

**BOOKS**

# Hippocratic hypocrisies

A former doctor sheds light on patients in need rushed through a taxed system



Barry Mattern

**Dr. Kullberg visits** with one of her former patients, Barry Mattern, whose story is featured in Kullberg's book "On the Ragged Edge of Medicine: Doctoring Among the Dispossessed," published by OSU Press.

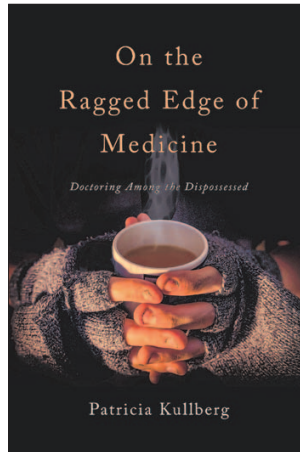
**By ALEX CIPOLLE**  
For The Register-Guard

**H**ow one feels about Dr. Patricia Kullberg's 2017 book will depend on whether the reader shares the sentiments expressed by the likes of Pope John Paul II, Nelson Mandela, Confucius, novelist Pearl S. Buck, Mahatma Gandhi and Vice President Mike Pence.

In essence, that a country's greatness can be judged by how it cares for its most vulnerable members — the young, the elderly, the poor and the sick. From Kullberg's perspective, the United States is doing a shoddy job.

"I was the crumb tossed to the poor to keep them from embarrassing everyone else by starving to death, perishing of blood poisoning or exposure to the streets. Or clogging up the emergency rooms with their neglected conditions, jacking up the costs for everyone else," she writes.

"On the Ragged Edge of Medicine: Doctoring Among the Dispossessed" (OSU Press) is a personal collection of stories documenting Kullberg's decades as a primary care doctor in Portland's Burnside Health Center, where she treated the city's most marginalized



members, mainly the impoverished, abused and addicted. Kullberg also acted as medical director for the Multnomah County Health Department for two decades.

Each chapter focuses on a different patient — from a veteran to a Vietnamese refugee to a pharmacist who lost his job and insurance because of substance abuse — and the challenges of treatment in a taxed system.

The book has come out at an urgent time for Oregon (and the country at large), where the affordable housing crisis in Portland and Eugene has pushed many citizens onto the street or closer to it. Lane County's annual homeless count increased by 5 percent from 2016 to 2017. The city of Eugene's website page on homeless states, "On any given night in our community, nearly 3,000 people have no home to return to. Many others are at high risk of being on the streets soon."

For the more affluent, Kullberg points out, this vulnerable population is difficult to understand or even see.

"If you don't live in conditions of poverty or depredation, or if you don't work amongst folks who are dispossessed in that way, those lives and those people are pretty invisible," Kullberg tells The Register-Guard. "I even have friends and family members who have no idea what those lives are like."

Turn to **DR. KULLBERG**, Page E2



Contributed photo

**Portland author** Patricia Kullberg explores the challenges of treating marginalized members of society in her new book from OSU Press.

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— **DR. PATRICIA KULLBERG**, AUTHOR, "ON THE RAGGED EDGE OF MEDICINE: DOCTORING AMONG THE DISPOSSESSED"

# Dr. Kullberg: Often forced to spend only 20 minutes with each patient

Continued from Page E1

The author says that during her medical career she often fielded questions from her social milieu — a self-described “upper-middle-class WASP” — such as “Why can’t they just get a job?”

The now-retired Kullberg wrote this book in part to dismantle stereotypes of the poor and the homeless — e.g., they’re lazy — and make this population visible to the mainstream, as well as to demonstrate the social inequity within the field of medicine.

“I started writing (the stories) more for myself as a way to process things that happened in my practice that were troubling to me. It was a private activity,” Kullberg says, explaining that her documentation spanned her career. “It wasn’t until much, much later, after I retired, that I decided they should be in a book.”

She also wanted to recognize the people working in these clinics, from fellow physicians to nurses and clerks. “It’s honorable work. They should feel really good about it,” she says.

The result is an unflinching, compassionate and sometimes grim look at this corner of the medical profession and the patients it treats.

And Kullberg begins by taking an honest look at her own shortcomings, explaining that she had grown “terminally bored” with the suburban practice of her early career.

“So it was that same sense of duty and mid-

dle-class guilt that propelled me to Burnside, motives that can render the heart impure — patronizing and paternalistic,” Kullberg writes. “Clinging to the underside of that was the still more unworthy desire for adventure, to get a bit dirty without risk, to venture out where hardly anyone wanted to go. Medical slumming, you could call it. Suffering as spectacle.”

Owning up to this, Kullberg says, was one of the most challenging parts of writing “On the Ragged Edge of Medicine.”

“Being honest about my own handicaps and mistakes and foibles — all of us are flawed, and we all make mistakes,” she says. “That’s not something I feel proud of — being the great white savior. That’s not something I wanted to be.”

Her patients, however, soon disabused her of this notion, whether it was through their wisdom, warmth or obstinacy. Despite their different socioeconomic backgrounds, patient and doctor became allies, as did the rest of the staff at the clinic.

“We shared objectives,” she writes. “We cultivated the same institutional friends, and battled the same bureaucratic foes.”

That’s not to say that Kullberg and her colleagues advocated for coddling patients. “Making excuses for people who are impaired, like allowing them to behave badly, can be a form of disrespect,” she

writes early on. “Meeting people where they were at, as (Burnside Health Clinic lead nurse) Pam (Kelsay) understood, did not mean letting them walk all over you.”

The book illustrates at once the incredible endurance and fragility of her patients, especially as Kullberg admits to cutting corners in her care as the overwhelmed system demanded, a system that required its providers work nine-, 10-, 11-hour days without breaks.

“If we didn’t produce an adequate number of visits the feds would, and one time did, dock our grant,” she writes in the chapter “Get Real.”

Kullberg often could only spend 20 minutes with each patient, when diagnosis and a treatment plan required much more. In the case of an elderly female patient, a Vietnamese refugee, the book outlines in the chapter “The Visit” how the doctor could not focus on the patient’s long-term wellness as a whole, but on identifying only the urgent ailment that could possibly kill her that day, or that week, as if it were disconnected from the rest of the patient’s complaints.

“It’s lousy medicine,” Kullberg writes. “I don’t mean the medicine I prescribe, I mean the medicine I’m practicing.”

For Kullberg, there are plenty of culprits for this lousy medicine, from Reaganomics to the ’80s wave of de-institutionalizing of people with mental illness to physi-

cians moving away from primary care into specialty care positions, which pay more.

“One huge problem is just the way the payment is structured and the private insurance business and the inequities that that causes,” Kullberg adds.

One of the central themes of the book is the role of storytelling in medicine, which is interwoven with bedside manner, whether it’s in a clinic that treats the poor or the rich.

“It’s really all about storytelling and negotiating story, constructing it together with a patient,” she says. “Thinking about medical encounters in that way actually opens up the possibility for more authentic relationships between providers and patients,” she says. “So it’s not just this narrow concept of disease.”

In the end, Kullberg hopes “On the Ragged Edge of Medicine” will elicit sympathy and compassion.

“We are living through a time where there’s a lot of forces pushing people apart,” Kullberg says. She wants the book to be an antidote to that.

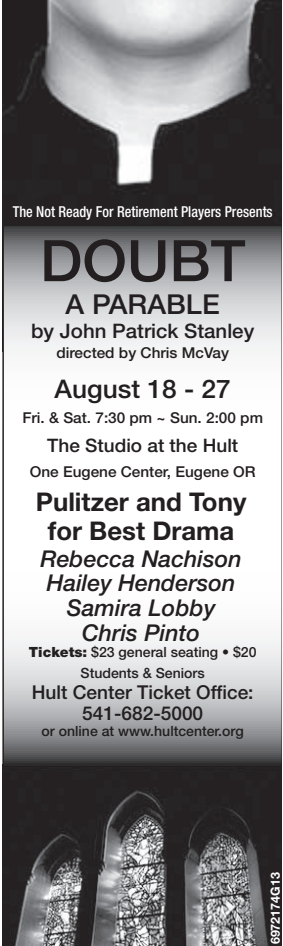
“I think there is a culture of blame,” she says. “If you’re born into poverty, there are millions of reasons why it’s almost impossible to escape. If you’re abused as a child, that sets you up for a lifetime of emotional dysfunctional thinking.”

She believes the uniquely American theory

of pulling oneself up by the bootstraps is a myth. “For a lot of people, there just aren’t opportunities.”

For the poor, the afflicted, the chronically mentally ill, “they want the same things that everyone else wants,” she says — a chance to survive and, perhaps, even flourish.

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