(VIVIAN BEARING walks on the empty stage, pushing her IV pole. She is tall and very thin, barefoot, and completely bald. She wears two hospital gowns—one tied in the front and one tied in the back—a baseball cap, and a hospital ID bracelet. VIVIAN looks out at the audience, sizing them up.)

VIVIAN. (In false familiarity, nodding to the audience) Hi. How are you feeling today? Great. That’s just great. (In her own voice) This is not my standard greeting, I assure you. I tend toward something a little more formal, a little less inquisitive, such as, say, “Hello.” But it is a standard greeting here.

There is some debate as to the correct response to this salutation. Should one reply “I feel good,” using “feel” as a copulative to link the subject, “I” to its subjective complement, “good”; or “I feel well”, modifying with an adverb the subject’s state of being?

I don’t know. I am a professor of seventh-century poetry, specializing in the Holy Sonnets of John Donne.

So I just say, “Fine.”

Of course it is not very often that I do feel fine.

I have been asked “How are you feeling today” while throwing up into a plastic washbasin. I have been asked as I was emerging from a four-hour operation with a tube in every orifice, “How are you feeling today?”

I am waiting for the moment when someone asks me this question and I am dead.

I’m a little sorry I’ll miss that.
It is unfortunate that this remarkable line of inquiry has come to me so late in my career. I could have exploited its feigned solicitude to great advantage: as I was distributing the final examination to the graduate course in seventh-century textual criticism—“Hi. How are you feeling today?”

Of course I would not be wearing this costume at the time, so the question’s ironic significance would not be fully apparent.

As I trust it is now.

Irrory is a literary device that will necessarily be deployed to great effect. I ardently wish this were not so. I would prefer that a play about me be cast in the mythic-heroic-pastoral mode; but the facts, most notably stage-four metastatic ovarian cancer, conspire against that. The Faerie Queene this is not.

And I was dismayed to discover that the play would contain elements of . . . humor.

I have been, at best, an unwitting accomplice. (She pauses.) It is not my intention to give away the plot; but I think I die in the end. They’ve given me less than an hour.

If I were poetically inclined, I might employ a threadbare metaphor—the sands of time slipping through the hourglass.

Now our sands are almost run;
More a little, and then dumb.

Shakespeare. I trust the name is familiar.

At the moment, however, I am disinclined to poetry.

I’ve got less than an hour. Then: Curtain.

(She disconnects herself from the IV pole and shoves it to a crossing TECHNICIAN.)

VIVIAN. I’ll never forget the time I found out I had cancer.

(Dr. Posner enters at a big desk piled high with papers.)

POSNER. You have cancer.

VIVIAN. (To audience.) See? Unforgettable. It was something of a shock. I had to sit down. (She plops down.)

POSNER. Please sit down, Miss Bearing. You have advanced metastatic ovarian cancer.

VIVIAN. Go on.

POSNER. You present with a growth that, unfortunately, went undetected in stages one, two, and three. Now it is an insidious adenocarcinoma, which has spread from the primary adnexal mass—

VIVIAN. “Insidious?”

POSNER. “Insidious” means undetectable at an—

VIVIAN. “Insidious” means treacherous.
POSNER. Shall I continue?

VIVIAN. By all means.

POSNER. Good. In invasive epithelial carcinoma, the most effective treatment modality is chemotherapeutic agent. We are developing an experimental combination of drugs designed for primary-site ovarian, with a target specificity of stage three-and-beyond administration.

Am I going too fast?

Good.

You will be hospitalized as an in-patient for treatment each cycle. You will be on complete intake-and-output measurement for three days after each treatment to monitor kidney function. After the initial eight cycles, you will have another battery of tests.

The antineoplastic will inevitably affect some healthy cells, including those lining the gastrointestinal tract from the lips to the anus, and the hair follicles. We will of course be relying on your resolve to withstand some of the more pernicious side effects.


“By cancer nature’s changing course untrimmed.” No – that’s not it.

No.

Must read something about cancer.

Must get some books, articles. Assemble a bibliography.

Is anyone doing research on cancer?

Concentrate.


Hair follicles. My resolve.

“Pernicious” That doesn’t seem –

POSNER. Miss Bearing?

VIVIAN. I beg your pardon?

POSNER. Do you have any questions so far?

VIVIAN. Please, go on.

POSNER. Perhaps some of these terms are new. I realize –

VIVIAN. No, no. You’re being very thorough.

POSNER. I make a point of it. This is not dermatology, it’s medical oncology, for Chrissake. (Pause.) Where were we, Professor Bearing?

VIVIAN. I believe I was being thoroughly diagnosed.

POSNER. Right. Now. The tumor is spreading very quickly, and the treatment is very aggressive. So far, so good?
VIVIAN. Yes.

POSNER. Better not teach next semester.

VIVIAN. (Indignant) Out of the question.

POSNER. The first week of each cycle you'll be hospitalized for chemotherapy; the next week you may feel a little tired; the next two weeks'll be fine, relatively. This cycle will repeat eight times, as I said before.

VIVIAN. Eight months like that?

POSNER. This treatment is the strongest thing we have to offer you. And, as research, it will make a significant contribution to our knowledge.

VIVIAN. Knowledge, yes.

POSNER. (Giving her a piece of paper.) Here is the informed-consent form. Should you agree, you sign there, at the bottom. Is there a family member you want me to explain this to?

VIVIAN. (Signing.) That won't be necessary.

POSNER. (Taking back the paper.) Good. The important thing is for you to take the full dose of chemotherapy. There may be times when you'll wish for a lesser dose, due to the side effects. But we've got to go full force. The experimental phase has got to have the maximum dose to be of any use. Professor Bearing –

VIVIAN. Yes?

POSNER. You must be very tough. Do you think you can be very tough?

VIVIAN. You needn't worry.

POSNER. Excellent.

(POSNER and the desk exit as VIVIAN stands and walks forward.)

VIVIAN. (Hesitantly.) I should have asked more questions, because I know there’s going to be a test. I have cancer, insidious cancer, with pernicious side effects – no the treatment has pernicious side effects. I have stage-four metastatic ovarian cancer. There is no stage five. Oh, and I have to be very tough. It appears to be a matter, as the saying goes, of life and death.

I know all about life and death. I am, after all, a scholar of Donne’s Holy Sonnets, which explore mortality in greater depth than any other body of work in the English language.

And I know for a fact that I am tough. A demanding professor. Uncompromising. Never one to turn from a challenge.

Eight cycles of chemotherapy. Give me the full dose, the full dose every time.

(In a burst of activity, the hospital scene is created.)

VIVIAN. I must admit, the attention was flattering. For the first five minutes. Now I know how poems feel.
(SUSIE MONAHAN, VIVIAN’s primary nurse, gives VIVIAN her chart, then puts her in a wheelchair and takes her to her first appointment: chest x-ray. This and all other diagnostic tests are suggested by light and sound.)

TECHNICIAN 1. Name.

VIVIAN. My name? Vivian Bearing.

TECHNICIAN 1. Huh?


TECHNICIAN 1. Doctor.

VIVIAN. Yes, I have a Ph.D.

TECHNICIAN 1. Your doctor.

VIVIAN. Oh. Dr. Jason Posner.

(TECHNICIAN 1 positions her so that she is leaning forward and embracing the metal plate, then steps offstage.)

TECHNICIAN 1. (From offstage). Take a deep breath, and hold it. (Pause, with light and sound.) Okay.

VIVIAN. I have made an immeasurable contribution to the discipline of English literature. (TECHNICIAN 1 returns and puts her in the wheelchair.) I am, in short, a force.

(TECHNICIAN 1 rolls her to upper GI series, where TECHNICIAN 2 picks up.)

TECHNICIAN 2. Name.

VIVIAN. Lucy, Countess of Belford.

TECHNICIAN 2. (Checking the chart.) I don’t see it here.

VIVIAN. My name is Vivian Bearing. B-E-A-R-I-N-G. Dr. Posner is my doctor.

TECHNICIAN 2. Okay. Lie down. (TECHNICIAN 2 positions her on a stretcher and leaves. Light and sound suggest the filming. TECHNICIAN 2 returns.)

TECHNICIAN 2. Here you go. (Helping VIVIAN into the chair)

(TECHNICIAN 2 deposits her at CT scan.)


(TECHNICIAN 3 has VIVIAN lie down on a metal stretcher. Light and sound suggest the procedure.)

TECHNICIAN 3. Here. Hold still.

VIVIAN. For how long?

TECHNICIAN 3. Just a little while. (TECHNICIAN 3 leaves. Silence.)
VIVIAN. The scholarly study of poetic texts requires a capacity for scrupulously detailed examination, particularly the poetry of John Donne. The salient characteristic of the poems is wit. To the common reader — that is to say, the undergraduate with a B-plus or better average — wit provides an invaluable exercise for sharpening the mental faculties, for stimulating the flash of comprehension that can only follow hours of exacting and seemingly pointless scrutiny.

(TECHNICIAN 3 puts VIVIAN back in the wheelchair and wheels her toward the unit. Partway, TECHNICIAN 3 gives the chair a shove and SUSIE MONAHAN, VIVIAN’s primary nurse, takes over. SUSIE rolls VIVIAN to the exam room.)

To the scholar, Donne’s wit is ... a way to see how good you really are. After twenty years, I can say with confidence, no one is quite as good as I.

SUSIE. Here we are. How are you feeling today?

VIVIAN. Fine.

SUSIE. Good. I have a few questions for your history. How old are you?

VIVIAN. Forty-five.

SUSIE. Are you married?

VIVIAN. No.

SUSIE. Are your parents living?

VIVIAN. No.

SUSIE. How and when did they die?

VIVIAN. My father, suddenly, when I was twenty, of a heart attack. My mother, slowly, when I was forty-one and forty-two, of cancer. Breast cancer.

SUSIE. Cancer?

VIVIAN. Breast cancer.

SUSIE. I see. Any siblings?

VIVIAN. No.

SUSIE. Have you ever been hospitalized?

VIVIAN. I had my tonsils out when I was eight.

SUSIE. Have you ever been pregnant?

VIVIAN. No.

SUSIE. Ever had heart murmurs? High blood pressure?

VIVIAN. No.
SUSIE. Stomach, liver, kidney problems?
VIVIAN. No.

SUSIE. Thyroid, diabetes, cancer?
VIVIAN. No – cancer, yes.

SUSIE. When?
VIVIAN. Now.

SUSIE. Well, not including now.
VIVIAN. In that case, no.

SUSIE. Okay. Clinical depression? Nervous breakdowns? Suicide attempts?
VIVIAN. No.

SUSIE. Do you smoke?
VIVIAN. No.

SUSIE. Alcohol?
VIVIAN. Yes. I drink wine.

SUSIE. Do you use substances?
VIVIAN. Such as.

SUSIE. Marijuana, cocaine, PCP, ecstasy –
VIVIAN. No.

SUSIE. Do you drink caffeinated beverages?
VIVIAN. Oh, yes!

SUSIE. Which ones?
VIVIAN. Coffee. A few cups a day.

SUSIE. How many?
VIVIAN. Two … to six. But I really don’t think that’s immoderate.

SUSIE. How often do you undergo routine medical check-ups?
VIVIAN. Well, not as often as I should, probably, but I’ve felt fine, I really have.

SUSIE. So the answer is?
VIVIAN. Every three to … five years.
SUSIE. What do you do for exercise?

VIVIAN. Pace.

SUSIE. Are you having sexual relations?

VIVIAN. Not at the moment.

SUSIE. When did you notice your present condition?

VIVIAN. Oh, about four months ago. I felt a pain in my stomach, in my abdomen, like a cramp, but not the same.

SUSIE. How did it feel?

VIVIAN. Like a cramp.

SUSIE. But not the same?

VIVIAN. Exactly.

SUSIE. What came next?

VIVIAN. Well, I just, I don't know, I started noticing my body, little things. I would be teaching, and feel a sharp pain.

SUSIE. What kind of pain?

VIVIAN. Sharp, and sudden. Then it would go away. Or I would be tired. Exhausted.

SUSIE. Were you under any stress?

VIVIAN. Not more stress than usual.

SUSIE. Well, that should do for now. How are you feeling?

VIVIAN. Fine.

SUSIE. Great. I'll be back shortly.

(SUSIE exits, and VIVIAN slowly gets up and walks downstage to the audience.)

VIVIAN. One thing can be said for an eight-month course of cancer treatment: it is highly educational. I am learning to suffer.

Yes, it is mildly uncomfortable to have an electrocardiogram, but the ... agony ... of a proctosigmoidoscopy sweeps it from memory. Yes, it was embarrassing to have to wear a nightgown all day long, but that seemed like a positive privilege compared to watching myself go bald. Yes, having a pelvic exam was thoroughly degrading – and I use the term deliberately – but I could not have imagined the depths of humiliation that –

Oh, God – (VIVIAN runs across the stage to her hospital room, dives onto the bed, and throws up into a large plastic washbasin.) Oh, God. Oh. Oh. (She lies slumped on the bed, fastened to the IV, which now includes a small bottle with a bright orange label.) Oh, God. It can't be. (Silence.) Oh,
God. Please. Steady. Steady. (Silence.) Oh – Oh, no! (She throws up again, moans, and retches in agony.) Oh, God. What’s left? I haven’t eaten in two days. What’s left to puke?

You may remark that my vocabulary has taken a turn for the Anglo-Saxon.

God, I’m going to barf my brains out.

(She begins to relax.) If I actually did barf my brains out, it would be a great loss to my discipline. Of course, not a few of my colleagues would be relieved. To say nothing of my students.

It’s not that I’m controversial. Just uncompromising. Ooh – (She lunges for the basin. Nothing.) Oh. (Silence.) False alarm.

Well, first my colleagues, most of whom are my former students, would scramble madly for my position. Then their consciences would flare up, so to honor my memory, they would put together a collection of their essays about John Donne. The volume would begin with a warm introduction, capturing my most endearing qualities. It would be short. But sweet.

Published and perished.

Now watch this: I have to ring the bell (She presses the button on the bed) to get someone to come and measure this emesis, and record the amount on a chart of my intake and output. This counts as output.

(SUSIE enters.)

SUSIE. (Brightly.) How you doing, Ms. Bearing? You having some nausea?

VIVIAN. (Weakly.) Uhh, yes.

SUSIE. Why don’t I take that? Here.

VIVIAN. It’s about 300 cc’s.

SUSIE. That’s all?

VIVIAN. It was very hard work.

(SUSIE takes the basin.)

SUSIE. Anything else I can get for you? Some Jell-O or anything?

VIVIAN. Thank you, no.

SUSIE. You okay all by yourself here?

VIVIAN. Yes.

SUSIE. You’re not having a lot of visitors, are you?

VIVIAN. (Correcting.) None, to be precise.

SUSIE. Yeah, I didn’t think so. Is there somebody you want me to call for you?
VIVIAN. That won’t be necessary.

SUSIE. Well, I’ll pop my head in every once in a while to see how you’re coming along. Dr. Posner and the fellows should be in soon. (She touches VIVIAN’s arm.) If there’s anything you need, you just ring.

VIVIAN. (Uncomfortable with kindness.) Thank you.

SUSIE. Okay. Just call. (SUSIE disconnects the IV bottle with the orange label and takes it with her as she leaves. VIVIAN lies still. Silence.)

VIVIAN. In this dramatic structure you will see the most interesting aspects of my tenure as an in-patient receiving experimental chemotherapy for advanced metastatic ovarian cancer. But as I am a scholar before . . . an impresario, I feel obliged to document what it is like here most of the time, between the dramatic climaxes. Between the spectacles. In truth, it is like this:

(She ceremoniously lies back and stares at the ceiling.)

You cannot imagine how time … can be … so still.

It hangs. It weighs. And yet there is so little of it.

It goes slowly, and yet it is so scarce.

If I were writing this scene, it would last a full fifteen minutes. I would lie here, you would sit there.

(She looks at the audience, daring them. Silence.)

Not to worry. Brevity is the soul of wit. But if you think eight months of cancer treatment is tedious for the audience, consider how it feels to play my part. (Giving a cue.) Action.

(DR. POSNER enters, followed by the FELLOWS.)

POSNER. Dr. Bearing.

VIVIAN. Dr. Posner.

POSNER. How are you feeling today?

VIVIAN. Fine.

POSNER. That’s great. Just great.

(He takes a sheet and carefully covers her lower body. He is barely audible.)

VIVIAN. “Grand Rounds.” The term is theirs. Not “Grand” in the traditional sense of sweeping or magnificent. Not “Rounds” as in a musical canon, or a round of applause (though either would be refreshing at this point). Here, “Rounds” seems to signify darting around the main issue … which I suppose would be the struggle for life … my life … with heated discussions of side effects, other complaints, additional treatments.

POSNER. Very late detection. Staged as a four upon admission.

Hexamethophosphacil with Vin-platin to potentiate. Hex at 300 mg per meter squared, Vin at 100. Today is cycle two, day three. Both cycles at full dose. (The fellows are impressed.)
VIVIAN. Grand Rounds is not Grand Opera. But compared to lying here, it is positively dramatic.

Full of subservience, hierarchy, gratuitous displays, sublimated rivalries – I feel right at home. It is just like a graduate seminar.

With one important difference: in Grand Rounds, they read me like a book. Once I did the teaching, now I am taught.

This is much easier. I just hold still and look cancerous. It requires less acting every time.

Excellent command of details.

POSNER. The primary site is behind the left ovary. Metastases are suspected in the peritoneal cavity.

Full lymphatic involvement.

At the time of first-look surgery, a significant part of the tumor was debulked, mostly in this area. Left, right ovaries. Fallopian tubes. Uterus. All out.

Evidence of primary-site shrinkage. Shrinking in metastatic tumors has not been documented. Primary mass frankly palpable in pelvic exam, frankly, all through here.

POSNER. Okay. Problem areas with Hex and Vin.

FELLOW 1. Myelosu –

FELLOW 2. (Interrupting) Well, first of course is myelosuppression, a lowering of blood-cell counts. It goes without saying. With this combination of agents, nephrotoxicity will be next.

POSNER. Go on.

FELLOW 2. The kidneys are designed to filter out impurities in the bloodstream. In trying to filter the chemotherapeutic agent out of the bloodstream, the kidneys shut down.

POSNER. Treatment.

FELLOW 3. Hydration.

POSNER. Monitoring.

FELLOW 4. Full recording of fluid intake and output to monitor hydration and kidney function. Totals monitored daily.

POSNER. Side effects.

FELLOW 5. Nausea and vomiting.

POSNER. And.

FELLOW 2. Pain while urinating.

POSNER. Routine.

FELLOW 1. Psychological depression.
POSNER. Anything else. Other complaints with Hexamethophosphacil and Vinplatin. Come on.

(Silence. POSNER and VIVIAN wait together for the correct answer.)

FELLOW 3. Mouth sores.

POSNER. Not yet.

FELLOW 5. (Timidly.) Skin rash?

POSNER. Nope.

(Silence.)

POSNER. Why do we waste our time, Dr. Bearing?

VIVIAN. I do not know, Dr. Posner.

POSNER. (To the FELLOWS) Use your eyes. (All FELLOWS look closely at VIVIAN.) Jesus God. Hair loss.

FELLOWS. (All protesting.)

-- Come on.

-- You can see it.

-- It doesn’t count.

-- Not fair.

POSNER. (To VIVIAN) Dr. Bearing. Full dose. Excellent. Keep pushing the fluids.

(The FELLOWS leave.)

VIVIAN. Wasn’t that ... Grand? (She gets up without the IV pole.) At times, this obsessively detailed examination, this scrutiny, seems to me to be a nefarious business. On the other hand, what is the alternative? Ignorance? Ignorance may be ... bliss; but it is not a very noble goal.

So I play my part. I receive chemotherapy, throw up, am subjected to countless indignities, feel better, go home. Eight cycles. Eight neat little strophes. Oh, there have been the usual variations, subplots, red herrings: hepatotoxicity (liver poison), neuropathy (nerve death).

(Righteously) They are medical terms. I look them up. It has always been my custom to treat words with respect. Medical terms are less evocative than the poetry of Donne. Still, I want to know what the doctors mean when they ... anatomize me. And I will grant that in this particular field of endeavor they possess a more potent arsenal of terminology. My only defense is the acquisition of vocabulary.

(SUSIE enters and puts her arm around VIVIAN’s shoulders to hold her up. VIVIAN is shaking, feverish and weak.)

VIVIAN. (All at once.) Fever and neutropenia.

SUSIE. When did it start?
VIVIAN. (Having difficulty speaking.) I—I was at home—reading—and I—felt so bad. I called. Fever and neutropenia. They said to come in.

SUSIE. You did the right thing to come. Did somebody drive you?

VIVIAN. Cab. I took a taxi.

SUSIE. (A TECHNICIAN enters with a wheelchair and SUSIE helps VIVIAN sit. As SUSIE speaks, she takes VIVIAN’s temperature, pulse, and respiration rate.) Here, why don’t you sit? Just sit there a minute. Dr. Posner is on his way. We’ll get him to give you some meds. I’ll get you some juice, some nice juice with lots of ice.

(SUSIE leaves quickly. VIVIAN sits there, agitated, confused, and very sick. SUSIE returns with the juice.)

VIVAN. Lights. I left all the lights on at my house.

SUSIE. Don’t you worry. It’ll be all right.

(POSNER enters. He wears surgical scrubs and puts on a lab coat as he enters.)

POSNER. (Without looking at VIVIAN) How are you feeling, Professor Bearing?

VIVAN. My teeth— are chattering.

POSNER. Vitals.

SUSIE. (Giving VIVIAN juice and a straw.) Temp 39.4. Pulse 120. Respiration 36. Chills and sweating.

POSNER. Fever and neutropenia. Blood cultures and urine, stat. Admit her. Prepare for reverse isolation. Start with acetaminophen. Vitals every four hours. (He starts to leave.)

SUSIE. (Following him.) Dr. Posner, I think you need to consider lowering the dose for the next cycle. It’s too much for her like this.

POSNER. Lower the dose? No way. Full dose. She’s tough. She can take it. Wake me up when the counts come from the lab.

(He exits. SUSIE wheels VIVIAN to her room, and VIVIAN collapses on the bed. SUSIE connects VIVIAN’s IV, then wets a washcloth and rubs her face and neck. VIVIAN remains very sick. SUSIE checks the IV and leaves with the wheelchair. After a while, POSNER appears in the doorway, holding a surgical mask near his face.)

POSNER. Good morning, Dr. Bearing. Fifth cycle. Full dose. Definite progress. You’re doing fine. Isolation is no problem. Couple of days. Think of it as a vacation.

(POSNER exits.)

VIVIAN. (Calling after him.) Good to see you, too, Doctor. Now I suppose we shall see, through a series of flashbacks, how the senior scholar ruthlessly denied her simpering students the touch of human kindness she now seeks.

(Students appear, sitting at chairs with writing desks attached to the right arm.)
VIVIAN. (Commanding attention.) How then would you characterize the sonnet?

STUDENT 1. Huh?

VIVIAN. How would you characterize the animating force of this sonnet?

STUDENT 1. Huh?

VIVIAN. In this sonnet, what is the principle poetic device? I'll give you a hint. It has nothing to do with football. What propels the sonnet?

STUDENT 1. Um.

VIVIAN. (Speaking to the audience.) Did I say (tenderly) "You are nineteen years old. You are so young. You don’t know a sonnet from a steak sandwich." (Pause) By no means.

(Sharply, to STUDENT 1) You can come to this class prepared, or you can excuse yourself from this class, this department, and this university. Do not think for a moment that I will tolerate anything in between.

(To the audience, defensively) I was teaching him a lesson. (She walks away from STUDENT 1, then turns and addresses the class.)

So we have another instance of John Donne’s agile wit at work: not so much resolving the issues of life and God as reveling in their complexity.

STUDENT 2. But why?

VIVIAN. Why what?

STUDENT 2. Why does Donne make everything so complicated? (The other STUDENTS laugh in agreement.) No, really, why?

VIVIAN. (To audience.) You know, someone asked me that every year. And it was always one of the smart ones. What could I say? (To STUDENT 2) What do you think?

STUDENT 2. I think it’s like he’s hiding. I think he’s really confused, I don’t know, maybe he’s scared, so he hides behind all this complicated stuff, hides behind this wit.

VIVIAN. Hides behind wit?

STUDENT 2. I mean, if it’s really something he’s sure of, he can say it more simple – simply. He doesn’t have to be such a brain, or such a performer. It doesn’t have to be such a big deal.

VIVIAN. Perhaps he is suspicious of simplicity.

STUDENT 2. Perhaps, but that’s pretty stupid.

VIVIAN. (To the audience.) That observation, despite its infelicitous phrasing, contained the seed of a perspicacious remark. Such an unlikely occurrence left me with two choices. I could draw it out, or I could allow the brain to rest after the heroic effort. If I pursued, there was the chance of great insight, or the risk of undergraduate banality. I could never predict. (To STUDENT 2). Go on.
STUDENT 2. Well, if he’s trying to figure out God, and the meaning of life, and big stuff like that, why does he keep running away, you know?

VIVIAN. (To the audience, moving closer to STUDENT 2) So far so good, but they can think for themselves only so long before they begin to self-destruct.

STUDENT 2. Um, it’s like, the more you hide, the less – no, wait – the more you are getting closer – although you don’t know it – and the simple thing is there – you see what I mean?

VIVIAN. (To the audience, looking at STUDENT 2, as suspense collapses.) Lost it. (STUDENT 2 moves away, disappointed. STUDENT 3 approaches tentatively)

STUDENT 3. Professor Bearing? Can I talk to you for a minute?

VIVIAN. You may.

STUDENT 3. I need to ask for an extension on my paper. I’m really sorry, and I know your policy, but…well…you see –

VIVIAN. Don’t tell me. Your grandmother died.

STUDENT 3. You knew.

VIVIAN. It was a guess.

STUDENT 3. I have to go home.

VIVIAN. Do what you will, but the paper is due when it is due.

(As STUDENT 3 leaves and the classroom disappears, VIVIAN watches. Pause)

VIVIAN. I don’t know, I feel so much—what is the word? I look back, I see these scenes, and I … In isolation, I am isolated. For once I can use a term literally. The chemotherapeutic agents eradicating my cancer have also eradicated my immune system.

I am not in isolation because I have cancer, because I have a tumor the size of a grapefruit. No. I am in isolation because I am being treated for cancer. My treatment imperils my health.

Herein lies the paradox. John Donne would revel in it. I would revel in it, if he wrote a poem about it. My students would flounder in it, because paradox is too difficult to understand. Think of it as a puzzle, I would tell them, an intellectual game.

(She is trapped.) Or, I would have told them. Were it a game. Which it is not.

(Escaping.) If they were here, if I were lecturing: How I would perplex them! I could work my students into a frenzy. Every ambiguity, every shifting awareness. I could draw so much from the poems.

I could be so powerful.

(SUSIE comes on.)

SUSIE. Ms. Bearing?
VIVIAN. Will the po—

SUSIE. Ms. Bearing?

VIVIAN. (Crossly.) What is it?

SUSIE. You have to go down for a test. Dr. Posner just called. They want another ultrasound. They’re concerned about a bowel obstruction—

VIVIAN. No. Not now.

SUSIE. I’m sorry, but they want it now.

VIVIAN. Not right now. It’s not supposed to be now.

SUSIE. Yes, they want to do it now. I’ve got the chair.

VIVIAN. It should not be now. I’m in the middle of—this. I have this planned for now, not ultrasound. No more tests. We’ve covered that.

SUSIE. I know, I know, but they need for it to be now. It won’t take long, and it isn’t a bad procedure. Why don’t you just come along.

VIVIAN. I do not want to go now!

SUSIE. Ms. Bearing.

(Silence. VIVIAN walks away from the scene, hooks herself up to the IV, and gets in the wheelchair. SUSIE wheels VIVIAN, and a technician takes her.)

TECHNICIAN 4. Name.


TECHNICIAN 4. It’ll be just a minute.

VIVIAN. Time for your break.

TECHNICIAN 4. Yup.

(The TECHNICIAN leaves.)

VIVIAN. (Mordantly.) Take a break!

(VIVIAN sits weakly in the wheelchair.)

VIVIAN.

This is my playes last scene, here heavens appoint
My pilgrimages last mile; and my race
Idly, yet quickly runne, hath this last pace,
My spans last inch, my minutes last point,
And glutinous death will instantly unjoynt
My body, and soule
John Donne. 1609.

I have always liked that poem. In the abstract. Now I find the image of “my minute’s last point” a little too, shall we say, pointed.

I don’t mean to complain, but I am becoming very sick. Ultimately sick, as it were.

I have survived eight treatments of Hexamethophosphacil and Vinplatin at the full dose, ladies and gentlemen. I have broken the record. I have become something of a celebrity. Dr. Posner is delighted. I think he foresees celebrity status for himself upon the appearance of the journal article that he will no doubt write about me.

But I flatter myself. The article will not be about me, it will be about my ovaries. It will be about my peritoneal cavity, which, despite their best intentions, is now crawling with cancer.

My next line is supposed to be something like this: “It is such a relief to get back to my room after those infernal tests.” This is hardly true. It would be a relief to be a cheerleader on her way to Daytona Beach for Spring Break. To get back to my room after those infernal tests is just the next thing that happens.

(She returns to her bed. She is very sick.)

Oh, God. It is such a relief to get back to my damn room after those damn tests.

(POSNER enters.)

POSNER. Professor Bearing. Just want to check the I & O. Four-fifty, six, five. Okay. How are you feeling today?

VIVIAN. Fine.

POSNER. That’s great. Just great.

VIVIAN. How are my fluids?

POSNER. Pretty good. No kidney involvement yet. That’s pretty amazing, with Hex and Vin.

VIVIAN. How will you know when the kidneys are involved?

POSNER. Lots of in, not much out.

VIVIAN. That simple.

POSNER. Oh, no. Compromised kidney function is a highly complex reaction. I’m simplifying for you.

VIVIAN. Thank you. (POSNER begins to leave.) Dr. Posner?

POSNER. Yes.

VIVIAN. I was just wondering: why cancer?

POSNER. Why cancer?

VIVIAN. Why not open-heart surgery?
POSNER. Oh yeah, why not plumbing. Why not run a lube rack, for all the surgeons know about Homo sapiens. No. Cancer’s the only thing I ever wanted.

VIVIAN. (Intrigued.) Huh.

POSNER. No, really. Cancer is . . . (Searching)

VIVIAN. (Helping) Awesome.

POSNER. (Pause) Yeah. Yeah, that’s right. It is. It is awesome. Look. Gotta go. Keep pushing the fluids. Try for 2,000 a day, okay?

VIVIAN. Okay.

(Long silence. VIVIAN walks back to the bed.)

VIVIAN. It was late at night, the graveyard shift. Susie was on. I could hear her in the hall. I wanted her to come and see me. So I had to create a little emergency. Nothing dramatic.

(VIVIAN pinches the IV tubing. The pump alarm beeps.)

It worked.

(SUSIE enters, concerned.)

SUSIE. Ms. Bearing? Is that you beeping at four in the morning? (She checks the tubing and presses buttons on the pump. The alarm stops.) Did that wake you up? I’m sorry. It just gets occluded sometimes.

VIVIAN. I was awake.

SUSIE. You were? What’s the trouble, sweetheart?

VIVIAN. (To the audience.) Do not think for a minute that anyone calls me “Sweetheart.” But then … I allowed it.

SUSIE. You can’t sleep?

VIVIAN. No. I just keep thinking.

SUSIE. About what?

VIVIAN. I can’t figure things out. I’m having these … doubts.

SUSIE. What you’re doing is very hard.

VIVIAN. Hard things are what I like best.

SUSIE. It’s not the same. It’s like it’s out of control, isn’t it?

VIVIAN. (Breaking down.) I’m scared.

SUSIE. (Stroking her.) Oh, honey, of course you are.

VIVIAN. I want …
SUSIE. I know. It’s hard.

VIVIAN. I don’t feel sure of myself anymore.

SUSIE. Vivian. It’s all right. I know. It hurts. I know. It’s all right. Do you want a tissue? It’s all right. (Silence.) Vivian, would you like a Popsicle?

VIVIAN. (Like a child.) Yes, please.

SUSIE. I’ll get it for you. I’ll be right back.

VIVIAN. Thank you.

(SUSIE leaves.)

VIVIAN. (Pulling herself together) The epithelial cells in my GI tract have been killed by the chemo. The cold Popsicle feels good, it’s something I can digest, and it helps keep me hydrated. For your information.

(SUSIE returns with an orange two-stick Popsicle. VIVIAN unwraps it and breaks it in half.)

VIVIAN. Here.

SUSIE. Sure?

VIVIAN. Yes.

(Silence.)

SUSIE. Vivian, there’s something we need to talk about, you need to think about.

(Silence.)

VIVIAN. My cancer is not being cured, is it.

SUSIE. Huh-uh.

VIVIAN. They never expected it to be, did they.

SUSIE. Well, they thought the drugs would make the tumor get smaller, and it has gotten a lot smaller. But the problem is that it started in new places too. They’ve learned a lot for their research. It was the best thing they had to give you, the strongest drugs. There just isn’t a good treatment for what you have yet, for advanced ovarian. I’m sorry. They should have explained this –

VIVIAN. I knew.

SUSIE. You did.

VIVIAN. I skimmed ahead.

SUSIE. Right. (SUSIE starts to go.) Vivian, what you have to think about is your “code status.” What you want them to do if your heart stops.

VIVIAN. Well.
SUSIE. You can be “full code,” which means that if your heart stops, they’ll call a Code Blue and the code team will come and resuscitate you and take you to Intensive Care until you stabilize again. Or you can be “Do Not Resuscitate,” so if your heart stops we’ll … well, we’ll just let it. You’ll be “DNR.” You can think about it, but I wanted to present both choices before Dr. Posner talked to you.

VIVIAN. You don’t agree about this?

SUSIE. Well, they like to save lives. So anything’s okay, as long as life continues. It doesn’t matter if you’re hooked up to a million machines. Posner is a great researcher and everything. And the fellows, they’re really smart. It’s really an honor for them to work with him. But they always … want to know more things.

VIVIAN. I always want to know more things. I’m a scholar. Or I was when I had shoes, when I had eyebrows.

SUSIE. Well, okay then. You’ll be full code. That’s fine.

(Silence)

VIVIAN. No, don’t complicate the matter.

SUSIE. It’s okay. It’s up to you –

VIVIAN. Let it stop.

SUSIE. Really?

VIVIAN. Yes.

SUSIE. So if your heart stops beating –

VIVIAN. Just let it stop.

SUSIE. Sure?

VIVIAN. Yes.

SUSIE. Okay. I’ll get Posner to give the order, and then –

VIVIAN. (With vulnerability) Susie?

SUSIE. Uh-huh?

VIVIAN. You’re still going to take care of me, aren’t you?

SUSIE. ’Course, sweetheart. Don’t you worry.

(As SUSIE leaves, VIVIAN sits upright, full of energy and rage.)

VIVIAN. That certainly was a maudlin display. “Sweetheart”? I can’t believe my life has become so . . . corny. But it can’t be helped. I don’t see any other way. We are discussing life and death, and not in the abstract, either. We are discussing my life and my death.
Now is not the time for unlikely flights of imagination and wildly shifting perspectives, for metaphysical conceit, for wit. Now is the time for simplicity. Now is a time for, dare I say it, kindness.

(Searchingly) I thought being extremely smart would take care of it. But I see that I have been found out. Oohhh.

I’m scared. Oh, god. I want . . . I want . . . No. I want to hide. I just want to curl up in a little ball.

(VIVIAN is in incredible pain. She is tense, agitated, fearful. Slowly she calms down and addresses the audience.)

VIVIAN. (Trying extremely hard.) I want to tell you how it feels. I want to explain it, to use my words. It’s as if . . . I can’t . . . There aren’t . . . I’m like a student and this is the final exam and I don’t know what to put down because I don’t understand the question and I’m running out of time.

I apologize in advance for what this palliative treatment modality does to the dramatic coherence of my play’s last scene. It can’t be helped. I’m in terrible pain. Say it, Vivian. It hurts like hell. It really does.

(SUSIE enters. VIVIAN is writhing in pain.)

Oh, God. Oh, God.

SUSIE. Sshh. It’s okay. Sshh. I paged Dr. Posner, and we’ll get you some meds.

VIVIAN. Oh, God, it is so painful. So painful. So much pain. So much pain.

SUSIE. I know, I know, it’s okay. Ssshh.

(DR. POSNER storms in)

POSNER. Dr. Bearing, are you in pain?

VIVIAN. (To the audience) Am I in pain? I don’t believe this? Yes, I am pain. (Furious) I have a fever of 101 spiking to 104. And I have bone metastases in my pelvis and both femurs. (Screaming) There is cancer eating away at my goddamn bones, and I did not know there could be such pain on this earth. (She flops back on the bed and cries audibly to them) Oh, God.

POSNER. I want a morphine drip. Professor Bearing, try to relax. We’re going to help you through this, don’t worry. Professor Bearing? Excellent. (They all leave.)

VIVIAN. (Weakly, painfully, she moves to address the audience.) Hi. How are you feeling today?

(Silence.)

These are my last coherent lines. I’ll have to leave the action to the professionals. It came so quickly, after taking so long. Not even time for a proper conclusion.

(VIVIAN concentrates with all her might, and she attempts a grand summation, as if trying to conjure her own ending.)

And Death – capital D – shall be no more—semi-colon.

Death—capital D—thou shalt die—exclamation point!
(She looks down at herself, looks out at the audience, and sees that the line doesn’t work. She shakes her head and exhales with resignation.)

I’m sorry.

(She gets back into bed as SUSIE injects morphine into the IV tube, VIVIAN lies down and closes her eyes, folding her arms over her chest. Dr. Posner strides in and goes directly to the I & O sheet without looking at Vivian.)

POSNER. Professor Bearing. How are you feeling today? Three p.m. IV hydration totals. Two thousand in. Thirty out. Uh-oh. That’s it. Kidneys gone. (He looks at VIVIAN.) Professor Bearing? Highly unresponsive. Wait a second – (Puts his head down to her mouth and chest to listen for a heartbeat and breathing) Oh shit. (Yelling) CALL A CODE!

(POSNER throws down the chart, dives over the bed, and lies on top of her body as he reaches for the phone and punches in numbers.)

(To himself.) Code: 4-5-7-5. (To operator) Code Blue, room 707. Code Blue, room 707. Dr. Posner – P-O-S-N-E-R. Hurry up!

(He throws down the phone.) Come on, come on, COME ON.

(He begins CPR, kneeling over VIVIAN, alternately pounding frantically and giving mouth to mouth resuscitation. Over the loudspeaker in the hall, a droning voice repeats “Code Blue, room 707. Code Blue, room 707.”)

One! Two! Three! Four! Five! (He breathes in her mouth)

(SUSIE, hearing the announcement, runs into the room.)

SUSIE. WHAT ARE YOU DOING?

POSNER. A GODDAMN CODE. GET OVER HERE!

SUSIE. She’s DNR! (She grabs him)

POSNER. (Pushing her away.) She’s Research!

SUSIE. She’s NO CODE!

(SUSIE grabs POSNER and hurls him off the bed.)

POSNER. Oooowww!! Goddamnit, Susie!

SUSIE. She’s no code! She’s gone. Let her go.

(The CODE TEAM swoops in. Everything changes. Frenzy takes over. They knock SUSIE out of the way with their equipment.)

POSNER. (In agony) Oh, God.

CODE TEAM:
--Get out of here!
--Unit staff out!
--Get the board!
--Over here!

(They throw VIVIAN’s body up at the waist and stick a board underneath for CPR. In a whirlwind of sterile packaging and barked commands, one team member attaches a respirator, one begins CPR, and one prepares the defibrillators. SUSIE and POSNER try to stop them, but are pushed away.)

**CODE TEAM:**

--Bicarb amp!
--I got it! *(To SUSIE)* Get out!
--One, two, three, four, five!
--Get ready to shock! *(To JASON)* Move it!

**SUSIE.** STOP! Patient is DNR!

**POSNER.** Oh, God! *(DR. POSNER races out of the room.)*

**SUSIE.** STOP IT! SHE’S NO CODE!

**CODE TEAM.**

--Keep it going!
--What do you get?
--Bicarb amp!
--No pulse!

**SUSIE.** She’s NO CODE! Order was given – *(She dives for the chart and holds it up as she cries out)*

Look! Look at this! DO NOT RESUSCITATE!

**CODE TEAM.**

--Almost ready!
--Pulse? Pulse!
--One, two, three, four, five!
--Nothing

**SUSIE.** GET AWAY FROM HER! SHE’S NO CODE!

*(Pause. The CODE TEAM looks at her.)*

**SUSIE.** No code! Patient is no code.

**CODE TEAM HEAD.** Who the hell are you?

**SUSIE.** Sue Monahan, primary nurse.

**CODE TEAM HEAD.** Let me see the goddamn chart. CHART!

**CODE TEAM.** *(Slowing down)*

--What’s going on?
--What is this?
--Should we stop?

SUSIE. (Pushing them away from the bed.) Patient is no code. Get away from her!

CODE TEAM HEAD. (Reading.) Do Not Resuscitate. Shit. (The CODE TEAM stops working.) Order was put in yesterday.

CODE TEAM.
--Jesus
--Called a code on a no-code
--Got us up her on a DNR

CODE TEAM HEAD. Let’s wrap it up.

(The bedside chaos fades as the CODE TEAM exits. SUSIE goes to VIVIAN)

SUSIE. It’s time to go now. And flights of angels sing thee to thy rest.

(SUSIE kisses her forehead.)

BLACKOUT