

Medicine in a Performance Hall: What Can We Learn?

By Dr. Claudia Finkelstein, SKCC Medical Director

In semi-retirement, my degree of engagement with the practice of medicine has been ebbing and flowing. It's pretty clear that after over 30 years of practice, my enthusiasm for ongoing practice gradually (then rapidly) waned. That's why I'm amazed at the degree of energy and engagement coursing through me lately. The energy is in large part thanks to multiple meetings during the planning stages of a large free clinic which will take place towards the end of the month in Seattle.



For context, this clinic opens its doors for four consecutive days and during that time, the clinic serves several thousand people. The services which are provided include medical, dental, and vision. In the vision area, refraction is done on the spot. Prescriptions for lenses are written and patients select frames. Two weeks or so later they return to pick up new glasses free of charge. In the dental area, people have their teeth cleaned and flippers (temporary tooth replacements) are made when needed. Being able to read an application form and show up to an interview without missing teeth improves confidence (and likely success) in job or school applications.

The medical area includes multiple services which include mammography, X-ray, ultrasound, labs, primary care, women's/trans/non-binary care, foot and wound care to name a few. And free means free - no fees are collected for any of the services.

The location has changed a few times since the first clinic eight years ago. This clinic has occupied a basketball arena, an exhibition hall, a performance hall (usually reserved for ballet and opera), and a small theater. None of the locations have been conventionally equipped. MacGyver would be proud of the work. What I'm saying is - all of the areas are fashioned atop bare bones.



Besides the bare bones atmosphere, patients (and sometimes the providers) are exhausted and hungry. Despite this, joy and humanity are in evidence around every corner. I have not felt that way in clinic in years. Maybe it was only accessible in the years before we became an industry rather than a vocation. Why?

One difference is that all of us are aware that it is temporary and are willing to work to exhaustion. You know, the old line “it’s a sprint, not a marathon.” However, I think there are several other very important differences worth noting.

One is that the obstacles to receiving care are low for all comers. Arriving at the clinic, individuals only need to give a name – no identification. For example, we have treated Mickey Mouse and Donald Duck. There is no requirement to prove legal residency, income level, employment, status, etc. The only requirement for entry is to show up before the tickets are gone for the day and to sign a paper stating you will adhere to the code of conduct.

The team putting the event together is interdisciplinary, largely trauma-informed, and very respectful of each other and of the patients. There have been many meetings ranging from creating blood-borne pathogen exposure protocols to being taught some de-escalation techniques.

The de-escalation meeting is particularly noteworthy in that the mental health professional giving the talk invited a shift in mindset. For example, “When you think someone is lying to you, take a moment to realize most people coming to this clinic are survivors who have learned to make it in a system not designed for them – they may be using one of the few skills they have.” That’s not to say that she encouraged us to turn a blind eye to unacceptable behavior. In fact, she helped us to learn how to view enforcing boundaries as an act of compassion.

In the absence of billing and an electronic medical record, the chart notes revert to the essentials. The visit becomes about human presence without a keyboard in between to interfere or distract. The foot care area is almost holy. The washing of feet, trimming of nails, anointing of sores is done with such care. All of this provided with the singular purpose of helping all who come.

There are no opiates or medical marijuana prescriptions written. There are social workers connecting people to community health centers There are roving behavioral health folks ready to help anyone in marked distress. It’s all under one roof. Perhaps the fancy medical offices with art, aquaria and after-visit surveys might learn something from arena medicine.

Dr. Peabody already knew this in 1927: “The essence of the practice of medicine is that it is an intensely personal matter....The treatment of a disease may be entirely impersonal; the care of a patient must be completely personal-the secret of the care of the patient is in caring for the patient.”



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