



Dr. Tim O'Shea

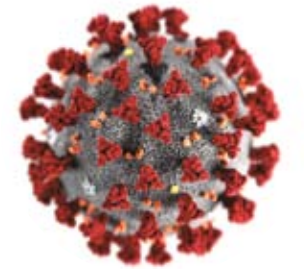


## A PASSION FOR CARE

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Dr. Tim O'Shea and Dr. Leslie Martin: Providing care, outreach, and advocacy for some of Hamilton's most vulnerable residents



Tim O'Shea believes that even the most excellent medical care isn't enough to treat some of Hamilton's sickest, most marginalized patients.

For Dr. O'Shea – associate professor, an infectious diseases and internal medicine specialist, and a physician with the Hamilton Shelter Health Network and The Hamilton Social Medicine Response Team (HAMSMaRT) – patients dealing with homelessness, substance abuse, and mental illness need not only medical care, but social supports.

"If looking after a patient's health means looking after whatever infections they may have, or whatever medication needs they may have, and then ignoring that they have no place to sleep -- that seems very weak," he said.

It was this philosophy that compelled Dr. O'Shea to begin HAMSMaRT along with Co-founder Dr. Christian Kraeker. A coalition of physicians, peer support workers and community organizers, HAMSMaRT was borne out of a desire to connect with homeless individuals in the community, and to provide excellence in clinical care to those who are often excluded from the traditional medical system.

"It started from an experience of seeing patients in the hospital coming in over and over again with similar issues," he said. "There was a bit of a sense

that when they walked out the hospital doors, who knows what happened at that point - and then they would come back again. It was just sort of a recognition that we were not really engaging in the community side of things at all."

Dr. O'Shea says that part of what makes HAMSMaRT unique is an explicit recognition that much of what makes and keeps their patients sick is the result of political or policy decisions. Actively working to address those issues is part of the HAMSMaRT mandate. As a result, Dr. O'Shea has become a vocal advocate and an active ally for Hamilton's homeless population.

Since Covid-19 hit in 2020, much of his work focused on Covid-19 in the shelter system and mitigating the risk for both staff and shelter patrons. He has also become a central voice in the debate surrounding homeless encampments in the community.

"With HAMSMaRT, we've always had the belief that health care is political," he said. "We're trying to acknowledge the fact that ignoring the political side of things really is doing our patients a disservice."

Dr. O'Shea points to one particular patient to demonstrate the devastating effects homelessness has on health – and the limitations of medical care that doesn't address the root cause of the issue.

"This patient was very unwell, living on the streets, in a very precarious setting. We had the expertise from a medical perspective to deal with the medical problems, but the best that we did was keep that person alive for a year. We didn't really make much impact on their health," he said.

As soon as that patient became housed, within three months, their health improved dramatically.

"Just to see the impact of that – the difference between somebody being homeless and hustling all day long to survive, versus being housed in a place where they feel safe and comfortable – the impacts on health were so huge," he said.

"And I think that's just a little bit humbling from a medical perspective. We feel like, 'Come to us and we're going to help you' – but not if we don't address these other issues."

Dr. Leslie Martin began her work with the homeless population after being mentored by Dr. O'Shea. Dr. Martin, a general internist with the department of medicine, first began her work with inpatients with substance use disorders after noticing that there were no official protocols for individuals who were suffering from withdrawal symptoms while in hospital.

"We would be seeing patients in hospital who would be going through severe withdrawal, and we didn't really have ways to help them locally," she said. "It just wasn't within anybody's realm of expertise."

As the opioid crisis intensified, in February of 2018, Dr. Martin became co-chair of the Inpatient Addictions Medicine Service. This service, co-chaired by Dr. Robin Lennox, a family physician, is seeking to transform the health care experience for people who use drugs by: providing compassionate wraparound care; integrating harm reduction and evidence-based approaches; building

capacity and understanding amongst healthcare teams; working to eliminate stigma; and empowering people who use drugs. In the past three years, this service has seen over 600 patients.

Dr. Martin points out that the first challenge of treating patients who use drugs is often getting them to stay in hospital, as the environment is often a very challenging place for this population. Often, they've had previous traumatic experiences accessing the healthcare system. It's also an institutional setting, which can trigger memories of negative experiences. There can also be power dynamics in terms of administering medication, as patients in this population are used to controlling their own intake.

However, the main challenge for many patients who have opioid use disorder is withdrawal. There is a very high rate of people with substance abuse problems leaving the hospital against medical advice, in large part due to trying to mitigate withdrawal symptoms. If those symptoms are managed in hospital, that can become a gateway to providing more fulsome and meaningful care.

"If we can prevent the withdrawal and ensure that people are not going through severe withdrawal, hopefully we can keep them in the hospital longer, as a first step to treat the medical reason for their presentation. And the next

step from there is, how do we work on getting those wraparound services," she said.

Dr. Martin says there is still work to do when it comes to attitudes towards people who use drugs in an inpatient setting. For example, she points out that healthcare providers are very familiar with housing concerns in aging patients, adding that there is a "well-oiled machine" within the hospital system to ensure that aging patients are supported and well-housed once they leave hospital. The same is not true for homeless patients.

"We would never discharge an older person to the street, or to an underserved home, but we do that with homeless patients all the time," she said. "I think that has been a real shift in trying to understand how can we wrap services around this patient population."

While Dr. Martin says she sees many places where care can improve, she knows that the Inpatient Addictions Medicine Service has made a positive impact on patients' lives.

"Overwhelmingly, the feedback we get is that our presence has made a difference," she said. "So that inspires us to try to continue to make change." ■



Dr. Leslie Martin