

of SARS — and quite effectively debunks any concerns that the latter was either significant or long lasting.

Overall, *SARS in Context*, provides some refreshing accounts and balanced insights; however, there are some shortfalls. The writing and editing between chapters is quite choppy. Given that reading good writing is like looking through a clear window, I must admit that in certain chapters I wanted to spray on some window cleaner. And, although I strived to refrain from wearing a personal hat on this read, I was disconcerted to see that no members of my medical specialty (community medicine) were represented in the text. Every day medical officers of health are invited to waltz between investigating sporadic cases and declaring emerging outbreaks. That we were not even listed on the dance card of the editors of *SARS in Context* is sobering indeed, and makes me wonder whether it signals the editors' desires or drabness of my specialty?

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CREATIVE CONVALESCENCE

I enjoy convalescence. It is the part that makes the illness worth while.

— George Bernard Shaw

Ignatius of Loyola, founder of the Jesuits, was converted to the religious life while recovering from a battle wound. Convalescence has been put to interesting use by many thinkers, artists and writers. Some, like Robert Louis Stevenson, became famous for it.

Tell us about recovery times — yours, or your patients' — in *The Left Atrium*. We welcome prose submissions of up to 1000 words (pubs@cma.ca).

Room for a view

That growing uneasiness buried within

Time

They call it a Home for the Aged, whenever it's mentioned (and mentally file it away under D ... for Decrepit. And Dreary. And Death.) while they fight off their hidden reluctance to stay for that duty-bound visit. "But really, it isn't *so* bad, is it, dear?" with eyes tactful, averted from half-emptied bedpan.

"Young Lisa has plans to be married this spring..." (and the subject is skirted of why Auntie Mae must be strapped to her chair, for she wanders, you see. Can't be helped. Very sad.)

and they chatter, too quickly, avoiding those pauses — so awkward — and leave, feeling inwardly glad.

And Grace, in Room 10, whispers low to her husband some secret — laughs softly, caressing his face with her words. Now he answers her; smiling, she nods — she's alone ... for beside her lies nothing but space. He's been dead 7 years, you see. She hasn't heard. Or, at least, not a part of her anyone sees. Bernadette, in the next bed, turns slightly away and tries vainly to sleep, block it out ... ill at ease, for *she* knows. She can't walk now, or see that well — slightly incontinent, too — but her mind is quite clear, and for Grace she feels pity — or anger.

Or nothing.

She wishes, at times, she could no longer hear.

In the hallway sits Jim, in his chair, grinning happily (foolishly, some say). He raises an arm, hand outstretched, tries to touch you — you shrink back with fear that is nameless, instinctive — he meant you no harm. The fingers have withered to claws, yellowed bones and blue veins showing through the translucent, frail skin (is it for reassurance you glance at your own youthful flesh?). You recover, returning his grin, greet him gently, then leave him — untouched — as he was.

You find yourself walking more quickly, because of that growing uneasiness buried within.

If only those buzzers would stop — and that smell (undefined, only found in one ward) and the light that keeps flashing above that man's room.

But you know, deep inside, that it's none of those things that you fight every time you walk in here. It's something abstract, yet more real.

Can it be that they all were once young? — or did nature create separate species? That woman, right there — she has eyes like your own ...

... but you've flung

the thought from you, its message too strange. With a glance at your watch, you move into the stairwell, then past the reception desk into the bustling street, thinking how you must hurry.

The time goes so fast ...

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Beverly Wilson (1982)

... and time again

Aging. Dying.

Universal processes, both of them, processes that press upon our consciousness to greater or lesser degrees throughout our lifetime. Specific events — or changes within our own bodies — may render aging and death vividly personal at certain moments; otherwise, we manage to push them out of awareness for long stretches, perhaps only dimly cognizant of how the inner ticking clock that marks our own mortality is driving us onward, propelling us in particular directions.

As a younger person, my exposure to aging and the elderly was minimal — that is, until my first summer at university when I took a job in a home for the aged and was suddenly plunged into a strange new world. Gradually coming to know the residents in their individual uniqueness, I struggled with my own and others' reactions to them and to their surroundings. My 19-year-old eyes strained to find some thread of personal connectedness with those elders, to comprehend that we were riding on the same carousel of human existence, having simply stepped onto it at different moments yielding different vantage points. The preceding poem — "Time" — emerged from that experience.

During the more than 2 decades since it was written, I became a physician, a role that has led me into intimate contact with all aspects of the human continuum, in wellness and in suffering, in wholeness and in brokenness, from birth to death. Initially as a family doctor, and now as a psychiatrist working with a geriatric psychiatry outreach team, I frequently find myself in a variety of long-term care settings. I experience again the sights and sounds, the lights, buzzers and mixed emotions that first stirred me so many years ago. Now, of course, there is an easier option for retreat: the offering of skills filtered through a caring, polite professional screen, with the staff as intermediaries and the often highly impaired elderly individuals somehow again becoming more "other," more apart. The very nature of our work, however, draws us into the inner world of those we treat, challenging us to en-



Fred Sebastian

ter into their experience, and inevitably bringing us back into contact with their core humanity.

"That woman, right there — she has eyes like your own ..."

Despite the passage of time and influx of experience since I penned the poem's lines, they still speak to me about our attempts to push aside our mortality and separate ourselves from those who serve as living reminders of it. In the intervening years I have witnessed changes in our approach to caring for the elderly, and in the management of specific concerns, such as wandering and other "problem" behaviours. I have been inspired by some facilities that are truly caring homes, where dignity and individuality are tended and embraced. I have a deepening appreciation for the challenges faced by staff, who are often overworked with too few resources. Palliative care has advanced and gained prominence, and I have had opportuni-

ties to be deeply touched by the dedication shown to the dying and their families. Despite all of this, I remain humbled and at times surprised by the instinctual strength of our culture's collective ambivalence and avoidance when faced with those who have lost much of what we think of as our humanity: our independence, our sensory experience, our memory and reason. On occasion I have felt myself slide behind that screen of professionalism in self-defence. And yet, I have been heartened to find that the quiet force of basic human connection, when allowed to do so, will draw me back time and time again, bringing me face to face with that reality, which is not only unavoidable but which is ultimately necessary to my own wholeness, as a physician and as a human.

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