



## Occasional poetics

### Wishbone dance: new and selected medical poems

Glen Downie

Wolsak and Wynn, Don Mills, Ont; 1999

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In *Wishbone Dance* Glen Downie selects medical poems from his previous volumes — *An X-Ray of Longing* (1987), *Heartland* (1990) and *The Angel of Irrational Numbers* (1991) —and intersperses them with new ones. He has toiled at innumerable menial tasks, as the book cover and introduction will have us know; he also obtained a degree in social work and thereby gained access to the medical world. Working as a counsellor in various hospitals, most notably at a cancer clinic, Downie has had the opportunity to document, as an observer, the human struggle of illness.

Downie's vignettes are written with a measure of empathy and with the mysteriousness of the good poet: knowing he can't approximate another's experience, he dramatizes as the facts allow and only then ensnares us with observed truth. In "Worker Classification: Material Handler," he declares himself as a member of the working class:

We work in the world you and I handling  
coal chandeliers razor blades hamburger  
whatever they ask us to carry sort shovel

From this vantage point he then deftly links his blue-collar experience to white-coat medical work:

Pat cuts off a cancerous breast —  
the day's work has begun how does it feel  
when a severed breast slips off into your hand?

Effectively, Downie is saying, "I see this as poet, and now I'll comment on it." It's fortunate for the reader that his comments are often worthwhile, as in the conclusion of the same poem:

This is the way the world works: you build a  
house  
As I tear one down we need each other  
Hands must be full of something

In these links to manual experience we are blessed with an eloquent labourer magically deposited into a poetic frontier.

Several of the poems are hindered by missteps. Asking rhetorical questions in verse is a perilous exercise. The poet should show, not tell (or ask). Compared to his otherwise evocative, lithe passages, Downie's direct questioning of the reader about one bad thing or another invites bathos. The easy, awkward questions of "Diagnosis: Heart Failure" are an example:

Complaints in all her systems (listen  
to her chest The fussy old sweet  
heart's congested) Can you cough up love?  
Can you produce anything for us?

*Wishbone Dance* is arranged in several sections that reflect his experience in the health care realm. Many of the poems in the "Learning Curve Journal" component of the collection are woefully smallish — a few lines long, they add nothing to their context. Others suffer from obviousness. The second learning-curve poem, quoted here in its entirety, announces the failure of the series:

They introduce you to the water  
by throwing you  
in the deep end

Welcome to the life  
Welcome to the work

A near-death experience  
followed by another  
& another  
& another

Redundant and clumsy, this poem is characteristic of a sequence that consists of weird, unrelated and jarring lines that conjure only frustration at the poet's unevenness, one moment eliciting a gasp at

a particular phrasing, the next provoking a groan as the poet imperfectly presents what is better omitted. This is true of a few of the other poems in the book. They grapple with sentimentality and lose, but they promise much.

But the poems that elicit gasps do deserve comment. In "Louise," Downie begins by describing an incident at a nursing station in which a staff member, commenting on an elderly patient with the mind of a child, says "Shoot me if I get like that." Downie delivers:

Let go now  
before hospital policy changes  
& nurses patrol the wards with guns in their  
hands  
Tracking down their own echoes:  
*Shoot me if I get like that*

It is in passages like this that Downie succeeds with the poetic turnaround of dimes, leading us one way and then brutally deflecting our expectations. When Downie decides to do this, he does it admirably, and like few contemporary Canadian poets.

In this collection, it's apparent that a distinguished poet has declared himself for quantification, for refutation. There are worthwhile poems here, a handful that defy comment. Wolsak and Wynn were right to publish this collection; several of the poems are prodigious exhibits of meaning, quoting life in distilled form and pummelling us with their poetic cargo. Downie succeeds often, and so exclusively, that his poems should become required reading not only for health professionals but for everyone else. In death and in sickness, he treads the words we're afraid to hear, the words that approximate illness as much as poetry can. Life breathes and stops in his poems; readers are left to discern their human truth, their significance.

**Shane Neilson**

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Lifeworks

## Single-handed in Scotland

We look to Scotland for all our ideas of civilization — Voltaire

What kind of physician is most easily recruited and retained in underserved areas? If criminal personality can be profiled, can we similarly develop profiles for this rare and much-sought-after breed of practitioner? Should we seek out medical mavericks? Isolated introverts? Recent work by London, Ont., photographer Rosie Donovan suggests quite the opposite. Donovan, who tracked down, interviewed and photographed 68 solo practitioners last year in remote areas of northern Scotland, found that her subjects did share common characteristics. But they did not tend to be loners. Indeed, they were often extensively committed to and involved in their

communities. “They had a generosity of spirit, a love of the landscape, a love of their community, a genuine love of traditional family medicine,” Donovan says. Take, for example, Kevin Woodbridge of North Ronaldsay in the Orkney Islands. In addition to practising medicine, Woodbridge is the community’s fire chief, directs a bird observatory, serves on the local council and manages a 36-acre sheep farm. Donovan photographed him repairing sheep-croft fences.

“We understand a good deal of what financial inducements it takes for a community to attract a physician, but we know very little about the kind of person who would want to be a doctor in a remote area,” says Jim McSherry, Scotland-born professor of family medicine at the University of Western

Ontario. He describes the 47 portraits as a “remarkable essay in photobiography” that reveals a great deal about the “human factor” of rural practice: “There are individuals here who love nature, who enjoy recreational activities not available in cities, who have an antipathy to cities and who for one personal reason or another prefer to seek life and professional fulfillment off the beaten track. Some appear to be square pegs that have at last found a round hole that fits.” The exhibition was proposed by John Bain, professor of general practice at the University of Dundee, who met Donovan when she was exhibiting photographs of Scottish-born Canadians there in 1996. As Bain observes, “Doctors who choose to be single-handed are self-selected, each one of them finding the places and jobs that suit their personalities, and they are moulded by the situation in which they find themselves.”

Travelling almost 20 000 kilometres in a Land Rover supplied by the automaker, and finagling complimentary trips to remote islands on the Caledonian MacBrayne and P & O ferry services, Donovan photographed each physician using existing light and black-and-white film. All of the images were taken outdoors, against scenery that often complimented the craggy appearance of her subjects.

In many cases, both the doctors and their patients were colourful characters. Shirley Haunschmidt, from the Isle of Westray in the Orkneys, told Donovan about one of her patients, who was interviewed on Scottish national television after he and his wife of 73 years were proclaimed the longest-married couple in Scotland. The 94-year-old man spoke with high regard of his “nice” doctor, who allowed him to drive even though he “couldn’t see.” “The fact that this was about 500 yards along the length of a field to collect his pension was not explained, and I waited ... for my defence union to ring.”



“It is a very small practice, with around 400 patients, which means that it is an inducement practice whereby I receive an allowance to make it financially viable to work here ... I suspect they will try and amalgamate this practice with a neighbouring practice when I retire, although attempts to do this will be bitterly resented. People here cherish their independence, and they also value services such as the local doctor and local school. They see these services as the cement which holds the community together. Medical services cannot be seen in isolation from the infrastructure required to maintain a sense of community, and people who choose to live in isolated areas deserve to have readily accessible medical care.” — **Dr. Jack Barker, Gravir, Isle of Lewis**

Ian McNicol of Appin reported interesting experiences during the 1980s when he provided care for “new age travellers,” who often delivered their babies in their caravans and horse boxes. McNicol told Donovan about the memorable birth of a child to Mel and her partner, One-Armed Pete: “I was called at the appropriate time to the bus, to find Pete lying unconscious on the floor, having been hit by a turnip by his partner when she went into transition stage.” As Pete lay oblivious, the delivery proceeded without further incident, with a chorus of more than 20 travellers chanting “Here we go! Here we go!” Post-delivery, Pete recovered consciousness and rolled out a barrel of home brew produced specifically for the occasion.

Donovan’s *Single Handed* photographs were shown at the “galleries @ the galleria” in London, Ont., in January. In April they will be shown at a Royal College of General Practitioners’ meeting in Perthshire, Scotland.

**David Helwig**  
London, Ont.



Resie Donovan

“This is a very small practice on an island four miles by two miles. When I first came here there were 120 patients. There are only 80 now ... . We have a 36-acre croft with North Ronaldsay sheep, which are a unique breed. I’m also the director of the bird observatory ... chief fireman on the island and one of the five coast guards. I’m active on the community council and involved in social activities, which keeps me in touch with what people are thinking.” — **Dr. Kevin Woodbridge, Island of North Ronaldsay, Orkney**

## Room for a view

# The housecall

No greater love than this ... He was ninety-four. She is eighty-eight. They had been together for more than seventy years.

Standing in the doorway of the bedroom, I was hesitant to enter, afraid to intrude. An ancient man lay uncovered and motionless on a large double bed. An old woman patiently changed his diaper and cleaned his incontinence from an ugly sacral ulcer. She spoke quiet, comforting words that seemed to come easily for the sake of her frail lover and confidant of so many years.

Is he still alive? I wondered. Can he hear or feel these gentle ministrings? I knew that her soft touch had done

more to keep him alive than all of my medicines.

I entered quietly and asked after him. “It’s not been a good day,” was all she could reply. She seemed tired, resigned, sad in an accepting sort of way. I wonder if there is a special weariness that accompanies caring for a dying lover.

I moved around the bed to face him and took his hand, squeezing it lightly in greeting. He opened his eyes and raised them toward me. There was a brief smile of recognition, but no words followed before his eyes closed again. The time for words had passed.

My examination revealed only the

obvious: a rapid, irregular pulse, short laboured breaths, and a blood pressure too low. I was seeing a man at the natural end of his life, but I felt more a sense of awe, wonder and privilege than of sadness. It seems easy to wax philosophic when there is nothing left to do.

How facile were my gentle pat on the arm and the words: “Rest now.” The final rest would come soon enough. I made a silent prayer for the dying and wondered if this was not the most useful thing that I could do. The limitations of my medicine had never seemed as obvious or as necessary as now. I felt relieved that I could not and perhaps should not do anything more.

I asked if I might speak to her. We sat quietly at the kitchen table and talked about a do-not-resuscitate order.



Art Explosion

Just how much did she wish me to do? What was I capable of doing? The enormity of this conversation did not dawn on me until later. She was being asked to decide what efforts would be made to keep him alive. Her whole life had been directed at living and here, in an instant, I wanted her to change that focus, to decide how death might come more easily. How could I suggest or even offer to remove him from his home to die among strangers, in a place he did not know? Her wisdom and serenity shamed my uncertainty. He would die as he had lived, quietly, simply, with his family, in his home.

My insecurity surfaced. I changed his medication a bit. I thought this might make him more comfortable. Perhaps it was for my sake more than his; perhaps I needed to assure myself that I was doing something. More's the pity. Nothing was what begged to be done.

I let myself out quietly through the unlocked front door, suspecting that I would be back before long. The old woman returned to her vigil at the bedside. I had no doubt she would still be there when I came again.

My drive home was silent, pensive. I confessed to myself an admiration for the quiet dignity with which this couple had chosen to approach death. I simply didn't know if I had that kind of courage.

That night I asked my partner if she would change my diaper when I was ninety-four. At first she laughed and joked that I was on my own. When she realized I was serious, she softly replied that yes, she thought she would. This unhappy image becomes a source of joy to me. I find comfort in the simple devotion, the caring that it implies. Am I capable of such love? Am I deserving of such love? Are any of us?

I returned to their home a day or two

later. The scene had changed little. More family — children, grandchildren and great-grandchildren — had gathered around the old man and his wife. His place and hers remained the same. Death had changed the scene only a little.

My presence seemed an unnecessary formality. I had only to confirm the obvious and sign a few papers. A priest had arrived before me. The order of things was correctly established.

The old woman was not crying. She seemed relieved or distant somehow. It wasn't until later, when she became ill, that I fully understood. She was just putting in time now. I had been witness to the final chapter in a profoundly human love story. Amidst all the sorrow I became envious.

**Larry Kramer**  
Family physician  
Simcoe, Ont.

### One thousand words



William James Topley / National Archives of Canada / PA-027434

Ironing room, Home for Friendless Women, 412 Wellington Street, Ottawa, February 1895.