

Ah, the good ol' days. Nary an orphan in sight.

Many hospitals in BC are looking for ways to deal with unattached, or *orphan*, patients. These admitted patients fall into three categories: those who have a family physician who has privileges at another facility, those who have a family physician in the local community who doesn't have any hospital affiliation, and those who just don't have a family doctor. Years ago orphans were quite rare and fell almost exclusively into the first category. However, as walk-in clinics proliferated and general practitioners gave up their hospital privileges for a number of reasons—round/call obligations, committee work, etc.—the number of orphans in the other two categories blossomed.

Initially most hospitals relied on the good nature of those who remained by adopting some form of Doctor of the Day strategy where orphans were assigned to a privileged hospital family physician. I remember administrators in our hospital being very reluctant to remunerate those family physicians for their extra


workload. It seemed expected that we would pony up and take all comers regardless of time and expense. I believe that family physicians should take care of our own, but should not take care of Dr X's hospital patients while he works away in his clinic just down the road. Many overtures were made toward increasing payments for this added service but little was done. Therefore, the system eventually imploded due to the sheer numbers of unattached patients. This might have been avoided if more was offered to the gradually shrinking hospital-based GP workforce.

At this point well-funded hospitalist programs became the norm. Nothing against my hardworking hospitalist colleagues, but as time progressed the metrics (no idea what this is but always wanted to use the word) began to show that patients who were cared for by their own GP had shorter hospital stays. I guess there is value in knowing your patients' intimate details and intricacies. I would like to congratulate you GPs for a job well done over the years.

There is a current move in our health region away from hospitalists, and the GPs have been approached to take over hospital care for orphan patients. I guess we proved our worth. A lot of resources have been offered to fund this initiative, such as money for nurse practitioners, administrative help, and even paid call. I think it is unlikely that busy GPs will leap at this chance even with the extra resources. We have enough of a challenge managing our own hospital and office patients; there is no capacity to do more. Another troubling issue is that with all these resources being directed toward caring for orphan patients, those patients who are cared for by their capable GPs are relegated to being second-class citizens.

I'm not sure what solution will be found to this challenging problem, but I can't help but long for the good ol' days. If every family physician worked in a solo or group practice, took care of their own patients, and had an affiliation with their community hospital, most of the population would have a GP, and orphans would again be a rarity.

—DRR



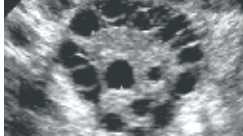
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The lies we tell

I lied. I lied to my wife.

It's out in the open now, so I can talk about it. She celebrated a special birthday this year and, because she is the Queen of Surprise Parties, I felt the need to throw her a surprise party in return for all the good surprises she has given me. Planning her party involved secrets, lies, subterfuge, conspiracy, deception, dishonesty, evasion, and misrepresentation. I was hiding my phone so she couldn't see texts from her friends and family members who were in on the surprise. I made up cover stories to explain my behavior. In the weeks leading up to the surprise I found myself waking up frequently in the night worried that I would inadvertently let the secret out. In the end, the party was a huge success and my wife enjoyed spending an evening surrounded by many of her close friends and family. All was forgiven.

All of this got me thinking about the lies we may tell our patients and about the lies they tell us. Physicians may lie, deceive, and misrepresent, for example, in order to get a patient to comply with treatment. This very paternalistic approach will invariably backfire on the physician. Doctors may also withhold information, for example, to avoid giving the patient bad news. Hopefully, those attitudes are long gone.

Recently, I tried to tell a frail, elderly patient that I believed that her life was nearing its end. She had end-stage chronic disease. As she lay in her hospital bed, becoming weaker and more drowsy, I started to tell her gently what I thought was happening. She politely disagreed with me, as if to say that she didn't want to know what was to come. I didn't push it, and she passed away peacefully 2 days later. Hopefully she heard what I was trying to tell her. I don't like giving patients bad news, but I know that honesty is appreciated more than any

attempt to protect them from harm. If we, as physicians, want to continue to be seen by the public as some of the most trusted professionals, then we need to live up to that.

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I also remember two patients I fired many years ago over lies they told me. I didn't like being manipulated and, after discovering their lies, I felt that they had damaged the doctor-patient relationship irreparably. Both patients lied to cover their misuse of opioids. I think that this is

a common situation in which patients lie to doctors. Both patients' lies put them, me, and the public at risk, and I did not feel comfortable in continuing as their doctor. On that topic, all I will say is that there is a right way and a wrong way to fire a patient. As I found out more recently, if you don't do it correctly you may receive a pale yellow envelope in the mail containing an unpleasant letter of complaint and, ultimately, reprimand.

What I learned from the recent subterfuge surrounding my wife's birthday celebration is that lying is tiring. It took work to build the lies and keep them from being discovered. It disrupted my normal sleep pattern and made me worry about being found out. Except for the obvious case of a surprise birthday party for a loved one, I don't think it is worth all that energy. —DBC



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