Prologue

If you are reading these lines then you have either bought, borrowed or stolen this volume, an acquisition indicating a level of interest that surprises me considering my scepticism about writing it in the first place.

Let me explain. Years ago, I sent several essays that I had written on art and politics to a few publishers, wondering if they might consider them for publication. With probable justification they all rejected my efforts, but a number of them indicated that if I was to give some thought to writing a memoir they might be interested. I felt both disappointed and embarrassed. As far as I was concerned, only self-indulgent pricks write memoirs. Just look at any list of bestselling books at any given time: soccer managers, models, teenage pop stars and B-list celebrities are all telling their life stories or, to be more precise, someone else is usually telling their stories for them. The memoir today has become a fucked-up literary form driven by hubris and crass commercial interests. My late wife Betty would certainly have endorsed this negative assessment. She had no time at all for people who prattle on about their achievements. She could spot a spoofer a mile away.
Occasionally, if some windbag succeeded in persuading me of their genius, Betty would fix me with a withering stare, not unlike an exasperated teacher losing patience with a dopey pupil, and utter a dismissive, ‘What a complete load of shite!’

She not only policed the pomposity of others; she also made quite sure I didn’t resort to similar self-serving blather.

For example, whenever I was interviewed on some radio or television programme, my own response afterwards was always one of relief that I had not made a complete fool of myself.

Betty, on the other hand, was always more measured, greeting me with something quite positive like, ‘Well, that wasn’t too bad,’ before following fairly swiftly with ‘Perhaps a little too much of the me business.’

As you can imagine, this attitude would not have made Betty a great fan of the memoir as a form: a great deal of the me business bound between two covers.

One obvious consequence of such negative attitudes to the writing of a personal narrative was that I instantly consigned the idea to the nethermost regions of my mind, which of course now begs the question, ‘Why did it not stay there?’

In truth, the explanation is simple enough. Over the last few years a steady stream of art historians and journalists have been seeking my take on various individuals that I might have encountered, and incidents that occurred in the course of the last half-century or so. What I remembered was not recorded in most official accounts of the period and some of these erudite researchers urged me to write my own story to set the record straight; usually tacking on the depressing admonition, ‘Before it’s too late!’ As one of them said, ‘When you’re gone, you’re gone and all that store of knowledge will be gone too.’

Nonetheless, whether through laziness or philosophical principle, I maintained my resolve not to get involved in the memoir business.

It was only when one person introduced the hazard of moral blackmail that I finally conceded that further resistance was futile. Her argument was simple enough; she said that I had a clear responsibility to tell my story so that future generations would have access to the full facts, at least as I remembered them.
With heavy heart I began to consider the task of compiling a memoir. However, in order to avoid boring myself, the first decision I made was to shun conventional narrative: the and then school. ‘I was born on such and such a date and then I went to school, and then I met so and so and then I did this and then I did that,’ and so on ad nauseam. In the words of Samuel Beckett, ‘Mortal tedium’. Instead I decided that I would recall individuals and events that proved significant in my life, write about them in no particular order and trust to fate that the unfolding narrative might make some sort of sense. So I decided to start this reluctant memoir at its end.
The Beginning of the End

The end, or in my case, the beginning of the end commenced at lunchtime one fine day in March 2010, when I managed to get all shades of shite beaten out of me. Allow me to explain.

For years my usual routine was to return home in the middle of the day to have a chat and a bite to eat with my wife Betty. Normally I walked the short distance between my studio in Arbour Hill and my home in Broadstone, a journey that often included a stroll through the well-maintained grounds of James Gandon’s masterpiece, the King’s Inns, where Ireland’s barristers are trained.

However, having decided to drive rather than walk on that particular day, architectural splendours were far from my mind as I turned into Temple Cottages, a short cul-de-sac of twenty-eight terraced houses, and found my way home blocked by a big white van.

Frustrated by this obstruction, I walked over to the van and asked the driver, ‘You know you’re parked on double yellow lines?’

His response was curt and to the point: ‘You think I give a fuck!’

Now if I had some previous experience of such offensive behaviour I might have acted differently and simply walked away, but in all my sixty-seven years, believe it or not, I had never been involved in violence...
of any kind, so failed to spot the clear signs and unwisely prattled on in my best pedantic manner, ‘Oh, that’s simply not good enough. I’ll have to call the Gardaí.’

Without warning and quick as lightning he turned on me and un-leashed three or four vicious jabs to the chest. I collapsed immediately into a feeble heap. The last comment I remember hearing from him was, ‘Report that to the fucking police!’

Feeling utterly broken I lay prostrate on the ground before gathering the strength to drag myself home.

When I told Betty what had happened she was incredulous at first, because she could see no evidence of the assault: no marks, no blood; but it slowly dawned on us that this guy had, in fact, exhibited a certain malicious expertise. Probably he had done something similar in the past and in all likelihood would do it again. To prevent that possible outcome I decided to go to the Bridewell police station and report the incident.

I was able to provide the officer on duty with the registration number of the van. This was amazing, because normally I’m useless at recalling numbers. If you asked me for my own car number I wouldn’t be able to tell you.

The officer wrote everything down and promised that later that day a community policeman would call at my house to take a full statement. I waited and waited that afternoon but nobody turned up. The next day when I woke up I was stiff as a board and aching all over, and as the day progressed my condition didn’t get much better. Twenty-four hours later, when what felt like paralysis had set in, I decided that it was time to pay a visit to my doctor. After a short physical examination he pronounced that I had suffered two fractured ribs and a fractured jaw. He said that there was little he could do other than prescribe painkillers and leave the rest to nature.

_Fuck me_, I thought to myself, before nervously asking, ‘How long will nature take to fix my broken bones?’

‘About three months,’ came the ominous reply.

Nonetheless I resolved that this misfortune would not deter me from my work. As soon as it was physically possible to do so, I returned to the studio and began to paint again.
Then one day, a few weeks after starting back, the phone rang. It was a journalist from a tabloid newspaper who was following up the story of my assault. He asked if I had anything to add to the information he already had on file. After insisting that I had nothing more to say, he quickly changed tack and asked, ‘Did you report the incident to the police?’

‘Yes,’ I replied.

Literally an hour later the phone rang again, but this time it was a garda from the Bridewell. He told me he had been put in charge of my case and that he just wanted to check a few facts.

‘For example,’ he asked, ‘when did the incident occur?’

With what sounded like a fair degree of caution, I replied, ‘On the same day that I reported it at the Bridewell.’

‘And did you manage to note the registration number of the vehicle?’

‘Yes,’ I responded, ‘and I passed it on to the officer on duty.’

There followed a moment’s hesitation before he muttered, ‘Eh… I’m afraid we seem to have mislaid the file; would it be possible for me to call later today and discuss the matter further?’

We agreed a time and I patiently waited once again for a policeman who failed to show up. After such an obvious lack of interest I thought to myself, ‘Well, that’s the last you’ll hear from the bloody Gardaí.’

About a month later, at around eleven-thirty at night, the phone rang. ‘Hello, this is Garda So-and-so; I’d like to pop up and have a chat about your assault.’

I replied, ‘Fine, when?’

‘Oh, now would be fine.’

As I was about to go to bed, my immediate reaction was to say, ‘Ah, would you ever fuck off?’ but of course I didn’t; I simply replied, ‘Oh, that’s terribly inconvenient.’

His response was a little unexpected. ‘You see, I’m on nights so I can only interview you between the hours of midnight and six in the morning.’ Again, I was itching to tell him where to go but instead I politely made the following suggestion: ‘When you are back on day duty again, give me a call.’

THE BEGINNING OF THE END

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Years later, I guess he is still prowling the streets of Dublin at night, because I never heard from him again.

True to my doctor’s word, after about three months all my injuries were healed, but I was left with something I had never experienced before – an acute feeling of vulnerability. Obviously, in a physical sense, I had learned a very practical lesson in human frailty, in how easily health and wellbeing can be snatched away. So, in spite of feeling fine, but just to be sure, I decided to book myself in for a full check-up. My GP informed me that everything seemed well, but since both my parents had died from heart-related ailments he said he was sending me to a cardiologist who, in turn, arranged for a whole batch of tests, including several fairly sophisticated scans.

On receiving the results, he let me know that, ‘For a man of your age’ – a phrase, by the way, that I have grown to hate – ‘your heart is fine,’ but then disclosed that when examining the coronary CT scan, he had noticed that my lymph glands were enlarged. I hadn’t a clue what this meant and said so. He admitted that such matters were not his speciality, so he was making an appointment for me to see a haematologist.

This resulted in more tests; and, it might appear naïve, but it was only when I entered St Benedict’s ward in the Mater Private Hospital and spotted a plaque proclaiming that This oncology ward was opened by President Patrick Hillery that the seriousness of the situation became apparent. On my return visit, the haematologist explained that I had chronic lymphocytic leukaemia, but immediately added that I was not to be alarmed by the technical term. He defined chronic as ‘continuing for a long time’, exactly what it says in the dictionary, and therefore not something that was immediately disastrous. He explained that CLL is a cancer of the white blood cells called lymphocytes, which normally die off naturally at the end of their life span, but that with CLL those cells live on even when they can no longer fight infection. They build up in the bone marrow until there is no space for normal blood cells to develop. This causes problems with fighting infection, carrying oxygen and blood clotting. The exact cause of CLL is unknown but it mainly occurs in people aged over fifty. Chemotherapy is the most
common form of treatment, and it aims to stop the bone marrow making abnormal white blood cells. When this happens it is called ‘remission’, a desirable state to be in. He claimed that the recently developed treatment for CLL was remarkably effective.

Nervously, I inquired, ‘When do we start?’

‘Oh, right away,’ he replied.

The only emotion I felt was one of complete shock. In all my life I had never spent a day in hospital, so I had arrived at the simple-minded conclusion that it was only other people who got sick.

I surprised myself by accepting the diagnosis with a perplexing fatalism. For example, I didn’t indulge myself in questions like ‘Why me?’, blaming fate, or myself; in fact, quite the opposite. I faced my
treatment fully convinced that there would be only two possible outcomes: I would survive, or I wouldn’t – as simple as that!

The following Monday I checked in for my first chemotherapy session. It wasn’t as bad as I might have expected, especially since I didn’t have an aversion to hypodermic needles and there were plenty of those to deal with. In the days and weeks that followed I didn’t suffer any measurable side-effects like nausea, hair loss or mouth ulcers, which, I was told, were a distinct possibility. I suspected that I was merely fortunate, a conjecture confirmed when I witnessed some of the ghastly side-effects endured by several of my fellow patients.

There was one distinctly unpleasant procedure: the extraction of a bone marrow sample from my pelvic bone. In the interests of good taste, I will spare the reader a detailed description of how this is effect-ed. Thankfully it only happened twice in the course of my treatment.

Eventually, after six months, my consultant came to my bedside.

‘I have some good news,’ he told me. ‘You’re in remission.’

However, there’s always a sting in the tail. Before he left, he told me that another doctor would like to speak to me. This doctor disclosed that in monitoring my blood sugar levels, they had come to the conclusion that I had Type 2 diabetes, a piece of news I could have done without. Nevertheless, ever since, with the constant care and attention of my medical team and the pharmaceutical industry, I have managed to maintain good health.

The one unexpected feature of the whole experience was that I never felt ill at any stage, nor exhibited any recognizable symptoms; in fact, it was only by chance that my varied ailments came to light. One obvious consequence of being a cancer survivor is the recognition of the inescapability of one’s mortality. This can be depressing, but it can also be liberating, particularly if one opts to take full advantage of a precious future, yet to be lived.

As bad luck would have it, as soon as I got the all-clear, Betty, who had been so supportive during my treatment, fell ill herself. Normally Betty never complained; she was a stoical person who suffered in silence, but towards the end of 2010, she began to express quiet concern about abdominal pains. Her GP prescribed medication but she didn’t seem to
feel much better for it, so when I attended my own GP on 17 January 2011, I took Betty with me and asked him to have a look at her. He said he was worried about her condition and arranged an appointment with a gastroenterologist at Beaumont Hospital for the next day. This consultant organized blood tests, an abdominal scan and later a chest X-ray. Seven days later, Betty attended the Bon Secours Hospital for a colonoscopy, an endoscopy, scans of her abdomen, pelvis and thorax, plus pathology tests. The following day her consultant instructed her to submit herself for admission to Beaumont Hospital at the A & E department. She arrived at 2.30p.m. to discover that all they could provide for her was a chair – all the stretchers and trollies were occupied; so this sick woman was forced to sit waiting on that chair until 6.30 the following morning, a total of seventeen hours, before a trolley became available. I returned to the hospital after lunch to find that she had been transferred to St Patrick’s Ward. Initially I was relieved, but then discovered that this facility was what was known as a holding ward, where no medical treatment was provided. In my opinion, this was no more than a political stunt to reduce the quoted numbers of patients on trolleys waiting for treatment. Eventually, in the evening, she was transferred to St Lawrence’s Ward, which was part of the proper hospital system.

While on this ward, Betty was under the care of a consultant colorectal surgeon. During a visit with Rachel and Bruce, our children, he explained that there was an intestinal blockage and that surgery was necessary. The probable outcome would be a colostomy bag for about three months and then corrective surgery. Naturally, we were concerned, but were encouraged that at last something was going to be done.

We all awaited what we assumed would be the next stage in Betty’s treatment – namely surgery to remove the intestinal blockage; but then I had a phone call from the hospital on 4 February, informing me that Betty was being discharged on the instructions of her gastroenterologist. I was baffled. How could someone who so obviously required immediate surgery be discharged from hospital? I could not get anyone to give me any explanation for the decision.
When I brought Betty home she rapidly came to the conclusion that she would be far better off in hospital with proper nursing care, and not dependent on my incompetent efforts. But this was not to be.

On 15 February she reacted badly to the preparation for another colonoscopy that was to be carried out in Beaumont the next day. The only good news following the procedure was that there was no sign of malignancy, but Betty continued to deteriorate – vomiting, losing weight and not eating. I became extremely concerned. On 22 February we met her gastrologist. I was more than surprised by his flippant opening remark, ‘How’s the mystery girl?’

He weighed Betty and seemed to agree with me that she required immediate attention. He said he would contact the surgeon so that surgery could be arranged. Finally he told us he was travelling to Edinburgh for the Ireland vs. Scotland rugby match, but that the surgeon would look after Betty.

The next day, when I came home at lunchtime, Betty was quite distressed. She had called the admissions department in the hospital to be told that she was not on any list. I phoned myself, only to be told the same story. I then called the consultant’s secretary who suggested that I contact the surgeon’s secretary. She in turn recommended that I phone admissions again. I asked her to phone them herself, but she claimed that the private sector cannot contact the public sector. We were stuck in a bureaucratic web.

I was frantic; for two days I continued to phone admissions but received no response, and the two secretaries were of no help at all. No one returned my calls.

In desperation I phoned David Hickey, a senior consultant and a personal friend, who said he would look into the matter. On 25 February I continued making calls, but Betty was not placed on any consultant or surgeon’s list. David Hickey phoned back, the only person in Beaumont Hospital to do so, and said he had spoken to some people and hoped that this might help.

The next day I managed to contact the surgeon who was supposed to be responsible for Betty, but he cautioned me, saying that, ‘All the
phone calls you are making are not helping,’ and that I was not to worry as everything would be all right.

On Sunday morning, 27 February, there was still no bed in Beaumont for Betty; but at lunchtime I received a call to say there was a bed in St Joseph’s Hospital in Raheny, and that after spending the night there she would be taken to Beaumont for surgery.

In the late afternoon Betty took a shower, and because she was so weak she asked me to help her dress. I was shocked by her emaciated condition. I took her to St Joseph’s at around six o’clock and helped with her admission forms. I stayed until roughly 7.30p.m. then gave her a kiss, wished her well and promised to see her later the following day. I felt that Betty, though terribly weak, was in good form, probably because she hoped that, at last, she was going to receive some proper treatment.

When the phone rang at two in the morning on 28 February, I immediately sensed that the tone heralded very bad news. It was a nurse at St Joseph’s, asking me to come to the hospital. When I got there I was told by the doctor and nurses on duty that Betty had died roughly an hour earlier.

I am still amazed at how calmly I accepted the desperate news, but I was probably in some kind of shock. I was left in private with Betty and bizarrely found myself feeling quite happy at how content she looked. Obviously her face no longer reflected the discomfort and pain that had been her recent experience, and when I touched her, even though I knew it would be the case, I found myself surprised by how cold she felt – unmistakable confirmation that she was gone.

Later I was asked to sign documents giving permission for a post-mortem and for organ retention. I was also asked to return at 9.30a.m. to identify Betty’s body before members of An Garda Síochána. I did so, but had to wait for over an hour for the guards to turn up. During Betty’s time in St Joseph’s, no one from Beaumont Hospital visited her, no tests were taken and no medical notes were provided. Later that day the surgeon phoned to say, ‘It was the worst possible outcome,’ and asked for my permission to release Betty’s body for the post-mortem. The coroner, Dr Tan Chien Sheng, formed the opinion that death was due to sudden cardiac arrest. But it was surely a striking
failure of medical care not to have evaluated Betty’s cardiovascular status in view of her age, her history of smoking and a family history of stroke, especially before a planned operative procedure.

David Hickey also called that day to convey his condolences and to say that, tragically, Betty was not the first person to die in such circumstances and would not be the last. He described the health system as totally dysfunctional.

Dr Eoin O’Brien, an eminent cardiologist, in examining Betty’s case, was of the opinion that ‘the delay in dealing with a benign diverticular stenotic lesion of the bowel, that had debilitated the patient by causing abdominal pain, vomiting, inflammation, weight loss and electrolyte disturbances, predisposed the patient to the combination of circumstances (severe hyponatraemia, anaemia, oxygen desaturation and probable heart failure) that culminated in her death. The question must be asked as to why there was a delay of two months between her presentation with significant and debilitating symptoms of bowel disease and surgery that would have been curative had the patient not died prior to intervention.’

The funeral took place on Thursday 3 March. Betty arrived in a simple wicker casket, something I’m sure she would have appreciated. A huge crowd gathered at Glasnevin cemetery, too large in fact for everyone to cram into the small oratory. Right from the start, I was unsure how to conduct the proceedings. Obviously, since both of us were non-believers, it would have been the height of hypocrisy to engage in any religious ceremony, but what to do? Then it struck me. I remembered being at a Quaker meeting many years before and, right away, decided to follow their example. After the gathering settled and musician Cormac Breatnach played a moving version of ‘Mná na hÉireann’ (‘Women of Ireland’) on low whistle, I got up and spoke about Betty. I finished with these words: ‘Betty was an exuberant, lively, funny, friendly, loving, challenging and sometimes difficult woman. It is hard to accept that her incandescent life has been quenched. But it has. We draw comfort from the fact that the pain she suffered has also been extinguished. She is at rest. We will miss her.’ I then invited anyone who wished to say anything about Betty or even recite a poem.
or sing a song, to come forward. After what seemed like an eternity of silence I began to speculate that I had made an enormous error of judgement, but I needn't have worried. Slowly, friends, relatives, neighbours, even people I didn't know got up and said kind things about Betty; after that Máire Breathnach sang her beautiful yet poignant song, ‘Éist’ (‘Listen’).

The proceedings were brought to a close with the haunting sounds of ‘Caoineadh Uí Néill’, the lament for O’Neill, played on the uilleann pipes by Peter Browne. It was a fitting send-off. I believe Betty herself would have thoroughly enjoyed the occasion.

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Several months later, rather reluctantly, I gave several media interviews in which I described the tragic circumstances of Betty’s death. I must admit I had not anticipated the enormous public response to my unhappy account. It seemed to me that almost every family in the country shared a similar grim story. There and then I decided to take a case against those I considered responsible for their failure to provide Betty with adequate medical care. I embarked on this course for two reasons. In the first place, I wanted those whose job it was to look after Betty to be held responsible for their negligence, and secondly, I hoped that by highlighting her case other patients might be spared the indignity and pain that Betty endured at the hands of the Irish health service.

For several years the Health Service Executive or HSE completely stonewalled all attempts at seeking justice. Of course, from their point of view, this made sense. After all, many people faced with interminable delays simply give up the struggle. And if a settlement is delayed, the final damages are paid not by the HSE but by the redress board – in other words, by the exchequer. Consequently, there is no incentive for the HSE to speedily resolve difficult issues. In my case, however, it became obvious that I was not going away.

Finally, almost six years after Betty died, the defendants – namely the HSE and the two consultants – offered to settle. They accepted
the charge of negligence and paid damages plus legal costs. A victory of sorts, I suppose; but as far as my hope of improving the health service for other patients, I reluctantly accepted that the settlement would have zero impact on the way the HSE conducts its business. In the years since Betty’s death, things have gone from bad to worse. The figures for people on waiting lists for treatment and for people forced to lie untreated on trolleys are higher than ever. The present Irish health system is not only unfit for purpose but also appears to be institutionally unreformable. Is it not time to create a replacement scheme specifically designed to serve the interests of the Irish people?

For the sake of Betty’s memory, I had hoped that compelling those who were responsible for her care to accept the blame for their negligence would help bring about some kind of closure to that heart-rending chapter, but of course it didn’t.

And, as I was to discover, there are stories that simply never seem to end, and instead go round and round in circles. Some time later I was invited on to a prominent radio programme and, during the broadcast, the presenter reminded the listeners that I had experienced some tough times. I sensed that he wanted to revisit Betty’s story, so to deflect attention, I spoke about my assault in 2010 and the bungling efforts by the guardians of the peace to solve the crime. The presenter found the story hilarious, exclaiming, ‘You can’t be serious.’

The next day, when I was back working in my studio, the doorbell rang. I opened it and beheld two men in dark blue uniforms: one a rather tall sergeant, the other a smaller garda.

‘We’ve come to talk to you about the assault.’

Flann O’Brien couldn’t have made it up.