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PROLOGUE

New York City

Monday, December 6

Dr. Susan Passero, an internist at the Manhattan Memorial Hospital, known colloquially as the MMH, ushered her forty-first and final patient of the day, Florence Williams, out of the examination room. It was nearly 6:00 P.M. She said a warm goodbye and encouraged Florence to keep up the good work adhering to her rather complicated medication schedule. Returning into the room, Sue took a deep breath, readjusted her Covid-19 mask, and sat back down at the computer terminal to finish the required entry. Like most doctors, she despised being so chained to the demands of the electronic health record because of the interference it invariably caused between her and her patients, yet she knew that modern medicine demanded it. When she was finished and had dutifully checked all the necessary boxes, she washed her hands for the thousandth time that day, pocketed her stethoscope, and headed out into the clinic proper.

As per usual she was the last doctor to finish seeing the scheduled

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patients, so the clinic was all but empty. At the far end the housekeeping crew was already starting the daily cleaning. Sue waved to them since she was on a first-name basis with several, and they waved back. Up until then it had been a normal, busy Monday, and Mondays were always the busiest day of the week since on top of the scheduled visits, a number of the patients who'd come into the Emergency Department over the weekend often needed follow-up.

Sue Passero was a big-boned, athletic African American woman whose body habitus still reflected her accomplishments in the collegiate sports of soccer, basketball, and softball. Mindful of her appearance, she was wearing a silk dress under her white doctor's coat, her hair in a contemporary short, spiky style. As an outgoing person she was friendly to everyone at the hospital, particularly food service personnel and the cleaning people. Despite being a board-certified internist with subspecialty training in cardiology, she was never tempted to assume a holier-than-thou attitude with the other hospital employees like some narcissistic doctors she knew. The reason was simple. Out of necessity through high school, college, and even medical school, she'd worked at just about every low-level academic medical center job, including cleaning monkey cages. The result was that she sincerely appreciated everyone's input. At the same time, she was demanding. No matter what someone's work entailed, they had to give one hundred percent, which was the way she had always approached her duties.

"All done!" Sue called out to Virginia Davenport after leaning into the scheduling secretaries' office. Like Sue, Virginia was always the last clinic secretary to leave for the day. In her role as the most senior clinic employee, she took her job seriously, which was why she and Sue clicked and worked well together.

"Here's your patient schedule for tomorrow," she said, leaping up and handing a printout to Sue. Virginia was a tall, slender woman with an

oval face framed by tight blond curls and punctuated with dark eyes and very white teeth.

“Thank you, girl,” Sue said, taking the paper like a handoff to a relay race sprinter as she moved quickly down the hallway. Now that she was done seeing patients, she wanted to wrap up the day, get in her car, and head home to New Jersey. As she hustled down to her tiny office, she glanced at the schedule. It looked like any other day of late, with thirty patients on the calendar, although that would invariably balloon up.

“I also printed that article about the medical serial killer that you asked me to,” Virginia said, running to keep up with Sue. “And here are the phone calls that came in while you were seeing patients that need a response from you.”

Without slowing, Sue took the phone messages and the article, glancing at the latter. It was a *New York Times* piece from October about a Texas nurse who had been found guilty of killing four postoperative patients by injecting air into their arteries. Entering her office, Sue slipped behind her desk and sat down. “You are a dear,” she said, looking up at Virginia, who had followed her. This final interaction between them was part of their daily routine before Sue’s departure. “Did you happen to read the article?”

“I did,” Virginia said. “It would be hard not to, seeing the title. It’s horrific that people are capable of that kind of behavior, especially in the medical profession.”

“What scares me about this particular case is that the nurse’s motivation was to keep certain patients in the intensive care unit so he could get more work hours. Can you believe it? I mean, it’s a new one for me. I can sort of understand, in a sick way, the so-called mercy killers who mistakenly profess to be saving people from pain and suffering. I can even intellectually understand the scarier hero syndrome, where misguided sociopathic fruitcakes are trying to burnish their image by putting

patients in jeopardy to get credit for supposedly saving them.” As she was speaking, Sue pulled out a large blue folder from between two book-ends. Opening it, she slipped in the article to join a number of other similar ones.

“It’s a terrifying thought, no matter what the motivation,” Virginia said. “The hospital is supposed to save people and certainly not kill them. I tell you, the world seems to be getting more and more crazy.”

“Any of these calls demand immediate attention?” Sue asked, holding up the list of names and phone numbers. “Or can I call on my way home?”

“Nothing earth-shattering,” Virginia assured her. Although trained in psychology and social work, rather than in healthcare per se, she had learned over the ten years she’d worked in the Internal Medicine Clinic to recognize true medical emergencies. From experience Sue had learned to trust her. “Has the MMH ever had such a problem?”

“Interesting you should ask. I’m afraid the answer is yes. About fifteen years ago, my friend Laurie Montgomery, in her inimitable style as a medical examiner extraordinaire, outed a nurse here who was being paid by a shady organization working for a health insurance company to kill postoperative patients who carried the markers for bad genes.”

Virginia knew Laurie from having set up numerous lunches and even an occasional dinner date for her and Sue. The two doctors were old friends from their college days and had gone to medical school together.

“Why?”

“To save the insurance company money. With their genetic baggage, the involved patients were destined to need lots of expensive healthcare.”

“Oh, my goodness,” Virginia said, covering her mouth with her hand in dismay. “That’s awful. That’s worse than the Texas nurse. How many patients were involved?”

“A half a dozen or so,” Sue said. “I don’t remember exactly. It was bad, and I’ve tried to forget the details but not the lesson. It was an awful reminder of how much business interests have taken over medicine. Especially with private equity trying to eke out every last penny of compensation.”

“That’s unfortunately true,” Virginia said. “And mentioning business interests reminds me that you have a Compliance Committee meeting tomorrow at noon.”

“Thank you. I appreciate the reminder, and if that’s it, I’m out of here.” Sue slapped the surface of her desk, stood up, and pulled off her long white coat. The fact that she had another committee meeting didn’t surprise her. As a particularly dedicated member of the MMH staff, she felt it was her duty to volunteer for multiple committees. Currently she was a member of the Mortality and Morbidity Committee, the Infection Control Committee, and the Outpatient Reorganizing Committee, as well as the Compliance Committee. On top of that, she was vying for a seat on the hospital board. Luckily Virginia Davenport was willing to assist with all this added work.

“You are all caught up,” Virginia assured her, heading for the doorway. “Drive carefully on your way home. See you in the morning.”

“Same to you on the subway.” Sue exchanged her white coat for her winter coat, which was hanging on the back of the door to the hallway. Picking up her mobile phone, purse, and the list of patients whom she needed to contact, she followed Virginia out into the hallway, where they parted ways. Sue was intent to get out of the high-rise garage before the rush of cars coming in for the night shift starting at 7:00. Although most of the employees came by mass transit, enough private vehicles were involved that it could be a minor traffic jam.

The route required taking the pedestrian bridge from the outpatient building to the main building and from there a second pedestrian

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bridge to the garage. Although a few of the night-shift personnel were arriving, as were some visitors, it was not nearly as busy as it would get between 6:30 and 7:00. Sue found her car where it had been parked that morning by the valet service in the doctors' section, which was already mostly empty, as was usually the case. As she approached her beloved BMW with its heavily tinted windows, she reached into her coat pocket and fondled the electronic key fob, pressing the door open button in the process. The car responded by turning on its interior as well as outside lights.

Sue opened the driver's-side door and tossed her purse into the passenger seat before slipping in behind the wheel. As she always did, she hung her ID lanyard on the rearview mirror. She reached for the starter button, but her hand never made it. To her shock and horror, a cloth hood was thrown over her head and pulled down around her shoulders. As she reached up to tear the hood away, an arm came around her throat, yanking her back against the headrest with such force that her back was arched away from the seat. Letting go of the hood, she tried to pull the arm away using both hands while crying out in utter terror. Unfortunately, her voice was muffled due to both the hood and the compression on her neck. In the next instant she felt a stabbing pain in her right thigh.

Gritting her teeth, Sue managed to pull away the arm encircling her head enough to take a breath. But then a second arm came to the aid of the first, dislodging one of her hands and repinning her head back against the headrest, again restricting her airway.

Out of sheer desperation, Sue tried to bite the arm that was around her neck, but her efforts were restricted by the cloth hood. The attacker responded by upping the compression of her neck and increasing the hyperextension of her back. As forcefully as she could, she then tried to dig the nails of both of her hands into the restraining arms, but as she

struggled to do so, she suddenly became aware of losing strength. It was as if the muscles in her arms and neck were becoming unresponsive. At first, she thought it might be a kind of fatigue from making a super-human effort, but it progressed relentlessly. Rapidly her hands lost their grip on the arms encircling her neck. Then, even more frightening, she found herself struggling to breathe.

Marshaling her last ounce of strength, Sue tried once more to cry out, but no sound escaped her lips, and with an agonizing roar in her ears, she lost consciousness . . .

CHAPTER 1

Tuesday, December 7, 6:45 A.M.

Without making it obvious, Dr. Jack Stapleton put muscle into the mild hill climb on West Drive in Central Park where it bordered the reservoir. It had given him a bit of satisfaction to overtake and pass a small, tight covey of younger, serious cyclists on their imported road bikes, all of them clad in skintight, fancy duds emblazoned with all sorts of European product endorsements and wearing clip-in, expensive bike shoes. He, of course, was on his relatively new US-made Trek bike that was every bit as fancy as the others, but his dress was far different. He was wearing his usual brown, wide-wale corduroy jacket, blue jeans, and an indigo chambray shirt with a dark green knit tie. Instead of bike shoes he had on Nike kicks. His only concession to the forty-five-degree weather were gloves and a scarf.

As he had done practically every morning since he had arrived in New York City to begin his new life and second medical career as a New York City medical examiner at the Office of Chief Medical Examiner,

or OCME, Jack was using his bike to commute from his home on the Upper West Side down to the east side of the city. It was a far different mode of transportation than when he'd been a conservative, midwestern ophthalmologist. Back then he drove a Mercedes to his office every day, attired in a glen plaid suit with carefully polished shoes.

The current pacesetter of the group of well-heeled cyclists responded just as Jack envisioned. It would have been demoralizing to have a middle-aged, possibly blue-collar individual pass them, so he stood up and began a chase. There was no way for the cyclist to know that Jack probably rode his bike more often than they did. Nor did they have any idea that Jack also played demanding pickup basketball on a near-daily basis, weather permitting, and was accordingly in tip-top physical shape. The rest of the cyclists followed the lead of the pacesetter, standing up and pumping furiously.

Meanwhile, without making it obvious by remaining sitting, Jack increased his own effort such that his lead slightly increased despite the more obvious efforts of the pursuing bicyclists. Several minutes later, as Jack crested the hill and began his descent, he stopped pedaling and allowed himself to coast, which permitted the clot of pursuers to finally catch and overtake him to regain their sportive dignity.

Under more normal circumstances Jack would have continued the impromptu race all the way to the south end of the park, where he'd exit on his way to work. But on this particular morning, his attention switched from aggravating the "serious" cyclists to musing about the Brooks School that he was passing to his right on Central Park West. It was where his son, JJ, was enrolled in the fifth grade. As if it were yesterday and with understandable chagrin, Jack could remember his disastrous visit there two years earlier, when Laurie, his wife, asked him to go to talk to the school authorities in her stead about their concern that

JJ needed to take Adderall for ADHD after JJ had gotten into a few tussles on the playground.

What made Jack an inappropriate substitute for Laurie was that he was absolutely convinced there was nothing atypical with JJ. Combining that reality with his belief in some kind of conspiracy between the pharmaceutical and education industries, both of which seemed in his mind to be overly eager to start kids on what was essentially speed and turning them into nascent druggies. Unfortunately, Jack had made sure that the Brooks School knew exactly how strongly he felt. As a result, he had succeeded in alienating the school authorities, who threatened to expel JJ. Ultimately, Jack had agreed—along with Laurie’s insistence—to have JJ at least evaluated by a psychiatrist, who agreed with the diagnosis, but luckily by that time it no longer mattered. The evaluation process had taken long enough that it was apparent to all that JJ was not exhibiting any more playground shenanigans. As a result, the school’s insistence on medication fell by the wayside—that was, until last week, when JJ had had another fight during recess. Suddenly the whole issue had resurfaced, and it was the reason Jack was now on his way to the OCME so early in the morning. The night before, he had been harangued by both Laurie and her mother, Dorothy, who were both championing the use of ADHD medication. Awakening way before the alarm and not wishing to be again subjected to more pressure before rethinking all the pros and the cons of the situation, Jack had decided to leave the apartment before anyone else was awake.

Jack’s normal route would have taken him to the southeastern corner of Central Park, but because of the dramatic uptick in bicycle use in Manhattan due to a combination of frustratingly heavy vehicular traffic, the Covid-19 pandemic, and E-bikes, bike lanes had majorly proliferated. The result was that his commute was significantly faster and safer,

although Laurie doubted the latter. Now Jack exited the park in the southwest corner into Columbus Circle. From there, he used the dedicated bike lane to head south on a combination of Broadway and Seventh Avenue all the way to 30th Street. Conveniently, 30th Street also had a bike lane, although it wasn't as safe since it was merely painted on the pavement alongside the parked cars. Jack's destination was at the corner of 30th Street and First Avenue, where the old OCME building stood, which still housed the autopsy suite.

As Jack rode east on 30th, his thoughts went back to Dorothy's role. He recognized she evoked serious ambivalence in his thinking. In relation to his daughter, Emma, who had been diagnosed several years earlier with autism, Dorothy had played a positive role. She had taken it upon herself to organize and then manage the complicated interviewing, choosing, and scheduling of the behavior therapists, speech therapists, and physical therapists who were responsible for Emma's impressive progress. But even Emma's improvement was not without some controversy. Jack was inclined to enroll Emma in a specialized school for children on the autism spectrum that was close to the Brooks School. But Dorothy disagreed and so far had convinced Laurie to her point of view.

Worse than the mild disagreement over Emma's situation was Dorothy's continued anti-vaccine stance, since she still insisted that it had been Emma's MMR vaccine that had caused her autism, even though the possibility had been scientifically proven false. Worse still, her anti-vaccine feelings had extended to the Covid-19 vaccine, and no matter what Jack or Laurie said, Dorothy refused the jab. Making her intransigence that much worse was that Dorothy had all but moved in with them to take over the second guest room right after her husband, Laurie's stern cardiac surgeon father, had passed away three months ago, in September.

On several occasions Jack had tried to broach the issue of establish-

ing some appropriate time frame for Dorothy to move back to her spacious Park Avenue co-op, but Laurie wouldn't hear of it. It was her belief that Emma was benefitting greatly from having her grandmother constantly around and that Dorothy was still much too fragile to move back to an empty apartment.

All in all, Jack was feeling a bit like the odd man out, especially with Laurie acting more and more like the chief both at work and at home. Not wanting to force the issue and possibly cause a disruption in the fragile home environment, Jack looked to work to occupy his mind and emotions. He needed to scare up some kind of difficult case to monopolize his thoughts. It had worked in the past; investigating a chiropractic death had helped him deal with JJ's diagnosis of neuroblastoma when the boy was an infant. One of the definite benefits of being a medical examiner was that every day was different and there was always the possibility of confronting a perplexing circumstance. He and Laurie certainly had proven that over the years without an ounce of doubt.

After waiting for a green light to cross First Avenue at the corner of 30th Street, Jack rode down along the old OCME building that had long ago overstayed its usefulness. When it had been built more than a half century ago it had been state of the art. Now it was hardly that. A new autopsy building with offices for the medical examiners and the Toxicology Department was sorely needed. It was supposed to be built near the new high-rise OCME building four blocks to the south but had been held up by budgetary problems. It was one of his wife's main objectives in her role as the chief medical examiner of the City of New York, and she was counting on the new mayor soon to be sworn in to give it the green light.

Turning in at the receiving bay where bodies arrived and departed, Jack rode between the parked ME Sprinter vans, hoisting his bike up onto his shoulder as he climbed the side stairs up onto the platform.

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Then, walking the bike, he passed the security office and waved to the guards, who were busy in the process of changing shifts. Jack did the same passing the mortuary techs' office. Off to the left, where the Hart Island coffins for unclaimed bodies were stored, Jack secured his bike and helmet with a cable lock to a standpipe. He was the only one who used his bike to commute to work, and there was no official bike stand. Nearby was the darkened, isolated autopsy room for decomposing bodies.

Eager to see what the night had brought in terms of new cases, Jack mounted the stairs one floor, passed through the sudden infant death syndrome room, and entered the part of the ID area where the day began for the OCME. It was a little after seven in the morning.