
NON-FICTION | SPRING 2016

The Best Cookies

By Catherine Cherry

In the late 1980s, the student who lived in the college room next to mine was an American boy whose mother made the *best* chocolate chip cookies. The sort made with rich, buttery cookie dough, baked just long enough to have a thin layer of crispness on the outside with a soft, sweet centre packed full of chocolate and nuts. After every semester break, he would return to college with enormous tins full of those delicious treats to share along the corridor. During my final year living there, his mother sent a handwritten copy of her family recipe along with the cookies – and my life as an amateur baker began.

Fast forward to 1994. By then I was a second year resident on rotation at Fairfield Infectious Diseases Hospital in Melbourne with my heart inexplicably set on a career working with those living with HIV. There were multiple wards dedicated to HIV/AIDS care at Fairfield, including a Continuing Care Unit (CCU) that specialized in providing high-quality palliative care. It was here that I met Paul.

I think it was a Thursday. I know I was scheduled to have an afternoon off. I had just finished morning rounds with my team when the nurse in charge of CCU paged me to let me know there was a new patient who needed to be admitted. So I finished my urgent tasks on the acute care ward and headed over to meet him.

Paul was a young man originally from Melbourne. A decade earlier, he had moved to Sydney in search of a vibrant gay culture, away from the constraints of family and the people he had known before he came out. He had a few wonderful years. Then his friends started getting sick, and before long he found himself caring for old lovers as they died. Even when he himself became too unwell to continue to work, Paul stayed in Sydney – surrounded by his ever-shrinking group of friends. It was only when he was admitted to hospital with AIDS, and it became clear Paul would never return home, that he asked to be transferred to Melbourne. His final days would be in hospital, but he wanted his family by his side when he died.

When I met him, Paul was heavily medicated, but fully aware of what was going on. His frail body was painfully thin and his eyes – full of wisdom and suffering so far beyond his years – were sunken in his face. But he was at peace with the fact of his impending death and grateful we had been able to offer him a place in CCU when he asked for one. He arrived with a subcutaneous morphine infusion in place and his physical pain was already well controlled. In many ways, it was an “easy” admission for me. There was very little to do beyond learning something about him and ensuring all the appropriate medications were charted, so the CCU staff would be able to manage his various symptoms optimally. But as we spoke, I had a nagging feeling there was something important on Paul’s mind that was distressing him. I wasn’t sure whether it was appropriate for me to try to find out what it was. I was a stranger

to him; a twenty-five-year-old girl who had no right to intrude during his final hours. I hoped I wouldn't make things worse when I placed a hand on his arm and said with some trepidation, *"I hope you don't mind me commenting, but it seems to me that something is bothering you beyond your illness. You don't have to tell me what it is, but if you'd like to talk about it, perhaps you'd feel better? And perhaps there might even be something someone here could do to help."*

I need not have been nervous about what he might say! Paul's eyes filled with tears and after a moment's pause he answered quietly, *"You're right. It's just that I had to leave my cat behind in Sydney. I know I'm going to die and I'm OK with that. But I want a cat on my bed."*

His use of prepositions was telling. I had just that year become the proud owner of two kittens, now about six months old, and my little tortoiseshell female, Svetya, was the world's most gregarious cat at that stage of her life. Could it possibly be that simple? *"Does it have to be your cat, or would any cat do?"* I asked. *"Any cat would be lovely"* was his forlorn reply. *"Leave it with me. Today's my afternoon off – I'll see if there's anything I can do."*

My mind went into overdrive. This was a hospital. The CCU staff was fabulous and never hesitated to "go the extra mile" to provide the best possible care for every individual they looked after. I was pretty sure most of them would totally approve of an animal being brought in if that's what Paul wanted, but I wasn't so sure such things were strictly "legal," according to hospital rules. And as the most junior member of the medical team, I had a sneaking suspicion that rules and regulations might override their better judgement if I asked the staff for permission to bring Svetya in. I decided subterfuge was the best way to go.

The idea of an "afternoon off" rarely translated into actually leaving work early in my experience, but that day I was determined. I was as efficient as possible as I raced through my tasks, and I turned my pager off on the stroke of 1pm so no new jobs could be added to my list. By mid-afternoon, I was out of there. After a quick stop to pick up some white chocolate chips and macadamia nuts, I drove home, put on an apron, and set to work to make a perfect batch of those wonderful cookies of my college days. While they baked, I fed Svetya an extra meal to ensure she was content and sleepy. Then I put the still warm cookies into an open topped container, persuaded a very malleable kitten to get into her carry case, and drove back to the hospital.

As if she understood the situation, Svetya stayed quite silent as I held her in her case down at knee level and leaned across the CCU nurses' desk to hand over the cookies, saying *"I actually got my afternoon off today, so I made you these for afternoon tea. I hope you like them."* Then, while everyone was distracted by the surprise, I went into Paul's room. He was already fading and sluggish from the morphine, but he opened his eyes as he heard me come in and saw me hold my finger to my lips, encouraging him to stay quiet. *"I've brought you a cat you can borrow for a bit, but I'm not sure whether she'll be allowed to stay or not, so please don't say anything too loudly."* Then I opened the case and Svetya jumped right onto his bed.

I've often wondered what Svetya saw when she looked at Paul. Certainly nothing that caused her fear or sadness. Perhaps she simply recognised an opportunity to be petted by someone who understood cats? Whatever it was, she didn't hesitate to curl up between his right arm

and his chest where she went straight to sleep. He reached across with his skeletal left hand and stroked her gently a few times, with a happy, distant look on his face. He didn't say anything. Before long, Paul's eyes closed and I slipped out of the room.

There's always plenty of paper work for residents to do at a hospital. So I made myself comfortable at the desk and got on with work I would have had to do eventually anyway, keeping an eye on the door to Paul's room. After half an hour or so, a nurse came to check on him. I got up quickly, ready to catch Svetya if she jumped off the bed, but there was no need. That kitten was happy where she was, and – as I had hoped might be the case – the nurse was entirely willing to be a co-conspirator in granting Paul's final request. I suspect they may have been grateful I hadn't put them in the position of having to consider refusing permission for Svetya to visit.

So I made myself a cup of tea, and continued with my paperwork until Paul's family arrived to sit with him. He was no longer opening his eyes when I introduced myself to his parents and carefully picked Svetya up and put her back in her carry case for the journey home, but a faint smile lingered on his illness-ravaged face. I like to think he was content when he died that night.

Svetya was the first cat I ever took into a hospital to sit with a patient. Although she did a perfect job of giving Paul the comfort he longed for, I don't consider her the best "service cat" I've known. She visited beautifully back in 1994 as a kitten, but by the time she was an adult, Svetya was just as unlikely to tolerate a strange environment as most cats. More than twenty years on, I'm now an established infectious diseases physician, and comfortable to seek permission openly to bend the rules when the occasion arises. It has been my great pleasure to take my current cat, Harvey, to spend time with a dying man who requested meeting him. He's a giant ginger tabby who would be willing to enjoy a stranger's company in almost any environment with a little encouragement, and he's without doubt the most amazing companion animal I've ever had. Next to Harvey, Svetya definitely gets second place as a feline hospital visitor! But I've never baked anything that would distract busy ward staff more effectively than the white chocolate and macadamia nut cookies I took in that day. Those cookies really are the best.

Catherine Cherry is an infectious diseases physician in Melbourne, Australia and my clinical practice has always been public hospital based. I have a particular interest in caring for those living with HIV. "The Best Cookies" was chosen as an Honorable Mention in the 2016 Intima Essay Contest, "Patients, Providers and Pets: One Health for All," a call for stories that reflected the term zooecyia, which has been coined to account for the salutary effects pets bestow upon humans.
