Claire Robinson MD CCFP

Dr Robinson splits her practice between a clinic in the Downtown Eastside of Vancouver and a family practice clinic in North Vancouver. A single appointment in the former setting can take up to an hour; five appointments in the latter are squeezed into an hour.

In the downtown clinic, Dr Robinson meets people who might have been lost to follow-up for ten years. They often have concurrent addiction and mental health issues. They have poor compliance. It can take a lot of time to figure out why they have presented in the first place—the doctor thinking, now why are you here?—so as to help the chronic alcoholic whose first language is not English. Dr Robinson must comb through available charts, collect collateral history, and speak with social workers who are familiar with the case.

Case: a middle-aged bipolar woman addicted to injectable opiates and methamphetamines who has left her kids to fend for themselves but who also wants to get clean, who wants her kids back. Case: a type 2 diabetic patient with sky-high sugars who's contracted hepatitis C through unprotected sex with a known carrier. Cases like these can be emotionally draining, coming in the form of booked appointments in the morning and drop-in appointments in the afternoon. Care is shared among the entire physician group to protect against burnout.

In some cases, patients get better. Interventions in this setting have a great effect: securing a shelter bed can save a life. Case: Dr Robinson cared for a sallow-faced man, his hair long and dirty, who was unable to walk; deconditioned, he sat slumped in a wheelchair from wasting. His diagnosis: a severe addiction to opiates. But he followed a simple path (hard to walk): he began taking methadone, entered into residential treatment, acquired housing, got a job, and entered into a stable relationship. She saw the man transformed, standing in her waiting room one day: clean-shaven, pink, his hair smooth and combed.

Where did the interest in inner-city medicine come from? Dr Robinson cites simple exposure as the reason: she did rotations as a medical student at St Paul's Hospital, an institution that serves the Downtown Eastside; she also did a rotation with Dr Ham in Alert Bay, a Native community with addiction problems; Dr Robinson's mother is a British expat from Kenya, which encouraged Dr Robinson to travel to Kisumu to treat the HIV population there.

The common theme in these environments—Kisumu, Downtown Eastside, Alert Bay—is, chaos is part of life. Chaos becomes a part of practice life. Detective work is the norm. What happened? What is happening? Where is the information? The same process occurs in the seemingly more-ordered environs of the North Vancouver practice. Patients here might present with clearer histories than in the downtown, but the same patient-doctor translation is required: What are you saying? What matters? What are you afraid of? How can I help?

Cover photo: Cathie Ferguson, Victoria, BC
Story: Shane Neilson MD CCFP, Erin, Ont

Additional photos and the French translation of the story appear on page 702.
D'autres photos et la traduction en français du récit se trouvent à la page 702.

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