

December 10, 2016
(November Letter)

Dear Samantha,

Thank you for your lovely October and November letters. I'm very pleased to see how much fun you and John are having as you establish your routines within your very different lives.

I thought I would add in my third installment on my treatment this month – mostly because that is what has been preoccupying me over the few weeks. I am getting very accustomed to the Ile Bigras train to Central Station, the Bonaventure metro to Vendome, and the walk to the Cancer Clinic.

I go in to get my blood tested every Tuesday. This means getting up at 7 am, eating my porridge with a small collection of white, blue, and orange pills – some long like tiny hot dogs, some like miniature rugby balls, and others like very small versions of my Beefeater hat.

Since my timing means that I travel with hoards of commuters, most often I end up standing for the trip to town. Like many of the others, I jam myself into a corner, pull out my cellphone, and check the latest e-mail or news until we get to the tunnel and the isolation of no cellular reception.

From Central Station I head south to the orange metro line at Bonaventure. I usually feel like a fish going upstream on my way to Bonaventure since most people seem to be heading north to Place Ville Marie and beyond. Fortunately, the metro heading west is usually much emptier at this time so I finally get a chance to sit down for a while.

The hospital is only five stops along the orange line so I just catch my breath before I'm off again – this time at Vendome, up the stairs, along the underground tunnel taking me to the other side of the mainline train tracks, through the hospital underground parking, and eventually into the hospital itself. The rainy, cold days make me thankful that the only part of the trip where I am exposed to the elements is from home to the Bigras station.

My first act upon arrival is to pick a number and wait for my turn to be signed in. Once that's done, I join the others in chairs, wheelchairs, walkers, and canes. I guess most of us are living with significant vulnerability: the women in scarves, couples in quiet conversations, elders with young people, and the occasional person on their own like me. Conversations are muted among the pairs of friends and relatives – most often consisting of quiet explanations about the next step in the process - and checks that the right forms are in the patients' hands. There are often one or two men leaning up against a wall or scattered among the chairs in the hall – looking impatient and frustrated.

There is not much talking - or even visual acknowledgement - between those waiting on their own or with friends. It is only when one of the blue-coated volunteers passes by that this changes. The woman pushing a cart of coffee, juice, and water often has special smiles and greetings for repeat patients. Lab-coated assistants will often stop for a chat with particular patients - most often greeting them by name and asking about their health. We are all waiting for the volunteer to emerge from the working area to call our name.

When "William Reimer" is called, I gather my coat, book, and phone and follow her to the seat assigned for blood-letting. Each seat and its cubby-hole area is staffed by a technician busy with vials, clipboards, syringes, and smiles. I am once again impressed by the friendly greeting in the midst of the efficiency.

The first thing the technician does is ask me for my name and birthdate to check it against my hospital card. When she is satisfied I am the right person she invites me to sit down in the comfortable Lazy-boy style chair as she pulls out the test-tubes required on my appointment form, sticks on my identity tags then turns to my arm with an alcohol swab and needle.

Once she has taken the two, four, or five vials (according to the form), I head off again to the next stop on my journey. This time it is to Section D to wait for the blood test results and/or the doctor – depending on the nature of the appointment. Usually it takes about 30-45 minutes for a response. This gives me a chance to observe the most important person in this whole system: the appointment scheduler.

She sits behind her computer at a long counter with patients, technicians, doctors, and volunteers regularly stopping to ask questions and provide documents. Her job is to make sure that the doctor's instructions are transformed into appointments and that the patients are able to get the information that will make sure they are there and understand what needs to be done. I expect that your experience in Recreation Administration will have made you aware of how critical this function is.

We have learned a great deal about health by subdividing challenges and options in a minute and wide-ranging organization of topics. We have doctors who know a lot about the heart, those who know a lot about blood, and those who know a lot about our feet. Each of them have specialized training and equipment. In addition, the research that supports them has become immensely specialized from single types of cells to surveys of large populations.

For such a system to work from a patient's point of view it is necessary to solve the immense problem of coordination that ensues. How does my heart doctor, for example, get information about my myeloma so that he can assess whether there is something special to be done for my particular case. How does he question or inform my oncologist? What am I to do when following the doctor's suggestion? The MRI lab is in one part of the city, the radiologist's equipment is in another, and my infusion must take place in a third. How can we ensure that the drugs I need will be at the right place at the right time – especially since some of them are particularly dangerous or vulnerable to deterioration? I need someone to help me through this maze in order to take advantage of the different specializations and locations.

It is the appointment scheduler that makes this happen. When she gets the instructions from the doctor we sit together with her fingers on the keyboard and her telephone in her ear, and work out when and where I have to be, which times will fit with my schedule, and what I have to do to prepare. She gets busy figuring out how I can best engage with this huge, complex web of experts, institutions, and equipment so that the doctor's orders can be followed.

Of course, she is well-supported by her access to the digital information about me, the therapies, clinics, labs, and many people who staff them along the way. I have been particularly impressed with the way this part of the process has improved as Québec has moved to digitize all medical records and related information. It means that after our conversation, she walks over to the printer and hands me a stack of pages identifying each of my appointments, their location, and my preparations. This is so much better than the system before where the coordination all depended on the patient to call the various doctors and clinics to set up their own appointments. Hooray for digital technology.

My impression is that BC is less advanced in this process than Québec. When I had to arrange a blood test on my last trip to Vancouver the various participants did not seem to have as easy access to information about the others. I hope that they overcome this limitation soon since it certainly has made things go much more smoothly for me.