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Thanatos

It is just after two o'clock, a gloomy December afternoon in London. The three hospice nurses have a lot of say. Gill is thinking about one of her patients, a Ugandan mother with suspected AIDS-related dementia. The woman did not speak English. Her family and friends were in Uganda, she was completely alone.

I found it extremely hard to get alongside her, I would say because of the cultural differences, I would think, um, but I'm not sure. There was a lot to her case in particular, but, I feel that with, here, we do get alongside patients, and, and, we're very good at that, very good at getting to know them and caring for them, but this, er, I found it with Ugandan women in particular actually, that I find it very difficult to, to, I suppose read them. You know, I suppose I go a lot on peoples' non-verbals as well as what they say, and when the language is different you go a lot on peoples' non-verbals, and when you're faced with somebody who's Ugandan, who, their very culture, you know, er sort of suppresses facial features, you know, and they've got a very flat face, um. (She takes a long pause.)

A non-expressive face? I offer.

Yes. Yeah. I'm trying to think of the right word, but yes that's what I mean. But that was coupled with slowed mental processes from dementia so it was very difficult, but I found we never really got alongside her. I suppose I view that as a failure of care in a way. But then can you, can we ever, as somebody from a completely different culture, you know that's what I find interesting, is can I, could I ever have done that you know, given more time? Because there was, you know, there, it's in-bred in, it was in-bred in her not to er, divulge much information, which you know, she didn't want us to get to know her. So, you know, I don't know really (she says laughing nervously).

Gill's story is not an uncommon account of intercultural end of life care. Neither are her bold observations and pronouncements on the *in-bred* traits of *Ugandan women*. Yet there is a 'dark diachronicity' to Gill's account as the philosopher Edith Wyschogrod¹ might say where the otherness that she encounters in the flat face that stares back at her is undecided. Its sensual residues evade categorization.

At the end of life, the effects of disease and pain are a continual threat to the settlement of identity categories and schema. To care for cultural others is to be in a position of perpetual uncertainty. How to interpret diseased bodies, their gestures and rhythms as signs? What meaning is there to be deciphered in a *flat face*? Could things be any different with more time? What to make of this ultimate difference?