

**COMATOSE**

## Comatose

### Characters

**Patient;** *This is the audience member, they take a passive role throughout.*

**Doctor Skelton;** *male doctor in his 50s.*

**Zahra;** *Iranian female nurse in her 30s.*

**Nurse;** *in their 50s. Unspecified otherwise.*

**Atherton;** *Detective Inspector in their 40s. Unspecified otherwise.*

**Mother;** *undetectable age.*

### Punctuation

/

*indicates the beginning of the next speech.*

—

*indicates the next line interrupts.*

...

*indicates an active silence.*

(text)

*indicates an unspoken line.*

### Notes

## **Comatose**

This play is designed to be performed via headphones, ideally with some vibrations or physical contact where possible.

Ideally the audience member is blindfolded.

Sound design will be a large element to any production of this piece.

## Comatose

1.

*[A soundscape begins over the headphones, played to the **Patient**. It begins with shouts, a car door slamming, driving, screech and a huge car crash. A high-pitched whitenoise is heard, before the sounds of paramedics emerge. The following snippets of speech are all recorded into the soundscape, interrupting, overlapping, repeating, alongside the sounds of medical care].*

**Multiple:** *[Over radio].* Yes, they've been removed from the vehicle.

Airways good.

Tongue clear.

Breathing light.

Radial Pulse good. Femoral too.

Pass the torch.

It's here.

*[Over radio].* ETA on next arrival?

*[Radio. Unintelligible response].*

*[Over radio].* Needs to be quicker. Three others.

*[Radio].* Prioritise.

No reaction.

Again.

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Minor dilation.

stabilise cervical spine

Lift in 3, 2, 1.

Board good.

Nice and tight please.

Brace good.

*[Over radio]*. Into ambulance. Moving towards you. Prepare for immediate admission to resus room and then ITU.

*[Radio]*. Received. Drive safe.

Lacerations from glass.

Blood pressure low.

Shit.

Pulse increasing.

Shit.

All ok?

Pressure, pressure, pressure.

I'm going as quick as I can!

Compression on.

Sternum check.

No response.

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Again.

No response.

Here we go.

All yours.

Straight up, straight up. Go go go.

Thank you.

Coming through.

Station 14.

Go go go.

Breathing still stable.

Pulse high - raised or tachycardic.

Blood Pressure low.

From the leg?

Probably, straight into scan please.

Roll in.

Lungs, neck, back.

Ready.

Hang on.

Ready.

Go.

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What do you think?

Liver and spleen good.

Pressure and pulse stable.

False alarm.

Thank god.

Station 14.

Any others?

Not yet.

Breathing?

Ok.

Laryngoscope?

Not for now.

Ready for intubation.

Careful on the neck.

Good.

Oximeter on.

Sats?

90.

Keep an eye on that please.

Pressure?

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101 over 60.

Ok.

Pads ready?

Ready.

Looks good.

Hooked up.

Central line?

Coming.

Ok get going.

Urinary catheter ready?

Ready.

Hang on, sorry.

Ok all good.

Thanks.

Arterial?

Good.

Sodium?

Borderline.

Make a note then.

Haemoglobin?



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Ok.

Creatinine?

Ok.

Potassium?

Ok.

White cells?

Ok.

Platelets?

Ok.

U's and E's all looking good.

LFTS?

Steady.

Bicarb?

Ok.

Ok.

Good work. Thanks all. You ok? Keep an eye on that, page me if needed, I'm going to find the others.

Could you prepare the saline?

Thanks..

Any urine output?

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Nothing yet.

All good.

*[A nurse monitors the readings, beeps and levels, occasionally pressing buttons with different pitched beeps, occasionally writing notes. Background noise of A&E, continues for some time.]*

### 2.

*[The next dialogue begins very distant, but becomes slightly more audible].*

**Mother:** I'm here to see someone, I was sent from reception. I've been waiting-

**Nurse:** Could I take a name please?

**Mother:** Cable.

**Nurse:** One moment, if you could just take a seat there please.

*[Nurse walks over to Doctor].*

A visitor.

**Doctor:** Already?

**Nurse:** She's taken a seat.

**Doctor:** Ok. Have to be quick.

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*[Doctor walks over to Mother].*

Hi, I'm Doctor Skelton. You're here to see-

**Mother:** Yes... How-

**Doctor:** It was a violent car crash, so some serious injuries have been sustained. There was some blood loss, though that's all settled now. The orthopaedic doctor is concerned about at least two broken ribs and potentially a shattered femur. The anaesthetist has steadied the breathing and vitals. Unfortunately, a state of coma had already occurred before admission and means we're unsure of possible damage to the brain as yet.

*[Mother breaks down].*

I understand this is a lot to take in. But it's a situation that we've dealt with many times here and you can be assured we will make as much progress as we can.

**Mother:** But will the coma eventually...?

**Doctor:** The honest answer is that it is difficult to predict. The body is remarkably strong and actually a coma isn't the worst thing for many patients.. Though assisted breathing is currently necessary, there is still a path out of the woods.

**Mother:** Can I go in?

**Doctor:** We're about to proceed with a CT scan to see what if there's been bruising or bleeding on the brain.

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**Mother:** Brain damage?

**Doctor:** Yes. It is quite possible. Likely, in many such cases.

**Mother:** For how long?

**Doctor:** Well, sometimes permanently.

*[Pause].*

**Mother:** That's- are you serious?

**Doctor:** Of course.

**Mother:** Please, can I just see-

**Doctor:** Not so soon after admission. We need as few people in the resus room as possible. It would be better once stable in ITU.

**Mother:** Please! Just quickly.

*[Pause].*

**Doctor:** It's really not advised.

**Mother:** Please. I'm his mother. Please.

**Doctor:** Very briefly. I should warn you that there's heavy cuts and bruising. Seeing anyone in a resus room can be traumatic, let alone your own family members.

*[The two enter the room. **Mother** breaks down].*

All vital signs have stabilised.

**Mother:** My baby.

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**Doctor:** We'll continue to do all we can.

*[Mother takes Patient's hand. Zahra enters].*

**Zahra:** Doctor Skelton, they're ready.

**Doctor:** Ok, sorry but we have to go for scans immediately.

*[Mother breaks down].*

Quickly. Straight out please.

**Zahra:** Could we get an extra hand in here please.

**Doctor:** Straight in please. Go go go.

**Multiple:** Admitting Patient Cable for scans.

Thanks.

3,2,1 go.

Neck stable.

Start scan.

Re-run please.

Start scan.

Good thanks.

3,2,1, go.

Neck secure.

Thanks.

To ITU, go go go.

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*[Sounds become more and more distant, until eventually replaced with familiar ITU background noise].*

### 3.

**Mother:** How is it?

**Doctor:** Would you like to see for yourself?

**Mother:** What's happened?

**Doctor:** Why don't you come and see, I'll explain the results with you.

*[Mother and Doctor enter].*

**Doctor:** So, we have studied the CT scan and it seems fairly clear. There were some minor contusions, bruising, on the frontal cortex of the brain, but incredibly nothing severe. Often there's what we call subdural haematomas, which is bleeding that can cause coning, which is when the pressure of the blood pushes down through the skull and can be very serious. But as I said, there's no signs of bleeding whatsoever or intracranial haemorrhage which is a minor miracle.

**Mother:** Is there brain damage?

**Doctor:** It's always impossible to fully know, until patients come out from their coma. More detailed CT scans or an MRI will be a possibility and will give us further details. Sometimes we see full recoveries with only

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minor headaches. There could only be some permanent memory damage, or there may be more severe implications for other processing and motor tasks. I'm afraid we can't speculate either way at this stage.

**Mother:** When will you know?

**Doctor:** If a recovery is made.

**Mother:** What are the chances of that?

**Doctor:** I refuse to give percentages I'm afraid. But we have recorded the severity of the coma. What is the exact breakdown Zahra?

**Zahra:** GCS 7 with E1, V2, M4

**Doctor:** So the GCS is the Glasgow Coma Scale, and 7 is just classified as a severe coma, not a moderate. As always with comas, we can never be certain what the patient is experiencing so it is possible that the patient can hear and even process what's being said. So it's important that you know there's a small chance the brain is processing exactly what it's hearing.

**Mother:** Oh my god.

*[Beat].*

Everything?

**Doctor:** It's impossible to know. But yes, the brain could be accurately processing everything it hears right now.

**Mother:** Like a dream?

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**Doctor:** Perhaps even more vivid. No one can quite tell. Occasionally visitors bring books to read them, or-

**Mother:** I won't. Sorry, but we never really (read).

**Doctor:** Of course. The X-rays showed a couple of broken ribs, which is usual from the seatbelt in such situations. As you can see, there is a minor fracture of the skull, on the orbit, and serious damage to the right eye. In all honesty, it is almost certain that sight in the right eye has been lost and potentially sight in the left too.

**Mother:** Oh god.

**Doctor:** I'm sorry.

**Mother:** Couldn't you have saved it?

**Doctor:** This would have occurred immediately on impact. Absolutely nothing could have been done.

**Mother:** Blind, for good?

**Doctor:** We're doing the best we can, and all things considered, they're very lucky to be here right now. But it's important you understand that if any recovery is to be made, it's likely... things will be different, both physically and mentally. Zahra will give you further information about social support.

**Zahra:** Absolutely.

**Doctor:** Sorry I haven't introduced- this is Miss Hussain who will be here most of the time checking vitals and providing primary care.



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**Mother:** Oh.

**Zahra:** If you have any specific requests, please let me know and I'll see what we can do.

**Mother:** Will it be her all the time?

*[Beat].*

**Doctor:** Well, all staff are on shifts, so no, not all the time. But here in ITU there is at least one nurse to each patient so Zahra will be the primary care, especially at the times you're likely to visit.

**Mother:** Right.

*[Pause].*

**Doctor:** Is everything ok?

### 4.

*[Similar ITU background noise, as the following conversation happens distantly].*

**Atherton:** Hello, is Doctor Skelton here?

**Zahra:** Just a moment.

*[Zahra goes to Doctor].*

Doctor Skelton, there's an officer for you.

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**Doctor:** Police?

*[Doctor goes to Atherton].*

Everything ok?

**Atherton:** Are you Doctor Skelton?

**Doctor:** Yes.

**Atherton:** Detective Inspector Atherton. I'm here to ask about the patient admitted earlier, involved in a traffic collision. I was told you are in charge of care for the patient.

**Doctor:** That's right.

**Atherton:** Police have launched an investigation into the incident, and I need to ask some questions about the admission of the patient.

**Doctor:** Of course. I'll do my best. Would you prefer to chat in the office?

**Atherton:** Perfect.

*[They move into Doctor's office].*

**Atherton:** Apologies for turning up unannounced, but I was sent straight over.

**Doctor:** Not at all.

**Atherton:** I won't take up too much of your time.

**Doctor:** No, no, go ahead.

**Atherton:** What is the current condition of the patient?

**Doctor:** I'll answer as best I can, but you'll appreciate the rights of the patient under medical confidentiality-

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**Atherton:** As best you can.

**Doctor:** Of course. I can tell you that they're in no state to be asked questions.

*[Beat].*

We received the patient in a state of unconsciousness and we immediately admitted the patient to a resus room in A&E. The team did a remarkable job in stabilising vitals and transferring onto assisted breathing. We immediately went for CT scans.

**Atherton:** And?

*[Beat].*

**Doctor:** And they are currently recovering.

**Atherton:** What is their current state?

**Doctor:** I'm unable to go into details-

**Atherton:** I understand. But are they conscious?

**Doctor:** Look, they're in a coma.

*[Beat].*

No eye-response but good signs of motor response and some sounds made too. The coma is borderline severe, and we worry such an unstable condition could worsen at any moment. Please, that's the absolute limit I'm comfortable sharing.

**Atherton:** Of course. Is there a chance there will be a recovery to the extent that the patient is well enough to answer questions?

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**Doctor:** There's always a chance, but I don't have an answer to that question, and if I did we'd require an emergency court order to give any further specifics.

**Atherton:** We've already filed for one. Can you tell me whether the patient has sustained any brain damage?

**Doctor:** I can't go into that. But generally speaking, we would always look to send patients in for MRI scans where possible and further detailed CT scans. As you may know, with such cases it is likely there will have been serious memory loss too, if that's relevant. But each case differs.

**Atherton:** What time was the patient admitted to this ward? That doesn't require a court order.

**Doctor:** Hang on. Zahra?

*[Doctor enters ward].*

Zahra, could I have the patient's records please?

**Zahra:** Here you are.

*[Doctor returns].*

**Doctor:** Admitted at 14.56 to A&E, vitals were stabilised at 15.12 in the resus room. Scans at 17.05 and nothing to report of since.

**Atherton:** Did the patient say anything during this?

**Doctor:** As I said, they've been unconscious since being admitted.

**Atherton:** And before that?

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**Doctor:** I doubt it. But you'd need to find the paramedics.

*[Atherton and Doctor enter].*

**Doctor:** This is Zahra Hussain.

**Atherton:** Ok. And will it always be you Zahra?

**Zahra:** Well, we work 12 hour shifts usually. So not always me, no.

**Atherton:** Ok. I'm a Detective Inspector with the Met Police, and if it's ok I need to ask a few questions regarding the patient.

**Zahra:** Of course.

**Atherton:** Doctor Skelton informed me that the patient's mother visited twice already.

**Zahra:** Yes.

**Atherton:** Did she ask any questions, or provide any information about the incident that the patient was involved in yesterday?

**Zahra:** No, I don't think so. She only asked about his condition.

**Atherton:** Did she say how she knew the patient had been admitted to hospital so soon after the event?

**Zahra:** No, nothing at all.

**Atherton:** And would anyone have contacted her so soon?

**Doctor:** The priority is always to get a patient stable and only then to think about contacting next of kin.

**Atherton:** Do you know if she was contacted?

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**Doctor:** You'd have to ask A&E or the paramedics. But usually for someone to have arrived so soon after admission, they're usually there at the incident. Obviously I have no idea if that was the case.

**Atherton:** I'll look into it. And how was she?

**Zahra:** Very worried.

**Atherton:** Of course. Doctor Skelton, you said the patient is making occasional sounds...

**Doctor:** Maybe twice.

**Atherton:** I see. And are these words, or...?

**Zahra:** Nothing that I can make out.

*[Atherton finishes some notes].*

**Atherton:** Thank you both for your time. Here's my details. If anything changes at all, please let me know as soon as you can.

There has already been a court order placed for a blood test for ethanol levels and a toxicology screening. They should be here within the hour to take the samples.

**Doctor:** Not a problem.

**Atherton:** Now, I know this is going to be a little strange in this current situation, but things have to be done the proper way. I'll need to arrest your patient.

**Doctor:** What sorry?

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**Atherton:** *[To Patient].* I am arresting you on suspicion of committing an act of terror. You do not have to say anything. But it may harm your defence if you do not mention when questioned something that you later rely on in court. Anything you do say may be given in evidence.

*[Pause].*

**Doctor:** You can't take him.

**Atherton:** Never said I would. An officer will maintain presence on the ward at all times.

**Zahra:** Sorry officer, what's happened?

**Atherton:** I'm afraid I can't disclose that currently.

**Doctor:** The patient was involved in a car crash, yes?

**Atherton:** Neither of you have had time to look at the news, have you? There's likely to be a lot of attention on the hospital and this patient.

## 5.

**Mother:** I have a right to see my own child!

**Zahra:** We're under orders not to allow / anyone in.

**Mother:** By who?

**Zahra:** The police.

**Mother:** Who? I want a name.

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**Zahra:** I can find out.

**Mother:** I want to see my own-

*[A struggle as **Zahra** attempts to hold **Mother** back].*

Get off me!

**Zahra:** Help! Now! Someone call security!

*[Struggle subsides as **Mother** continues shouting].*

**Mother:** This is illegal!

**Zahra:** Please calm down.

**Nurse:** Security are on their way.

**Mother:** I'm not leaving.

**Zahra:** The police should already have been in contact with you-

**Mother:** Well they haven't!

**Zahra:** There's been an investigation opened and you'll need to go through the Met Police.

**Mother:** Where's Doctor Skelton?

**Zahra:** He's not in.

**Mother:** I pay your fucking wages.

**Zahra:** I'll contact him, soon as I can.

**Mother:** I'll sue you, hijab bint.



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**Zahra:** I know this is difficult to take in, but please know on this ward we will do all we can, at all hours for your son. The investigation is purely a police matter. Please speak with them as soon as you can.

**Mother:** They'll be hearing all about this.

**Zahra:** Now I will have to ask you to leave, or security will do so when they arrive.

**Mother:** Yeah, well, fuck you too.

### 6.

**Nurse:** Have you heard?

**Zahra:** What?

**Nurse:** The police statement.

**Zahra:** What did they say?

**Nurse:** Well, they're usually all 'innocent til guilty' all that. But this time, it's pretty direct. They're pretty certain.

**Zahra:** About what?

**Nurse:** Guilty. Loads of witnesses come forward, CCTV, the lot.

**Zahra:** Already?

**Nurse:** Here, this is what I was sent.

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*[She reads the message].*

**Zahra:** Serious?

**Nurse:** Apparently it's true.

**Zahra:** And the others-

**Nurse:** At the scene. Yep.

**Zahra:** How many?

**Nurse:** Confirmed five.

**Zahra:** God.

**Nurse:** News are just starting to sniff around here now. Turned their attention from the embassy to the hospital.

**Zahra:** Shit.

**Nurse:** You'd never have guessed it would you?

**Zahra:** Sorry?

**Nurse:** Just, not who you imagine they'd be. And probably looking at their own family and friends and that little niggling question starts to nibble away at you. Who else could?

**Zahra:** Not many, surely.

**Nurse:** You'd be surprised. Certainly not many would have guessed this one.

**Zahra:** I suppose so

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**Nurse:** Like that quote up above the kettle, "If we all did the things we are capable of, we would astound ourselves".

**Zahra:** I'm not sure Edison meant it like that.

**Nurse:** Exactly.

*[Beat].*

No-one would have thought *them* capable of *this*.

You gonna be ok?

**Zahra:** Hope so.

**Nurse:** Glad it's you and not me.

*[Doctor enters].*

**Doctor:** Zahra, what did she say? You had to restrain her?

**Zahra:** Have you heard?

**Doctor:** Heard what?

*[Nurse gives him the phone].*

You can't read this stuff. You just can't - we have a responsibility to the patient, that's all I'm interested in.

**Nurse:** It's all over the news. They'll be all over the hospital pretty soon.

**Doctor:** Look, I don't care. The justice system doesn't play out in a hospital. This is an intensive care unit, one of the best in the country, not a courtroom. Those kinds of thoughts and conversations are not for doctors and nurses. If we'd wanted that we'd all have made very

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different career choices long ago. So stamp it out. Now. I don't want anymore of this on the ward. Not a word. Understood?

*[Pause].*

Are you sure you're ok Zahra?

**Zahra:** Yes.

**Doctor:** We can call someone else in early if you'd prefer.

**Zahra:** No, I'm fine.

**Doctor:** Ok, well I'm sorry you had to deal with that, pretty much by yourself.

**Zahra:** She kept saying she just wanted to see her child.

**Doctor:** Who wouldn't.

*[Doctor exits].*

**Nurse:** I wouldn't. Not if mine did that.

*[Beat].*

Better you than me, Zahra. Better you than me.

7.

**Nurse:** Zahra, a note for you.

**Zahra:** Oh, thanks.

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*[Nurse exits. Zahra opens the envelope. She continuously turns it over].*

**8.**

**Doctor:** Zahra, are you sure you don't want a transfer?

**Zahra:** Positive.

**Doctor:** Take a week. A bit of time.

**Zahra:** I'm fine.

**Doctor:** It would be good for you, to get away from...

**Zahra:** From who?

**Doctor:** You just don't want to be wrapped up in some twisted public outrage.

**Zahra:** There's only one side to be on, surely.

**Doctor:** Of course. Of course there's only one side... Obviously. But we have a responsibility to make sure the patient is given the best opportunity to recover.

**Zahra:** Exactly. That's what I meant.

**Doctor:** Oh. Right. Yes.

**Zahra:** You didn't mean..?

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**Doctor:** Mean what?

**Zahra:** Don't worry.

**Doctor:** Zahra, a rota will just mean you don't receive the same public attention, you won't receive anything like that note again. You have your own wellbeing to care about too.

**Zahra:** You've received the same haven't you?

*[Beat].*

**Doctor:** Yes. But it's just us two, as far as I'm aware.

**Zahra:** How are you?

**Doctor:** Me? Yes, yes I'm doing ok. A bit shaken. But ok.

**Zahra:** Did you tell Atherton?

**Doctor:** I will.

**Zahra:** We should.

**Doctor:** Look. I'm not the story here. Yours is the one the press are after. They're finally arranging another visit tomorrow for Ms. Cable. Unfortunately there are too many cameras on the hospital for them not to notice. They're going to be all over it. Someone thought they saw a drone hovering outside the east window last night. So just, just take care of yourself.

**Zahra:** You too.

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**Doctor:** It's the quiet ones history often forgets. The loud ones have the films written about them. But never the quiet ones. But I reckon they shape our world just as much. We just never realise it.

Hope everything's ok.

**Zahra:** Thanks.

### 9.

**Doctor:** Come straight through.

*[Mother, Atherton, Doctor enter].*

**Mother:** How is it?

**Doctor:** Well, as we talked about, everything is progressing. Of course, at any moment, you just don't know what could happen and his health could deteriorate very quickly. But the MRI confirmed what we'd be suspecting. We appear to be, just possibly, at the start of a recovery.

**Mother:** Oh god.

*[Beat].*

**Doctor:** Yes.

**Mother:** And what then?

**Doctor:** Well... We'd take it step-by-step.

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**Mother:** Yes, of course.

**Doctor:** We can't make any predictions.

**Mother:** What about... memories?

**Doctor:** We won't know. It varies. But the most recent memories just before impact will almost certainly have been lost. In some cases, months and even years of memories can be patchy.

**Mother:** No?

**Doctor:** Most likely. It's possible that any knowledge of what... what occurred has been lost.

*[Beat].*

**Mother:** I don't even know what to make of that. Imagine not being able to remember doing a thing like that. Lord have mercy.

*[Pause].*

What else has happened?

**Doctor:** Nothing other than you already know.

**Mother:** What about the blindness?

**Doctor:** We haven't been able to determine that.

**Mother:** It's a nice and light room here at least.

**Doctor:** Isn't it.

**Zahra:** We're lucky here, with the views, compared to some of the wards I've been on at least.



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**Mother:** Yes. Really nice.

*[Beat].*

**Zahra:** Sometimes we play music. You can request that if you'd like. Usually classical.

**Mother:** Maybe the radio or something. Or maybe not, with the news and all.

**Zahra:** Sure.

*[Beat].*

**Mother:** Can I sit here?

**Doctor:** Of course.

**Atherton:** Yes, go ahead.

*[Mother approaches bed and holds the hand of the patient].*

**Mother:** What have you done? Why? Why?

**Zahra:** Careful with the-

**Mother:** Why didn't you just call? Talk to me! Why didn't you call me?!

**Doctor:** Please, could you release your grip.

**Mother:** I was always here. I always have been. Always.

**Atherton:** Ms. Cable.

*[Zahra attempts to loosen her grip on the patient's hand].*

**Mother:** What?!

**Zahra:** Your nails. They're digging in-

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*[Mother lets go of the hand].*

**Mother:** Won't feel it anyway.

*[Beat].*

**Doctor:** That's not necessarily correct.

**Mother:** Doesn't feel anything. To do that.

**Atherton:** Please, Miss-

**Mother:** I want to be alone!

**Atherton:** That's not possible.

**Mother:** I've got some things to say-

**Atherton:** It's simply not possible to be here by yourself.

**Doctor:** We can take you out to be alone. In the family room. We'll make sure it's all yours.

**Mother:** I can't be in here anymore. I just can't. *[To the Patient]*. The truth is that I'm ashamed to be your mother.

*[Mother exits].*

**Atherton:** Apologies, she's very distressed today.

**Doctor:** Yes, of course.

**Atherton:** She's been asked to return with me for some questions. We're unsure how much she knew about the planning of the attack. Obviously it was a highly unusual perpetrator, so we're trying to find

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out all we can. And that includes how she came to the hospital so soon after the incident.

**Zahra:** Is she going to be alright?

**Atherton:** Well, we'll see.

*[Atherton exits].*

**Doctor:** Bit tense isn't it.

*[Pause].*

Is everything alright?

**Zahra:** She spoke with me, in the family room.

**Doctor:** Who?

**Zahra:** Ms. Cable.

**Doctor:** When? What did she say?

**Zahra:** A lot. I can't remember all of it. But she was, I don't know, a bit different. She said she'd been to see one of the parents of...

**Doctor:** Wow.

**Zahra:** Yeah. just to- it's so sad. To apologise. And she told me she couldn't keep herself from crying, just all-out bawling in front of them. And they just stared, silently, not doing anything. She said she just felt really, really sad. She was worried about feeling guilty, but she didn't. Just sad. But then the mum came over to her, and hugged her. And it all dissolved away, all the fog and anger. She looked into her eyes, the only part of her body not covered, and she told me that everyone

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surprises themselves. We might think we're all good, but we'd be surprised. Here they were, from different worlds in the same country, hugging on the sofa.

**Doctor:** Did you ask how she came to the hospital so quickly?

**Zahra:** She said she just knew. The minute she saw the news online, she came straight here. She couldn't explain it. I'll guess the police will see if there's anything to find out.

**Doctor:** Let's hope so. Best get back to it. Are you sure you're all ok? It's a long time to spend in here alone.

**Zahra:** Yeah.

### 10.

*[Middle of the night. Silence, other than the usual ITU noises.*

*Someone enters. They quickly and quietly move around the room. Something is taken off a trolley. They take the patient's hand, open the cannula, insert the drug into the intravenous line, replace the item on the trolley, and exit].*

### 11.

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*[Mother, Atherton, Doctor enter].*

**Mother:** How serious is it?

**Doctor:** We're unsure on why there was such a sudden decline in the vitals. But, sometimes it just happens. Unfortunately we don't always have the answers.

**Mother:** But how bad?

**Doctor:** It's touch and go.

**Mother:** Can you stop speaking in code and give me an honest, honest answer?

**Doctor:** I can do my best.

**Mother:** That's not enough.

**Doctor:** I promise to do my best.

**Mother:** What do you think will happen?

*[Beat].*

**Doctor:** This is only my opinion.

**Mother:** Please.

**Doctor:** If you'd asked me four days ago, I'd have said a recovery was looking like it was possible. Regaining consciousness with severely

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impaired memory recall. There might have been a chance of a relatively normal life, with some physical trauma.

**Mother:** There's no chance there'd have been a normal life.

**Doctor:** Medically speaking. But now, I think it is more likely conditions will remain at this level for the foreseeable future, possibly worsen. If this was the case, a decision would eventually have to be made, with the authorities involved, about whether it was worth maintaining life-support indefinitely.

**Mother:** Who's decision would it be?

**Doctor:** Usually the family's. In this case, it is a little more complex. So I can't say for certain what the situation would be.

**Mother:** But if there's a recovery?

*[Beat].*

**Atherton:** The police would consult with the medical professionals here as to the health of the patient. If allowable, we would proceed with the allegations and case, starting with formal police investigations, charges, and eventually judicial proceedings.

**Mother:** And a life behind bars.

**Atherton:** If found guilty.

**Mother:** We've all seen the footage. No lawyer will win that case. Guilty for a crime that everyone knows, but no-one remembers.

*[Beat].*

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Oh love where did I go wrong? Where did I possibly go wrong? Why didn't you say anything? I've always been here. I just-

Can I please be alone here?

**Atherton:** I'm sorry-

**Mother:** Please. Just once.

**Atherton:** I have to remain, I'm afraid.

**Doctor:** Zahra, let's- we'll be just outside.

**Zahra:** If it's of any comfort, I honestly believe it is peaceful, being in a coma. I imagine it like that. Really peaceful.

**Mother:** Bless you, Zahra. You're a saint. Maybe you don't have them, saints I mean, I don't know, but you're one of them.

**Zahra:** We're going to keep trying our best. We might surprise ourselves.

*[They exit except Atherton].*

**Mother:** They all died. I bet you're pleased. Every single one of them. And the worst thing is that I still love you. I used to see people like you on the news and I'd turn off the TV straight away. Same story. So off it went, no point ruining a day with it. I wish they didn't show it actually. Only encourage the others. Other crazy types...

Most of the families refused to meet me. Don't blame them. Who knows what they thought I was after or what I wanted. But the two I did meet, it calmed me. Because it gave me clarity on which side I was on.

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I love you so much. I miss you. I'll think about you every single hour, I'm sure of it.

But don't wake up.

If you're in there, if you can hear me, don't wake up. Don't. For your sake, for everyone's-, fucking hell, for my sake, don't wake up.

You don't want to imagine what faces you here if you do. A lifetime of hate, prison and guilt. Anything's better than that. Death's better than that.

Honestly, it's your side I'm on. Cos that's a mum's job.

But it's gonna be you that decides. Either way, it's only down to you now, whether you want to wake up and live through hell, or just slip away and face whatever's after this shitshow. Maybe it's hell too. Who knows.

So what're you going to do?

*[Emergency alarm begins].*

**Atherton:** Doctor!

**Mother:** Zahra! Zahra! What's going on?!

*[Zahra and Doctor rush in].*

**Doctor:** We need you to leave, immediately please.

**Zahra:** We have an arrest in Room 12! Emergency!

**Doctor:** Immediate support please. Zahra, quick.



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**Zahra:** Falling, falling!

**Doctor:** Quick!!

*[Sounds, beeping, rushing, inaudible, overlapping voices, scans, all build to a climax and a release. End].*