him, because I no longer know what to talk to my grandpa about. Most of the stories he tells are figments of his imagination, remnants of a life he wishes he had. We sit in silence for a few minutes until my grandpa finally says,

"So, when am I going to get to see my grandkids again?"

"Which grandkids?" I ask.

"Your children," he says, looking puzzled.

"Grandpa, I am Sydney, your granddaughter. My mom is your daughter, Liz, remember?"

"Oh, right," he says, and turns his gaze back towards to window.

I look at him, sitting in his chair, the warm outside light highlighting his frail body. His face is wrinkled and he looks tired and worn down by life. His hands rest in his lap, and I can see them shaking. After a little while, he turns his face and looks at me. His eyes are empty and lack the light that used to shine within. He turns his attention back to the golf, and I close my eyes, trying to remember how his smile could once light up an entire room.

At Home

Carol Dickinson

She died peacefully at home. These are words we use so often when talking about death. They offer comfort, something positive to lean into when the pain is immediate and the loss incomprehensible. To know that our loved one was at home, surrounded by the familiar smell their own room, in their favorite pajamas, and in the company of those they held closest provides a small, yet anchoring, sense of peace as we face the challenge of saying a final good-bye.

When a brain tumor began bleeding uncontrollably, there was only one thing remaining to do: to go home. My mom's journey with cancer was beginning to seem hopeful. While we knew that there was no cure for advanced melanoma, a new treatment promised more time. She was walking and reading again, and plans for the holidays and family vacations replaced conversations about infusions and physical therapy. It seemed like we were just learning how to live again, despite terminal illness. But the journey came to a halt a mere four months after her diagnosis. A headache sent her to the hospital, where scans revealed the problematic bleeding. Over the next 24 hours, her responsiveness diminished rapidly. By the time I got off the plane and to the hospital, she could no longer talk or open her eyes. Arm raises turned to hand squeezes, then small muscle twitches, then nothing.

The decision was obvious. We knew what she wanted. There would be no ventilators or feeding tubes. No futile efforts of emergency surgery or full-brain radiation. After the obligatory meeting with the on-call physician and social worker in the Oncology ICU, the paper-work was finalized and hospice care was arranged. When my dad leaned over and whispered in her ear, "Sweetie, I'm taking you home," she lifted her arm for a final time to hug him around the neck. Our decision was affirmed and we knew it was time. Led by a medical transport van, we all headed home.

Nobody ever tells you what exactly is required to die peacefully at home. There was no warning that a hospital bed may not fit through the interior doorways of our house, or that the hospice nurse would only visit once a day. I had no idea how difficult it would be to administer medicine to someone who was unable to swallow or that a two-hour medication schedule meant I would not sleep for days.

When we arrived home, the transport service situated my mother while I met with the hospice nurse assigned to oversee my mom's care. In 20 minutes, I received a crash-course in nursing. She explained the uses of and dosages of 13 different medications that I was to administer as needed and made me acutely aware that any confusion or mistake could lead to a lethal dose. My only objective was to minimize any pain. But how would I know if she was in pain? There were no words, no movements, no hints. When I asked, the nurse ominously raised an eyebrow and said, "You'll know."

I wanted to run. I had walked through the necessary motions and held it together all day, but this was too much. I frantically tried to absorb every word the nurse said, but the sudden understanding that my family would never look the same again devoured my processing capabilities. She threw out a cloud of cold, clinical symptoms. Terminal fever. Terminal agitation. Dyspnea. Skin mottling. My throat tightened in a mix of anger and panic. To her, the woman in the next room was one of many patients. Another person of no consequence that she was to watch die over the next few days. But that was my mother. I wanted the nurse out of our home immediately but was also completely terrified for the moment she would leave.

She finally stopped and took a breath. Looking up from her clipboard for the first time, she said to me, “Remember, you are giving her a gift.”

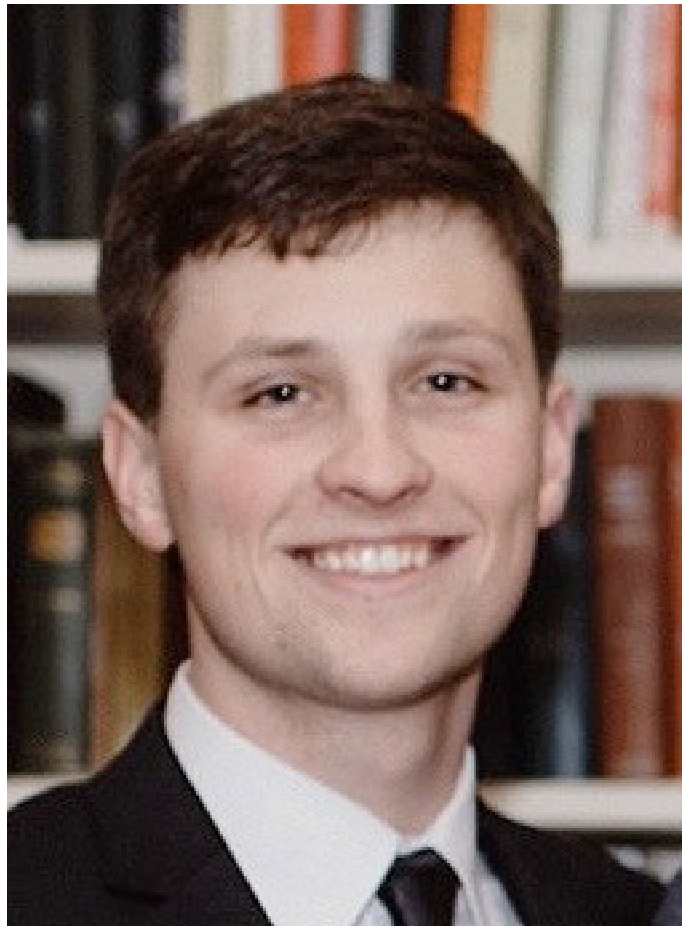
Sometimes I question if the next four days actually ever happened. When you are waiting for someone you love to die, the passage of time becomes an unfamiliar thing. There is nothing more to hope for and nothing more to be done. All you can do is wait in the strange in-between. Between the desire to hold on and the readiness to let go. Between dread and anticipation. Between life and death.

I occupied myself with the tasks associated with my mom’s care. I wanted to do a good job even though I knew that it would be of little consequence. I had a constant awareness that the worst and best that could happen were, strangely, the exact same thing and precisely what we were waiting for. I grew numb to the high numbers on the thermometer that once caused alarm. Changing compresses that turned warm minutes after being placed her forehead gave me a sense of purpose. I passed minutes by counting respirations, panicking anytime they exceed 26 of fell below 12. I never was able to control the fear that engulfed my whole body every time I approached the door to my mom’s room. Every day, when a nurse visited I unsuccessfully fought the urge to ask the same question: How much time is left? I don’t know if I asked out of fear or a need for assurance that this wouldn’t last forever. Either way, there was never an answer.

The final moment, the one I had anticipated with dread and fear, was probably the easiest of the entire four-day period. It was just the two of us, and I knew, well before the second hand on the clock confirmed it, that it had been her last breath. There was no gasp or vision of spiritual ascension, but somehow, I knew. There was peace, for both of us. The days to follow would be tiresome and painful, just as the days before, but in that moment, all pain was gone.

I now understand that gift that the hospice nurse mentioned. Dying at home is not easy. It requires immense love and sacrifice. Love to overcome fear and dread. To open the door each time despite not knowing what awaits on the other side, and to provide care when it is entirely hopeless. And sacrifice to surrender to the painful unknowns. To forgo happy final memories for ones of helplessness and confusion, and to bear witness to the entire progression of your own loss. But in the end, there is peace at home. And that peace is a gift, one we both give and receive.

In Loving Memory of Patrick Gregorek



Remembering Him Through Words