

An American Encounters Canadian Health Care

Joy Fisher, September 2008

It started in the middle of the night. I woke up in the dark, shaking, teeth chattering, gasping for breath. I thought I must be cold, although I didn't feel cold. I remembered that the temperature was supposed to drop 20 degrees Fahrenheit that night, so I got up and changed into a flannel nightie. Then I lay under the cover of darkness waiting for my body to stop shaking so I could go back to sleep. I didn't yet realize this expatriate American's first major encounter with the Canadian health care system was about to begin.

The next morning I felt uncharacteristically weak. When I swung my legs to the floor, I noticed my left calf was red, swollen and hot to the touch. I made my way feebly to the dining room where I found my out-of-town guests already dressed and planning their day. I told them what had happened the night before, showed them my leg, apologetically said I was going back to bed, and wished them a good day of sightseeing. About two in the afternoon, I managed to get myself up, showered and dressed in time to say a proper goodbye as my friends headed to the ferry in downtown Victoria, British Columbia, and their next destination.

Fortuitously, the very next day I had a previously scheduled physical with my new Canadian doctor. I dragged my inflamed leg into her office and offered it up as the best clue I had to the mystery of my illness. She examined me "from top to bottom" as she had previously promised she would when we had decided to become doctor and patient, and gave me a prescription for antibiotics and a requisition for a blood test—"to see whether you might have a blood clot." Then she sent me out to do my part in solving the mystery. First I headed to the lab. I felt unfocused, so I had trouble finding my way, although I had been to the same lab recently for pre-physical blood tests. Finally, I got there, waited my turn, and eventually relinquished my cowering veins to a lab tech wielding a long needle. Then I filled the antibiotic prescription, momentarily shocked by the cost when I discovered that, under British Columbia's "Fair Pharmacare" program, I had to pay full fare—\$42—for drugs out-of-pocket. The absence of co-payments can be both a blessing and a curse!

The next day the phone rang at mid-day, waking me from a fitful sleep. It was the doctor's office. My blood test had come back positive. The doctor explained soothingly that didn't mean that I did have a blood clot, but it meant I might have one. The doctor had arranged with the emergency room at a nearby hospital to administer an ultrasound so a definitive determination could be made. I was to go there immediately.

Jubilee Hospital was literally within walking distance of my house, but I drove to keep weight off my leg. After a few wrong turns on the hospital grounds, I made my way to the parking garage. After I parked, I asked the attendant for directions to the emergency room, explaining my situation. He pointed the way and told me he would watch my progress on foot to make sure I made it. I was touched by his protectiveness then, but even more touched when I came back six hours later. He was still on duty, recognized me, and asked with genuine concern whether or not they had found a blood clot.

My experience with the parking attendant turned out to be a foreshadowing of my experience with the emergency room staff. It may be the staff was more pleasant, calm and compassionate than any I ever encountered in an emergency room in the United States because the emergency room was clean, quiet, and virtually empty. Only two or three patients sat in the rows of chairs in the reception area. Canadians do use the emergency room (they call it, fondly, "Emerge") when they need it, but since there is universal health care in Canada and conveniently-situated walk-in clinics in practi-

cally every neighborhood, Emerge is not the medical site of last resort that it has come to be in the United States.

I explained to the triage nurse that my doctor had sent me over for an ultrasound. She shuffled through some papers, seemed to find some that mentioned me, then told me, pleasantly, she would get a wheelchair for me while I checked in with the receptionist. The receptionist asked to see my British Columbia health card (which I possessed by virtue of my status as a full-time student in British Columbia) and had me fill out a short form with identifying information. I was momentarily stumped at the question about next of kin. My friend Anna, in California, had long ago agreed to act in this capacity, but she was 1,500 miles away. I shrugged and put her name and phone number down anyway.

The triage nurse wheeled me over to Station B, and before I knew it, I was in a holding bed where I was attended by a compassionate man who told me his name was “Gui” and who touched my shoulder reassuringly from time-to-time as he passed by. After a short wait, I was wheeled up to the technologist for an ultrasound. She probed my left leg from the groin down to my ankle slowly and attentively and told me, finally, that she didn’t see any blood clot, but that a doctor would review the results and come to see me. I was wheeled back to the holding bed and, in not too long a time, a very competent-appearing doctor came in, introduced herself and confirmed that I did not have a blood clot. “But,” she told me, gesturing toward my inflamed calf, “it looks like you’ve got quite an infection there.” She told me she was going to order some intravenous antibiotics for me that day before she released me, and that she was going to refer me to an outpatient infection clinic at the hospital for more intravenous antibiotics beginning the next morning. When she told me to discontinue the oral antibiotics my doctor had prescribed, I felt a momentary twinge at my wasted \$42, but then I consoled myself with the knowledge that all this—the emergency room, the ultrasound, the intravenous antibiotics—was free. No deductible, no copayment.

Soon a pleasant nurse named “Deb” came in to administer the IV antibiotics. When the infusion had run its course into my veins, she remarked that I must be hungry. I told her I hadn’t had much appetite since I’d gotten sick. That day all I’d had was juice diluted in water. She left, and when she came back she was carrying juice and cookies. I felt like a kid in preschool being pampered by her teacher.

The next morning, I found my way to the outpatient clinic where I was expected and a bed was reserved for me. By-and-by, a doctor who was a specialist in infectious diseases came into my cubicle, and explained not only what I had but how I had probably gotten it—mystery solved! Dr. “G” said it was a “classic case” of streptococcal cellulitis involving a non-life threatening form of bacteria that could be treated successfully by antibiotics. It had probably made its way into my lymph system through a break in my skin. In my case, the break was between my toes—athletes’ foot. I told him I’d been taking an aqua fitness class at a local indoor pool and hadn’t worn pool shoes. He grimaced in distaste, thinking of all the bacteria in the shower area that, he assured me, “just gets pushed around from place to place” when the floor is cleaned. He told me I would receive IV antibiotics for four days, and then he’d give me a prescription for penicillin tablets. He advised me to “elevate my foot.”

I did elevate my foot that afternoon, but I also did four loads of laundry. That night I had feverish dreams and, when I woke up the next morning, my head and leg were both hot. I started to get frightened, imagining bacteria running rampant in my bloodstream and lodging in my leaky heart valve. As a survivor of childhood scarlet fever, endocarditis could be life-threatening to me.

When I got to the clinic, it was busy. The only space left for me was on an old Naugahyde recliner in a roomful of patients. There were in fact six of us sitting around in a circle on these old dinosaur chairs, several of us with leg wounds of various kinds. Far from being put off by this communal setting, I found something oddly comforting about being among others with conditions similar to my own. The first words out of my mouth were, “Oh, good, if I die today I won’t be alone.” Nobody laughed, but, in truth, part of me was sincerely relieved not to be alone. It changed my perspective and dissolved my mounting feeling of panic. I could see that other people were sick, too, and that we were all being cared for by a doctor who obviously had a wealth of experience. Our makeshift treatment room may have been the result of overcrowding, but it created an atmosphere of community that was psychologically reinforcing: the fear I had felt upon awakening alone in my bed that morning began to recede. When I learned that one of my fellow patients had the same condition I did, and that she had gotten it a day after I had after swimming at the same pool I had, fear was replaced by something akin to indignation. Knowledge is power! Reclining in our outmoded chairs, antibiotics dripping into our respective veins, we began to discuss filing complaints with the Capital Regional District that regulated the pool.

When the doctor’s “rounds” brought him to my chair, I confided my fears that my condition was worsening and that I might get endocarditis. He assured me there was no sign of endocarditis, and asked whether I had kept my foot elevated the previous day. When I confessed I had been up doing laundry, his jaw dropped in disbelief; I think he wouldn’t have been more astonished if I had said I’d flown to Beijing to run a marathon in the Olympics. With typical Canadian restraint, he merely remarked how “enterprising” that had been of me—and directed the nurse to put a tensor bandage on my leg.

Unfortunately, they were out of the regular-width tensor bandages, so the nurse put on three narrower bands. Not long after I got home (after a short stop at the library and the grocery store), my leg started swelling again, and the tensor bandages began to twist and cut into my flesh. Elevating my foot, I bore the pain as long as I could, but, one by one, I took the bandages off and let the swelling have all the room it wanted.

During my last two days in the outpatient clinic, the doctor was off, so I was under the care of another calm and competent Canadian nurse. I probably got to know this nurse better than any of the others, although I don’t now remember her name. She found room for me in a private cubicle while the antibiotic continued its slow drip into my vein (somewhere around this time I began to feel like I was being embalmed with antibiotics!). Because there were fewer patients, she had more time to chat. She asked me about the tensor bandages and I told her I had taken them off because they had hurt so much when my leg began to swell. She didn’t chide me, but she told me a story about an experiment carried out by the U.S. Army during World War II. It seems the Army decided to test the hypothesis that tensor bandages promoted leg health. It divided up a squadron of soldiers and ordered half of them to wear tensor bandages, while the other half did not. Being soldiers, the men were in no position to protest, so they simply went on about their work until the Army ended the practice. But, the nurse told me, the experiment was not over. The Army kept track of these soldiers for years afterwards and discovered that the soldiers who had had to wear the tensor bandages had healthier legs as they aged than the ones who had not. Not to set too fine a point on it, she also explained that, in cases like mine, the tensor bandages kept the swelling down in people who couldn’t keep their legs elevated all the time, and that if the swelling was kept down, the antibiotics were more effective. She didn’t insist that I wear a tensor bandage, however, and confided that keeping my foot elevated would be even better. After that, I made a real effort to keep my foot up. In the mornings, I would move my pillows from my bed to the living room couch, open a book and read until I felt like napping.

I also learned that this nurse had worked for six months at a hospital in Kailua-Kona, Hawaii. Since the only home I own in the world is on the Big Island of Hawaii, we began talking about Hawaiian medical care. Hawaii is one of the few states in the United States that has a universal health care program supplementing the usual private insurance system. In Hawaii, if a person has a catastrophic illness and doesn't have health insurance—and isn't filthy rich—the person can apply for state insurance on the spot and be treated at state expense. It's a little like Medicaid, but the income level isn't so restrictive and it only applies in cases of catastrophic illness. I had a good friend in Hawaii who had a stroke who was put on this program. She was, in fact, at the very same hospital this nurse had worked at.

This nurse told me that while she was working at the hospital in Hawaii she discovered that the care provided under the private plans and that provided under the public plan was not the same. "Doctors would talk about it openly," she said, and—apparently—shamelessly. And the doctors all had their own standards about whom they would treat and whom they would not treat. One doctor didn't even take private insurance. "If you wanted to see him, it was cash only—can you imagine?--\$20,000." She shook her head, whether in disbelief or disgust I could not quite tell. "At least in Canada we try to treat everyone equally," she concluded. To practiced ears, this last remark sounded distinctly "un-Canadian." In Canada, criticism of any kind is rarely voiced directly. In fact, as the story goes, if you step on the foot of a Canadian, she is likely to respond by saying "sorry". I took this uncharacteristic criticism as a measure of just how truly scandalized she was by the undemocratic American health care system. Silently, I thought of my friend Marilyn in Hawaii. She had gotten coverage after she'd had her stroke—but she had also died shortly thereafter. Even before I'd heard this nurse's story, I'd always wondered whether the people in the Hawaii health care system had just "let her go" before she became a long-term burden on the public plan.

The nurse had come back to Canada after six months, but she still harboured a dream of living in a little southern (she pronounced it "sowthern") town "in Mississippi or North Carolina." Shocked, an image of "strange fruit" swinging from the branches of trees playing behind my eyes, I almost asked "why there? Why in the deep south with its history of hatred and killing of African-Americans?" It seemed so un-Canadian—Canada, the country that defines itself by its tradition of multiculturalism—the colourful Canadian "mosaic" as opposed to the grey American "melting pot" that demands assimilation of its newcomers. But I didn't ask because I knew, or I thought I knew. Canada is a nation of 34 million people, at least half of them pressed as close to its southern border, as close to sunlight and warmth as they can get. The nurse might not have known about the South's record of discrimination against African-Americans, but she knew about the abysmal failures of the U.S. health care system, and, even though she was appalled by that, she still had a dream of departing the harsh northern clime and dwelling in the warmth and sunshine of a little "sowthern" town.

I didn't argue with her. We all have our dreams. That's why I'm living in Canada now. It's why I have a home in Hawaii—it's left over from an older dream. It's just that we all have different dreams, often born of the deficiencies of our native land, and sometimes we persist in our dreams against all reason. We all do it. I think it's part of being human. In the end, I left the nurse's dream of dwelling in the South untouched by the reality of its history of racial conflict, and she—well, she left me my image of myself as a good patient despite not wearing a tensor bandage. After my last treatment, she gave me a tensor bandage in its protective plastic wrapping as a good-bye present. I knew she wasn't nagging or condemning. It was just her way of wishing me good leg health in the future. And in my heart, I wished her an abundance of warmth and sunshine in some peaceful little town.

Joy Fisher is a former member and former board member of the Humanist Association of the Greater Sacramento Area.