

Merci Madam.

In my absence from work no one found a cure for cancer, so we continue our usual range of services! Over Easter I re-wrote that expression "another day, another dollar", it became "another day, another death"! We took more than our fair share of bodies down to the mortuary.

One particularly sad case was a 40-year-old mother of 7 from Noumea, who only spoke French. She had been flown over to Australia by the government and an aid agency for treatment of a rare, but curable cancer.

Marie's first experience of Australia was in the private hospital where she had a craniotomy to remove a metastatic lesion from her brain. When she had recovered from the surgery she was transferred to our oncology ward.

Marie "lived" with us on the ward for 2 months while we attempted to poison her cancer with chemotherapy and deal with the ensuing complications.

On Good Friday morning her heart just stopped beating. We called "an arrest" to summon immediate medical help.

Hospital CPR is much faster than first aid CPR. We aim for over 100 chest compressions per minute. Chest compressions are usually done in "tag team" style, with each member going for 2-3 minutes at a time. I pounded on Marie's chest for over 45 minutes with a junior doctor.

There can be up to 6 doctors and 4 nurses in "an arrest". You work in very close proximity to each other. I was kneeling on the bed doing compressions on Marie's chest as my colleagues were reaching round me attaching various equipment and shoving needles and drugs into Maries' lifeless body.

When all was said and done, it looked like a parade has been through the room. There was litter, syringes, empty drug vials, blood stained clothing, discarded gloves, and various hospital paperwork strewn around the room. A quiet feeling of disappointment and sadness crept over the nurses as we were left to deal with the aftermath of the events.

There was no need to hide our tears amongst our fellow nurses. We all felt the same way.

We called our favourite hospital chaplain to say prayers as we wept over Marie's body.

Marie had come from Noumea with so little in the way of belongings. All she had was the sarong and sandals she had worn for her journey. After she died we wrapped her body in her sarong and placed some personal items we had bought for her with her body, including an English-French dictionary.

We had great difficulty contacting Marie's family in Noumea as there was no telephone in her village and all previous communication had been arranged through an aid-agency who were un-contactable over the Easter break.

By chance, Marie's family phoned the ward on Easter Sunday expecting to talk to her as they normally did. Their simple request was always "Marie si'l vous plait". I received the call and wept out loud as I tried to explain in very poor French that she had died. An on-call doctor from England who had taken French at school offered to take the call after seeing my distress. We briefed her on the situation and she was left with the task of telling a husband how his wife had died in a strange land far from home.

We were all left feeling we had done more "to" this woman, than we had "for" her.

Her body was shipped back to her family in Noumea 30kg lighter, with no hair, with various surgical scars, and with very little evidence of our nursing "care" except for that French-English dictionary we had bought to improve communication.

We will forever remember this softly spoken islander woman whose most frequently spoken words were "merci madam".