

AT WORK IN THE INNER

City

They face some of medicine's—and society's—toughest problems, but physicians who practice urban medicine say they get back as much as they give.

BY BARBARA BOUGHTON

WHEN DR. MARGARITA LOINAZ WAS in residency at the University of California, San Francisco, she began working at a city clinic for Laotian and Cambodian refugees in 1990. There the young doctor fell in love with her work. Not only did she come to respect the openness and courage of the refugees, but she was challenged by the health problems she encountered, including tuberculosis and post-traumatic stress syndrome.

Because of that experience, Loinaz decided to go into urban medicine and work with an underserved minority population. Now the doctor, who is originally from the Dominican Republic, practices at the Tom Waddell Clinic in the heart of San Francisco, where she has specialized in caring for Hispanics and women since 1991. With a staff of nine doctors, the city- and federally-funded clinic hosts 3,000 patient visits per month. Many of the patients are homeless, battle substance

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**Dr. Margarita Loinaz examines a patient with respiratory problems in the
urgent care area of the Tom Waddell Clinic in downtown San Francisco.**

The clock on the wall "has read 12:30 for years," she says.

PHOTOGRAPHY BY KATHRIN MILLER

URBAN MEDICINE

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Left, Dr. Margarita Loinaz talks with staff member Jean Balibrera, R.N.

Below, Loinaz assesses a regular patient's asthma with a peak flow meter. Dr. Loinaz has specialized in caring for Hispanics and women since 1991.



abuse, or have urgent health problems such as asthma and tuberculosis. "These are people who often come to our clinic very ill," Loinaz says. "And the wonderful thing is that we're able to help many of them. When you deal with patients who are living on the streets and really need good health care, you know you are making a difference."

In caring for patients, Loinaz works with a group that includes a psycholo-

gist, a social worker, and nurses. With her team, she tries to ensure that the patients' food, shelter, and psychological needs are met, as well as seeing that they receive medical attention. Often the team will refer patients to city and non-profit agencies and shelters. Besides working on special task forces for Hispanics and women, Loinaz also does urgent care, and she staffs an outreach clinic at a homeless shelter. She enjoys her work because it is intellectually challenging, as well as emotionally satisfying, she says. "At the end of the day, I feel enriched."

Rewarding work, good living
MANY PEOPLE THINK OF URBAN medicine, or medicine practiced in the inner cities, as a high stress career that quickly burns out those who choose it. But in fact, the doctors who practice this medicine say they find it deeply rewarding. Not only do they deal with a population that truly needs good medicine, but they also delve into social problems— through prevention programs that deal with HIV, childhood immunization, and prenatal care. Their pay tends to be average, but many can still make a good living in urban areas.

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Left, Loinaz examines a patient with flu symptoms in the urgent care center.

Below, she consults with a long-time patient in the women's clinic. The woman, who Loinaz treats for severe heart disease, had recently been hospitalized and was in for a follow-up exam.



Family practice physicians earn about \$85,000 to \$90,000 annually plus benefits such as malpractice insurance, according to Kathy McNamara, the assistant director of the department of health professionals and clinical affairs at the National Association of Community Health Centers. The association is a network of more than 800 rural and urban clinics.

Contrary to stereotype, most urban doctors don't work overly long shifts, either. Many also say they have a lot of independence and autonomy in medical decision-making.

"A lot of doctors have an impression that urban medicine is a continuation of medical school," says Dr. Steve Updegrave, a pediatrician and the medical director of the Hill Health Center in New Haven, Connecticut. "They think you work long hours in a system that doesn't give you a lot of support. But that picture just isn't true."

Loinaz, for instance, works a 40-hour week, including one night a week. She

is also on call two days a month. But she's been able to arrange her work week into four days so she can take classes in San Francisco on her days off. She says she also feels she has a lot of control over the way she practices medicine at Tom Waddell. "There are no rules that I have to see a certain number of patients every hour," she says. "And I can take time with patients who really need attention."

Updegrave began working at Hill Health Center 12 years ago after a medical residency at Yale, because he had done volunteer work at community health centers and enjoyed it. Like other doctors who practice this type of medicine, he felt that he could really affect people's lives—and their health—by working in such an urban setting.

"I saw that this was where I was needed," he says. "I didn't want to become a specialist and work in a high rise. I wanted to practice in a place where after 40 years it would have mattered that I was there."

There are other advantages to working in urban medicine. If physicians commit to practicing in an underserved area through National Health Service Corps programs, the federal government will help pay off their medical school loans. The doctors are paid a competitive salary as well. "Often, in these programs, doctors can get \$15,000 to \$25,000 a year paid off," says Gary Cloud, the associate director of the Arizona Association of Community Health Centers, a group of 80 non-profit federally funded clinics. Many inner-city clinics have National Health Service slots available for new doctors. These are often in high demand, and are filled quickly, Updegrave says.

Other positions at inner-city clinics are not as easy to fill. "It's difficult for us to recruit people like a big HMO does," says Dr. Arthur Martinez, the medical director of the El Rio Clinic in Tucson, Arizona, and a specialist in occupational medicine. "We're a small organization, and we don't have big pockets. We can't give people bonuses

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You can afford to be an urban physician

Many young doctors face big bills for loan repayment when they leave medical school. The National Health Service Corps, however, offers a way to repay these loans and take on a challenging job. In return for working in an underserved area, physicians can get most or all of their loans paid off, plus receive a competitive salary and benefits.

The program is open to MDs and DOs, nurse practitioners, nurse-midwives, physician assistants, dentists and dental hygienists, psychologists, social workers, psychiatric nurses, and marriage and family therapists.

What kind of doctors are accepted? Physicians in the areas of family medicine, pediatrics, internal medicine, psychiatry, and obstetrics/gynecology are sought. In return for loan repayment, the physician must agree to work from two to four years, usually in a clinic in an underserved area. Forty percent of the clinics are urban; sixty percent are rural, according to spokesperson Lynn Triple.

The program will repay up to \$50,000 for a two-year commitment, up to \$85,000 for a 3-year commitment or up to \$120,000 for a four-year

commitment. Lump-sum payments, which avoid interest charges, are available. If accepted, most candidates will be able to choose one of several clinics as a workplace site.

The National Health Service also runs a scholarship program for students in the health professions. Those eligible include students studying for their MD or DO degree in these primary-care specialties: family medicine, internal medicine, pediatrics, psychiatry, and obstetrics/gynecology. Physician assistants and nurse midwives can also apply. In return for every one year

of service pledged, the student receives one year of support, including full tuition and fees and 12 monthly stipend payments. Each student must pledge a minimum of two years of service.

✓ For more information or to obtain an application for the loan repayment program write or call: National Health Service Corps, Loan Repayment Program, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, 800-221-9393.

✓ To obtain information or an application for the scholarship program write or call: National Health Service Corps Scholarship Program, 1010 Wayne Ave., Suite 1200, Silver Spring, MD 20910., 800-638-0824.

for signing on. But we can offer work that doctors can feel challenged and good about."

Wellness and prevention key
MOST MEDICAL CARE IN URBAN neighborhoods is provided through community clinics. Their patient base is often a microcosm of the population outside their doors—poor, minority, sometimes homeless. The social problems they deal with include a high infant mortality rate, drug addiction, and a large number of AIDS cases. So not only do these clinics provide medical care for the sick, but the health-care providers must emphasize prevention. "Our philosophy is to keep people healthy as opposed to just treating sick people," Cloud says. The directors of inner-city clinics say they also feel it's their mission to improve access to health care.

The El Rio Health Center, for instance, located in an Hispanic barrio in Tucson, sends out nurse practitioners to talk to teens about sex education in

school-based clinics. A four-day per week walk-in immunization clinic encourages vaccinations for children. And doctors are called on daily to counsel patients about social problems as diverse as domestic abuse and sexually transmitted diseases.

Because physicians in urban medicine may deal with extremely ill patients, people who are defensive and distrusting of any bureaucracy, and patients with a host of psychological problems, they're called on to be practitioners with a sensitive touch. These physicians have to be mindful of cultural and language barriers. "Good listeners are the ones who are successful at this kind of work," Updegrove says. "Doctors who do well in this sort of medicine also have a zeal for service. They're not just passing through on their way to Beverly Hills. Often they have the idealism of the 1960s," he says.

At the same time, physicians in urban medicine have to learn to detach from their patients. "A few of the patients will try to take advantage of you," Loinaz says.

"They may try to get you to prescribe addictive drugs. So you have to be tough and good about setting limits."

Inner-city clinics can be funded from a variety of sources: cities, the federal government, private grants, and community donations, Cloud says. Those with government funding are often the healthiest financially.

The patient base includes those on Medicaid, and people with and without insurance. The clinics typically charge sliding scale fees for those who can afford it. The El Rio clinic, for instance, also contracts with managed-care organizations in Arizona to take care of indigent patients through the state's Medicaid plan, called Access.

With 28 doctors, the El Rio clinic treats a largely Hispanic and American Indian patient population. Diabetes, hypertension, and teen pregnancy are particular problems. "Often the patients you see in this kind of setting are much sicker than average," says Martinez. "So in a sense, the work is harder. But you also get a lot of

personal satisfaction from knowing that you're contributing to the community."

There is often a continual stream of patients, and inner-city doctors acknowledge that they stay busy. During a shift at the urgent care clinic at Tom Waddell, Loinaz will often see 20 patients in one morning. "Urgent care at the clinic can be fast-paced," she says.

This type of medicine has its stresses, and some people do get burned out. "It's often hard knowing that you can't change your patients lives more," Updegrove says. Still, the advantages often outweigh the detractions of the work. "In the end you know that what you've done matters. You've helped somebody. You're not just taking care of the worried well," Updegrove says.

Inner-city clinics can be exciting places to work. Often they're as diversified as a large group practice or small hospital. The Hill Health Center in New Haven, for instance, includes a main clinic in New Haven, two satellite clinics on the outskirts, and an in-house pharmacy, dental clinic, and laboratory. There is a perinatal support program at the clinic and three school-based clinics run by the center. A substance abuse program is held at the clinic and it also serves a homeless shelter.

Physicians in urban settings also treat problems that are medically interesting. Loinaz, for instance, has had patients with malaria and rheumatic fever. "There's a lot of detective work involved," she says. "You see patients with some very unusual illnesses because their lives are so dire."

When Martinez first joined the El Rio Clinic as a staff physician in 1986, he ran the walk-in urgent care clinic. With a background in surgery and urology, he often spent a good part of the day doing minor surgery. "I saw all kinds of illnesses," he says. "It was very exciting and dramatic. You could treat someone and immediately see them get better."

Both teacher and learner
DOCTORS AT INNER-CITY CLINICS OFTEN act

as teachers for young residents who rotate through these settings. Loinaz, for instance, an assistant professor at the University of California, San Francisco, shepherds first-, second-, and fourth-year medical students through stints at Tom Waddell. "I love to teach them the old skills—the physical exam, for instance. I try to emphasize how to be with patients who are very different from you," she says. The trick, she tells her students, is to be completely focused and to pay close attention to the patients' words and their body language. "You have to bring yourself to sympathize with their life situation," she says.

Urban medicine also offers the chance to direct innovative programs. As medical director, Martinez began the drop-in vaccination clinic at El Rio. Loinaz took a workshop about meditation and other stress reduction techniques at the University of Massachusetts at Worcester, which was featured on a PBS TV special with Bill Moyers. A year ago she began a similar class, teaching coping skills, body exercises, and relaxation techniques, to patients at the Tom Waddell clinic. "It really affected people's lives," she says. "One woman who suffered from panic attacks told me she was experiencing some inner peace for the first time in her life."

Loinaz says she often forms long-lasting friendships with her patients. "There's a certain depth in the relationships I have with patients here. Because they're so desperate there's a stripping away of pretenses," she says.

She feels that she learns as much from her patients as they learn from her, she says. She recalls a woman from El Salvador who died of cancer after a long illness. Afterward, her husband bought Loinaz a picture of the family taken in their homeland. "That picture was one that had a lot of meaning for them and I felt privileged to receive it. I felt that I had been involved with a very special family."

Another woman, who Loinaz had treated for complications of alcoholism and depres-

sion, stopped drinking while she was going to literacy classes at the local library. "We formed a bond during treatment. She was very isolated when I first met her, but she persisted in going to classes at the library," Loinaz says. "She took some huge steps toward turning her life around."

And Loinaz knew that she had made a difference, she says. ■

Barbara Boughton is a freelance writer living in California. This is her first article for Unique Opportunities.