

Images of Loneliness

Chris Ellis

Some of our most insoluble problems in general practice are to do with the soul and the essential loneliness of man. The general practitioner and the priest are often the only ones who come in contact with these arctic solitudes of the lonely mind or enter homes where the silence is unbroken by human voices.

One Saturday afternoon I was mowing the lawn when there was an emergency call to our local hospital for a man who had had a cardiac arrest. I was too late to do anything for the patient who was a seventy year old man. He had recently come to our area and was unknown to any of us. I walked through to his wife of the same age who was sitting in the sideroom. They had been married more than thirty years. I can never seem to get the right words out in the following minutes.

Should I ring her children? No, they had none. Any relatives? No, there were really no brothers or sisters alive or near relatives. Should I ring her minister? No, they didn't belong to a church. Had they some close friends that I could contact? No, they had kept pretty much to themselves. There was no one I could call to help this woman after living on this earth for seventy years.

I have been a party to this situation or similar ones on several occasions as have all GPs. How can one, I ask, live, love, work, and walk on this planet for seventy years and end so isolated? With the breakdown of the extended family and the increasing age of some populations loneliness will have great implications for us all both personally and for the health services.

As a student of nineteen years of age, which seems rather callow and acned now, I was assigned to the district nurse of Wandsworth Borough in London, for a day of visits with

her. In retrospect it was an enlightened stroke of prevocational training in preparation for family practice. I was struck by the drudgery and dimness as we pursued a travelogue through the tenements and backstreets. As we progressed we listened to the dulled and dispirited voices of the dispossessed. Some smiled their appreciation of our visits while others remained sombre and morose.

The day ended in a particularly dirty one roomed flat with an elderly pensioner sitting in semidarkness. He had a grimy catheter bag projecting from beneath a threadbare rug over his legs. It was as depressing as the smell of urine and the view of the dark brick walls could make it. Time seemed suspended in eternity as we stood there in a world cut off and apart from the light outside. Then almost magically to break the spell there came on the air the sound of music from the radio next door. It was a clarinet playing a tune of such purity and poignancy that it pulled the unchanging world we were standing in, out of reality. I have never forgotten the incongruity in that flash of time between the loneliness inside and the beauty of the world outside.

After that day I felt it much safer to retreat into the safety of the wards. The issues were clear cut and the rules were laid down. My teachers like medical dictators were reassuring in their authority and infallibility. They seemed so confident and unswerving in their answers to all our questions.

I still couldn't help wondering, during a particularly erudite tutorial by a consultant surgeon in a blue pin striped suit and immaculately polished shoes, what he would have said to the man in the room with the catheter and the threadbare rug.