

CHRISTINE HUDDER Managing Editor

PALMER RAPIDS – The wife of the late Rudolf (Rudy) Hermann Bob is searching for answers after her late husband, who suffered debilitating pain from arthritis and three knee replacements, couldn't find a family physician.

Rudy had been taking a prescribed narcotic for several years to help manage the pain. It helped him live a reasonably active life. He was a loving father and grandfather, and enjoyed the same things that many men from Palmer Rapids do; being outdoors and hunting. "He worked hard all of his life," Rudy's wife, Lorna, said. When their family doctor was set to retire, Rudy was slowly weaned from the narcotic for his pain.

"He was devastated," Lorna said.

Dr. Jason Malinowski is the chief of staff at St. Francis Memorial Hospital and was never the Bob's family physician. He admitted that he doesn't have much experience with retiring physicians weaning patients off narcotics.

"I wouldn't call it a standard practice," he said.

Once the Bobs knew their physician was retiring, they contacted Health Care Connect to get on the waiting list. They also sent out three letters to physicians coming to Barry's Bay



He retired from his maintenance supervisor position at Boundless Adventures when he was 65 years old. Rudy would continue being active, helping out around the house whenever he could. and Bancroft. All they could do at that point was wait. Over the months, Rudy would go to the emergency room to

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Husband Rudy Bob suffered until he could no longer

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renew his prescription for Celebrex, which Lorna said did little to nothing for the pain. He was told by the physicians there that he needed a family physician to get a prescription for narcotic pain relief.

"Emerge is not a good place to have chronic pain medicines reordered because of the monitoring requirements," Dr. Malinowski confirmed. "Patients with chronic pain are having some difficulty accessing care and I really feel terrible about it."

These monitoring requirements are best practices guidelines, published by the Canadian Medical Association Journal.

Therefore, emergency room physicians are discouraged from writing prescriptions for narcotics.

"We have resources to refer patients to chronic pain clinics, say in Ottawa, or some of the online resources, which some patients have done successfully," Dr. Malinowski said.

Lorna said her husband was suffering from two forms of arthritis, and what she called three "botched" knee replacements, with one making his leg one-half inch shorter than the other. He walked with a cane and had an accessible parking permit.

To help manage the pain, Rudy took his prescribed medication, used a back and knee brace, and underwent physiotherapy and acupuncture.

Lorna kept contacting Health Care Connect, even getting a representative's private extension, to get updates on where they were on the list.

She was told that she had to keep trying to get in touch with the local physicians.

"Well, how can you keep trying if there are no other doctors?" she asked.

Dr. Malinowski explained that while physicians are encouraged to work through the Health Care Connect list, some, like himself, use the office waiting list instead. Working through the Health Care Connect list is not mandatory.

A representative from Health Care Connect was contacted for comment, but did not respond by the Gazette's publication

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date.

"We encourage patients to be on that list so they at least get on a central registry and some of our doctors are using it," Dr. Malinowski said.

Often, patients simply call or visit the office to get their names on the physician's waiting list. Dr. Malinowski held up a notebook of names collected since April 2018. There are more than 700 people on his list alone.

Lorna said she had received mixed messages from physicians and Health Care Connect. She added that it's a small town, and people she knew, who became orphaned patients long after her husband, were getting a doctor before Rudy.

Dr. Jason Malinowski said physicians are encouraged to adhere to the College of Physicians and Surgeons of Ontario's policy on accepting new patients.

The policy states:

Physicians must accept new patients in a manner that is fair, transparent, and respectful of the rights, autonomy, dignity and diversity of all prospective patients. Doing so reinforces public trust in the profession, and fosters confidence in the physician-patient relationship. This policy sets out physicians' professional and legal obligations when accepting new patients. Physicians satisfy these obligations, in part, by accepting new patients on a first-come, firstserved basis. Doing so helps to ensure compliance with the Ontario Human Rights Code, which entitles every Ontario resident to health services free from discrimination.

"There are a lot of patients that have needs because they have medication renewals and I wish I had the capacity to get to all those patients," Dr. Malinowski said. "I personally try to make it fair and transparent. I follow the policy. I know that many people do have needs. I would love to take care of everybody that has urgent to semi-urgent needs. But we have to make our best guess, in good faith. But [we] don't have the capacity to take on all of those urgent ones either."

For example, Dr. Malinowski schedules 15-minute blocks to see each patient. He can't see patients past a certain time in the day because of family commitments. He also doesn't want to make patients wait four to six weeks for a routine appointment.

Those are the deciding factors whether or not he, or other family doctors, can take in new patients. Dr. Malinowski believes that most of the new physicians are at or near capacity.

After 16 months of desperately trying, Rudy never found a family doctor.

On Thanksgiving Sunday 2018, after church, Lorna was cooking dinner when Rudy went to bed. She called for him to come eat, but he asked her to leave him alone; he wasn't hungry.

"I didn't really think anything was off," she said. They slept in separate rooms because of Rudy's bad legs. So Lorna went to bed at around 10 p.m.

"When I got up, I saw the empty pill bottles," Lorna said. "He was still alive; I got into bed with him, and rolled him over. I tried giving him mouth-to-mouth."

Rudy had taken a bottle of hydromorphone, which he still had from a prescription he filled two years prior.

Lorna called 911, and Rudy was rushed to St. Francis Memorial Hospital and then to the Ottawa hospital. It was too late; the overdose caused severe internal damage. "He wasn't depressed. He



was in pain," Lorna said, adding that he had just bought shoes the day before for a much-anticipated hunting trip. "He told me he was sorry, but he just couldn't take the pain any longer. I miss my husband. It should not have happened. I can't let people think he was a depressed man."

Rudy died at the Madawaska Valley Hospice two weeks later. He was 77 years old.

"I would still have my husband today if he had been looked after," Lorna said through tears. "I am really angry. It's hard to get over the mourning if you can't get over the fact that he killed himself."

She doesn't want anyone else to go through this experience, and she only wants answers as to why she couldn't find a physician for Rudy.

"I still don't have a doctor and it's been 19 months," she said.

Dr. Malinowski said the physician recruitment committee continues to search for interested doctors to relocate to the area. The trick is finding the right fit; someone who wants to practice in a rural setting and enjoys the lifestyle.

"It's a challenge given the current political climate in Ontario and other provinces," he admitted.

Lorna acknowledged that there is tension between the government and Ontario physicians.

"The patients should not be caught in the middle," she said. Both Lorna and Dr. Malinowski are hopeful for the Madawaska Valley Health Team, a team consisting of nurse practitioners, a physiotherapist, social worker and dietician, who are available to patients who have doctors.

Dr. Malinowski anticipates that this team will free up time for physicians, which will allow for doctors to take on new patients. Eventually, the Family Health Team will also take on people who do not have a family physician.

"Given the capacity of the Family Health Team, I can see that their capacities will increase over the next 12 months. For each doctor, it's going to be different," he said. "My hope is with the Family Health Team, once it's up and running, that will be able to absorb all of the unattached patients in the community."

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