

FATAL INTENT

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A NOVEL

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For Neil, Erin, Matthew, and Catherine

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CHAPTER ONE

I DREADED WEEKENDS. That alone set me apart from my colleagues—from humans in general—even without all the rest.

Nights I could handle. By the time I ate dinner with Aunt Irm, took Shadow for a run, and played cards or read aloud with my great-aunt, exhaustion would claim me. But weekends brought spare time, the enemy of all who grieve.

On Saturdays, the few hours I spent in Jacksonville at my husband's bedside offered little comfort. Watching him waste away tore at my heart, at my conscience, but it hadn't been a year yet. There was still hope.

I woke Sunday morning earlier than I'd planned—or wanted. Pots clanged in the kitchen. For my great-aunt Irm, all days were the same; and sleeping in was as foreign as the idioms of her adopted country.

Shadow, my black Lab, pushed past me as I opened my bedroom door. "Good morning," I said to Aunt Irm, my voice gruff with sleep.

"Oh, kindchen, did I wake you? I have much to do before church this morning."

Aunt Irm had called me "kid" in her native German since I was a child. Even now, as I approached thirty, she almost never called me Kate.

I breathed in deeply and smelled not the aroma of Sunday breakfast, but an Italian restaurant. “What are you making?”

She pointed around the kitchen. “Lasagna, minestrone soup, and tiramisu. I am sorry, no time for breakfast.”

“That’s fine, but when did you become Italian?”

“Carmel gave me the recipes.” She held up handwritten pages. “She does not have enough time before the wake.”

“Wake?”

“Yes, I told you last night.”

Oops.

“Carmel’s next-door neighbor, Isabelle’s husband’s cousin, passed away.”

And I didn’t remember . . . shocking.

“Just like my Max,” Aunt Irm went on. She jabbed a finger toward me. “There is no minor surgery. What you do, it is dangerous.”

I’m an anesthesiologist. It’s not dangerous for my patients, or for me for that matter, and ordinarily I would argue with her, but we’d long since pounded that dough to cement. Aunt Irm’s brother, my Uncle Max, died two days after an operation to place a feeding tube. It’s a common operation, especially in old, sick patients. But in her mind, the operation, or more likely the anesthesia, killed her beloved brother. Not his obesity, diabetes, heart disease, love of alcohol, or recent stroke. His doctor signed the death certificate, no need for an autopsy. The death was not unexpected.

“I’m sorry to hear about your friend,” I said.

“Oh, I did not meet her.” Aunt Irm turned back to the stove.

Only she would spend her Sunday morning preparing a feast to celebrate the life of someone she’d never met.

Pans and trays lined the countertops. “How many people are they expecting at this wake?”

“Oh, did I not say? Half is for the wake; the other half is for a funeral at Saint Mark’s this afternoon.”

“Tough week.” When Aunt Irm joined a church, she joined a church. Less than a year since moving to Florida, she was on more committees than there are days in a week, including the bereavement committee.

“When it rains, it snows,” she said.

“Pours. When it rains, it pours.”

She gave her “whatever” shrug, along with instructions for constructing the tiramisu. Apparently, I was on the bereavement committee as well.

* * *

Ensnconced in our usual pew, I asked my aunt the name of her not-quite-friend who died.

“Yes, please say a prayer for her. Dorothea McCray is her name.” Aunt Irm knelt and folded her hands beneath her chin, eyes closed in concentration.

McCray. I’d taken care of a McCray that week. I held my phone low and pulled up the OR schedule. “Where was her surgery?” I whispered.

“Shhh. I do not know. And put that away.” She snatched it from me with the look of shocked disappointment I hadn’t seen since my teen years. I’d seen it a lot back then. After Mom and Dad died, Aunt Irm’s visits were the only time my brother, Dave, and I attended church, and we were . . . rusty.

Chastened, I knelt beside my aunt and silently recited my standard pre-Mass prayers: for Aunt Irm, for my brother and his family, and for my in-laws. For my patients and for friends with struggles of their own. Finally, for Greg, my husband, whose prognosis grew dimmer by the day, and for Emily, our baby girl, born too early, who waited for us in heaven. The image helped, fantasy though it was.

I stayed awake, if marginally focused, and reflexively followed the sit, stand, kneel mechanics of Mass—until I was jarred back to consciousness by the lector.

“What did she say?” I whispered to my aunt.

“To pray for those defending our country. We pray for them every week.”

“No, before that.”

“A Dr. O’-something, former president of the university.”

A vacuum formed around me, no air.

“Kate?”

I pushed gently past her, grabbed my phone from the pew, and strode down the aisle, fellow parishioners a blur on either side, the priest’s voice an echo in the far reaches of my consciousness. Dr. O’Donnell was dead. He was my patient, my VIP patient. One I cared for at the special request of my chairman. Holy crap.

Outside, the cool morning breeze contrasted with the warm church and helped regain my balance. My chairman’s call early Thursday morning had come as a surprise. There were any number of faculty he could have asked to cover his VIP case, pretty much all with less baggage than I, yet he’d called.

“I fractured my hip on my son’s skateboard yesterday,” he’d said. “Word to the wise—don’t try to jump a garden hose.”

Unable to work clinically while taking painkillers, he asked me to take care of Dr. O’Donnell, president of the university during my freshman year. In such a small town, the university president’s fame was second only to the football and basketball coaches’.

And now he was dead.

On my phone, I checked the medical record system. The last note in Dr. O’Donnell’s chart was his discharge from the recovery room on Thursday evening. I scrolled back in the OR schedule and said a word one should not say on church property. Dorothea McCray had been my patient as well, the day before Dr. O’Donnell.

Maybe it was a different Dorothea McCray. I leaned back against the brick exterior of St. Mark's. Two Dorothea McCrays, with connections to Newberry, Florida, who underwent minor surgery last week. Nice try. It was her. Had to be. Two of my patients had died.

Having a patient die is never good. Having two die in quick succession is awful. Having two die in rapid succession when you're on probation? That warranted another unholy expletive.

No choice. I had to call my chairman.

"Kate, I thought I might hear from you," Dr. James Worrell said. What could I say to that?

"I saw the paper this morning—about Dr. O'Donnell," he continued.

"Does it say what happened? Do you know?"

"The paper blames a 'long illness.' You know how lethal those can be."

"I should have admitted him."

"From the records it looked like he was doing fine."

Worrell had checked the chart? Of course he had. He'd taken care of Dr. O'Donnell multiple times in the past. I cursed his garden hose. "But if I'd kept him . . ."

"It was two days later; you couldn't have kept him that long."

He had a point, one I wanted to cling to, but there was more. I cleared my suddenly dry throat. "Another patient from last week died, Dorothea McCray. She had an uneventful G-Tube placement on Wednesday. I took care of her, too."

That brought a less committal, "Hmmm."

"I just found out this morning. She looked fine in the recovery room but had multiple sclerosis."

A keyboard clicked in the background. "Neither of them died on your watch. I know you're worried about the probation review, but if there are any questions, I've got your back."

All my anesthetics were subject to review, my job at stake. Could I hope those two charts wouldn't be selected? But both cases had gone fine.

"Should I tell Dr. Walker up front?" I asked. The chief of staff was not particularly fond of me.

"Of course not," James said. "Why look for trouble? If it comes up, I'll take care of it."

Tears threatened. I didn't try to talk. I'd disappointed the chief of staff once and was still paying for it nearly a year later.

"This kind of thing might not be uncommon," James said. "Unless our care was implicated, we'd never know about delayed complications."

"This is a pretty big complication."

"I don't disagree, but these are end-of-life-type cases. This could be a common occurrence."

Common occurrence? Really? It's true we rarely follow patients once they leave the recovery room. With eight or ten patients a day, it would rapidly become impossible. But the reassurance of that thought immediately felt wrong. Why should knowing other patients likely died be reassuring?

"Thanks, James."

"Kate, are you okay? This is not your fault." He emphasized the last words.

"I'm fine." Hopefully the lilt I added sounded less fake than it felt. This was not on me. Hey, a new mantra. A little pathetic compared to *carpe diem*, but my days had a habit of seizing back lately.

Still, common occurrence or not, I would find out why my patients died.

CHAPTER TWO

I RETURNED TO our pew in time for the Lord's Prayer, which I hoped would remind Aunt Irm to forgive me for sneaking out. I squeezed her hand at that part of the prayer.

After Communion and the Recessional, we exited through the main doors and waited our turn to greet Father Jeff. "You apologize to him," Aunt Irm said in an over-loud whisper as our turn approached.

I followed orders and then said, "I'm so sorry to hear about Dr. O'Donnell. I took care of him earlier in the week and he seemed fine." It would be a violation of patient confidentiality, but Father Jeff already knew.

"Yes," he said, "I prayed with the family that morning. Molly asked me to give him Last Rites."

"Last Rites?" Aunt Irm said. "Before he is dying?"

Father Jeff smiled at her. "Little known fact, but yes, with serious illness or before a major operation."

"But this wasn't—"

Father Jeff interrupted me with raised hands. "Molly was insistent, and it can't hurt. Last Rites can be administered more than once. When she called yesterday morning to say he'd passed away, I was glad we'd done it."

We thanked him and moved on to give other parishioners a turn. Aunt Irm gave a very uncharacteristic but very German-sounding harrumph.

I pulled her arm through mine. “What?”

“Last Rites before death. I did not know this was possible. My Max did not get this.”

“You know if anyone deserves to be in heaven, it’s Uncle Max.” He’d taken in my brother and me. Two orphaned teenagers thrust on a sixty-something man whose parenting experience extended only to chickens and a really bad dog. When we were small, Max’s wife left him, and he farmed a plot on Dad’s land. When Mom and Dad traveled, which was often, he watched us, which was awesome. Uncle Max was a bigger kid than we were. He would have been an amazing father. He was an amazing father.

* * *

At home, while Aunt Irm put the finishing touches on her feasts, I read Dr. O’Donnell’s obituary aloud from the front page of the newspaper. “Dr. Michael O’Donnell, former president of the university, died in his sleep Friday night after a long illness. He was eighty years old. Dr. O’Donnell is best known for pushing the university to the forefront of research, quadrupling income from licensed technology, and raising its national status. Current University President Bernard Thatcher said, ‘He had a vision for this university and the skills to implement it. We will be forever in his debt.’ Dr. O’Donnell is survived by his wife, Molly, three sons, two daughters, and four grandchildren. He is predeceased by his parents, a brother, and a granddaughter. Memorial services will be held at St. Mark’s Catholic Church, Sunday at four p.m.”

Dorothea McCray’s obituary garnered less attention on the interior section. She’d been a professional violinist and then a “beloved

violin teacher.” The cynical side of me questioned the adjective. Was anyone not *beloved* in an obituary?

I helped my aunt deliver somewhat less than half the food to a small nondenominational church on the far side of town and the rest to the hall adjacent to St. Mark’s.

Aunt Irm glanced at her watch as we climbed back into my Accord. “We just have time to dress and return for the memorial.”

There was much wrong with that sentence, beginning with the pronoun, but I skipped that for the moment. “Are you serving at the reception? You already cooked.”

“No, my work is done.”

My questioning eyebrows came down low enough to limit my vision. Why would I attend church twice in one day? And a funeral at that?

“I don’t do well at funerals,” I said.

“No one does well at funerals.”

“No, I mean I embarrass myself, crying even when I barely knew the person.”

“Death is part of life, kindchen. We will all die.”

“Yeah, I got that memo. But I don’t have to celebrate it.”

“We do not celebrate death; we celebrate life.”

“You never even met Dr. O’Donnell.”

“But you attended the university, you work at the university, and you took care of this man. Attending his memorial is a matter of respect.”

Argument was hopeless. Once my aunt had a bee in her tight German bun, nothing I could say would change her mind.

Back at home, I took Shadow for a short walk, freshened up, and changed into the same simple black dress I’d worn to Uncle Max’s funeral. Aunt Irm, already in the car, wore a tasteful black hat over her, hopefully, bee-free bun.

As I backed down the driveway, I said, “You explained why I need to go, but why do you want to come?”

“Father Jeff’s comments about Last Rites. I wonder, could she be a *Schwarze Witwe*?”

“Bless you!” I giggled. “A what?”

“A *Schwarze Witwe*, a spider who kills her husband.”

“A black widow? Oh, come on. First, at least in English, the term is for serial husband killers, and second, we have no reason to believe Mrs. O’Donnell killed her husband. If you embarrass me at this memorial . . .”

“Do not worry, *kindchen*. I only want to watch.”

I shot her a warning look, but Aunt Irm just smiled serenely.

“Let’s sit in the back and stay inconspicuous. Okay?” We didn’t know the family, and, however unlikely, I didn’t want them to recognize me.

Approaching the church, it was apparent how very many people in town respected Dr. O’Donnell or wanted to be seen respecting him. I dropped Aunt Irm near the entrance, then circled back to park in an adjoining field. Greg called it ChrEaster Field, used for overflow parking for the major-holidays-only Catholics.

I started looking for my aunt toward the back of our usual section. When she stood and waved, I cringed. Not only was she calling attention to me, she was doing it from the front frickin’ row. Apparently “inconspicuous” meant something very different in German. At least the family was not yet seated. I genuflected and knelt beside her. “What are we doing way up here?”

“These were the first seats I found, *kindchen*. Now pray for the dead.” I glanced over my shoulder at the smattering of available seats behind us, but arguing in church might be considered disrespectful, so I said another prayer for Dr. O’Donnell’s soul and his family, and sat back in the pew.

There was no casket, but a large portrait of Dr. O'Donnell's much younger smiling face stood on an easel. Fortunately, I'd attended few funerals in my life—my parents', of course, and Emily's. The others were for elderly relatives and a friend of Greg's I'd never met, yet still, I cried. In that case it wasn't the death, but the grief I observed that cut into me and brought unbidden tears. It was embarrassing. I would be fine until someone else cried, and then up came the waterworks.

The processional began. Mrs. O'Donnell walked stiffly erect on the arm of one son and surrounded by the rest of her children. I turned away when one of the sons, Christian O'Donnell, looked in our direction. The morning of his father's surgery, he'd confided his mother had a premonition about the operation. I hated those. He introduced me to his father and invited me afterward for pizza around the bedside as they awaited his discharge. I wondered, irrationally, what Christian thought of me now. Whether he blamed me for his father's death.

The Mass proceeded . . . again. Twice in one day. I should get the next weekend off. The sons and daughters did the readings. One played a piece on violin while another sang, but she couldn't get through the chorus. It was beautiful, and heartbreaking, and I pulled out a tissue.

Next, Father Jeff introduced Christian O'Donnell, "who will say a few words about his father."

During his eulogy, he mentioned how grateful he was that his mother had convinced him to come up for the surgery. He attributed her sixth sense to an angel whispering in his mother's ear. That triggered more tears, but at the same moment Aunt Irm harrumphed a little too loudly. I pressed on her foot with the toe of my black heels and glanced around to see if anyone had heard. Embarrassing, but it halted the tear factory.

At the conclusion of the service, Father Jeff invited the congregation to a reception across the lawn at Father Walsh Hall. After the Recessional, Aunt Irm beat a path toward the door. I caught up to her. “Slow down.”

“I want to pay my respects, and the line’s going to be long. Come on.”

I followed her across the lawn, skirting the crowded sidewalk, and wishing I’d worn flats as my heels sank into the grass. At the hall, I changed my mind. Aunt Irm could pay respects, or whatever she was doing, without me.

In the antechamber, I pretended to take interest in the announcements pinned to the bulletin board. As the throng passed, I reviewed the Pray-then-Play basketball schedule, the bowling league sign-up sheet, and the perpetual notice requesting volunteers for various activities. Someday I would find time to volunteer.

Out of news to peruse, I peeked into the hall to see Aunt Irm still twenty people away from the family. Dressed all in black, Molly O’Donnell stood rigidly in the center. She seemed almost regal, greeting her subjects as they approached, holding their hands in hers, nodding sadly at each in turn. She must be at least seventy herself and had just lost her husband, yet she stood poised and dignified in the receiving line.

It occurred to me I had no idea what Aunt Irm would say and prayed she knew better than to mention me. *Please God, don’t let her mention me.*

Another table held flyers for various church outreach programs—the Knights of Columbus Easter program, a Habitat for Humanity fundraiser to build a home for a parishioner, and a hospice newsletter with a dove on the front.

The home health nurse I’d hired for Greg had gone to work for hospice. She had been working for us the night his trach clogged and

the suction catheter wouldn't pass. By the time she woke me, his face was blue. His abdomen collapsed with each attempted breath, but his face betrayed nothing. Did he know he was dying? His neurologist didn't think so, but could we really know for sure? What would have happened if I hadn't taken over? If I'd been working that night?

"Kate?"

I turned to find my brother-in-law, whose calls and messages I'd been avoiding for more than a week. Not good. "Adam." I said it with all the lack of feeling it warranted.

"We need to talk."

"No, we don't." I spun on my heel and bumped directly into Christian O'Donnell.

"Dr. Downey?"

Flustered by Adam and surprised Christian recognized me, I fumbled for words.

"Thank you for coming," he said.

I mumbled something lame about being sorry for his loss. How I'd hated that phrase at Emily's funeral, and here I was using it. Add hypocrite to the week's resume.

"Thanks. Mom was right after all; it was his time. I'm grateful he went peacefully, and we were all here." Less lame but rehearsed. He was allowed. He glanced at Adam. "Did I interrupt something?"

Adam stepped forward, hand outstretched. "Adam Downey, Kate's brother-in-law. I know your brother, Mike. I'm sorry for your loss as well, but it must be nice to have closure. To know he's no longer suffering. That he's in a better place."

"Adam," I said, too loudly.

Christian looked from Adam to me. I guided Christian away from Greg's insensitive nutcase of a brother. "I am so sorry. Adam's mother is suffering with dementia." Though true, it was not his mother Adam referred to. It was my husband. "He's struggling a bit."

A look of understanding crossed Christian's face. At his father's funeral, he could show compassion for a complete jerk.

"It was nice, what you said about your father," I continued, ignoring Adam's glare.

"And all true; he was an amazing man. Alzheimer's really is a fate worse than death; to see him reduced to . . ." He shook his head. "I feel for your in-laws." He glanced back, but Adam was gone. *Thank God.*

"Come in and grab a bite to eat. There's enough food to feed several armies in there. I need to get to the receiving line."

His eyes lingered on mine. They had the same gold flecks I'd noticed in his father's only days before. He pulled open the door into the hall and stepped back to allow Aunt Irm to exit, followed by someone who grasped his hand and pulled him into a hug.

I hooked Aunt Irm's arm and escorted her outside. She insisted on walking to the car and denied she said anything about me in the receiving line.

"So?" I asked. "What did you think of Mrs. O'Donnell? Still think she's a Schwartz . . . koffeneger?"

"Schwarze Witwe, kindchen, and it is possible. She was most comfortable in that line. She enjoyed the attention, I think."

"With her husband's career, she had plenty of practice in formal receiving lines." I clicked open the car doors.

Irm remained skeptical.

"Give her credit for heaven's sake, you just got out of church."

CHAPTER THREE

ON THE DRIVE to work Monday morning, my phone rang. It was Sam Paulus, the scheduling attending, which meant the hour I'd spent on the phone with my residents the night before was all for naught. We'd discussed the anesthetic plans for our scheduled cases, which were about to not be our scheduled cases. Not a huge deal, but frustrating.

"Good morning, Sam. There wouldn't be a change to the schedule or anything, would there?"

"Ah, Kate, can't I call to say good morning to my favorite assistant professor?"

That made me smile. "Sure, you can."

"While I have you on the phone—"

"Here it comes."

"I need you to switch general surgery cases with Amal. You'll have Justin Dearborn as the resident in that room and you'll keep your other GYN room."

"No problem."

"Really?"

"Should it be? You sound guilty."

"Yeah, full disclosure—Amal refuses to work with Dr. Ricken." Charles Ricken, the first private general surgeon offered privileges

at University, had cultivated an impressive reputation in a few short weeks. Forewarned, I'd avoided unnecessary contact and ignored his rants the week before.

"We're down to squeaky wheel scheduling, I see."

"Yeah, I'm sorry," he said. "I know you were stuck with him twice last week, but neither of you came out swearing, so that's a good sign."

"So swearing is the key."

Sam chuckled. "I promise not to put you with him tomorrow."

"I'm nonclinical tomorrow."

"So you are. Thanks, Kate."

I couldn't fault Sam, his job sucked—a hundred moving pieces on a chessboard that tilted at irregular intervals, knocking queens into pawns. Today I was a pawn. Most days I was a pawn.

It actually worked out well. I could ask Ricken about Mrs. McCray and Dr. O'Donnell. He'd operated on both of them and might have more information about their deaths.

* * *

Once in scrubs, I found Justin Dearborn, the senior anesthesia resident assigned to Dr. Ricken's room.

"How's Shelley?" I asked. Justin's wife was nearly due to deliver their first child.

"She's ready, and so am I. She's so restless I'm not getting much sleep."

And that would be why he wasn't a favorite resident of mine—crappy, self-absorbed attitude.

"Jenn Mason's going to present the patient," he said. "She's a fourth-year student rotating with us."

I introduced myself to the tall blond with girl-next-door looks, and an eager-to-impress manner.

“Mr. Greyson is a thirty-two-year-old male with ALS presenting for feeding tube placement,” she said. “He is wheelchair-bound and has progressive weakness including his tongue and throat, necessitating the G-tube. He was healthy until three years ago but has had a rapid course.”

She looked not at her notes, but up and to the right, apparently her memory zone.

“He’s on no medications, has no allergies, no prior anesthetics. Airway exam is normal.” She paused.

“And the plan?” I asked.

Jenn looked at Justin, who nodded. “General anesthesia but without muscle relaxants since he could have a prolonged response.”

“Excellent.” I smiled at Justin. He’d prepared her surprisingly well.

“I’d like to take the credit, but she came up with it all herself,” he said. “I’ll go make sure the OR’s ready.”

Jenn and I approached Mr. Greyson’s bedside. On the stretcher lay a hollow man, aged well beyond his years. Hollow cheeks, hollow eyes. Hollow future. The ravages of a dreadful disease striking a man in his prime.

Mr. Greyson greeted us with a faint smile and answered my questions in a weak voice but avoided eye contact. His wife stared at their clasped hands, her thumbs in constant motion. I pulled the privacy curtain, but it couldn’t mask the sounds of staff, families, and rolling stretchers. Jenn remained just inside the curtain, rocking slightly up and down on the balls of her feet. A nervous habit she’d need to break, at least in front of patients.

“We need to talk briefly about your Living Will and Do Not Resuscitate form,” I said.

Mrs. Greyson’s thumbs stopped caressing. Her fingers turned white, so tightly was she gripping her husband’s hand.

“Your form declines intubation and resuscitation,” I said. “Do you know what that means?”

Mrs. Greyson nodded for both of them. “No tube in his throat, no ventilator, and no CPR.” The couple stared at each other. A joint decision. Devastating, but mutual.

“Right, but did Dr. Dearborn describe general anesthesia to you? It requires a breathing tube and ventilator temporarily. We could avoid that by doing a spinal. You won’t feel anything but can breathe on —”

“No.” They interrupted in unison.

“He needs general anesthesia,” said Mrs. Greyson with unexpected conviction. Likely she’d read much about her husband’s disease, and knew the pros and cons.

“Okay. We’ll remove the breathing tube as soon as you’re able to breathe on your own again. So, to be clear, we’re going to rescind the DNR during the operation, reinstating it once you’re out of the recovery room.”

Mrs. Greyson’s eyes narrowed fractionally. “Alex has been through enough.” Her voice broke. With considerable effort, her husband touched her shoulder.

“It’s okay,” he said to me in his soft voice. “I trust you. Do what you think is right.” He let his arm fall back to his side, rail thin but still too weighty. Then his eyes changed, wider, piercing, imploring. “Just don’t let me linger on a ventilator. It will be time soon enough either way.”

“I promise, sir.”

Mrs. Greyson leaned over the stretcher and kissed her husband as he struggled to embrace her in return. When she pulled away, a single tear tracked down the right side of his face. She caressed it away with her thumb, clutching a mascara-streaked tissue in her palm.

I nodded to Jenn and she released the brake, tugged the curtain aside, and pulled the foot of the stretcher into the aisle as I reassured Mrs. Greyson. “We’ll take good care of him.”

When we arrived in the OR, Dr. Ricken had not yet appeared. “I’ve called him,” said the circulating nurse, holding up her hands defensively. With administration’s emphasis on on-time starts, this wasn’t the way to begin the day.

“I recorded the reason for the delay,” she added.

While we waited, Jenn showed impressive maturity for a med student. She engaged Mr. Greyson in conversation, distracting him from the wait and impending surgery. Listening carefully to his soft voice, in ten minutes we learned he’d been married five years, had a three-year-old son who loved animals, and a golden retriever named Acadia, after the national park in Maine where he had proposed. They decided to have no more children after the ALS diagnosis. “This death sentence is not worth the risk. She will have more children, just not mine.”

I thought about that comment. A sperm donor perhaps? But Dr. Ricken’s arrival prevented further discussion, probably a good thing, as another tear formed in the corner of Mr. Greyson’s eye. I handed Jenn a tissue and she gently wiped it away.

After Dr. Ricken and I confirmed patient and procedure, Jenn moved to the head of the bed and applied a clear mask over Mr. Greyson’s nose and mouth. She continued to talk soothingly to him but forgot to turn up the oxygen flow. Justin took care of it. Though not her first intubation, the tremor in Jenn’s hand betrayed her nerves.

I administered the induction drugs, and once Mr. Greyson fell unconscious, Jenn opened his mouth, slid in the metal laryngoscope, and lifted his lower jaw.

“What do you see?” Justin peered over her shoulder.

“Vocal cords.” She slipped the endotracheal tube in with little difficulty. Justin attached the ventilator tubing and squeezed the breathing bag while we watched for a deflection in the carbon

dioxide tracing. It never came. No carbon dioxide meant no ventilation. The tube wasn't in the trachea.

Justin, stethoscope on the patient's chest, shook his head as an alarm blared.

I reached behind Jenn to silence the alarm.

"I'm sorry," she said, eyes wide.

"It's okay, it happens." I deflated the cuff on the endotracheal tube, pulled it out, and gave her back the mask. "Give him a few breaths, then try again."

"Oh, for chrissake, are we ever going to get this case started?" Dr. Ricken's voice boomed from across the OR table. I hadn't seen him approach and ignored him now.

"Students get one try," Ricken said. "They fail, it's someone else's turn. My patients deserve no less."

Jenn's face reddened around her mask. I willed her to make eye contact. It worked.

"You're my student. The patient is stable and in no danger. If you're comfortable, I'd like you to try again."

Jenn reinserted the laryngoscope.

"Watch his teeth, dammit." Dr. Ricken again.

Jenn froze. Poor kid.

"You're fine, Jenn." I looked up at the devil disguised as a surgeon. "I have this under control, Dr. Ricken."

"He is my—"

"He's my patient, too." I glared at him. I rarely glared, and it had no effect.

Jenn held the laryngoscope in the patient's mouth, immobile, her eyes round, staring at me.

I nodded. "Go ahead."

Marcus Culpepper, a physician's assistant who worked under Dr. Ricken, entered the room. Our eyes met briefly, mine pleading, and he said, "Dr. Ricken, have you seen this scan?"

My hero. I'd have to thank him later.

Jenn carefully advanced the breathing tube again. This time, the monitor registered exhaled carbon dioxide, and Jenn let out a breath so loud Justin and I both smiled.