it, she just loved life so much—she wouldn't want anyone to suffer like this.

LEMARQUE

Did she ever say anything explicit about her illness?

MRS. DUNNE

I don't think she was aware of anything after she started to slip. I don't think she knew, you know, about the Oldheimer's. I think the last time she didn't even know us. That's when my husband said there was no point in us driving over.

JO

But after she fell? You never came—

MRS. DUNNE

(Feeling an accusation.)

There was nothing we could do.

LEMARQUE

(Warning JO off with a look.)

Mrs. Dunne, can you tell me what—you said that you're fairly sure that she never would have wanted to be resuscitated or kept alive artificially.

MRS. DUNNE

Well, she always liked to dress up and if she wasn't able to do things physically for herself, I think that would have been a great hurt to her.

LEMARQUE

Her independence was important to her?

MRS. DUNNE

Oh yes, yes indeed. She was very ladylike and independent. I don't think she would want to go on, if she could see herself like this.

[See slide 17 in "Images for Staging *Primary Care*"]

JO

But she's stable. She's still healthy. She's not dying.

LEMARQUE

(To JO.)

The purpose of this conference...

(Now to MRS. DUNNE.)

What we need to decide...is what a woman like your aunt—whether she wants the tube removed.

MRS. DUNNE

Well, if you take it out, I don't know how the hunger pains would be.

LEMARQUE

No. We could make sure that she was comfortable.

MRS. DUNNE

You could give her something to alleviate it? Like a B12 shot or something?

LEMARQUE

Don't worry, Mrs. Dunne. We have many pharmaceutical choices.

MRS. DUNNE

Well. I feel she would be relieved. That's probably what she wants. That's probably why she's not eating

JO

Maybe she's just frightened, or depressed?

MRS. DUNNE

No, no. She was never depressed—always so full of life.

LEMARQUE

You think that would have been her preference, then? To go in peace?

MRS. DUNNE

If she knew she was tied up in a chair like that...

(Turning directly to LEMARQUE.)

Dr. LeMarque, you're the professional. There's no hope for Aunt Meem, is there?

LEMARQUE

No, Mrs. Dunne. The Alzheimer's is irreversible.

MRS. DUNNE

(Looking back to MRS. RIEGEL.)

She was such a special person . . . She wouldn't want to keep on this way. Let's do it, doctor. Let's let her go.

Scene 6

SETTING: A week later. Dr. LeMarque's office.

AT RISE: LEMARQUE takes a phone call from a nurse: MRS. RIEGEL still has strong vital signs. STONY strides in, openly listening in on the conversation.

LEMARQUE

You're sure. Well, thank you, Gale. Let me know if there's the slightest arrhythmia.

STONY

So you've heard.

LEMARQUE

I found out something was wrong yesterday. Gale says she's still 115/60. Her temp is normal. Pulse solid as a rock. She hasn't even lost any weight.

STONY

Don't you know what's going on?

LEMARQUE

I ordered some blood work. No white cell elevation, PO2 normal, electrolytes fine, respiration even. But Gale says she won't take anything—not even water. Something's wrong. Very wrong.

STONY

There's a simple explanation. The aide.

LEMARQUE

Mrs. Brooks?

STONY

She's ignoring the feeding regimen and has taken things into her own hands.

LEMARQUE

Ignoring the chart? She hasn't said anything to me.

STONY

And she won't. She's doing this on her own.

LEMARQUE

She's putting the tube in by herself. She's risking prosecution.

STONY

That doesn't bother her. She's used to it. She's got a son who was arrested in some kind of gang killing. None of these people respect the law.

LEMARQUE

(Still with her previous thought.)

I wonder where she got it?

STONY

Got what?

LEMARQUE

The tube.

STONY

I don't know what she's doing. One of the night staff told me that she was sneaking down there every four hours, like she was breastfeeding an infant, turning the geriatric wing into a nursery.

LEMARQUE

I wonder...maybe she'll only eat for Mrs. Brooks.

STONY

I don't see what difference that makes.

LEMARQUE

It would explain the blood gases and electrolytes.

STONY

But it wouldn't explain why a nurse's aide thinks she can leave her assigned floor and ignore the orders of an attending physician.

LEMARQUE

You're right. We can't have employees freelancing in the hospital. I'm going to go over there this evening and get this cleared up.

STONY

Good, because Mrs. Brooks's interference is taking its toll on the entire service. If it were up to me, she'd be looking for another job.

(He starts to leave.)

LEMARQUE

Uh, Stony. Before you go. You don't think this changes anything, do you—I mean, this different feeding regimen.

STONY

You mean about our decision?

LEMARQUE

Well, yes.

STONY

You can't be serious? We followed all the accepted procedures and reached a determination after an Ethics Case Conference. All parties were heard from, even the family. It was a joint decision agreed to by everyone—everyone except one nurse's aide who doesn't even have a high school diploma. She's not even remotely qualified to make a medical decision of this magnitude.

(Starts to leave again.)

LEMARQUE

Yes, I know, but . . . she must be doing something right.

STONY

I beg to differ, Dr. LeMarque. She's doing everything wrong.

LEMARQUE

But she is able to feed her. She seems to be the only one who can. She's keeping Mrs. Riegel alive.

STONY

No. You mean, Mrs Riegel is trying to die and Wynn Brooks won't let her.

LEMARQUE

Are we sure, right now, that Mrs Riegel wants her life to come to an end?

STONY

What life? Mrs. Riegel has no life—her life already has come to an end. She may be biologically tenacious, but she's become a vegetable, and the Alzheimer's is terminal.

LEMARQUE

Well, she's not technically terminal.

STONY

Maybe not technically, but she's totally incapable of human interaction. You've seen her. She's begging to die.

LEMARQUE

So. You think the classification should be "living dead"?

STONY

"Living dead," "nearly dead," "newly dead," whatever. The point is, for all intents and purposes, she is not alive.

LEMARQUE

Are you saying we should let her die, or—make sure she dies?

STONY

I'm just saying that we developed a policy, a course of action, and used established procedures—and we shouldn't lose our nerve just because some uneducated religious fanatic has made things more complicated.

LEMARQUE

More complicated. Yes, it does seem more complicated now.

STONY

Look, if we keep her alive, we're just wasting staff time and resources.

LEMARQUE

But our first obligation, even at Jeff Davis, is to the patient.

STONY

Excuse me, Dr. LeMarque, but in a case like this, that's nothing more than a platitude. We ought to be spending our time with people we've at least got a chance to save.

LEMARQUE

But Stony, don't you have any doubts?

STONY

Nope. I mean, either you trust and abide by your procedures or you don't. The aide is freelancing. If it was a resident, they'd be reprimanded, thrown off the service, maybe prosecuted.

LEMARQUE

I don't think—

STONY

She's enforcing her will on the patient. It's like—remember the ethics course in med school? The first thing we learn is patient autonomy. What Mrs. Brooks is doing is pure paternalism—it goes against the wishes of the family, the physician, the other caregivers, and the patient herself. She's the one who keeps saying, "Out, out."

LEMARQUE

And she's the one who took the tube out, I know. (She pauses—he's won this round.) Stony. If you felt this way, why did you go into medicine?

STONY

I never did want general practice, especially geriatrics.

LEMARQUE

Right, you've it said many times, either Peds or Surgery. But I still say it's a weird twosome.

STONY

Not really. I told the admissions people that I wanted to be a doctor, not a nurse. I hate sickness and I hate losing.

LEMARQUE

So now you're going into pediatric ICU.

STONY

I want to make people well. I don't know how you can stand the ambiguity of Internal Medicine. And Family Practice, gimme a break. At least most of the neonates get better—if you're good enough.

LEMARQUE

There's visible success.

STONY

And hope. Those babies have got another 50 years of life ahead of them. I mean, what's an AD got? Ten years of slow death? Elie Wiesel was right: it's like systematically tearing the pages out of a book, one after another. Why stretch them out longer? I mean, what are we doing here? Putting as many people as possible, for as long as possible, through progressive hell? You can't restore health, you can't restore function. If you "save a life," what are you saving it for?

LEMARQUE

But you can still relieve symptoms and suffering.

STONY

What happens when the symptom is irreversible dementia? When the worst kind of suffering is just being kept alive?

LEMARQUE

You can avoid harm.

STONY

No, Dr. LeMarque. What we're doing isn't practicing medicine. You want to avoid further harm to the patient? Then let her go. Mrs. Riegel's ready. Let her die.

Scene 7

SETTING: That night. Mrs. Riegel's room.

AT RISE: LEMARQUE walks into MRS. RIEGEL's room. She checks the patient's vital signs. She looks around and in drawers for some evidence of Mrs. Brooks's "crime." Then she finds a chair and moves it into an unlit part of the room or behind a curtain that can be drawn around MRS. RIEGEL's bed or chair; from that vantage point she can observe what happens without being seen. After a short while, MRS. BROOKS comes in.

MRS. BROOKS

How are you this evening, Miss Sybil Dean. I'm doing fine, thank you, but that youngest boy of mine has been giving me fits again. I'm going to raise that boy right if its the last thing I do. You know, the world has changed since you and me was growing up. You right about that. It sure has changed.

(She goes about the room, tidying up, never seeing Dr. LeMarque.)

Come on, let's get you up in this chair. They think you going to die, but you not going to die 'long as I'm taking care of you.

(MRS. RIEGEL sits up straighter with MRS. BROOKS's help.)

Now, let's see how strong you are. That's right, that's right. Oh my Lordy, you got a powerful grip. Now how about your heart. Let's see how it's doing.

(She takes MRS. RIEGEL's pulse and listens to her breathing by putting her head against MRS. RIEGEL's chest. MRS. RIEGEL's left arm comes up to lightly embrace her.)

That's right, you go ahead and give me a hug, and I'll give you one, too. Are you ready for your supper. I bet you got some appetite tonight, probably thirsty, too. Well, I got something for you, just like always. I'm here to take care of you, Miss Sybil. You know that now.

(She goes to her purse and takes out three half-finished infant bottles of formula. She wipes off the nipple of one and brings it over to MRS. RIEGEL.)

I know, I know. Don't take it too fast, now. You know it makes you get sick if you takes it too fast

(MRS. RIEGEL starts to take the formula.)

There, now, I told you it was going to be all right.

(Pause.)

It's like I was saying yesterday, we just got to make do the best way we can. And if you don't feel like eating from a spoon, I don't mind feeding you out of a bottle.

(MRS. BROOKS hums a quiet song and attends to MRS. RIEGEL, combing her hair and showing her affection. Eventually MRS. RIEGEL finishes the first bottle.)

I believe you're still hungry, aren't you. Well, let me get you some dessert. But you know it's going to taste 'bout like the main cou'se.

(MRS. BROOKS turns to the formula and the bottles, carefully putting the used bottle back in her purse wrapped in tissue. When she turns back, LEMARQUE has come into the light and is assuming a confrontational stance. MRS. BROOKS is taken aback.)

MRS. BROOKS

Whoa! Lordy, doctor, you 'bout scared me to death.

LEMARQUE

Yes, Mrs. Brooks, I suppose I would be frightened too if I had been doing what you have been up to.

MRS. BROOKS

You scared me. I didn't say I was frightened.

LEMARQUE

Aren't you ashamed of yourself. If we weren't so short-handed in the nursing department, I would have you fired even as we speak.

MRS. BROOKS

You do what you gotta do, doctor. But I ain't frightened and I ain't ashamed.

LEMARQUE

Didn't Dr. Marcher speak to you about this?

MRS. BROOKS

He come around here, try to scare me.

LEMARQUE

What did he do?

MRS. BROOKS

He do the po-lice in different voices.

LEMARQUE

The police?

MRS. BROOKS

He say one thing, then somethin' else. Talkin' 'bout how bad this is and what's gonna happen. Tryin' to make me ashamed.

LEMARQUE

Well you should be ashamed. Sneaking away from your floor, ignoring the orders moving you to a different service.

MRS. BROOKS

Yes, ma'am, they give me those transfers to 4LP. But I got my own orders and my own chart, and they says to feed Miss Sybil. And that's exactly what I'm going to do. You see, I got some friends in the neonates. The ICU. Those poor little babies don't never take all they

supper, and so they gives me what's left over. Miss Sybil, she likes it real good. And they just be throwing it out over there anyway.

LEMARQUE

Do you realize that that formula is not sterile?

MRS. BROOKS

Course I know it's not sterile. But the food I eat ain't sterile. And Miss Sybil, she don't seem to mind.

LEMARQUE

Mrs. Brooks, what gives you the right to come in here and countermand a physician's orders?

(STONY and JO arrive and start to come in. STONY hears the dispute, motions for JO to stop. They eavesdrop.)

The patient has a right to a death with dignity, just as you and I have rights—

MRS. BROOKS

Rights? This ain't about rights, doctor, this is between me and Miss Sybil. Where I come from, the Disciples, they got rights—and they put you off the sidewalk. The Blackstone Rangers, they got rights, and they knock you down.

LEMARQUE

Look Mrs. Brooks, I respect your position on this matter. I can tell you, this was not an easy decision to make. We contacted the family, the legal guardian, anyone and everyone who was appropriate.

MRS. BROOKS

You didn't call me. I woulda told you 'bout Miz Sybil.

LEMARQUE

I beg your pardon, Mrs. Brooks, but you were contacted. You just didn't show up when we scheduled the Case Conference.

MRS. BROOKS

You doctors just waited till you knew I couldn't come so I wouldn't raise no fuss. I know how such things are done.

LEMARQUE

I can assure you, Mrs. Brooks, no such attempt was made to exclude you from what was a very difficult, very painful process. But the point is, a decision was made, steps were taken, and you have refused to keep up your obligation as an employee. You are being paid to do your job, as assigned, and your job is not on this floor.

MRS. BROOKS

I'm not doing no job when I take care of Miss Sybil. She's my friend, and that's why I take care of her. I'd do the same thing for any of my friends, and she'd do the same for me, if she could. Ain't that right, Miss Sybil? Yes sir, we take care of each other, don't we?

LEMARQUE

Have you thought about how you would feel if you were in Mrs. Riegel's position. Wouldn't you want to be allowed to go peacefully.

(STONY and JO come in.)

STONY

(Speaking to LEMARQUE but looking at MRS. BROOKS.)

So you caught her red-handed.

LEMARQUE

I think that Mrs. Brooks now understands that her behavior has been in violation of hospital policy and procedures.

MRS. BROOKS

(Looking at Stony.)

Somebody 'round here violated somebody, that's for sure.

(She turns her back on them and goes over to Mrs. Riegel.)

STONY

(Stony gestures to take in the entire room.)

Look at this.

(Speaking directly to Mrs. Brooks.)

Who would want to go on like this? Life is over for her. She's gone.

MRS. BROOKS

She ain't gone yet, doctor. She ain't gone for me. Miss Sybil, she waitin' on the good Lord to call her home. He knows when the time is ripe. I loves her, and I know she loves me. And I'm going to take care of her till she dies.

STONY

She's blind, nearly deaf, and completely demented. She doesn't know who you are.

MRS. BROOKS

Oh, she knows me, all right.

STONY

You're nothing to her but a feeding machine.

MRS. BROOKS

No, doctor, you wrong about that. Plum wrong. Miss Sybil know I'm her friend. She take the food I gives her to eat, and nobody else can feed her without her choking and gagging. Then, after she eat, sometimes we talk and sing.

STONY

(Sarcastically.)

Isn't that sweet? You talk and sing.

MRS. BROOKS

Ain't nothin' wrong with singin'.

LEMARQUE

But it's not your job, Mrs. Brooks. You are letting your personal values affect your professional judgment.

STONY

She's insensate. She's not listening to you.

MRS. BROOKS

You right, doctor, she ain't listening. She singin'.

JO

(Sensing the significance of this.)

She sings? Mrs. Riegel can sing?

MRS. BROOKS

She sho does. We sing together, don't we Miss Sybil. Sometimes we sing spirituals, but sometimes Miss Sybil, she likes them old-timey songs.

STONY

(To JO.)

You're not buying this?

MRS. BROOKS

Come on, now, Miss Sybil, let's show these doctors what all we can sing.

(Tries several times to begin, "Were you there...when they crucified my Lord...when they laid him in the tomb," without success.)

STONY

Come on, Dr. LeMarque, this is ridiculous.

LEMARQUE

Mrs. Brooks...I'm not going to write you up and you will not be reprimanded. But you must abide by the consensus of the committee and the approved policies and procedures, or you will be terminated.

(Pause, waiting for a response that does not come.)

Don't you think this poor woman should be allowed to go naturally?

(Pause.)

It's not right for us to keep her alive merely for our own comfort. To satisfy our personal value judgments. We must remember the burden on the patient.

(MRS. RIEGEL starts to get agitated.)

MRS. BROOKS

Don't you talk that way in front of Miss Sybil, doctor. You'll get her all upset. Come on, now, honey, I know what you doing—you waiting for me to do your favorite. Here we go now:

Daisy, Daisy, give me your answer do,

I'm half crazy, all for the love of you

(MRS. RIEGEL begins to pick up the tune after the first "Daisy." She gamely nods and articulates syllables through the second line of the song.)

That's all I know of that song. I never heard that one, but Miss Sybil, she taught it to me.

JO

(Taken in by the spectacle.)

Mrs. Riegel taught you that song?

MRS. BROOKS

She sho' did. She sings some more, too, somethin' 'bout "a bicycle built for two," but I haven't been able to figure out the rest. I'm working on it, though, ain't I, Sybil Dean?

LEMARQUE

Mrs. Brooks...What else can she sing?

MRS. BROOKS

Well, she like school and church songs, mainly. She like "Row, row, row your boat."

JO

(Pauses, takes in the situation, and then goes over to the bed or chair next to Mrs. Brooks.)

Will she sing it now?

MRS. BROOKS

She gettin tired...but let's see. Here we go, Sybil Dean, let's you and me do "Row, row, row your boat." You ready? Come on, now.

Row, row, row your boat,

Gently down the stream,

Merrily, merrily, merrily, merrily,

Life is but a dream.

(Sung four times. The first time, the verse is sung by MRS. BROOKS alone. Then the image of Mrs. Riegel below is projected. The second time the verse is sung by MRS. BROOKS and JO together. They look at the bed with encouragement and then pleasure as MRS. RIEGEL is nodding and humming. STONY considers the display meaningless and cannot believe that JO is participating. The third time through the verse, LEMARQUE also joins. STONY looks at her incredulously and then looks down and shakes his head. The fourth (and fifth?) time, MRS. BROOKS breaks the fourth wall and encourages the audience to join.)

[See slide 18 in "Images for Staging *Primary Care*"]