What it's like to treat poor and homeless - Oregonian, The (Portland, OR) - March 19, 2017 - page 05

March 19, 2017 | Oregonian, The (Portland, OR) | Amy Wang The Oregonian/OregonLive | Page 05

In the public health clinics run by Multnomah County Health Department, a doctor meets all kinds of patients.

There's Jocelyn, whose mental illness has her mind and mouth on overdrive: "All that wit and intellect exhausted in fruitless, frenetic activity."

There's Barry, an alcoholic who was abused as a child, who says when asked if he's ever gone by any other name, "Butthead."

There's the woman found overdosing in a bathroom stall who later complains about the health workers who saved her life, "Wrecked my high."

There's the "plump older woman from somewhere else" whose lack of English makes a proper consultation all but impossible. "You have only to follow the international news to predict which refugees will show up in our clinic next."

For 20 years, **Patricia Kullberg** tried to give all of them proper treatment in her role as the health department's medical director. In her new book, "On the Ragged Edge of Medicine: Doctoring Among the Dispossessed" (Oregon State University Press, 176 pages, $18.95), **Kullberg** presents 15 case studies that illuminate the challenges and complexity of helping those who have all of the disadvantages and none of the advantages.

Kullberg launches her book at 7 p.m. Tuesday at Broadway Books, 1714 N.E. Broadway; admission is free, but call for reservations at 503-284-1726.

Here's an excerpt from "On the Ragged Edge of Medicine":

On an afternoon I was not scheduled to be there, I dropped into the clinic, sneaking away from my upstairs office to review some report I was worried about. I spotted Lawrence through an open door, waiting for the nurse who was, at that very moment, trying to call me, about his too-high blood pressure. I retrieved his massive, falling-apart chart and sat down with him. I had all the time in the world. I was cheating. They weren't paying me to see patients that day. They were paying me to manage a crowd of seventy-five providers and make sure the care they delivered was safe, up-to-date, and respectful. And that those seventy-five providers saw as many patients every day as they were supposed to, a number which always struck me as heroic. None of us ever managed it in eight hours, more like nine or ten, if we ate lunch while charting and phoning and never took anything beyond a pee-break. Otherwise it could be eleven hours, or more. If we didn't produce an adequate number of visits, the feds would, and one time did, dock our grant. The threat was not empty. Besides, the majority of our patients couldn't go anywhere else for care. If we couldn't

squeeze them in, they would go without. We had waiting lists to get into our clinics.

But the patients came in high. They didn't speak English. They were illiterate. They were demented or delusional. They never had just one problem, more like five or six. Fifteen or twenty minutes a pop didn't cut it. Stop whining. That's the look I would sometimes get from people who'd never worked the inside of an exam room. Of course I was whining. Buck up.

I was once talking with a lung specialist about a protocol for primary care providers to manage end-stage chronic obstructive pulmonary disease, like Lawrence suffered. For patients without insurance, we often took care of problems that would otherwise be delivered into the hands of the specialist. We had lots of opportunity to push our professional boundaries. This fellow, understanding that, was trying to help out.

"Sounds like that would take about an hour a visit," I said to him. Not counting, I thought to myself, the time needed to attend to the depression, diabetes, and liver disease these folks might also have.

"Right," he confirmed.

"We don't get an hour with patients, more like twenty minutes."

There was a silence on the other end of the line. Then, "How do you ever manage that?"

I laughed. With a lot of whining. Though I didn't say it.