



HIDDEN HURT: Igatheleng Kunyane has comforted countless people on their death beds, and sometimes she needs comfort, too

THE HOURS

Is this the hardest profession in the world? **Oliver Roberts** speaks to some palliative care nurses about their dealings with the dying

Pictures: **JAMES GATWAY**

DEATH is normal. From his Krugersdorp office, where a small water feature trickles in the corner and the smell of incense coats on the air, this is what Rian Venter tells them when they come here. He's wearing a kaftan. There's a collection of walking sticks hanging on the wall.

They come here with death at the ready. Venter tries to get them ready for death.

"When you work in palliative care, the one thing that becomes very obvious very quickly is that you're working in a situation where people have reached a bottleneck in their life. They are going to die and they know about it," he says.

Venter is a palliative nurse specialist and CEO of Hospice West Gauteng.

Bottleneck. When you put it that way, the physics of death seem very much like the physics of the universe, except in reverse. Instead of stretching away from the beginning of time, you're hurtling back towards its narrow end, feeling the hours crush your body as you hurtle in on that dark apex.

Venter wears crystals on both his wrists. An experiment in metaphysics, he tells me. The tip of the middle finger on his left hand is gone.

"Your time concept changes completely," he says, "because there really isn't any other time except now, except here. Nothing else. And you can talk about this, you can go on weekend retreats where you pay thousands of rands to be told these things and you can know it very well theoretically and discuss it theoretically, but you don't really know it."

He means being present, doesn't he? That very Buddhist practice of involving yourself only in the now. It's supposed to bring calm, a release from worldly worry. It may

"You can know it very well, theoretically, but you don't really know it"

also help you to ignore the fact that you have only six months to live.

For Venter, this is the moment he looks for when they come here. One minute their eyes are drawn wide with terror, the next it's like the gauzy film of mortality has been peeled from their faces.

"I had an old man in here not so long ago, sitting between his wife and daughter. He was so fearful. He had been through so much pain, so

many tests. I spoke to him, and suddenly the penny dropped and his whole demeanor changed. He obviously got into the now, which is where he stayed until he died... now that is a wonderful death."

This is a rarity. Not the wonderfulness of death itself — that is easily managed through the charm of morphine — but the wonderfulness of an enlightened, passing spirit. With some dismay, Venter says that despite his counselling, despite the imparting of his morbid, shimmering wisdom, very few of his patients ever reach that Zen state.

"We cling to a lot of cultural and historical nonsense to cope with our fear, and in the end none of that works because it's all external. Everything you need is available internally if you just become quiet enough. Death remains an abstract thing for everybody. For some people it just has to be clarified as normal, then they'll say, 'I know it's not right, but I actually really want to die.'"

Igatheleng Kunyane sometimes witnesses this final acceptance too. She works for Complete Nursing Agency in Wendywood. She does not wear kaftans or dabble in metaphysics, but she does like to hold people's hands.

"When they are about to die they hold on very tight, and then they

go," she says. "By the time they pass away, a lot of people are ready for that because it's going to be a release from pain."

You see strange things in this profession. The glazing over of the eyes as the body empties. The final breath. The panicked clinging to this theoretical state of reality. Kunyane has seen a man fleeing from spectres who had come to collect him.

"He would get out of bed and run around the hospital at night, carrying his drip and catheter," she says. "We'd say, 'Mister, where are you going?' and he'd say, 'There are people in my room. They have come to fetch me. I thought maybe he was having nightmares, but during the day he was fine, he never got out of bed. He died four days later at around five in the morning.'"

Kunyane is demure, with a bright smile and slim figure. Has she seen a lot of people die? Yes, she says, I have. I have.

"I like comforting people, but people don't think that I also need comforting sometimes. They see me as a pillar of strength. When I'm hurting they won't know, but inside I am. One night, I couldn't take it anymore. I was staying with my mother but she didn't know how I was feeling. I went into my bedroom, locked my door and put my face into my cushion and just cried.

The walls in the house are quite thin but she never heard me."

Regular counselling is, of course, a necessity for palliative nurses. Like the old man with his drip and catheter, they're constantly being haunted by ghosts, constantly being reminded about the thing most people are constantly denying.

When I suggest to Jennifer Vezá, also with Complete Nursing, that what she does is a "calling," she makes an odd sound in her throat that is either an expression of modesty or a way of saying, "You have no idea."

"I leave my beliefs at home and try to understand what they believe in"

"It sounds clichéd to say 'a calling,'" she says. "I don't think it was a calling for me. My mother didn't want me to do this job. Initially, I was working as a Red Cross volunteer, so I wasn't getting paid, but I tried explaining to her what I was getting from the work but I couldn't put it into words. I once went into a shack in KwaZulu-Natal where there was a man who had been shunned by his family because he



BE HERE NOW: Rian Venter brings a Zen perspective to his clients' final days

look at today, they're feeling good, the pain is under control, so let's look at something. You find things that are happening, like a grandchild being born, and that's your focus. We'll get you there, peacefully."

So you must counsel them. You must touch them and transform their notions of hours and minutes. You must be calm. You must, as Venti sometimes does, lie in bed with them and hold them. You must promise them, but sometimes, you must also lie to them.

"I had one patient last year who was almost in rigor mortis and all she talked about was her daughter's wedding," Hozak says. "And she hung on. She went and had a dress made, fitted onto this scarecrow, and she was asking me what colours she should wear and all the time I knew she wouldn't make it. But I couldn't say 'Don't be stupid, you won't be alive.' No, I'm saying, 'I think that shade of green looks lovely on you.' She died here. She didn't make it to the wedding."

Hozak says they hold you, they hold you like a child.

Back in Venter's office, a staff member comes in to fetch a bottle of morphine from a cabinet with a huge padlock on it. A patient in low supply has come to pick it up. It's a clear liquid, like water. Hozak calls it the greatest drug ever invented. Venter talks. Morphine and time and his eclectic beliefs. He talks about the regression that he sees taking place inside the dying.

"It's very much like caring for a little baby," he says. "With a baby, you care with an expectation of change into adulthood. With these people, you have to try and stabilise things so that they can cope with the death that's going to get to them."

Venter lost the top part of his finger when he was a boy. It got shot in a train door in Braamfontein. He didn't notice at the time. His leg got hot and as he looked down he saw the blood streaming out of his hand.

"They amputated it, and it was in the middle of winter so the pain was excruciating," he says. "But I've just lived with it forever." **LS**



FINAL VISION: Jennifer Venti has often witnessed the singular moment that comes with death

was dying of Aids. I went into that shack, touched him, held his hand, and when I looked into his eyes I saw life. I saw an acceptance."

The acceptance of the end. The acceptance of it not being the end. None of us knows yet. But most palliative nurses have a belief in the afterlife. And it's a pretty convincing one. I mean, how many people did you see die last week?

"I'm Catholic, but I don't think that's relevant to my patients because I get people from all walks of life," Venti says. "I leave my beliefs at home and try to understand what they believe in, and I think that makes me closer to my God."

Venti has a pretty, gentle face and a playful, even cheeky manner, glossy lips. You see her in front of you in her nurse's uniforms. You think of the people for whom hers was the last face they ever saw, this Jennifer Venti. A friendly and compassionate face; that, says Venti, should be the final vision they have.

She has moments that only regular and close proximity to death can give. And those moments provide lessons and signals, educate you about the nuances of death, about its characteristics, about how it lets you know that it's close by.

"Have you seen a person gasp?" she asks. "I think you should see that. A few minutes before they die, they gasp, like ha-ha-ha-ha-ha, and they get phlegm in their throat and when they cough it out, that's it, the person never speaks again."

But is there at least peace? Please tell us that there's a sense of peace that comes after those gasps, when the prayers begin and the nails turn blue.

"Oh ya, yoh," Venti says. "Something out of the natural happens. That moment is... special. I don't know. It's like in the movies when there's a light over the body. It's something like that. I have to touch this ice-cold body and pray."

Sister Frances Hozak talks about the "journey" she takes with her

patients. She works for Hospice Wits in Houghton.

"I have 28 patients at home at the moment, but that could change. I could have seven next week because the rest could die."

The hospice here has 12 private rooms and a full-time nursing staff. Walk the halls and peer briefly into the rooms of the dying and there is a surprising lack of dread or gloom, only colour and calm and people sitting at windows streaming with sunlight.

"The biggest question, the biggest fear, is, 'How am I going to die?'" says Hozak. "If we tell them, 'I promise you will be able to breathe when you die, that we will sedate you, that we will be there with you, that we will look after you,' that is a huge thing."

How long? Remember Venter said your concept of time changes completely. But how long? Their infatuation with time is something that palliative nurses like Hozak have to temper.

"You need to change their way of thinking. If a doctor says it's six to 10 months, they get obsessed with it, of course, so we tell them to just



EASING THE PASSAGE: Sister Frances Hozak with patient Peter Cunningham