

## Not an all-access pass

“Excuse me, are you wearing one of those new Fitbits?” I asked a healthy looking woman in her 40s while shopping.

“Oh, yes, I am. Not only is it stylish but it tracks my activity. I do between 5000 and 10 000 steps per day,” she answered proudly.

“Wow, that’s really good, especially for someone with a physical disability,” I replied.

“What are you talking about?” she queried.

“On the way in I noticed that you parked in a disabled parking spot,” I remarked, at which point our conversation came to an abrupt end.

As I was driving up to the store all of the parking spaces were full except for the disabled one so I parked down the block. I was a little taken aback when this woman pulled in to the disabled spot and came into the store I was in. Perhaps I shouldn’t have said anything, but I get tired of the way people misuse these parking passes. I should mention that this woman did have a valid SPARC BC pass hanging from the rearview mirror of her vehicle.

SPARC BC is the organization that administers the disabled park-

ing program in our province. SPARC isn’t a misspelling of a small fiery particle thrown from a fire; it stands for Social Planning and Research Council. I perused their website and a few rules jumped out at me. Specifically, only the permit holder is allowed to use the parking pass, and they can’t use it unless they actually get out of the vehicle after parking.

I’m sure many of you get requests to fill out the medical information on the SPARC application. The criteria are quite strict, and I am often surprised by the patients who ask me to complete a request for a permit. I have patients who have been begging me for years to complete the form because walking is painful for them. I have been called cruel and mean when I decline, despite explaining that their obesity-related illnesses of diabetes and mechanical back pain would be better served by parking as far away as possible and walking.

One senior patient who requested a pass became quite offended when I asked them to outline the nature of their disability. “Well, I’m old,” was the answer. The statement that age wasn’t a disability was met with the

snide comment, “Well, just wait until you get old, doctor.”

Family members also request parking passes for their disabled non-driving relatives. They plan to use the pass when taking grandma out shopping or on other errands. I frequently get the impression that the pass will become a well-used regular fixture in their vehicle. When asked why they can’t drop grandma off at the door and then go park the car, more snide comments drift my way. Again, the individuals making these requests often have BMIs that would benefit from an increase in physical activity.

Now, the majority of the requests I receive are legitimate. And I am struck by the courage and fortitude of the majority of my disabled patients and aging seniors who would only apply for a permit as a last resort, and often have to be coerced into taking this necessary step. I hope to act similarly if I am faced with new challenges as the years pass. So, lastly, I would like the physicians of BC who complete SPARC applications to keep in mind that this valuable program is a privilege that shouldn’t be abused.

—DRR



Advertisement for Pacific Fertility Centre. The background features a baby wearing a blue knitted hat and a blue rope. The text includes the organization's name, website, services, contact information, and a list of doctors.

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## Anonymity

**T**here are pros and cons to being part of a small community when you are a physician. Some days it seems that everyone knows who you are and what you are like, and other days you are a total stranger—when you see someone out of context they can be completely unfamiliar.

My first job was in a bustling bedroom community, 15 minutes north down a country road from where we lived. There was not a single stoplight on my brief commute to the hospital—just one grocery store, a Canadian Tire, and a local watering hole.

I did most of the family food shopping in those days. One day, as I was waiting patiently at the deli counter for the salami I ordered to be sliced, the woman behind the counter asked, “Are you one of the doctors who works in emergency?”

These conversations can go well, or not so well. After a slight hesitation I answered, “Yes, I am.” Coming from big, anonymous Toronto I was taken aback that anyone who I didn’t know would recognize me.

“Well, you looked after my mother last month [she was in her 80s] with a sore back, and it is still sore! You said you didn’t know what was causing her pain and it has not gone away.”

By then my package of thin-sliced salami was sitting tantalizingly on the glass countertop. We both had our hands on it—me pulling one way and the deli clerk not letting go. Extraction was foremost on my mind. First, I honestly couldn’t remember this woman, and second, it was clear my care had not met their expectations.

“I am sorry she is not feeling better, I hope she will go see her family doctor.” By that point I was firmly in control of the cold cuts and quickly moving toward the checkout. I made a mental note that it was time for my husband to start doing more of the food shopping.

In public forums it can be advantageous for physicians to be professionally incognito, so to speak, but on the other hand, when you need health care, it’s a perk to be recognized as a physician. My family doctor asked me if I wanted to deliver at my own hospital or if I would be more comfortable going a bit farther down the

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road. Labor tends to be the time in a woman’s life when modesty and decorum go out the window. Could I face my colleagues if I were a raving lunatic in the delivery suite?

Like any typical patient with a busy life, convenience matters a lot! I decided to stay local and was ready when the contractions started. With angelic patience, I made my husband turn off the US Open Golf Tournament NOW (“but Honey, this is a really crucial putt!”) and we drove down the quiet country road to the labor ward.

Many of the nurses recognized me, which made me feel very comfortable, but it didn’t mean that I was about to leave my ER persona at the door and be a patient. After about 2 minutes I informed them I wanted an epidural, like now. All laughter and smiles, the staff thought I was hilarious. I made it very clear that I was not joking. “This pain is really, really bad. Please get rid of it.”

“But we haven’t even finished booking you in; you just arrived.”

In retrospect, I don’t think the seat was even warm yet.

When the obstetrician arrived he sat down beside me, introduced himself, and starting getting my history. It became quite apparent he had no idea who I was, despite the fact that I

trained with him and we had worked together for more than 2 years.

“Well, Ms Clarke, your baby is big and you are not, and I am not sure if you can deliver this baby on your own.”

“John,” I said, “it’s me, Anne.” There was a very pregnant pause, pardon the pun, as the light of recognition suddenly shone over his face.

“Oh, OHHH, I didn’t recognize you.” To this day I put this oversight down to it being four in the morning and not my pudgy face, unwashed hair, and sweaty brow.

All went well, I didn’t need a C-section and was soon up in my room with a baby I had no idea how to care for. I had so many staff coming to visit and congratulate me that I left ASAP so I could get on with the business of neonatal care. —AIC

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