Don't eavesdrop!—Listen! Hearing an older person's story in Atwood's *The Blind Assassin*

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Introduction

The doctor tapped my ribs and eavesdropped on my heart, and frowned and then cancelled his frown, and then—having already made up his mind about it—asked me how I was feeling [1]

This is the beautifully evocative language chosen by 83-year-old Iris in *The Blind Assassin* by Margaret Atwood, to describe her less than beautiful doctor. She is fond of detailing the hairiness of his legs, visible when he goes jogging in shorts. But his eavesdropping, which implies a lack of consent, is even uglier than his hairy legs. Not to mention his portrayed arrogance and ageist attitudes. Iris thinks 'What the doctor sees when he looks at me is an ineffectual and therefore blameless old biddy'. We are not privy to the doctor's viewpoint; whether he sought informed consent or his true assessment of Iris. Besides, does it matter what the doctor thinks, or only what the patient thinks of the doctor? This is not the doctor's story; it is Iris's story.

Iris is keen to document her life story before she dies. To what degree does her story give us a realistic understanding of what it feels like to be older, and of the associated threats to independence and autonomy?

She writes her story with fingers that are clumsy and stiff, connected to arthritic knuckles and a 'brittle radius covered slackly with porridge and string'. Beneath her upward frizzing hair are 'glimpses of the scalp, the greyish pink of mice feet'. Her bones ache and keep her from sleep. She feels that her weak knees and other malfunctioning body parts do not belong to her—she had never desired or asked for these attributes, and similarly her pale shapeless clothes and orthopaedic footwear must belong to someone else.

Having lived her life dictated by societal norms, Iris maintains a concern about how she is perceived. She undertakes her 'dawn rituals' with the stated purpose of ensuring that she looks sane and presentable to other people. She tells us that 'nobody is allowed to be *old* anymore', only older. I agree with her choice of terminology, but I wonder if she wants permission to be old, to explain or excuse the way she is feeling.

If I burn the house down it will be on purpose [1]

There is no cause to doubt Iris's cognitive ability, as she writes clearly about the past and present. She is insightful, but she presumes that others see the worst in older people. After spilling her coffee on her clothes, she knew that there would a damp patch and she believes that people would assume that she had been incontinent.

Iris has 'fallen into the habits of the solitary'; her meals are 'snatched and random'. Sometimes, she forces herself to 'sit down properly at the kitchen table' but 'why bother with the niceties when there's no one to share or censure?' Our role is never to censure or judge.

Just when you could use an arm or a leg, suddenly the body has other things to do. It falters, it buckles under you; it melts away as if made of snow, leaving nothing much [1]

Iris is nervous about slipping and picks her way across wet floors. She describes a fear of tumbling down her steep stairs, sometimes choosing to creep slipper-less instead. Taking one step at a time and placing her foot sideways as she descends, she will not let the stairs stop her from doing her own laundry.

It is an obvious precept that working in geriatric medicine, we have a duty to protect older people from harm. But looking beyond the stereotypical risks, of falls or a flight of stairs, is more challenging and requires an individualised approach. It is too late to protect Iris from the financial ruin of her family or the bruises of marriage, but if we understand

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her past can we better understand her present? She is at risk of dying, but this is not a concern for her. She is not afraid of death, realising that her previous wish to die will be realised and that if coffee does not kill her, something else will. She even jokes about playing dead to give her carer and family friend, Myra, a fright. Perhaps to prove that the breakfast cereal, with flakes of promised immortality, brought over by Myra to boost Iris's vitality, has done quite the opposite!

In fact, is it Myra's over-protectiveness that poses the greatest threat to Iris's independence and autonomy? Myra tells Iris not to make the bed, not to carry heavy baskets, not to this, not to do that... And although the doctor, in his defence, does tell Iris to walk, Myra chastises Iris for walking. When Iris walks all the way to Myra's house, Myra offers pity instead of praise and then insists on taking Iris home by car. After a fall, Iris is 'grounded' by Myra, and then given 'a stream of helpful advice and hearty, hectoring tut-tuts' all of which put her at risk of physical de-conditioning.

Don't misunderstand me. I am not scoffing at goodness, which is far more difficult to explain than evil, and just as complicated. But sometimes it's hard to put up with [1]

Myra invents excuses when offering to help and she has an uncanny habit of turning up in a crisis without being asked—this infuriates Iris. Iris moans about being 'bullied' into getting a grip bar for the shower and having a cleaner

'foisted' on her, but deep down does Iris like Myra's help and the companionship that it brings? Iris tells us: 'I can manage...But I let her do it'.

Iris's story, written primarily for her grand-daughter, does not ask for love or forgiveness. She wants 'only a listener'—someone who will see the *real* Iris. Don't eavesdrop!—Listen! Listening opens our ears and eyes to the real person in front of us. We must listen to and understand patients' stories—only then can we work with them to provide goal-centred, individualised care.

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Compliance with ethical standards

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Reference

1. Atwood M (2001) *The blind assassin*. Virago, London

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