Clinical Challenges in Street Medicine

Five case studies in context-specific care

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Street Medicine

- direct provision of medical care to those living and sleeping on the streets
  - walking teams, medical vans, outdoor clinics
- first essential step in achieving higher levels of care
  - assertive, coordinated, and collaborative medical management
- powerful global movement for social change
  - fosters more compassionate, complete communities where every person has value and dignity

Reality-based Medicine

- a healing relationship grounded in the full reality of the individual
- a counter-cultural and potentially marginalizing approach in many traditional health care systems

Context-specific Care

- medical care that observes, accepts, and responds to the unique circumstances in which an individual's health or illness is situated
- the practical application of reality-based medicine

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Alternative care approaches grounded in…

- what is reimbursable
- what you want to avoid being sued for
- what fits your job description
- what fits your current grant
- what is comfortable and convenient
- what you're afraid of
- who you see as worthy or deserving
- how you were trained

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Case 1: *Richie*

- 54 yo Korean War vet
- Homeless x 10 yrs.; exclusively street x 2 yrs
- Alcohol dependence with reckless drinking
- Living in a giant pile of garbage on a loading dock
- Increasing social isolation
- Enjoys outreach visits, but never self-motivates
- “I’m dead in the water”
- Persistent productive cough with blood-tinged sputum and progressive weight loss

Paradigm Shift

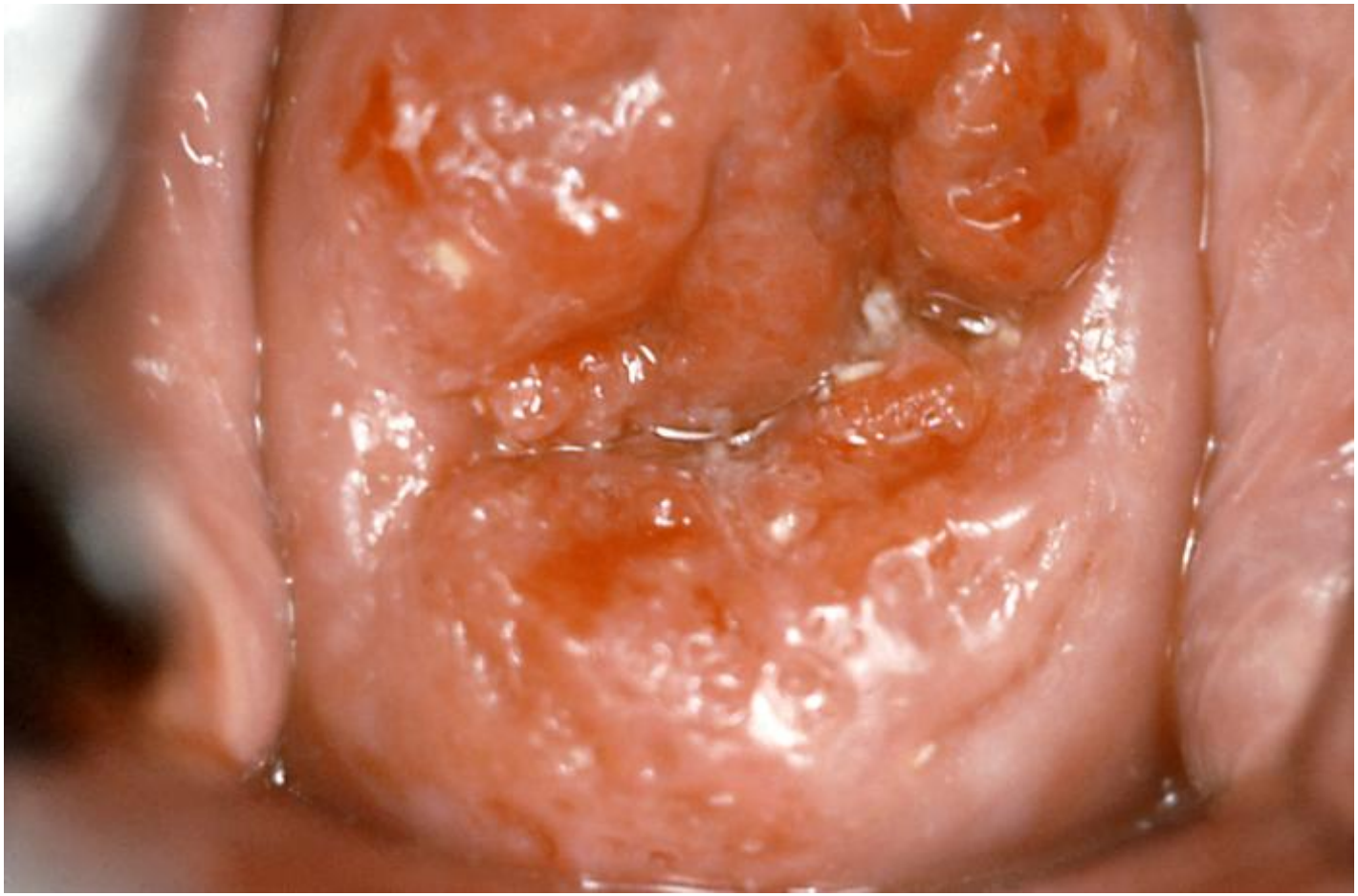
Live among them…

- see it with your eyes
- see it with their eyes
- survey for assets
- test the wind and sail with it
- practice extreme person-centered care
- avoid normalizing and think creatively
- take risks when the stakes are high
- expand the cone of life options

Case 2: *Jennifer*

- 29 yo woman living next to riverbank with “husband” and dog
- new to town; chronically homeless, moves often
- no major medical, mental health, or substance abuse problems disclosed
- first presentation to open air clinic; partner does all the talking
- reports pregnant x 6 mos. but no prenatal care
- now intermittently spotting
- exam declined by partner

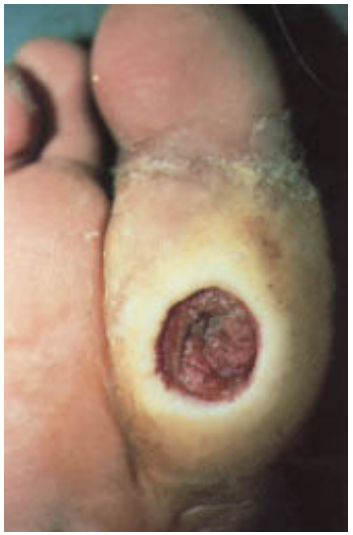
The Unexpected



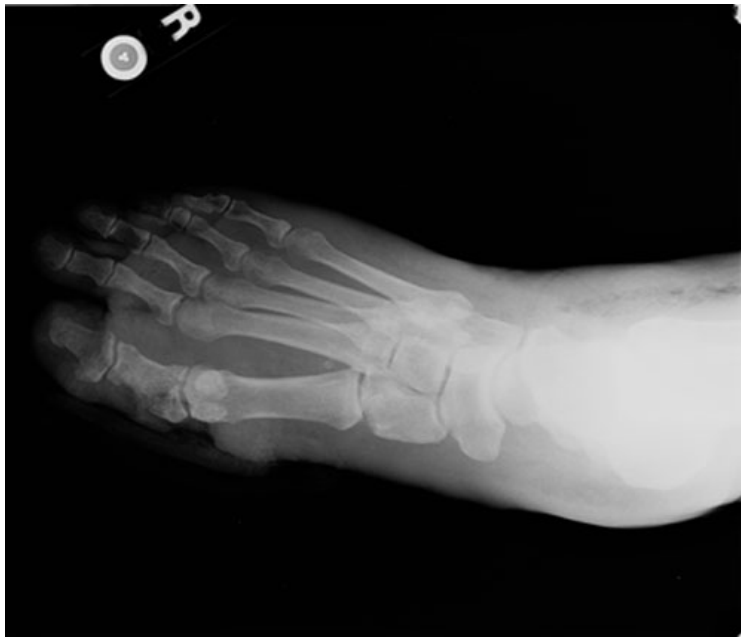
Love them…

- treat the whole package
- expect the unexpected and roll with the punches
- resist the temptation to rescue
- sometimes it's best to feed the bear
- how to reel in a really big fish
- finding ways to love when you want to hate
- beyond non-abandonment

Case 3: *Pablo*



- 45 yo man with paranoid schizophrenia (positive symptom set) on depot antipsychotic
- intermittent adherence (with incentives)
- charismatic but unpredictable; good relationship with street outreach team
- walks streets all day and night; occasionally stays at DMH shelter
- polysubstance abuse, primarily rx opioids
- blister develops into painful non-healing ulcer over R medial 1st MTP
- chronic pain and functional impairment, but fueling delusional system
- repeated street visits, clinic visits, ER visits, hospitalizations; no definitive treatment

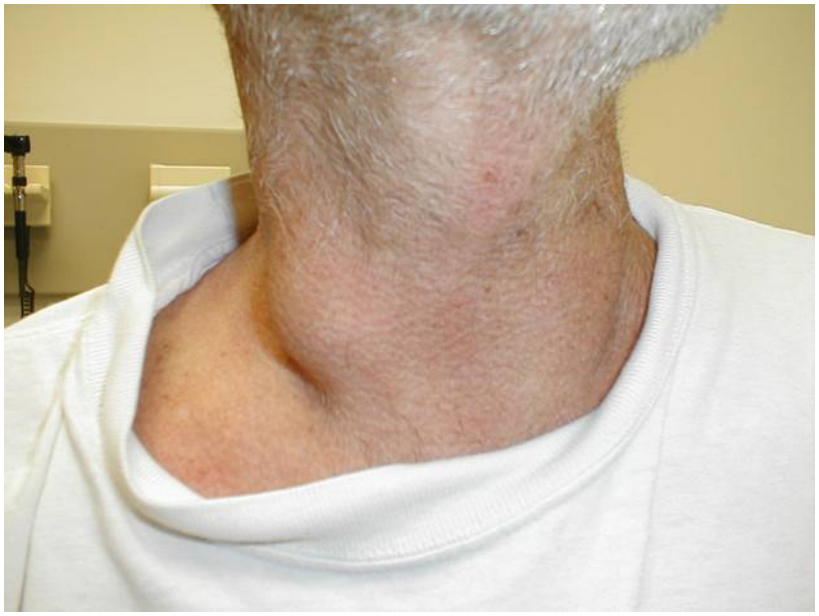


Learn from them…

- illness as currency
- snapshots vs. biopics
- when charisma is a curse
- “he didn’t die last night” and other thought disorders
- maintaining leverage without all the cards
- how imminent is imminent?
- risking relationships with failed interventions
- escaping the “safe discharge” trap

Case 4: *Simon*

- 59 yo man previously unknown to street outreach team
- living in social isolation in abandoned industrial site on outskirts of town
- no friends, no family; spends time reading at public library
- first ever presentation to hospital-based street team clinic; referred by off-duty hospital MD he encountered in subway station
- c/o extreme fatigue, 40 lb. weight loss, unable to carry belongings; no reported PMH
- “I think I’m dying and I’m afraid to do it alone”



Hb 5.6
Hct 16.7
Plts 48K
WBC 68K with 89% lymphocytes

Start with where they are…

- be ready and willing to jump through narrow therapeutic windows
- commit fully and accompany faithfully
- honor vulnerability
- in-reach vs. out-reach
- credibility and the value of having a foot in both worlds
- moments of grace come in sideways glances
- psychosis does not prevent spiritual contentment

Case 5: *Wally*

- 47 yo man with complex interplay of TBI with cognitive deficits and sz disorder, polysubstance abuse (crack, EtOH), mood disorder, and decompensated cirrhosis
- grew up in foster care with abusive caregivers; homeless for most of adult life (streets); on SSI but refuses payee
- unresolved criminal record preventing housing placement
- “found down” by passerby and brought by EMS to ER
- 54 ER visits, 14 hospitalizations in preceding 6 mos.
- referred by ER attending, “he’s here again, can’t you do something to help him? If not, I’ll just street him.”

Build on what they have…

- the diagnostic classification dilemma
- the shocking cost of autonomy
- shelterlessness vs. homelessness
- how many times can housing fail a person before it kills him?
- harm reduction is never contraindicated
- when treatment options are one-way, dead-end streets
- coping with clinical inadequacy while fostering hope

What really matters when all else fails?

- being in relationship
- revealing to others their value
- bearing witness to suffering
- creating metaphysical homes
- ensuring nobody dies alone
- memorializing and storytelling
- never giving up on a person's capacity to change
- strengthening communities
- growing as healers

GO
to the People;

Live among them;
Love them;
Learn from them;

Start from where they are;
Work with them;
Build on what they have.

But of the best leaders,
when the task is accomplished,
the work completed,
the people all remark,
"We have done it ourselves."

- *Lao Tzu*