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Volume 11, Number 1, 2024

URI: <https://id.erudit.org/iderudit/1109631ar>

DOI: <https://doi.org/10.26443/ijwpc.v11i1.404>

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Publisher(s)

McGill University Library

ISSN

2291-918X (digital)

[Explore this journal](#)

Cite this document

Dorward, P. (2024). Death and the Shovel Lady. *The International Journal of Whole Person Care*, 11(1), 5–11. <https://doi.org/10.26443/ijwpc.v11i1.404>

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DEATH AND THE SHOVEL LADY

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Keywords: Life, Death, Values in medical practice

Cycling to work, on a good day I can sustain this illusion - that nothing changes. Everything is as it has always been.

It's autumn now, the mornings are dark again and the leaves are turning. The first of the season's cold, today I have to work hard to stay warm. My commute takes me twenty minutes. It sets me up for the morning, and helps me dissipate the accumulated mental garbage at the day's end. There's a light fog hanging over the loch, and colonies of water birds have gathered in the grey - herons, perched and unmoving, sinister in their long grey coats; a phalanx of three mallards makes a finger, three winged bones pointing toward the sky.

There's meaning in all this, I think. The squat form the church tower makes, rising above the mist; the slate grey of the water merging with the sky; the mad reds and the yellows of the spiralling leaves. This view, seen from just this angle, it hasn't changed, for hundreds and hundreds of years.

The Shovel Lady has her house beside the church, I can pass it on my route, if I choose. Someone's ancestors were sold that land by the church a long time since, and built a cottage on the plot, with a garden stretching down to the water's edge. The Shovel Lady and her husband acquired this place a life - time ago, and had lived there since - content enough together for sixty years, and then she alone, for ten.

I call her the Shovel Lady after a joke that she made to me, just before her husband died.

The last few months of his life had not been good. Even at his best a dithering old man, rather powerless in the face of his wife's assertions, latterly he had withered, brain shredded - too much tobacco, alcohol,

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atheroma, a life lived too much in deference, and now he was disappearing altogether. He had been a company's accountant during his working life, and in his retirement had painted water colours. The walls of his studio were hung with his work: the church, the apple trees in his garden, the colonies of water birds, the endless weather, meticulously rendered. I had been visiting him on his death bed. He had aspiration pneumonia, he had wanted to stay at home, was dying well on a syringe driver, at peace. I had ministered to him, he and I alone in his room, in a kind of silent intimacy. She had stayed in the garden. She had left us to it. Considerate of his privacy perhaps, though oddly detached. I met her as I was leaving. She had a plastic bucket of windfalls in one hand, a shovel in the other. She was slightly out of breath, having hurried from the bottom of the garden, to catch me before I left. I noticed her ankles were swollen, I noticed how she pursed her lips a little as she exhaled.

'Doctor,' she said, 'when I get like that, please just whack me over the head with this shovel, and bury me under my apple trees...'

I laughed with her. I have always liked Shovel Lady.

'Can't do that...'

'Please, please, don't let me get old.'

There was tenderness in her voice, and fear. As if her husband was already a memory. As if she were adjusting already to the fear of her solitude.

And now, look, ten years on, it's her turn.

She is very much in my mind today. Last week, she stopped eating. Then she took to her bed. At first she accepted sips of fluid from her grand-daughter, then she stopped. I thought, quite arbitrarily, *now, at last, it's time*. I started her on a syringe driver, just before the weekend. Always a mistake. Sometimes, listening to specialists in palliative care, they make it sound... easy. It's never easy.

I turn off the cycle path and into the complex where the doctors' offices are. This illusion of un-changing ancientness is rapidly dispelled - I change into scrubs, fire up my computers, field a dozen messages from reception staff, the nursing staff, the pharmacy staff, my anxious trainee. There is a message for me from the out-of-hours service. They look after our patients when the lights here are out.

<Mary Grey (that's Shovel Lady's real name) has had a bad night - agitated and crying out, the family are angry and want something to be done...>

I breathe deeply. Too many medical interactions are framed in this antagonistic way. You haven't done enough. You NEVER do enough. But this is the nature of my calling.

Really, there is nothing to be done. Yet nothing I do will ever be enough.

Six months previous, Shovel Lady had had a short hospital admission with acute on chronic renal failure, and pulmonary oedema. Partly my fault, if fault is the right word. Against my better judgement, I had been managing her chronic all-over-body pain, her chronic breathlessness, with low doses of mild opiates - which had, in the way of things, become high doses of strong opiates. Her gardening days were long behind her.

'If we go this route,' I had said, 'we can surely help you with your pain, and your breathlessness. But the effect of the drugs will almost certainly shorten your life...'

'I'm ninety-two...' She had said, pointedly.

'All the same...'

'Bring it on!'

But Death never comes on time. Always early, always late, never on time, always a bad guest. So, Mary was admitted against her will to the hospital, water logged and breathless. She was dried out, her opiates reduced, sent home again, once more in too much pain to move.

I visited her, regularly.

'You promised me I would never get old!'

'I made you no such promise!'

'You promised me that you would whack me over the head with a shovel and bury me in the garden under the apple trees!'

'I made you no such promise!'

We had re-started her opiates, titrated up the dose, waiting again, endlessly, it seemed, for Death.

Her daughter was with us. Her daughter is appalled. Her daughter is a meticulous person, a little given to sarcasm, ill-used I think, by a life-time of exposure to her mother's blunt manner. Her daughter calls me regularly, keen that her mother be admitted to a facility for the elderly where she can be 'properly cared for'. When I try to explain that this would fly in the face of everything that her mother has ever asked of me, it doesn't wash. And I understand the daughter's point of view. I couldn't live my life as she does - waiting always for the news of the fall at home, or the terrible burn, the panicked voice of the carer, the pre-dawn call announcing her mother's death.

'Stop fussing then! Just whack me over the head with a shovel!'

Mary cackles with laughter. As if her defiance, the engulfing blackness of her humour, is all that remains.

*

We value Death differently, when we think of her at all. Her meaning for us changes, from day to day, from person to person. But it is she that lends the colour and glimmer to the arc of our brief lives.

I'm minded to think of a rainbow. A shimmering fractal. The arc of its colour. Suspended, majestic above the earth, rooted at two points on the ground, which can be clearly seen, yet are wholly imagined. Its form and nature contingent on the location and presence of a witness. Its glory, on its transience.

Now imagine, however briefly, this rainbow becoming aware of itself.

*

This week, we - our team - contribute to the care of a child, who is coming to his end, far too soon. The child has a rare neurodegenerative disease, that became apparent in the first few weeks of his life. He learned to latch, then to smile, then to laugh, to follow his mother and his father with his eyes-- but then this

learning stopped altogether, and he regressed. He is eighteen months old now. He is tube fed. He is on high doses of sedatives to prevent the fits that distress his parents, who have sat in vigil at his cot side, for week upon long week. The child has no awareness.

His parents understand that he must die - in some sense - we sense - they both long for it, but dread it. They are lawyers, both, he on a track towards seniority, she, who now knows, her career stalled by that unlooked for tragedy.

Our team have nothing to do with the complex technical aspects of the child's care. Our duty is the simplest. When he dies, we must be there, to visit him, to certify that he is deceased, to register a death certificate, that is accurate - the briefest account of a life, and its end. It's an administrative task, no more. The child's life means nothing to the child - he doesn't have that capacity. His life, and its end, means everything - it is the whole world - to the parents. Our duty, trivial though it may be, weighs heavily on us, on our team. We make up a rota so that we may be ready to respond, with kindness and compassion, in an instant. We talk about this in hushed voices.

Then Mr. Prasad comes to see me, on time at 2PM about his erectile dysfunction. Mr. P, who runs a grimy grocer's shop on the other side of the tracks, is seventy-five years old. He almost died of COVID. Death had stooped, early in the pandemic, carried him off in her scimitar talons, her great beating wings carrying his weight effortlessly - but then she let him fall. Who knows why? Death in her bird avatar can be capricious.

He was on an intensive care unit, for several months, on a ventilator. Bang in the middle of that demographic least likely to survive - overweight, diabetic, south Asian, poor - but he did - he struggled through.

Our health service in the UK has been damaged, probably beyond repair, by greed, neglect and the voracious needs of capital - but it has a core, a resilience in its people, and sometimes, quite unpredictably, it plays a blinder. Mr. Prasad was discharged home from hospital, still on oxygen. A 24 hour team of nurses and carers deployed to keep him breathing. Mr. Prasad struggles on, for months. There is talk amongst us, of futility, wringing of hands and some sombre shaking of heads, and an attempt is made to talk to his family about the end of life, the inevitability of his death, the importance of mitigating of suffering, and they tell us, with the greatest of kindness and generosity of spirit, to fuck right off. They were so right; we were so wrong. So often it is like that.

Mr. Prasad has lost weight. His diabetes has remitted. Despite the devastation of his pneumonitis, he is barely breathless. He has returned to his religion - wears a beard now, and more traditional clothes, has a prayer bruise in the centre of his forehead.

'Sex has always mattered greatly to my wife and I.'

He asks me with a twinkle, whether I have heard of a drug called 'viagra'? (I have) And whether it might be safe for someone with his particularly extensive medical history? (I don't know - I suspect that no one knows. It is a matter of judgement, of risk.)

But life demands it. His life, demands it.
Life just surges through.

*

We find ourselves: glistening, transient, things that perceive and feel, bathed in light and colour, startled into being.

Arced between two imagined points of solid ground: our before, our after.

The conditions that permit us - our light, our water, our air - so fragile.

And within that luminous, contested domain, is generated everything. Everything we value is contained.

But the rainbow leaves no trace of itself after it is gone.

My thing, if I have a thing, is this. A modest claim.

We, doctors, healers, of all kind, are trained almost exclusively in a discipline: the science and technologies of the material world. Facts and numbers that explain to us our decaying bodies. Powerful disciplines! Powerful tools! Don't knock them. So very often our presence here depends on this kind of knowledge. But this bright light leaves in shadow the proper, elusive nature of our selves: that glimmering place where we all have our lives. Without consideration of the second, I think the first has no purpose.

I have another thing. A second modest claim.

That it is transience that gives anything value. Everything, everywhere, always has an end. That is why we treasure things. Somehow, we might learn to prize this transience.

Death crops up all the time, in our work. Death is everywhere, universal, omnipresent, the necessary context that gives our lives their meaning, and yet whose necessary existence we ignore - we, the healers, most of all. It's in our nature to deny her.

Death is the portal, death is the spirit guide, death is the point of intersection between these worlds - the shadow world of things, the radiant world of being.

*

I am late again - it will be my last visit to the shovel lady. Her wait is almost ended. It is evening by the time I get there. Almost dark.

I have been detained - a late addition, right at the end of the day. It always seems to happen this way - these kinds of calls. They can seem like distractions, when in fact they are the point of it all.

A young woman has tried to kick down Death's door herself. But found Death not at home. The rope broke the light fitting. She had landed with a thump on her back-side on her bedroom floor. Her flat mate found her there, sat beside a chair, a noose at her feet, awash with tears. The grief. The humiliation.

'Yes, I wanted to die. No, I don't want to die now. No, I can't see any point in going on. No, I won't do anything stupid. Yes, I guess I'll muddle through. I always seem to.'

She looks at me. She's angry - with me, her flat mate, at everyone, except the feckless lover who left her, and came back, left her again, and came back. He is also my patient, as it happens. Talks to me, endlessly, about his gambling, the women who persecute him, his substance issues. I struggle to care.

She has a rope burn on her neck, which she has half concealed with a silk scarf.

I could ask for a psychiatric evaluation. She has had a few. I could arrange for her to be detained in hospital, at least for a few hours, before they send her home again. I could arrange a clinical psychologist, a therapist, a community psychiatric nurse assessment, but none of these services exist now in the desert of compassion that my country has become. Besides, it would all be in the service of a lie. She isn't sick. I could arrange to take out a contract on the boyfriend - that would probably be easiest, and most likely solve the problem.

'What do you need from me?'

'Nothing. To be left alone. Please leave me alone.' She dries her tears.

To my surprise, she thanks me warmly as she leaves.

'I know that you mean well, doctor.'

That morning I had increased the dose of sedative in Shovel Lady's syringe driver, and now, a few hours later, I need to check on her.

Everything is still when I arrive. The snippy daughter says, 'you took your time...!' Her granddaughter shrugs her shoulders at me, saying don't mind her - that's just mum.

I take my place at the bedside - a hospital bed set up in her husband's old studio. I can see the shadows of the apple trees outside the window, the black water of the loch behind.

I reach under the blanket, and take her hand, hoping for a response. This is not the kind of relationship I have ever had with Shovel Lady - but it seems that now it is, because almost imperceptibly, she squeezes back.

Music is playing from a device on a shelf in the corner. Abba. 'Winner Takes It All.' I find myself welling up. Throat tight. Tears. Beyond embarrassing. I had no idea that I cared so much. She's over ninety! For years she has wanted nothing more than to be dead...

I find sometimes that I have almost no defences to music.

'Grandma loved her music. The sadder the better.'

Nothing more to say,

No more ace to play...

Sings Agnetha. What a voice that woman had! I swallow my tears.

'I didn't know that about her.'

I don't think it will be long now. Her skin is pale, a blueish colour around her nose and lips. Her breaths are shallow and I can tell that she is a little dry.

'It's not how she wanted it. She really didn't want this.' Says the granddaughter, wistful.

'No. I know.'

'It's not the shovel, is it, eh?'

'No. She mentioned the shovel thing to you as well?'

'All the time. It was her go-to conversational topic. She's been wanting gone for years.'

'I know.'

'But I suppose we've all done our best...'

'I guess we have. As best we can.'

But it's late now, I must go. Death-bed vigils are no longer part of my job. I don't know whose job they are.

I squeeze her hand again, and say goodbye. This time there is no response.

*

It's proper dark by the time I leave, the path home is treacherous with mud and fallen leaves.

If I could stand above myself, and look down, I would see this: A cyclist rides a little too fast on an old railway line running beside some woods by a stretch of water. An ancient church yard, the squat church-tower lost in shadow. He disappears behind an embankment, then reappears. Now he is nothing but a point of light - his head lamp flickering behind the trees, now there, now gone. ■

Biographical note

Peter Dorward is a GP, medical educator, and author, based in Edinburgh, Scotland.

He is interested in medical philosophy: how the fabric of clinical medicine is held together by multiple fine strands of unexamined assumptions - assumptions of a philosophical kind, which we clinicians often find hard to see, and harder still to talk about. Peter believes that the capacity to think critically about the core nature of our work can help us better to know our purpose - it keeps us kinder and more attentive, and helps to protect us against alienation and burn out.

In his book, *The Human Kind* (Bloomsbury, 2018), Peter uses stories from his clinical practice to explore those philosophical concerns that are so enmeshed in our practice. He tries to tease out those values that sustain us, name what threatens them, and in so doing celebrate and cherish the profession that he loves.