nal stage, families need to be enabled to utilise community resources and to cope with the new crisis, while at the same time the patients' special needs have to be met. Counselling must address the special needs of the patients and their families, taking into account such factors as age, developmental stage and inner resources.

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Loss

by Amy Shindler, aged 14

Quite recently I have lost someone that I didn't know very well but, in a way, knew better than her family and closest friends. We first met two years ago, in November 1987. I don't have a very good recollection of my life at that time, because most of it is a medicated blur, but I do remember first meeting Beth. She was ten at that time, and I was going on 13. I met her as I was being led briskly through the rabbit warren of bleak hospital corridors trying to keep the scurrying white nurse in view.

Beth was fairly small with long blond hair and I sensed a feeling of being lost, powerless and very frightened about her. I felt angry with her and it is only now that I realise why: I was feeling exactly the same. We were both there for a bone marrow test, because we were both very ill.

Seven weeks before that time I had been at home for ten days with a high temperature and the 'flu' and as soon as I was well, I went back to school. There was the school play of 'Animal Farm' which I was in, and there was a lot of mad rehearsing before the performance, a couple of weeks later. Throughout all that time I was suffering from very painful headaches and migraines, and I began to go blind in my left eye. Naturally I thought this due to the loss of my reading glasses when I had the 'flu', until my left eye stopped moving to the left.

I remember the performances of 'Animal Farm' as a lot of scenes in between which I would race upstairs to fend off the headaches with more paracetamol. I also remember how ironic it was that at the end of the play I had a line 'I think I must be blind, I cannot see the wall any longer' and I really couldn't see the wall any more. So a week later came the fateful Wednesday, the night of the Kings Cross fire and the night and early morning of my hospital visitations. I went to the optician after school who sent me to my GP, who sent me to Moorfields Eye Hospital, who sent me to the National Hospital for Nervous Diseases.

That was one of the most frightening nights of my life, when I was put in the Intensive Care Unit, surrounded by insane, bald and bony women hooked up to life support machines. Basically what happened next was that I was told they had to operate on me, before I went blind in my left eye. They told me at one point, (although my mum does not remember this) that they would have to remove my eye altogether. But they decided to go in through the skull and risk touching the brain.

However because of my stubbornness and much to everyone's surprise, I got myself out of that hospital 10 days later and about three weeks after that, I was brought to the Royal Marsden in Sutton, where I met Beth. It was here that I was told that they had removed a cancerous tumour from behind my eye and I would need chemotherapy and radiotherapy, to make sure the cancer had not spread anywhere. So my first test was a bone marrow sample.

Beth's cancer was exactly the same as mine, a 'rhabdomyosarcoma', but in her arm, a higher risk area. This meant she must undergo more intensive treatment than me. I began to see her more around the hospital and as our mums became friendly, so did we. Our main topic of conversation was the chemotherapy and I should explain about this.

Chemotherapy is the process of flowing poisonous drugs through the system to kill the bad cancerous cells. However, in some people this also kills the stomach cells, making them vomit a lot. I was one of those people. Beth was not. I was sick every three minutes for five hours and Beth's chemotherapy had no effect. This seemed terribly unfair to me. But then we had something else in common; we were both losing all our hair, caused by the chemo. I wore berets and Beth wore a wig.

Then they intensified Beth's treatment and the next time I saw her, she seemed very white and small and frail. She had a Hickman line put in. This is a tube put in the chest so that the drugs go straight to the heart instead of being drained through a needle for an hour and a half like I had. I wanted a Hickman line too: I hated that needle and I'd often retch as I watched the vile yellow chemo drug drain through the needle into my blood stream. My stomach churns as I write this two years after.

A couple of months into the chemo treatment, Beth went in for her dose before me, she had a Hickman line because her drugs were more intense than mine. I remember hearing a wail from her treatment room and I knew my

mum was talking loudly to me to try and cover it up, but I heard. Later on, Beth had to go into isolation while she was given drugs that would lower her white blood cells so much that she could not see anyone in case she caught an infection or disease. Even in isolation she managed to catch an eye infection and her eye blew up like a cherry for a few days.

She finished her treatment around the same time that I did, but last year they discovered the tumour again on a scan and she went under a second bout of chemo. I felt guilty and sad, and was afraid to see her in case she'd hate me for being so lucky as to get on with life as normal again. But she was just the same as always, very bubbly and talkative.

That treatment didn't work either and she was told that that they must amputate her right arm, where the cancer had spread some more. That was the last time I saw her, when my family took her and her mum out to lunch a few days before her operation and I was, again, quite apprehensive as to her opinion of me. But she was full of energy as usual, racing around with my younger brother and talking about her visit to the Paul Newman camp for children with cancer, which she had been chosen to visit.

When she came back from her holiday six months ago, she was soon told they had found, in her scan, that the cancer had spread to her lungs and stomach and when I heard that news I knew she was dying.

Just before Christmas she did die and the news of her death affected me deeply. I feel very guilty that she has died and not me. I went to her funeral. I found it very hard to do. While I was there I felt that I had swapped places with Beth and I suddenly felt like it was me who was suffocating in that coffin and that Beth was standing where I was, singing her favourite hymn. It sounds very strange but it was a very real experience. I also began to wonder who would have come to my funeral if it had been me. Whether Beth would have come or not, would she have cried as I was crying? I was frightened to face her family who might hate me for surviving when Beth did not.

What bothered me most of all though, is that I never said goodbye. I never let her know that I was still there for a chat on the naivety and ignorance of the people around us, about what having cancer was really like. In fact I had written her a letter after her bad prognosis in which I talked about the Paul Newman camp and told her that maybe we could be counsellors there together when we were a bit older. My mum saw my letter and mentioned that Beth was feeling desperate at the moment and that the mention of counselling might make her sad that she might not live that long. I never got around to rewriting it, and the letter was never sent off and I've always felt so bad about that. Not that it would have made a lot of difference to her, but it was my way of reaching out to her and asking her to hold on.

I always thought she would come out of it successfully but at every turn the odds were against her. Maybe if she knows I'm writing this, she'll know how much I care.

Sutton

by David Shindler

aged 10

She goes remembering
hoping, fearing

She goes with a
quick breath
a quick step

She restlessly waits
heart pounding

Familiar test
Familiar pain

Waiting for results,
going over past pain,
the trauma
Not again!!

Relief, all over
Fine, all worry
Nothing wrong

The fear shan't go
she'll still remember
Next week

*The title of the poem refers to the Royal Marsden Hospital in Sutton, Surrey, UK, where David's sister, Amy, was a patient.

FORTHCOMING EVENTS

Adolescent Suicide and Self-harm: Recent Research Findings. Presentations held by The Trust for the Study of Adolescence. 12 February 1993. London, UK. Details from Nadine Swift, Conference Organiser, T.S.A., 23 New Road, Brighton BN1 1WZ.

Adolescent Suicide and Self-harm: New Approaches to Intervention. Presentations, workshops and discussion groups held by The Trust for the Study of Adolescence. 18 March 1993. London, UK. Details as above.

Positive Care for People with Aids. Two ENB-approved courses for the health care professionals. 15-26 February and 22 March-2 April 1993. London, UK. Apply to The Lantern Trust, 72 Honey Lane, Waltham Abbey EN9 3BS.

HIV and AIDS Awareness. Workshop. 4-5 March 1993. London, UK. Apply to The Lantern Trust, as above.

LETTER TO THE EDITOR

Dear Editor,

Michael Perry, in his excellent review of 'Making the Most of a Funeral' (*Bereavement Care* 1992; **2:** 27), speaks of need for 'an address which combines the Christian message . . .', sentiments which are correct for an archdeacon but not for many people in this country who are not Christian. As well as other religious minorities there are many people who have no religious beliefs.

In most funerals there is a need for an inclusive service, one which gives comfort to believers but will not offend those holding differing or no beliefs.

DUDLEY CAVE,
Lay Assistant to the Minister,
Golders Green Unitarians,
31½ Hoop Lane, London NW11 8BS.

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