

Do Me No Harm

About the author

Julie Corbin has three children and lives in Sussex with her husband.
DO ME NO HARM is her third novel.

Also by Julie Corbin

TELL ME NO SECRETS
WHERE THE TRUTH LIES

JULIE CORBIN

Do Me No Harm

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For Bruce

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‘The physician must know the present, and foretell the future and have two special objects in view with regard to disease, namely, to do good or to do no harm.’

Hippocrates, *Epidemics*

I

‘Are you his next of kin?’

‘Yes,’ I say, elbows and shoulders jostling me as a group of four men push into the queue behind me. ‘I had a phone call from one of his friends to say he’d collapsed and was being brought here in an ambulance.’

‘And your name is?’

‘Olivia Somers.’ More jostling. I hold my ground and grip the edges of the counter, leaning in towards her. ‘I’m his mother. I’m also a doctor. And I want to see my son.’ I let each statement roll into the next, then realise I’m sounding threatening. That won’t help. The receptionist’s face is tightening into an expression of practised tolerance, so I take a deep breath and make an effort to slow myself down. More space would make this easier and I step back, straight on to the foot of the man behind me. I say a quick sorry, feel him yield just a little, and stare back at the receptionist. ‘Can I see my son, please?’

‘Yes, of course.’ Her attention focuses on the computer screen. ‘I just need to take a few details first.’

‘But is he okay? Is he conscious?’

‘I’m sorry, I don’t have that information.’

‘I know that you’re only doing your job, but can we please just—’

She eyeballs me over the top of her glasses. It’s a look that says, *we’re doing this my way*, so I grit my teeth and patiently tell her everything she wants to know – vaccinations, current medication, name of GP, etc. She keys my answers straight

on to the computer and that's just as well because my hands are shaking too much for me to fill out any forms.

Three minutes and a dozen questions later, my cooperation pays off and she lifts the phone. 'Robbie Somers's mum is here. Yes. Mm. Fine.' She stands up and without looking at me says, 'This way.'

I grab my bag and follow her. It's Saturday evening, the pubs are shut and the Accident and Emergency waiting area is crammed full of the after-hours crowd. There's a potent aroma of blood, sweat and alcohol mingling with the fresher smell of disinfectant. Those who haven't been able to find an empty chair are pacing up and down holding their injury close, or, in the case of one man, a bloodied sweatshirt up to the cut on the side of his face. The whole room simmers with discordant energy and I know it's only a matter of time before the air heats up and people start to get stropky. Being in pain, waiting too long, tired, drunk, worried – it's not a great mix.

The receptionist is wearing chunky plastic shoes, bulbous at the toes. They give an extra spring to her step and she moves with pace across the room. I'm wearing three-inch heels and a knee-length dress that's tight at the hem, so I'm forced to trot along behind her in staccato steps as we wend our way between the wounded and their relatives towards a set of double doors.

She pushes through the doors and into the treatment area. I trained in this hospital, but that was over twenty years ago and since then it has relocated from the rambling Victorian buildings in central Edinburgh to a purpose-built facility southeast of the City. I glance around me, registering the signs on the doors as we pass: Toilets, Relatives' Room and several doors marked Staff Only. Trolleys line the wall space in between the doors, half of them taken up with people who look in need of a more comfortable place to lie.

Ahead of us, over a dozen treatment bays branch out from

a central island. All the bays have curtains pulled across, apart from one, where an elderly man is propped up on the trolley, his bony hands gripping the cot sides and an oxygen mask over his face. Nurses are bustling in and out of the bays giving reassurance and carrying out procedures – ‘try not to scratch’, ‘tip your head the other way’, ‘it’ll only hurt for a second’ and then, ‘oh dear, never mind’, as vomit splashes on to the floor and a sour, acidic smell permeates the room.

I look along the floor beneath the curtains searching for signs of Robbie, his jacket or his shoes, anything that identifies him. I see other people’s bags and heaps of discarded clothing and legs from the knee down, but nothing to let me know Robbie is here.

‘Wait a second,’ the receptionist tells me, bringing us both to a halt next to the nurses’ station. ‘I’ll get one of the doctors to come and speak to you.’

I expect her to pop her head behind a curtain but she doesn’t; she goes into a room at the end. There’s a sign on one of the double doors that says Resuscitation.

Sweet Jesus. Panic flashes through me like lightning. My heart starts to race and my legs collapse inwards so that my knees knock together. I press one hand over my mouth and hold on to the counter with the other. It takes almost a minute for the feeling to pass, and as soon as it does, I start to talk myself round. Robbie is seventeen years old. He’s young; he’s healthy; he’s strong. And he’s in the right place. God forbid that his heart has stopped, but if it has, there’s all the necessary expertise and equipment here to deal with it. I need to keep calm and I need to ring Phil.

Keeping an eye on the Resusc room, I move into a nearby cupboard and stand next to a stack of crutches and wheelchairs, rummaging around in my bag for my mobile, stopping short at emptying the whole lot out on to the floor when I remember I zipped it up in the side compartment. I’ve

managed to avoid speaking to Phil for over a month now and, as immature as it sounds, I'd be more than happy never to speak to him again. But we were married for almost seventeen years and he's the father of both my children, so I have to find a way to communicate with him without it degenerating into our usual slanging match. This is an emergency. *Be an adult, Olivia*, I tell myself. *Just do it.*

I press the numbers and his phone starts to ring, five times, and then the answering service clicks in. 'Phil, it's me. Please call me as soon as you get this message.'

I end the call, but before my mobile's even back in my bag, I'm mentally kicking myself. Bugger. I'm going to have to ring him again. He'll ignore my last message because he'll think I'm calling for myself. When he first left me, I went through a phase of phoning him late at night – two or three large gin and tonics, the children in bed and I couldn't help myself. At first he picked up the phone, but after a couple of times of telling me I needed to 'move on' and accept that our relationship had 'come to a natural end', he just let me ramble into the answering machine. Each and every time I ended up feeling humiliated and sore as if I'd taken a penknife to an open wound. I'm past that stage now, but because the divorce papers only came through yesterday, he'll think I've slid back down there again.

I pace around in a small circle, then have another go. 'It's me again, Phil. I should have said that it's not about me. Robbie's in the infirmary. He collapsed up town. I'm not sure but I think they might have been drinking. I don't know any more yet. I'm waiting for the doctor to come and talk to me.'

I drop the phone back into my bag and breathe deeply. Right. That's that done. At least he can't accuse me of withholding information about the children. I come out of the supplies cupboard, side-stepping an elderly woman who's pushing a Zimmer frame and being walked towards the exit

by a nurse. Someone is crying loudly behind the nearest set of curtains and a young voice shouts, 'You shouldn't have done that!' followed by a woman's soothing tones.

I stare at the windowless doors to the Resusc room, willing them to open. *What's happening in there?* Surely the receptionist should have come out ages ago? I contemplate just walking in on them, but the truth is I'm afraid to. Familiar as I am with illness and injury and the workings of a hospital, I don't want to see Robbie on the patient end of a defibrillator and witness the horror of him being treated for . . . for what? Truth is I don't really know what's happened to him. His friend Mark Campbell called me less than an hour ago. I was having dinner in a restaurant and the background noise from both his end and mine drowned out most of what he said. All I'd been able to work out was that Robbie had collapsed outside one of the pubs on the Royal Mile. Emily Jones, a friend of theirs, helped with first aid until the ambulance arrived. I told Mark I'd meet him at the hospital, said a rushed goodbye to my date and left the restaurant immediately. All the way here in the taxi I imagined that Robbie had drunk too much and was being brought to the infirmary to have his stomach pumped. But now I'm not so sure. The amount of time it's taking and the fact that he is in the Resusc room rather than one of the treatment bays is flooding me with increasing anxiety. And where is Mark? He can't be in the room with Robbie. He must be waiting around here somewhere.

'Please!' The old man has pulled his mask to one side and is waving at me, his voice croaky and weak. 'I need a bottle.'

'You have a catheter in, Mr Darcy,' a nurse calls across from the central station. She is balancing several files over one arm and pushing a trolley laden with sterile dressing packs ahead of her. 'Try to relax.' She looks towards me and smiles. 'Bless him. He's waiting for a bed upstairs but nothing's available yet.'

She's the first nurse who's been willing to catch my eye and I seize the chance to talk to her. 'My son is in Resusc and the receptionist has gone in there to get a doctor but that was at least five minutes ago and she hasn't come out yet.'

'There's another door out of that room. Takes you round the outside of this area.'

'I see. Sorry.' I follow her a few steps along the corridor. 'You wouldn't happen to know how my son is?'

'Robbie Somers?'

'Yes.'

'Dr Walker will be with you in a mo. They're just sorting him out.'

'So he's all right?'

'Getting there.'

'Thank God.' For the first time since the phone call, the knot inside me loosens. 'His friend accompanied him in the ambulance. Do you know where he is?'

'He was feeling sick and went outside for some air. I think both boys might have had a bit too much to drink.' She widens her eyes. 'And the rest.'

My gut tightens again. 'And the rest?'

'Dr Walker will give you the details.' She steers me ahead of her. 'Robbie's a lucky boy. It's been touch and go.' She opens the door signed Relatives' Room and ushers me inside. 'Doctor shouldn't be a minute. Make yourself a coffee if you'd like one.'

I sit down on one of the seats, red imitation leather squeaking a protest underneath me. The room is painted an off-white colour with bland prints at regular intervals breaking up the expanse of wall. There's a fridge in the corner, a kettle and half a dozen mugs on a tray next to it. A low coffee table has two piles of *National Geographic* magazines stacked neatly in the centre. The carpet is a busy pattern of blue-, green- and cream-linked chains and I stare at it while I think about

what the nurse was implying when she said ‘and the rest’. It doesn’t take me long to surmise that there’s only one thing she can mean – drugs. Robbie’s collapsed because he’s been taking drugs.

The realisation sends my thoughts sparking off in all directions. I see words, neon-bright – ecstasy, cocaine, GHB and heroin; words loaded with risk and significance. All teenagers experiment, but surely Robbie hasn’t been foolish enough to take drugs that would cause him to fall unconscious? Especially when, as recently as last month, we talked about drugs. There was a programme on television about substance abuse and it led us to have what I thought was an honest conversation about the dangers. He assured me he wasn’t interested in taking drugs. Yes, he’d smoked marijuana a couple of times, and once he’d taken ecstasy at a party but he hadn’t liked it much; as for hard drugs – they were ‘for losers’. I remember being absolutely sure he was telling me the truth. And perhaps he was. It could be that recently something has happened to change his mind. I can’t think of anything specific, but then if he’s fallen out with one of his friends or been knocked back by a girl he likes, he’s not necessarily going to share that with me.

‘Right you are then.’ The same nurse is back and she has Robbie’s friend Mark Campbell with her. ‘You two wait in here together. I’ll find out how much longer the doctor’s going to be.’

Mark looks terrified. He’s breathing heavily, his dark eyes are bleak and his hands are pulling at the hem of his T-shirt. His mum is my best friend and I’ve known him since he was born. I stand up to give him a hug, then notice that the reason his T-shirt is bothering him so much is because there’s a large bloodstain across the front of it.

‘Is that . . . ?’ The crème brûlée I had for dessert curdles in my stomach. ‘Is that Robbie’s blood?’

Mark's body sways from side to side. 'I'm sorry, Liv. Robbie banged his head when he hit the kerb.' His voice breaks and he coughs into his hand. 'He fell down so quickly I didn't have time to catch him.'

'Sweetheart.' I hold his upper arms, trying to reassure him while at the same time keeping myself away from the stain. 'You did everything you could. I know you did.'

'I don't get it. I don't get why he collapsed.'

'Sit down here.' I nudge him backwards into a seat, then sit down opposite him and take both his hands. Ordinarily the sight of blood doesn't faze me, but this is Robbie's blood and there's so much of it and what if the head injury is serious? Once again, panic closes in on me and I talk myself round, remind myself that liquid spreads. It always looks like more than it actually is. And as for the head injury – Robbie banged his head a couple of years ago when we were skiing. He was out cold for four minutes and still made a full recovery. 'Tell me what happened, Mark,' I say, keeping my voice steady. 'From the beginning. Take your time.'

'After hockey practice, we decided to go up town.'

'Just you and Robbie?'

'No.' He shakes his head. 'We went with the usual crowd. There were about ten of us. We were just going to have a couple of drinks then get the bus back home.'

'But you ended up drinking a lot more than that?'

'No.' He shakes his head again, this time emphatically. 'We only had two. It's too expensive to drink in pubs.'

'Did you drink before you left the hockey club then?'

'Just . . . well . . .' He hesitates. 'Just one vodka. It wasn't much.'

'You know you can tell me the truth.'

His face falls into his shoes.

'Mark.' I lean in closer towards him. His shock of

blue-black hair, the colour of old-fashioned ink, is covering both his eyes, and I have to bend my head to see up into his face. 'I won't deny that I'm disappointed you lied to me about where you were going this evening. And I've already worked out that the two of you must have fake IDs, otherwise you couldn't have been served. But I'm not interested in blaming you for either of these two things. The truth is important because it might affect the treatment Robbie's given.'

He looks at me then, his eyes a soft brown and in stark contrast to his bone structure which is all sharp angles. 'We shared a half-litre bottle of vodka before we left the club but we've drunk loads more than that before.'

'And in the pub?'

'Two pints of lager.'

'Anything else?'

'No. And the doctor already asked me whether we took drugs.' His stare is fierce. 'We didn't.'

'So if you didn't drink too much and you didn't take drugs, why did Robbie collapse?'

'I don't know.' He pulls his hands from mine and wipes them over his thighs. 'I really don't know. We were finishing our second drink and then he started acting weird.'

'Weird in what way?'

'Like he was seeing stuff.'

'What sort of stuff?'

'He said at first he thought the walls were moving and then he started seeing people who weren't even there.'

'Hallucinating?'

'Yeah.'

'And then what happened?'

'We went out to get some air and the next thing he fell down. I shouted for help and some guy called an ambulance and then everyone came out of the pub to see what was going on. Emily knew what to do. She put him in the recovery

position but then his heart stopped and so she gave him mouth to mouth.'

'Jesus.' I bring my hands up to my face and try to press away the tension around my eyes.

'I'm really sorry, Liv.' Mark's on the edge of tears. 'I know you were out on a date and everything.'

'That doesn't matter.' I give a short laugh, briefly remembering how I spent the evening. His name was Fraser and it was the first time we'd met. Organised by mutual friends, neither of us were ready to date again. He spent most of the evening bitching about his ex and I spent most of it wondering how quickly I could get home again.

I stand up and walk towards the door. Still no sign of the doctor, but there's a rush of urgency in the corridor. A trolley is being pushed at speed towards another one of the Resuscitation rooms. A small boy is lying on it, naked apart from his nappy. He is completely still, his lips are blue and a rash blooms on his lower limbs. The toddler's mother is crying and hanging on to her husband's arm. My heart goes out to them but I pull away from their anguish and look back at Mark. 'The thing is, Mark, I'm not really understanding how this could have happened. Is there anything else you can think of that might be relevant?'

He shakes his head, at a loss for an answer, and then a doctor walks in wearing blue scrubs and an air of importance. 'Doug Walker.' He holds out his hand. He's about six feet tall, early fifties and has experience written all over him. I immediately feel that Robbie will be getting the best possible care.

'Olivia Somers.' We shake hands and he gives me a prolonged stare, as if working out whether or not he knows me. 'How's Robbie?' I say.

'Stable. He's had a rough time but he's just regained consciousness.'

Relief relaxes my facial muscles and I'm able to smile. 'Thank you.'

'Mark and I have already had a chat about the sequence of events that led to Robbie's collapse.' He gives Mark a significant look. 'Have you been able to think of anything else that might help us?'

'No.'

Dr Walker folds his arms across his scrubs and doesn't let up on the look. 'It's vital you tell us the truth.'

'I am telling the truth!' Mark pushes his chin out towards the doctor. 'Why would I lie?'

'To protect yourself or Robbie or whoever supplied you with drugs.'

'We didn't take any drugs!' He's shouting now. 'I'm not saying we've *never* touched drugs. We've smoked weed a few times, but that's about it.'

'It's okay, Mark.' I take hold of his arm. 'You're not being accused of anything.'

'Honestly, Liv.' He looks me full in the face. 'Robbie didn't take anything.'

'And he couldn't have gone off into the toilet and taken something without you knowing?' Dr Walker persists.

'We went to pee at the same time,' Mark replies. 'And then we both came back and sat down.'

'Okay.' The doctor claps him on the back. 'Why don't you go off to the waiting room? I need to have a chat with Robbie's mum and then we can think about getting you home.'

Mark gives me a concerned backward glance then slopes off, the ragged hems of his jeans trailing the floor. Dr Walker closes the door behind him. 'Have they been friends for a while?' he asks me.

'Since they were small.'

'You trust him?'

‘Yes. His mum and I are old friends. We were at university together.’

‘The receptionist mentioned that you’re a doctor.’

‘I’m a GP.’

‘Your name’s familiar. I thought you might work here.’ He frowns at me – not unfriendly, just thinking. ‘I know!’ He clicks his fingers. ‘I read an article about you in the *Edinburgh Courier*. You’re up for one of the City Women awards.’

‘That’s right. I volunteer in an outreach centre in the Grassmarket.’

‘My wife tells me you have a good chance of scooping an award.’

‘That’s kind of her.’

‘Not so much kindness as admiration. Sounds as if you do some very good work down there.’

‘I’m a small part of a very committed team but yes, we’ve helped quite a few youngsters get back on track.’

He smiles. ‘Well, best of luck with your nomination.’

‘Thank you.’

He gestures towards the seats and we sit down opposite each other. ‘So, Dr Somers . . .’

‘Please call me Olivia,’ I say.

‘Olivia.’ His expression grows serious. ‘Your son collapsed outside one of the pubs in town. He was helped by a friend who knew first aid and when the paramedics reached him she was administering CPR.’

‘Yes. Mark told me.’

‘When he arrived with us, his conscious level was still depressed. We ventilated him for twenty minutes, then he started breathing for himself.’

‘And the cut to his head?’

‘Superficial. We glued it together. It should heal without any problems but, of course, it’s worth looking out for a concussion.’

‘Will I be able to take him home tonight?’

‘While we don’t expect any further problems, we’d like to keep him under observation in our Toxicology Unit until lunchtime tomorrow.’

‘But Mark’s adamant that neither of them took anything. Or could his collapse simply be drink related?’

‘Olivia.’ He makes a point of holding my eyes. ‘There’s no doubt in my mind that your son has taken drugs. Most likely GHB.’

‘GHB?’ I know from my work in the centre that there’s a surplus of GHB on the streets of Edinburgh. ‘Are you sure?’

‘We don’t do routine assays for drug abuse, but his recovery is consistent with a GHB overdose. As I’m sure you’re aware, a typically flat patient arrives in A & E, is given IV fluids and prepared for CT scanning when he’s suddenly pulling out the ET tube and trying to climb off the trolley.’

‘I can’t believe . . . Well, I mean . . .’

‘He’s not the first young man who’s taken too much.’

‘Robbie doesn’t take drugs.’

Dr Walker raises his eyebrows at this.

‘I know, like Mark said, they’ve smoked the odd joint, and I know they drink too much – but this?’ I tense my jaw and try to swallow but can’t get saliva past the lump in my throat. ‘I can’t believe he’d be so stupid.’

‘It’s not such a big step from alcohol and marijuana to other, so-called recreational drugs.’ Dr Walker shrugs tired shoulders. ‘And I’m afraid there’s always a first time.’

‘He’s just not the type.’

My body slumps back in the seat but my mind stays active as it mulls over the likelihood of Robbie taking GHB. I’m not an unusually protective mother, and I’m not blind to the temptations that teenagers are under, but still I’m convinced that Robbie would not endanger himself in this way. Although he felt unhappy and insecure when Phil and I separated, he’s

never been reckless. He understands that every action has a consequence. I know he doesn't tell me about everything that's going on in his life, but neither is he secretive. I find it hard to believe that I wouldn't have noticed warning signs that he was heading in this direction. 'Perhaps he took it by mistake,' I say, searching for an explanation. 'Perhaps his drink was spiked?'

'Sometimes friends spike each other's drinks,' Dr Walker says, moving his head from side to side as he considers it. 'But I'm afraid it's far more likely that the drug was self-administered.'

My eyes fill with tears and I try to blink them away. In the nicest possible way, Dr Walker is forcing me to face the fact that I don't know what my own son is capable of, that he has his own life and makes his own choices. As a GP, I've said similar things to parents myself. And when working at the centre, I treat young people who find themselves, in a matter of a few short weeks, on a downward spiral of drug abuse.

But still I can't believe this of Robbie. He has a solid core of common sense – doesn't he?

Dr Walker hands me a tissue. I scrub at my cheeks, then scrunch the soggy paper up in my hand. 'He's alive and he's going to be fine,' I say out loud, the sound of my own voice definite enough to reassure me.

'Is there anyone we can phone to come and help you through this?'

I shake my head. 'I called Robbie's father, my ex-husband, about an hour ago and left a message and it's too late to get friends out of bed.' I straighten my back and stand up. 'I'll be okay. It's all a bit of a shock. That's all.' I find my businesslike face and clasp my hands across my middle. 'So what happens now?'

'You can see Robbie.' He opens the door and ushers me ahead of him. 'He's groggy but he's able to talk.'

We walk along the corridor and Dr Walker pulls aside the curtain into one of the bays. Robbie is lying on his side on a trolley. He's wearing a hospital gown and a sheet covers up to his waist. He has a gangly frame, all arms and legs, and no matter how much he eats he doesn't put on any weight. His feet are sticking out the bottom, hanging over the end of the trolley, and I notice he's wearing odd socks.

Dr Walker brings a chair up behind me. I thank him and sit down. 'I'll leave you to it,' he says, pulling the curtain closed behind him.

Robbie's eyes are shut and he's breathing slowly and deeply, as if this was any other night and he was in his bed at home. 'Robbie.' I stroke his hair. 'It's me.'

'Mm.'

'How are you feeling?'

'My throat hurts.'

'The doctor had to put a tube down it.'

'I know. I tried to pull it out but it was stuck.'

'The balloon has to be deflated before the tube will come out.'

'Yeah. They told me.' He opens his eyes then quickly closes them again. 'The walls are still moving a bit.'

'You'll be back to normal in no time.' I take hold of his hand. 'By midday tomorrow, when the effects of the drugs have completely worn off, you'll be as good as new.' I wait for him to comment and when he doesn't I say, 'Have you any idea how you came to have drugs in your system?'

'No.'

'Robbie.' I stroke his hand, feel the calloused patches on the ends of his thumb and forefingers where he strums the guitar. 'We can talk in more detail when you feel better, but I need to know – and please be truthful: did you take GHB this evening?'

'No.'

‘You’re sure?’

‘I didn’t take any drugs and all I drank in the pub was a couple of pints.’ His tone is weary, his defences down, and he sounds as though he has barely enough energy to talk, never mind think through a lie. ‘And some vodka before we left the club.’

Exactly as Mark said.

‘You’re not going to tell Dad, are you?’

‘I already left a message on his machine.’

He says something under his breath. It sounds like ‘such a wanker’.

‘He’s your dad, Robbie. He loves you.’

‘He’ll build it into a mega-deal. You know what he’s like.’

‘Robbie, it is a big deal.’ I hesitate before saying quietly, ‘You could have died.’

‘Yeah, but I didn’t.’ He turns his body over so that he’s facing the other way, his shoulders hunched against me.

I stand up and lean across him. ‘Would you like me to sit by your bed for a bit?’

‘There’s no point, Mum. I’m really tired.’ He opens one eye. ‘Thanks for coming, though.’

‘I’ll go home then. Let you sleep it off.’ I bend down and kiss his cheek. ‘I’ll be back tomorrow with some clean clothes.’ I kiss his cheek again. ‘I love you, remember?’

‘I know.’

That’s as much as I’m going to get, but it’s enough to reassure me that he’s doing all right. He’s on the mend. Thank God. I leave the curtain open behind me and walk back towards the waiting area, letting go of the breath I seem to have been holding, and stretching out my back and neck. Tension dissipates and I start to feel like this is manageable; this is doable. There’s no point jumping ahead, even although my gut feeling tells me that both Mark and Robbie are telling the truth.

So how, then, did the drug get into his system?

Don't worry about that now, I tell myself. Take it slow. The main thing is that Robbie's recovering. He's going to be fine. No doubt, within the next couple of days, we'll find out what happened and then we'll be able to put the whole sorry incident behind us.

My self-reassurance comes to an abrupt halt when, up ahead of me, I hear a voice saying, 'I'm not looking for special treatment but I am looking for speedy answers.'

I round the corner and find Phil talking to Dr Walker. He's dressed in casual trousers and an expensive-looking polo shirt with different widths and shades of grey stripes running across it. I don't recognise the clothes because he's changed his whole wardrobe since he left me. All part of shedding his former self. He sees me approach and looks me up and down. 'Were you out?'

'Yes.' The dress I'm wearing is silk and feels like warm water against my skin. I think I look good in it but I turn away before I'm tempted to examine Phil's expression to see whether he thinks so too. Even after a year of living without him, I'm still programmed to seek praise and comfort from him. It makes me angry and impatient with myself.

'Who's looking after Lauren?'

'She's at Amber's for a sleepover.'

'Have you told her about Robbie?'

'I'll tell her tomorrow.'

'I'll collect her from Amber's and tell her.'

'I'd rather you didn't,' I say forcefully. 'And anyway, it's not your weekend.' I try to sound matter-of-fact but suspect that all I sound is petty. Dr Walker is watching us both, his face giving nothing away, but still I feel embarrassed behaving like this in front of him. 'I'm going to take Mark home.' I look at the doctor. 'Thank you for everything.' We shake hands. 'I'll be back tomorrow for Robbie.'