QUERY

Anson Liaw

I worked my first walk-in shift yesterday, as a favour for a colleague who had a family emergency. Until then, I'd taken the view that walk-ins exemplified the worst aspects of medicine: patients allowed only one problem, patients ushered out the door with antibiotics for viral complaints, patients McMedicinized, patients double-doctoring. I also resented walk-ins because of their lucrative one patient, one script philosophy, as opposed to the fifteen-minute low-wage average at my own family practice, where I juggle double-digit comorbidities.

The clinic opened at six o'clock, and a flood of people came in. The favourite complaints were the same as in my office and, as per my suspicions, most people wanted antibiotics. But, against my expectation, people were generally satisfied with my reasons as to why they didn't need them. Only two patients demanded them, and in both cases I refused. They were determined, telling me that they hadn't waited 2 hours to see me to be sent home with nothing. *These* are the patients I expected when I conceived of the walk-in clinic, but they were no more frequent than at my own office.

There were other problems, of course. Pelvic pain, headache, dental pain post-extraction, a moth caught in an entomologist's ear. There was a broader range of problems than at my office, some far more interesting than those I usually see, and certainly some that were more acute. Two patients had to go to the local emergency department for further diagnosis and treatment.

And the pace, the pace. In three and a half hours I saw 40 patients, more than I usually see in an entire day. And, let me tell you, it wasn't because I saw piles of coins dancing in my head. I didn't *want* all those patients; I had to see them because there was a demand. With each patient who came though the door I fell further and further behind. I did not feel like I was McMedicining every patient; I felt I was doing my best in the limited time allotted. Many of these patients had no family doctor — meaning that, for that night, I was their family doctor and had to consider their other medical problems, their long lists of medications. As this was a downtown walk-in, many of the patients were immigrants and medical interviews were conducted in charades. Cough cough, tummy pats, pointing at the part that hurt … it was a far cry from my medical practice where almost everyone could easily describe what was wrong. Let me say this clearly: I was working far harder than I ever did in my family practice.

It started as a favour and ended as a lesson. When the doctor I covered for asked me how it went, I suspect she braced herself for my usual diatribe about the nefariousness of walk-ins and how they drain the pool of regular family practice physicians. Instead, I simply said that the work was much more difficult than I had anticipated. Far be it for me to apologize more explicitly, after all.

— *Dr. Ursus*

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