

Not Much to Say Really

ALSO BY KELVIN CORCORAN

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Sea Table \*

Facing West \*

*\* Titles from Shearsman Books*

Kelvin Corcoran  
& Emma Collins

*Not Much  
to Say Really*

*4 Solo Voices  
and a chorus*

Shearsman Books

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## Foreword

Junior doctors still wore white coats back then, pockets filling with books and stethoscopes and lists so that the cloth pulled at our shoulders. Despite this weight, the coats lifted like capes as we rounded corners or strode hurriedly through corridors. Buoyed perhaps, at least in our minds' eye, by some belief in medicine's heroism, how we all held such sway over life and death. That afternoon I was stood with my consultant in his office discussing career plans. I'm thinking about about elderly care, I said, or maybe oncology. He peered over his glasses and told me to set my sights on oncology. Choose a specialty, he said, where there's proper science, one where you can make an actual difference to patients' lives.

Of course science informs medicine, and armed with it doctors of all disciplines make a real difference to patients' lives. But the science isn't enough. And our emphasis on it leaves us with a limited and limiting conception of medicine. One inflated by hubris and in such denial of human mortality, one impoverished so often of moral judgment, and one that sidesteps the human encounter at the heart of all medicine. Human encounter that's loaded at its best with empathy, that renders others' suffering as palpable and that compels us to act well.

Medicine that dwells almost monochromatically on the technically possible will too quickly disregard the needs of the elderly. It objectifies them to a nuisance of discharge or placement. Or it reductively medicalises the final years of life without attention to quality or the wider aspects of patient care. How is this still possible in the twenty-first century? What does it say about a society's values?

Medicine Unboxed is a project that asks just these questions of society and healthcare. Medicine is practiced and received now in the context of extraordinary scientific knowledge and therapeutic prowess, but it faces increasing moral, political and social challenges. We believe the arts and humanities can illuminate these challenges, drawing us into conversation, fostering awe, wonder, and perhaps even humility.

We asked the poet, Kelvin Corcoran and the doctor and artist, Emma Collins to meet and speak with elderly patients in Cheltenham General Hospital, then to translate these conversations into creative works. The poems and artworks in this book offer us a glimpse of other human lives; of persons who have experienced our very own desires, fears and hopes; of human beings who are now briefly patients. Patients who we owe a duty beyond the delivery of just blood tests or drugs or suitable placement. Patients and persons who, one day soon, we ourselves will be.

Dr Sam Guglani  
Consultant Oncologist  
Director, Medicine Unboxed  
Cheltenham  
9 April 2017



# Introduction

KELVIN CORCORAN

‘nothing matters but the quality  
of the affection—  
in the end—that has carved the trace in the mind  
dove sta memoria’

(Ezra Pound, Canto LXXVI)

For a number of months in 2014 and 2015 I spent time talking and listening to elderly patients in Cheltenham General Hospital. I was invited to do this as part of a Medicine Unboxed project called ‘Showing Your Age’ curated by Dr. Sam Guglani. The patients’ first reaction was pretty much always the same—*Well, there’s not much to say really*. Then the talk would come pouring out. I listened to more people than are included here. Some did not want to be recorded, some moved on from the hospital and others died. I met and talked to Joan, Doris, John and Elizabeth several times before finally recording any of our conversations. Mostly I listened, went home and thought about what I’d heard.

What is written here is not simple transcription, though these are the words of the four speakers. I’ve edited and joined together different moments of conversations with the same speaker. I’ve also shaped the writing to the individual voices in several ways. This is not just a matter of idiolect but also how the typical rhythm of an individual’s speech carries thought, feeling and characteristic wit. For instance, Joan spoke in rounded almost epigrammatic phrases but in short bursts. Her medical condition meant she was short of breath but also she was thinking deeply about what she said. She was summing up her life, as were the other three speakers.

There is another principle shaping the written accounts here, one discovered as I went along. There is of course an awareness on the part of each speaker of looking back and weighing up the life lived. However, in the heart of this process, it became apparent that much of the conversation for each speaker swung around a few cardinal, unavoidable

experiences. They were the experiences which drew thought like the pull of gravity, the points to which thinking and unfinished feeling returned. These moments of vulnerability and realisation are perfectly reflected in Emma Collins' illustrations. Sometimes, at first, these moments were only partly acknowledged but at other times they were seen plainly and spoken about directly. They were the things never forgotten and still to be considered because they were always there. The importance of such feeling 'carved in the trace of the mind' explains why the text is arranged as four solo voices followed by a chorus. As deeply personal and intimate as these central experiences were for each speaker, they were also the experiences completely shared from one person to another, the points at which the deepest and most individual feelings are the common lot we live. This is why the solo voices come together as a choir in chorus.

I was able to hear these voices, and how much they had to say, because of the work and kindness of Dr. Helen Alexander and her colleagues. So *Not Much To Say Really* is for them and in appreciation of the life stories told by Joan, Doris, John and Elizabeth.

## EMMA COLLINS

I was delighted to be asked to be part of this collaborative project, initiated by Care of the Elderly consultant at Cheltenham General Hospital, Dr. Helen Alexander, and Dr. Samir Guglani. The aim of the project was to give a voice to elderly patients in a hospital setting. During my time in hospital medicine, I unfortunately encountered many people who lost their identity as soon as they entered the hospital bed: their stories and personalities were masked by their disease, their test results, and the endless clinical tasks that are assigned to them. People can easily become defined by their disease, which can have a de-humanising effect. Some healthcare professionals may find this method of distancing themselves from the patient a way to stay focused, or a coping mechanism to protect themselves from the stresses and responsibilities of the job. But

in order to deliver true holistic, patient-centred care, it is so important to acknowledge the patient as a person with a rich and complex history that we could learn a great deal from, if we spent the time to engage in their narratives. Anecdotally, it has been found that elderly patients who bring in pictures of themselves when they were younger to adorn their bedside are often treated differently by their care-givers, as it sparks off conversations that breaks down the boundaries established through the roles of patient and health care provider.

I used the written transcripts of the conversations between the patients and Kelvin as a starting point for my work. I was deeply moved reading them. Although I did not meet these people, I got a real sense of their personalities reading them. I was struck by how honest and open their accounts were. Some were melancholic; others were a true celebration of a life well spent. Some reflected on the process of aging that they were acutely experiencing, and the incomprehensible changes they had witnessed. Others concentrated on their past. They are four very different people, but what unifies them is the unsettling environment that they find themselves in. This unifying quality is represented in the work through the muted tones used, reflecting the uniformity of the ward itself.

The transcripts offered a small insight into personal memories, and I have illustrated these fragmented images to represent each individual. The narrative connotations of fabric and thread compliment the delicacy and vulnerability of the memories, mirrored by the layering and fraying of the textiles themselves. The physical presence of fabric has several intimate associations with people over the course of a lifetime: it being the first thing that wraps us up and protects us at birth, and the last thing to touch our skin before death. To emphasise this point, textiles, such as handkerchiefs, have been used to connect the memories with tangible, day-to-day objects.

The translucency of the fabrics used not only highlights the fragility of the patients and their memories, but also represents the lack of privacy experienced by the patients, despite the best intentions of staff. This was clear from reading the transcripts, where intimate thoughts, perhaps never before spoken out loud in one case, were abruptly inter-

rupted by shouts from another patient in a neighbouring bed, or a nurse bustling in to take a set of observations.

The text used in the images are the exact words used by the patients themselves from the transcripts.

I've had a full life yes  
I won't give in



## Four Figures Sing for Life from the White Sheets of Final Care

I was born in 1930 – I married when?  
then the war, but the children never came,  
my brother died when I was ten,  
it regrets me still, that something unfinished.

I was their eldest daughter's mistake;  
three sons I had and my husband died,  
you had a handful people said – but no  
I loved them and it was a pleasure.

Well that was me working on the farm,  
me and my dad, up the hills, the best school;  
though she left me, I love her even still  
oh but my daughter's the pillar of my life.

The year? I don't remember. I'll ask Tony,  
ah – no, I can't can I, he's gone now, hmm,  
but we had fun, hungry most of the war,  
the Mediterranean, salt water out of the taps.

Three women and a man sing for life  
moment by moment from their beating hearts;  
the miracle of ordinary events recalled  
– oh but I miss him, all gone now I know.

of the  
never had the  
till wearing  
over and I wore  
sixteen that  
andine coat that

878342

200

everything's changed  
the things people have now  
we couldn't afford

WALSH & CO.



# Four Solo Voices

## Joan

*Joan, you said a few minutes ago, there's not much to say really.*

No, ha, well, ha, I was,  
I was born January 16<sup>th</sup> 1930.  
I was born at the Air Balloon,  
do you know the Air Balloon?  
– but not the pub.

My dad worked on an estate.

It was bad times then, you know.

He had Jim George Tony and then me.  
but that wasn't the finish  
after I was born there was Mari,  
then there was John then there was little Alan  
he died at 14 months – and then Ann, 8 of us.

What happened, she was expecting him in the war time  
my mother was up at the window  
doing the blackout and fell back, well anyway  
he was born with a big dog's bone like, a hair lip  
his nose went straight across there, no pallet.

He was in the children's hospital in London  
for his operations, they used to go up by taxi, to see him.  
Alan would have been ... 74 now.  
He was there all the time, the war was on,  
before the NHS, dad was in a club.

In those days your mum nor your dad  
never told you much, do you know what I mean?  
Where you were born was just under a gooseberry bush.  
Anyway he came, they brought him home,  
he had just a little red line there, he had a new pallet, a new gum  
a new nose, well, they done it all.

We said, oh don't let him go back, don't let him go back again,  
they said he's got to go back, just for a fortnight.  
He developed pneumonia and died.  
What it was it was terrible, terrible.  
*Time doesn't...* It doesn't no, no it never does.

I don't think they're ever, when I say gone,  
we know they're gone, it's the same with mum and dad  
I still talk to mum and dad, when I go down to the graves,  
the stones like, I'm always talking to them.  
*The sting doesn't go away.* No, no it doesn't.

\*

I think, if I'd have been born later  
I might have been able to get a little bit more in here  
but I didn't and that was it. I was 14 when I left school  
left on the Friday, work on the Monday.

I can remember not being able to learn properly  
it was awful, I couldn't seem to take things in  
and this is what, it regrets me now  
I wish I could have took it all in.

Of course the war was on, so we didn't do much,  
the children were from Birmingham, I think,  
they came to our school and we all caught head lice  
but anyway, mum soon got rid of it.

\*

My husband? I met him when I was – 16, 17  
*A sweet young thing then?* Yes. And he came from Yorkshire  
to work on the farm and then he went back  
but we wrote to each other and we got married.

We lived in a cottage on the manor estate  
and Alan's boss's wife said Joan – would you like to help me?  
I said yes and I was there 48 years and enjoyed it all,  
of course they had their children and they still come to see me.

I saw them grow up. I enjoyed all that part.  
My sister had Nigel and was expecting again  
and she said I don't know how to tell Joan  
because at that time we were trying for a child.

No no we never had children in the end,  
I had these tests, it was looked into, there was no reason,  
they gave me tablets but they didn't do any good,  
I just didn't make the eggs and they didn't catch on.

So that was that but anyway I had ... I enjoyed  
my sister's, I loved her little one and took him everywhere  
my other sister had two boys, and the children from the manor.

Time. They've gone now. There's only John, my younger sister  
and me that's living now...

*Any hot drinks?*

*No I don't think so love.*

\*

*When you think back and see how things are now,  
what strikes you as the big changes?*