

The Last Gift

BY EGILDE P. SERAVALLI, PhD

Early in the morning, before the city or the hospital has awakened, I like to come into work and sit in the patient visiting room. The ward is still quiet, and I work at a table between the window and the door—watching as the city and the hospital come to life.

Usually the visiting room is empty. So one rainy morning, when the room was dark, I was taken by surprise when someone spoke to me.

"Are you Dr. Seravalli?" asked a slim figure sitting on the couch in front of the table. I turned and saw a young man with an intravenous line. "Yes," I answered.

"Last year, I saw you give a talk on man confronting death," he said. "I was very touched. Now that I'm sick, I've found I have the same needs as those young people you described in your lecture." He stopped and shook his head in disbelief. "I, too, have discovered new insights within myself as the disease worsens and death gets closer. I feel compelled to say things I could never have said before. I find myself thinking how to say good-bye to my family and friends. I dream of asking my father for compassion and understanding, even if our different life-styles stand in the way of his love. Like those young people in your lecture, I wonder whether my own self will remain intact in the supreme moment of death. Like them, I do not want to be forgotten—not so much by the world, which no longer counts, but by those I love. In my dreams I hear my friends saying, 'Go in peace because your place in our lives will not end with your passing.'"

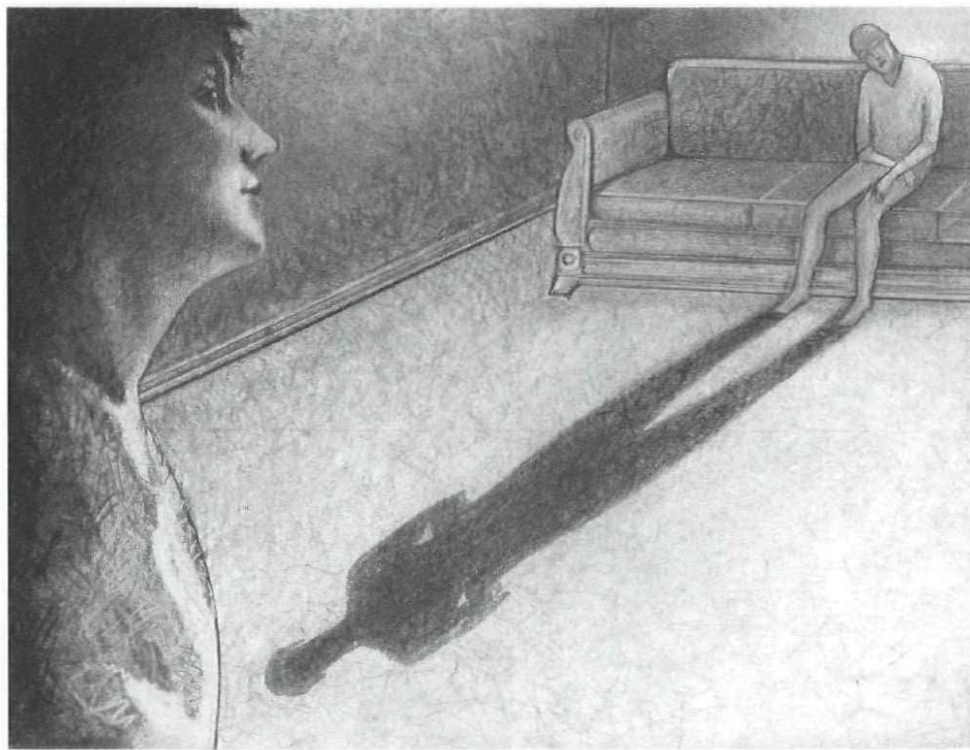
As he talked, nonstop, his

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unexpected moral fortitude touched me so deeply that I went to sit near him on the couch. But I could not say or do anything. His failing appearance reminded me of the dying of a close friend, who one day asked me to sit silently near him and listen to what he wanted to say. Although many years have passed, this recollection kept me from saying how compassionately my heart responded to the young man's words, or from making a comforting gesture to lessen his pain. I could offer him only my presence. He was the one who broke the silence.

"I have AIDS. But I'm better now, and I'm going home tomorrow." His expression darkened a little. "People in the hospital are kind to me. But they're young, like me, and come and go

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Robert Schleicher

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with no interest in me as a person. They're always in a rush, and I feel guilty about keeping them. I like them, but something is missing."

I remembered my lecture. It focused on the need to communicate thoughts and feelings when hope is gone and death is imminent.

As if he could read my mind, the young man said, "I liked your talk because it centered on what's important for those who feel that death is near. I didn't know I had AIDS then, but now that my life is ending, what I want most are my friends with me, all the time."

It dawned on me that this young man was gathering from my talk the inner tools to accept his death. His cough interrupted our conversation. While I was waiting for him to recover, my thoughts went back to the lecture. One of the points I had emphasized was that dying persons need to talk about themselves, their feelings, and their disease. The opportunity to discuss these experiences provides them a way to maintain contact with others and to be appreciated for what they can still offer. Thus I was not surprised when he resumed the conversation by talking about his short life, his broken dreams, and, again, the need to have friends near.

We talked for more than an hour. He was struggling to come to terms with his death and needed someone to listen to him. Aware that life would end soon, his only "hope" was to feel that until the end he would remain an integral and intimate part of the world.

As we were saying good-bye, I asked who would take care of him at home,

since he was leaving the hospital the next day.

"My friend," he answered. "I'm going to be with him at his country house. I do well there. It's so beautiful and peaceful. I like to sit outside and be with nature."

Four months later I got a call. An unrecognizable, breathless voice said, "This is 'Mark.'" I could not figure out who was on the phone. Suddenly I remembered: the patient who liked my lecture!

"Where are you?" I asked.

"In the hospital, in the AIDS unit. I want to see you."

When I found his room, I stopped to watch him through the open door. Mark was sitting, head down, shoulders bent. He looked 100 years old, although he was only 35.

As I entered, Mark turned to me, and a gentle smile appeared on his ravaged face. He talked in a low voice and with his head down, as if it required too much energy to keep it up. Suddenly he began to cough, and Mark explained that he had pneumonia. I could hardly hear his voice. When I suggested that he rest, he firmly refused. He said he needed to talk to me now.

Mark told me he was ready to die. He was now taking communion almost every day to prepare himself for death. He then spoke of God's universal love and of his desire to see him. He was ready to "move on" and wanted his ashes to be scattered on the ground around his church "to be forever with God and nature."

He also told me how good he felt when the room was full of friends who

cared for him, and how lucky he was that his companion was taking care of him with loving attention. Mark said his sense of self was changing with the worsening of the disease and the closeness of death, but he was happy that his friends had no difficulties accepting the "new" him. He talked about how much he had enjoyed his job as a music therapist and how difficult it had been to leave his patients. He broke down and then began again to tell me how good his life had been—until his doctor told him he had AIDS.

As life faded away from him, Mark wanted me to know that his dying was neither painful nor fearful: It was only mysteriously peaceful.

"Do you think I will see God when I die?" Mark asked.

"Yes, I do, because you are a good person and you believe in him," I answered.

"Yes, I think so, too. And God will take care of me," he said to himself.

He began to cough again and was now ready to go to bed. As I helped him, I saw how astonishingly thin he had become.

I turned at the door to look at Mark for the last time. He was sleeping and breathing calmly. I closed the door behind me, feeling both sadness and gratification. The two facets of dying—the physical deterioration and the spiritual awakening—compelled me once again to confront the enigma of death. I had just touched the inner world of a human being who reached out to me in his last stage of life, and I hope he felt my connection with him as the last gift of one human being to another. □