



GARY YOKOYAMA, THE HAMILTON SPECTATOR

Outreach worker Nelly Sinclair, second from right, at Perkins Centre. She promotes cancer screening to the reluctant. 'If they don't want to talk about cancer screening today, I'll be back next week.'



JOHN RENNINGER, THE HAMILTON SPECTATOR

Bill McArthur, 71, has known of his inoperable advanced lung cancer for 18 months. He's beaten the odds: only one in six survive a year with this cancer.

Survey continued from // BA6

The Spectator phone survey was conducted in July and its margin of error is approximately plus or minus 1.6 per cent, 19 times out of 20. (See *How We Did It*; page BA2.)

The phone survey also shows that people in the lower-inner city were twice as likely as the rest of the city to report they used a walk-in clinic as their main source of health care.

In the L8R postal codes covering the north part of downtown Hamilton and the northwest corner of the inner city, 7 per cent of respondents stated they used walk-in clinics as their main source of health care, the highest rate in Hamilton. Compare that to the L8J postal codes of upper Stoney Creek, where just 1 per cent of respondents used walk-in clinics as their main source of health care.

People in the lower city also had the lowest proportion of respondents to report that their family doctor was the place where they normally received health care.

In the L8R postal codes, just 80 per cent of respondents said that they normally received health care at a family doctor, compared to 96 per cent in the L9H postal codes of Ancaster and Flamborough.

The lower city also had the highest rate of people who reported that they normally receive their health care in an emergency room or urgent-care centre, twice the rate of those in Ancaster, Dundas, Flamborough and Westdale.

The Spectator poll also showed that the lower city had the highest rate of people who had visited a walk-in clinic within the past year.

In the L8R postal codes, more than 40 per cent of respondents had been to a walk-in clinic in the past year.

So what do these numbers mean?

They show that people in poorer parts of Hamilton are significantly more likely to fill their basic health care needs at a walk-in clinic, hospital or an urgent-care facility and are less likely to visit a family doctor.

That's important because

walk-in clinics, hospitals and urgent-care centres are meant to fill a very different role than a family doctor.

Walk-in clinics and emergency care are designed to treat acute, immediate problems. They're not designed to track patients over the long haul or send them for cancer screens at regular intervals.

Bill Evans, the retired Juravinski boss, said he's never been a fan of walk-in clinics for those very reasons.

"I do question the motivation of people who don't want to form a relationship with people over time, that just see them, make quick judgments and give them antibiotics," said Evans.

"It's real easy to pull out the prescription pad, write something down and say goodbye."

Dr. David Price, chair of McMaster's department of family medicine, said that the quality of medical care provided at walk-in clinics isn't the issue.

Studies have shown that the quality of care for acute medical problems is no worse at walk-in clinics than a family

health practice. The issue is continuity of care for patients, he noted.

"They see Doctor X at this walk-in clinic, they see Doctor Y at the same walk-in clinic, they see a different physician at a different walk-in clinic," said Price. "Most of those places don't have electronic health records so there's no prompting."

The challenge, Price noted, is to find ways to incorporate longitudinal care and preventive medicine into the routine of care provided at walk-in clinics.

"A lot of the docs that work in the walk-in clinics are temporary themselves," said Price. "It's a fill-in for three months or four months, so they don't necessarily have a vested interest in their patients either socially or financially."

"There's no incentive to do Paps or order a mammogram or give the FOBT kit."

There's another barrier to screening that's often ignored.

A big reason people in Hamilton's inner core have lower rates of attachment to a family physician and higher rates of walk-in clinic and emergency-room use

is connected to higher rates of mental health issues.

Data from The Spectator's original Code Red series showed that the 27 neighbourhoods with the highest rates of psychiatric-related ER visits were all in the former City of Hamilton and 25 of those top 27 were located in the lower-inner city.

"If you've got somebody coming in who is in crisis mode all the time, you end up spending your energy and resources dealing with the crisis as opposed to thinking about the preventative things," said Price.

"For the patient as well, if you're in crisis mode, going and getting a mammogram is not on your radar, especially if you've got mental health issues and housing issues and all the myriad of things that go along with that."

"If housing is your No. 1 priority, you're not going to be interested in screening," Price added. "If you're worried about where the next meal is going to come from, you're probably less likely to spend \$2.50 to take a bus up somewhere to get your mammogram done."

"There are different priorities and I think that's part of the challenge."

IT'S OCT. 21 and Bill McArthur is not answering his cellphone.

It's been a year and a half since McArthur found out he had advanced inoperable lung cancer.

The 71-year-old recently admitted, matter-of-factly, "I'm paying the price for 45 years of smoking."

From a statistical standpoint, he's already beaten the odds. Just one in six people on average survives a year with his type of stage IV lung cancer.

But his cellphone number is going unanswered. Five rings ... six rings ... seven rings. Uh oh.

Finally, McArthur answers on the eighth ring.

He's still hanging in, he says gamely.

"I don't feel too bad," he said.

Not all the news has been good in the past month, however.

CT scan continues // BA8