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A Rare Call for the Old Medicine

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Home visits are a relic of a bygone era of medicine. The quintessential family doctor with a black bag carrying his stethoscope rarely occurs these days. Yet, as part of the global health track in my internal medicine residency program, I was afforded a unique opportunity to visit two of my patients, who, before then, I had only seen at 30-minute intervals.

My first visit was to a younger African-American man with poorly controlled hypertension living on the west side of Chicago. The drive to his house was muraled with boarded-up houses, closed down storefronts, and overgrown lawns. His neighborhood, North Lawndale, has witnessed 34 homicides and 63 shooting victims already this year. There was a murder less than two blocks from his home. The theoretical consequences of uncontrolled hypertension are trivial compared to the palpable fear of gun violence that pervades his neighborhood.

During my drive, I took notice of the schools in the area. Most were charter schools, and most of which were new, without clear reputability or accountability. I remember cringing when my patient talked about enrolling his kids in charter schools under the misguided hope of a better education.

My second visit was with an older gentleman who illustrated the visceral struggle of poverty while suffering from worsening health. He was candid, and went through his and his wife's monthly finances in detail. At the end of each month, they would have no money left, and recently resorted to sharing a single pay-as-you go cell phone. The instability of living pay-check to pay-check coupled with his mounting medical issues creates an unbearable situation. From my visit, it became clear to me how ridiculous our expectations for our patients can be when we don't understand their day-to-day struggles. He currently takes 85 units of a long acting insulin every morning and 90 units of a rapid acting insulin with each meal. It took me some time to understand the mere logistics of having to go through this insulin regimen. That means he needs to prick and inject himself seven times each day. His insulin dose is so large that his injection pens last no more than a day. Although he does his best to follow this regimen, I can better understand his trip ups.

In addition to learning about my patient's daily struggles, I also learned about his joys in life. I saw my patient's craftsmanship in the dream catchers covering his walls. He is able to interlace and weave these beautiful pieces of art despite thick callouses from his finger pricks.

I was also able to tag along with a home health nurse, a physical therapist, occupational therapist, and social worker to get a clearer picture of their impact on patient care. I learned about the therapists' flexibility in working in patients', often cluttered, homes. I was impressed by the practical solutions they can provide working in a patient's own home.

I remember one patient had a small bathroom with a high-edged bathtub. A cramped bathroom, slippery bathtub, long shower curtains, and ill-placed bath chair were inevitably going to lead to a dangerous fall. However, we were able to rearrange a few things to reduce his risk of falling. Every living situation has its own hazards, and the best way to identify them is to visit a patient at home.

The World Health Organization recognizes social determinants of health as the economic, educational, and environmental factors that shape a person's overall health.[1] Only when I stepped into my patients' homes could I truly begin to grasp the interconnectedness of these factors. How the lack of educational opportunity spills into the lack of employment opportunity. Only when I sensed the danger that my patient faces every day could I understand how these factors could be as determinative as the person's genes. When you become proximate to your patient's neighborhood, you become emboldened to challenge the status quo in their lives.[2]

More than a year ago, I applied for the Global Health track with the aim of learning about health inequities on a local and global scale. I was eager to learn about different healthcare infrastructures, most of which are ill equipped to serve both the haves and the have nots. The Global Health program helps apply the tenets of global health to local issues. These home visits help connect residents to different neighborhoods and communities they might otherwise never be exposed to. It also exposes residents to volunteering and community engagement opportunities that may serve the patients further than the medications prescribed in the office. It contextualizes patients in a way that cannot be seen in clinic. Most importantly, it makes us more forgiving clinicians towards our non-complaint patients since we form new bonds with our bridged communities.

References

1. World Health Organization. Social determinants of health. *World Health Organization*. http://www.who.int/social_determinants/en/. Published July 5, 2017. Accessed November 27, 2017.
2. Stevenson B. *Just Mercy: A Story of Justice and Redemption*. New York: Spiegel & Grau; 2014.