pub crawl and were nearly thrown out helping him use his bottle in the gents' loo with the wheelchair jammed in the door. These two schoolfriends also set up a night rota. Dinner over, Adrian settled, someone would slip into bed beside him to reassure him, to talk to him, to change and gently turn him during the night, while I gratefully slept a few hours elsewhere. At 6 am they would depart. A different man, a different car every night, I boasted.

Adrian had a fit one morning as we lifted him out of the bath. He slept deeply for several hours and that night sounded very rattly. His beer was sometimes going the wrong way too now, and the chest infection was inevitable. The effort of breathing wearied him, and I cried inconsolably as I lay beside him, head on his shoulder. "Don't be sad," he said. I called my physio-therapist friend. Would chest physio help? She came twice that day and daily thereafter. After her gentle banging he was much more comfortable. Better to die of the tumour than a chest infection, advised the consultant in palliative care. Only now did I feel apprehensive and unsure of my skills, but advice over minor matters was equally forthcoming: do I keep shaving him, or would he be more comfortable with stubble? Did he shave on holiday or prefer to grow a beard? came the reply.

Movement confined to the left arm and speech a great effort, Adrian was still at the helm. He relished his smoked salmon and strawberries and cream, was soothed by his St Matthew Passion, and responded positively to his many visitors. Alone with just our sons one evening, he spoke of his journey. He was on a boat alone, he was not driving, and he could not get off. We felt we were all approaching that world with him. Over the last 10 days, Adrian waited until he had seen all his closest friends and family, and as we sat with him we talked of him constantly; hearing is the last sense to depart.

Our favourite Marie Curie nurse is here tonight, but can I bear to leave him? Young patients often choose when to die, she said. I leave to sleep for two hours, waking knowing it will be this morning. Sunday, head of the river day, Mother's Day, the start of British summertime, yet how can Adrian be aware of these things? I sleep beside him for his last six hours. Our 2 year old joins us, lying quietly holding his father's hand. "Daddy going," he says. But no Cheyne-Stokes breathing. Adrian is breathing faster as he runs towards his destination. He opens his eyes. I see his pupils dilate. "Think of the good things Daddy," urges our 9 year old as his father takes his last breath. "Now you can run, now you can talk, you are home."

The aftermath of disaster

Jane Swire

"Sunt lacrimae rerum et mentem mortalia tangunt" (Virgil)
[There are tears shed for things, and mortality touches the heart.]

Nearly seven years ago Flora, our beautiful and first born daughter, was killed on a PanAm plane over Lockerbie in Scotland by a terrorist bomb. Flora was a rare spirit with an irrepressible sense of humour and that special vibrant energy which always characterises the truly great. And really great I think she would have become if only she had been allowed to live. She did have all the ingredients—a good intelligence, boundless energy, a delightful sense of humour, and most important of all a warm and loving heart but with her feet firmly planted on the ground. Her scientific gifts were already more than promise. She had always gained outstanding marks in both physics and maths, and in medicine she felt that she could combine her love and respect for humanity with the intellectual gifts that she had been given. In her few years as an adult—she was on the eve of only her 24th birthday when she was killed—she gained a first class degree in medical sciences at Nottingham Medical School and had accepted an invitation to do a PhD on evoked potentials at the Institute of Neurology in Queen Square, London. She was writing up her research into patients infected with HIV and patients with Alzheimer's disease at the time of her death.

There is a need for the Floras of this world. We, her family, needed her too. That she would become the victim of an unspeakably cruel act of human wickedness was undreamt of in our worst, most hellish imaginings. When the dreadful news of the plane crash first came through on the television with those pictures of flames at the petrol station there came into my head a powerful and distressing cocktail of emotions—fear, disbelief, paralysing shock, and horror, but above all, a terribly sad feeling of dislocation and longing for Flora and penetrating knowledge that this was something from which there really was no recovery. Even

after seven years I cannot think of the last moments of Flora's life without a pain which is like being burnt alive. I desperately wanted to have been with her at her end, to have held her hand, so that she did not have to face such an appalling death alone. I was driven to read as much information as I could lay my hands on about the break up and disintegration of planes. I read that there might be up to 15 seconds of consciousness. I kept timing this on the kitchen clock. I wanted so much to know that she did not suffer. Even now I am deeply fearful that she did, that her eyes and ears witnessed the terrifying disintegration, that she felt fear and was alone. This thought, and the gutting fear

"The shock and anguish and the intensity of the grief combined to make our individual lives almost insupportable."

that imagination may not match reality, will sadden me until I die. So this for me was what post-traumatic stress was about—an exploding bomb, a fearful plane crash, and a beloved daughter lying dead on a Scottish hillside, and I, her mother, was still alive and I did not want to be.

In the first weeks and months I thought of Flora almost all the time. As if to balance the unbearable separation from someone so deeply loved the power of memory was powerfully and sharply activated. So much which I thought I had totally forgotten surfaced with astonishing and heart rending clarity. I recalled many of the things she had said, both humorous and profound, faces and expressions at different stages of her life. I saw her as clearly as if I could touch her in her pram, at nursery school, playing her recorder, singing carols, riding the donkey, playing her guitar, triumphant and successful in cap and gown, and stunning and

TERRACE GALLERY, HAREWOOD HOUSE TRUST

beautiful at a highland ball. I recalled the time when, after 18 years at home, she left to go to university, and I had been unprepared for the sudden sense of loss that a tidy room and a silent piano aroused. Yet then I knew that she was happy, that we were missing her far more than she was missing us, that there were vacations, visits, and letters, not to mention her clear young voice on the telephone every day or two. "Mum, will you ring me back?" was the usual opening line before she made a request or related some event. Faced with her sudden death, we were in a different dimension of loss; the shock and anguish and the intensity of the grief combined to make our individual lives almost insupportable.

Not one of us was able to cope with the aftermath of the tragedy. It is unbelievably hard to survive, let alone cope. The very high rate of physical and emotional illness among the parents and close siblings of murdered relatives bears testimony to this sobering fact. Such grief, accompanied and complicated by such strong emotion, is unimaginable from the outside, and as victims we felt too ill and too sad to communicate our feelings and needs, even if we had the words. Each of us was devastated and dysfunctional, locked in a new, dark world of utter anguish, watching the old familiar world blown apart. To get washed and dressed in the morning needed hard and costly willpower, especially after listening to the news, which was invariably depressing. To read a line of a book, to write a few words of a letter, even to speak or follow a conversation, seemed to require masses and elusive amounts of energy. I felt a need to be quiet and alone. Any other people, unless family or very intimate friends, were very stressful. Who could have told us that grief would be so debilitating? I doubt if we should have believed them if they had. I do not know if such grief is normal or pathological. The circumstances themselves were so completely abnormal, and the words "terrorism," "bomb," and "murder" belonged to horror stories and nightmares and were hard to connect with my loving and lovely daughter. I simply could make no sense of such senseless, cruel, and undeserved death, nor could I cope with the mind blowing pain and shock of it.

We all missed Flora in our own individual and unique way. We have all grieved differently and had to make space within the family for each to do this. Jim has searched and campaigned tirelessly for knowledge

of the political events that led to the outrage and has sought to tighten up the lax airline security that was in place before the bombing. The rest of us have found such an extroverted media campaign at times very hard to cope with. The need to get personally involved with a campaign to get to the bottom of the political events that preceded and followed the terrible crime was not our way—the where, when, who, why questions that lay behind the event seemed to me almost irrelevant compared with the fact that I was having to face the loss of a relationship so precious and so special that life itself was almost insupportable. In the end it was the immensity of the gift of love wrought by such familiarity and so closely interwoven with ourselves that defined the enormity of the loss when the loss came in so sudden and so devastating a way.

The loss we shared, though the ways we chose to express this loss, were not the same. Jim's way of grieving was very different from my own. His need to channel emotional energy into a campaign has been his recipe for survival. Since December 1988 he has visited Malta, Germany, France, the United States, and Libya. His efforts to improve airline security and to bring the two indicted Libyans to trial have been tireless and single minded, but there was a high price to pay for such a response. In December 1991, after visiting Colonel Gaddafi to persuade him to release the two Libyans for trial, Jim was "invited" by his partners to resign, from a general practice partnership to which he had belonged for 20 years. This powerful and

"Perfect compassion is unattainable, but . . . it is something positive and infinitely worth while to aim for."

unexpected event, at a time when our defences were still completely shredded, did not make life any easier for a while. Explanations about the stress of fund-holding and needing a younger man to share the workload were doubtless valid, but to commiserate fully with the pressures in the lives of others, while confronting the horrors of terrorism so closely in our own, required a leap of imagination hard for us to make. The weeks that followed Jim's loss of job were not unlike those after Flora's death—grey, blank shock shafted by streaks of sunlight from cards, letters, flowers, and poems sent by friends and Jim's patients, noticeably often those who were most disadvantaged showing the most care. From these messages of concern for our family came comfort, strength, and support. Those kind and patient people who were able to put aside the stresses of their own lives to walk beside us for a while quite simply did us good. With them our burden of sadness became lighter and our journey less lonely.

What have I learned from all this? Only what was obvious from the beginning—namely, the fundamental and essential importance of compassion as a basis for healing. Sometimes, as sensitive bereaved people will know, the expression of compassion falls wide of the mark and is hard to bear, but far harder is the perceived lack of it. Time for the expression of concern and for reflective dialogue will always be hard to find in our busy stressful lives. Perfect compassion is unattainable, but at the very least it is something positive and infinitely worth while to aim for in this complex and imperfect world, just as in darkest night we look to a dawn.

Dr and Mrs Swire have become patrons of the Trauma After-Care Trust, a registered charity that offers help to those with problems related to trauma.

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