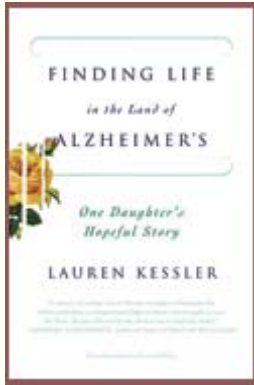


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The Kindness of Strangers

An Oregon nurse enlisted an entire hospital (from kitchen workers to carpenters) to make sure that no one dies alone

(Originally published in O [Oprah] magazine
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This is a longer version of the published story

At a large medical center in the Northwest, a veteran nurse is making her rounds. She checks on one of her seven assigned patients, a frail, elderly man who is near death. "Will you stay with me?" the man asks her, his voice barely audible, "Of course," she says, meaning it, "as soon as I check on my other patients."

But dispensing medications, recording vital signs and updating charts for the others takes the next hour and a half. By the time the nurse returns to the old man's room, he is dead. She tries to console herself with the knowledge that the man was very old and obviously failing, that there were orders to not resuscitate him, that even if she had returned more quickly she could have done nothing. Still, she is troubled. She feels she has failed not just as a nurse but as a human being. It was okay for him to die, she thinks -- it was his time—but it was *not* okay for him to die alone.

The nurse, Sandra Clarke, was then forty-four years old and had been working in the medical field since she was twenty. She knew that all around her patients were getting high-priced, technologically sophisticated state-of-the-art care. But for this old man, she thought, state-of-the-art care would not have meant more machinery. It would have meant a hand to hold.

"I was overcome with guilt and frustration," Clark says, as she tells the story. She had been with hundreds of critically ill patients and had seen many people die, but *this* man had specifically requested her presence, and she hadn't been there. Encountering her today, it's hard to imagine that anything could

unsettle this woman for very long. Vivacious, almost exhaustingly energetic, she is the kind of person who makes her own weather, a category-defying woman who quotes Mother Teresa in one breath and recounts the plot of a B-grade horror movie in the next. She has a lively, animated face framed by dazzling silver hair, the tips of which she dyes jet black.

But back then, feeling she had neglected some essential human responsibility, feeling that she had lost touch with why she went into nursing in the first place, she was at a loss. "I didn't know what to do," she says. "I just knew something had to be done." What happened that night almost twenty years ago on her floor at Sacred Heart Medical Center in Eugene, Oregon, was not just a revelation; it was a calling.

At first, she just made a change in her own nursing life, transferring to a position in the intensive care unit where she had fewer patients and more time, where she felt she would never have to leave a dying patient alone. Then she began talking to her fellow nurses. Maybe volunteers could come in before or after their shifts to sit with dying patients. "Great idea," they would say, "but I can't possibly do one more thing on top of my job." She talked to administrators. "Great idea," they would say, and that would be the end of the conversation. She kept working. She kept thinking. The years passed, but her sense of mission remained. "It was an idea waiting for the right time," Clarke says now.

The right time came unexpectedly in 2001 when, at a lunch break during an in-service seminar at the hospital, the director of pastoral care overheard Clarke talking about her volunteer idea to another nurse. By that time, Clarke been talking about the idea for nearly fifteen years.

"This is just incredible," the director said. "Go home and write a proposal and bring it to me as soon as you can." Clarke had no idea how to write a proposal, but she went home and wrote one anyway. Six months later, No One Dies Alone (NODA) was launched. Clarke had single-handedly created a unique program that is today radicalizing end-of-life care in hospitals by making volunteers available to comfort dying patients during their final hours. The program enlists hospital employees from every department – from kitchen workers to carpenters, medical transcriptionists to maintenance men -- to sit with dying patients who are on their own.

Begun in Oregon, the program now operates in hospitals in New York, Pennsylvania, West Virginia, Kentucky, Florida, Minnesota, Idaho, Utah, Singapore and Japan. Clarke, who won a Circle of Excellence Award from a national nursing association last year, has since written a No One Dies Alone manual and distributed

it to more than 400 hospitals, hospices and AIDS care facilities worldwide.

NODA is an all-volunteer, grassroots program which operates with no funding except a small grant to subsidize the printing of the NODA manual. "It is all so simple," says Clarke, "anyone with a heart can do it." But it took more than heart for NODA to get off the ground. It took Clarke's vision and determination, the hospital's strong support and, most importantly, the participation of a growing number of committed volunteers. Today, as many as 200 volunteers are on call, dispatched to the hospital at all hours by a rotating group of phone coordinators.

Although many dying patients have family or friends available, a significant number do not – from "elderly orphans" (Clarke's name for those who have outlived their families), to people whose geographically or emotionally distant relatives are not be able to be present, to the occasional traveling businessperson felled by a heart attack. One 40-year-old man did not want to die in the presence of his wife and young children – but did not want to die alone.

NODA's "compassionate companions," as the volunteers are called, sit quietly by the bedside of a dying person, holding a hand or stroking an arm. Some talk or read aloud – everything from essays in *Chicken Soup for the Soul* to articles in *Field and Stream*. Others play music CDs. This shared time at the end of life is intense and meaningful but not always somber. During one NODA vigil, a volunteer found herself singing along, at 3 a.m., to Gilbert and Sullivan operettas. Another volunteer traded fishing stories with a 96-year-old man during the last hours of his life.

There is even a non-human NODA companion, a toy poodle named Pepper who Clarke believes is one of her most intuitive volunteers. Pepper, she says, knows when to nuzzle, when to lick a hand and when to curl up and snooze quietly on the bed. Whatever the volunteers do in these hours, they offer the most valuable of gifts: a dignified death. In return, the experiences the volunteers have can sometimes be profound. No one dies alone, and no one is untouched.

Jim Clark (no relation to Sandra) is not the kind of guy you would imagine volunteering for NODA. A 60-year-old maintenance man at the hospital who does everything from repairing beds to unplugging toilets, he's an amateur gunsmith and an NRA-certified pistol instructor. He heard about NODA from a co-worker not long after his own father had died, with Clark by his side. "No one gets out of here alive," Clark says. "But it matters how you go. I would never have wanted my father to go alone." Since he first put his name on the list, Clark has participated in more than two dozen

vigils and been with six people at the moment of their deaths. He remembers sitting in a chair by a woman's bedside listening to her labored end-of-life breathing. "I told her that it was okay to let go, that there were friends waiting for her on the other side. I told her to relax. And I think she did. I think I helped." Clark swallows and pauses for a long moment. "You have no idea what that means to me."

Another volunteer, a 49-year-old receptionist named Vicki Wiederhold, tells a similar story of being able to calm an agitated patient. "After a while she seemed to fall asleep or slip into a coma," Wiederhold remembers. "Then at one point, she opened her eyes, looked at me and said, 'Thank you, Vicki.'" Four minutes later, she was dead. "To know that I can help bring a moment of peace like that is everything," Wiederhold says. No One Dies Alone is more than Sandra Clarke ever imagined it would be when she roughed out a proposal on her kitchen table four years ago. She had no idea her quiet little plan would become an international program. She had little inkling that NODA would have such profound effects on volunteers – or that so many people would want to be volunteers. Sitting in a restaurant, energetic and loquacious after a 16-hour shift at the hospital, she says – unnecessarily: "I'm like a wind-up doll when it comes to this." Clarke is 63 now and shows no hint of slowing down. She grins, stops long enough to take a sip of her coffee and then blankets the table with NODA notebooks and guides, activity lists, volunteer journals, news clippings, photographs and cartoons. "It's all so simple," she says. "Anyone with a heart can do it."

No One Dies Alone is not a copyrighted program. A NODA guide explaining how to implement a volunteer companion program for dying patients is available for a nominal printing and postage fee at www.peacehealth.org/Oregon/NoOneDiesAlone.