



# Residents' Views

Reflections • Réflexions

## Conversations with Joseph

Andrew Lodge MD

He grinned his mostly toothless grin at me from his darkened bed.

"How's it goin' Doc?" he asked cheerfully.

"Pretty good, I guess. It's 7:00 in the morning though," I responded, trying to be just as cheerful. And really, it wasn't that hard; I was beginning to look forward to these early morning interactions.

"He" was Joseph. In the land of internal medicine, Joseph was "a 37-year-old male with a history of intravenous drug use, HIV, and hepatitis C who presented with a flare-up of his vasculitis, a condition that developed against the backdrop of chronic infection." It turned out that he was also a little bit more than that. I had admitted Joseph some nights previously while on call here at the Prince George Regional Hospital. He was well known to the emergency room staff as a frequent flyer and they had checked with the internal medicine group to admit him the minute he walked through the door. I went down and proceeded through the usual history-physical rigmarole. Despite his myriad admissions and the complexity of his medical picture, it went quickly. Joseph was a pro when it came to his end of the discussion and supplied not only the answers but the relevant details of his condition. He had a bit of a smile on his face as he easily navigated the stock interrogation, anticipating all my questions before they arrived.



### Grim reality

In so many ways, Joseph personified the statistics: Aboriginal. Homeless. Intravenous drug user. HIV positive. Hep C positive. He was a walking stereotype. He was also well known to many of the specialists in the community. The paper trail in his old charts delineated his medical encounters—and the frustrations

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other physicians had with Joseph's seemingly flippant devil-may-care attitude. Indeed, that was how he lived. A CD4<sup>+</sup> cell count done some months before gave a value of more than 600/ $\mu$ L.

Having had HIV for the past 16 years and never having been on any kind of treatment, Joseph fit into the category of "long-term nonprogressor," referring to those whose immune systems withstand the viral assault without medication. His easy-going attitude coupled with the fact the disease hadn't progressed seemed to irritate practitioners who wanted their stern intonations of the severity of his predicament taken seriously. Joseph would listen, smile, nod, and then ignore these physicians; they knew nothing of what his life was like.

But Joseph was only too aware of the grim and perilous reality of his world. A week before he had been admitted, another HIV-positive young man who was also still shooting heroin had come in, septic, with what eventually turned out to be a community-acquired pneumonia caused by methicillin-resistant *Staphylococcus aureus*. Like Joseph, he was not on any treatment for his disease, but unlike Joseph, his most recent CD4<sup>+</sup> cell count had been fewer than 10/ $\mu$ L. He succumbed to his illness in less than 2 days. During one of our conversations, Joseph revealed that a close friend had recently been in hospital and passed away from a lung infection. It was undoubtedly the same person. There was no fear in his eyes and his voice was steady; it was a calm matter-of-fact description of a tragic passing.

### Restless

A couple mornings later, during my morning ritual of barging into sick people's rooms and waking them up, I waltzed in to see Joseph. He was sitting on the edge of his bed, which wasn't that unusual for him. But he looked more tense than normal, although still pretty relaxed by most standards. I sat down on the bed beside him. "What's up?" I asked.

"I gotta get moving, Doc." He looked at me and smiled the usual impish smile; he seemed maybe a bit more tired than usual, not 7:00-in-the-morning tired but there was a detectable weariness nonetheless. "The walls are a little close here," he continued.

I didn't want him to go. He wasn't better; his skin was ulcerated and infected and so far he hadn't responded very well to the antibiotics. "It's cold out there," I tried.

He looked at me and giggled, but the sound had an irritated edge to it. "You guys all think I come in here to escape the cold. People think that us guys go to the hospital or jail every time it gets too cold. You're crazy to think that. You think a guy like me, a guy who needs to be outdoors, would ever come in here because he

likes it? You're crazy. You think I can't handle the cold? I'm an Indian. I can handle a little bit of cold. I wouldn't still be around if I couldn't."

I felt like a child. There was nothing left to say, so I went through a medical spiel about his vasculitis and the superimposed bacterial infection that was causing him all this grief. I told him I thought we could make it better but that it needed some time. He smiled at me. "Why didn't you say so, Doc? Sure I can stick around if there's a good reason to." And that was that.

The next day, I was heading home when I ran into Joseph who was wearing the characteristic disposable yellow gown that all patients colonized with methicillin-resistant *Staphylococcus aureus* had to wear. (Joseph was a big hit with the infectious disease prevention people. Although on paper he was an infec-

tious disease nightmare, he was one of the few who completely complied with all their measures and did so cheerfully.) He was coming in from a smoke and rubbing his arms with his hands. "Cold out there," he said to me. "Maybe you were right. Not so

bad being sick, I guess." And he laughed. I had a bit of time so I suggested we hang out. We made our way to the cafeteria and grabbed coffees before sitting down. I asked him why he didn't get a place to live. "I had a place not too long ago, got it through social assistance," he replied. "But it didn't work out. People kept coming and crashing there. Turned into a flophouse. And there was more junk there than anywhere. Impossible to stay clean there. Having a place in the bowl means having a hundred roommates and they all use."

He was serious for a moment, then took a slurp of the steaming coffee and grinned in that way of his. The words of another physician, one of those who was at his wit's end with Joseph, echoed in my head: "He's got to start making the right choices."

The next morning I ran into one of the community outreach workers who had known Joseph for many years. "Yeah, he's pretty hopeless," the worker said when I asked him about Joseph. He shook his head. "Who wouldn't be, though? His story is pretty rough. Raped for years by his dad, then by his uncle; raped in the foster home, probably in jail as well. And that's not counting the living hell of his years on the streets of Vancouver's east side. Not many people come home from that, if you know what I mean."

### Still alive

In the following days, the antibiotics kicked in and Joseph's legs started looking a little less angry. We restarted his treatment for the vasculitis and soon he was ready to go. On the day he was discharged, I purposely went to see him last so that I had a bit of extra time. I asked him if he minded a personal question.

You got your life  
and I got mine

He grinned, as I figured he would. "Go ahead," he said. So I asked him one of those vague wide-open questions that I usually try to avoid because of the inevitable time constraints: I asked him how he ended up where he was today.

"It's crazy, man. Crazier than you can ever imagine. You run away from things and soon what you do to try to escape becomes the stuff you want to run away from, on top of all the stuff that was already there." He smiled. "I'm not complaining, though. Things aren't all bad. I guess you got your life and I got mine."

Walking home that night, I was having trouble getting Joseph and his words out of my mind. He was right. He had his life and I had mine. Somehow, though, reconciling this simple duality was difficult. I am not sure how it happened that I get to walk in my skin and he in his. I am not sure if I have done something to deserve to be where I am, and equally, I cannot believe that Joseph has done anything to justify his plight. It is an unfair world; perhaps there is justice somewhere, but it remains tunneled deep into ground and I am having trouble recognizing it.

A few weeks later, right around Christmas, I was walking through the dark and quiet streets of downtown Prince George. I passed by a doorway where I knew people huddled at night. For some reason, I liked walking by there. People sometimes asked for change but they also always said hello, no matter how

cold or miserable it was. This time, though, amidst the greetings a familiar voice stood out.

"How's it goin' Doc?" It was Joseph.

"Pretty good," I replied. "How are you keeping?"

"Still alive," he laughed. I laughed too and said goodbye.

"See you around," he called. I nodded and walked on down the moonlit street. ❁

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### **Competing interests**

*None declared*

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