

# From Our Readers

## Volunteerism and Homeless Health Care

Dear Dr Jacobs,

Thanks for writing an article about volunteerism, and homeless health care, and for encouraging physicians of all specialties, and their families, to get involved. (Jacobs L. Looking for an opportunity to serve your community? Suggestions on volunteering at a homeless medical clinic. Perm J 2007 Winter;11(1):70-1.)

The homeless represent a diverse group of people that includes some vulnerable patient populations, with special needs. Some of these needs include mental health, care of developmental disabilities, and substance abuse. I would refer you to American Family Physician's recently published review in: The Homeless in America: Adapting Your Practice<sup>1</sup> and editorial: Health care for the homeless in America.<sup>2</sup>

I'm concerned that your editorial will have the indirect effect of trivializing the needs of the homeless, and defining their health care needs in terms of what individuals can provide for them through "volunteerism." Furthermore, I am disappointed that The Permanente Journal, representing the largest physician group in the country, is not addressing the larger issue of the responsibility of health care professionals and health care corporations for creating sustainable systems of care for vulnerable patient populations.

Organizationally, we should strive to create and promote sustainable systems of care that provide comprehensive primary and preven-

tive services for all people. In our zeal for "volunteerism," we should not support the creation of a secondary standard of care for any population, on the basis of their social circumstance. We should instead encourage individuals to be part of larger structures that do a better job of providing comprehensive services. We should also push our corporation to sponsor our volunteer activities in this direction.

Looking forward to further communication.

Brian Hertz, MD  
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### References

1. Montauk SL. The homeless in America: adapting your practice. Am Fam Physician 2006 Oct 1;74(7):1132-8. Available at: [www.aafp.org/afp/20061001/1132.html](http://www.aafp.org/afp/20061001/1132.html).
2. Chouhair B. Health care for the homeless in America. Am Fam Physician 2006 Oct 1;74(7):1099-100. Available at: [www.aafp.org/afp/20061001/editorials.html](http://www.aafp.org/afp/20061001/editorials.html).

— Reply

Dear Dr Hertz,

First of all, I want to thank you for taking the time to respond to my editorial on practitioner volunteerism at homeless clinics. The sooner there is an extensive dialogue on this important subject, at both the individual and corporate level, the sooner a solution will be forthcoming.

In response to your specific comments, I don't believe that readers of my editorial will in any way feel that the needs of the homeless are trivial. On the contrary, I suspect that by serving they will develop a richer understanding of the complexities of this challenge. I'm sure you agree, gifted practitioners should not wait for a governmental or corporate solution before they get involved in providing care at a homeless

clinic. Practitioners who have experienced firsthand the special needs of the homeless person are much more likely to become the passionate advocate for these people in need who, as you mentioned, are in need of a more sustainable system of care.

What is the role of large medical groups in the solution? Are there societal obligations that mandate that they provide a solution? I'm glad you raised the question; I'm anxious to hear what our readers have to say on the subject. Although I don't have the answer, I have also wondered if churches, synagogues, and other religious organizations might also have obligations to be part of the solution.

Finally, I believe that it is important that volunteer efforts remain personal, including both finances and time off, otherwise it

would not truly be volunteerism. Although organizations might promote volunteerism though organized efforts such as encouraging employees to take part in corporate-sponsored events (eg, the Susan G Komen Race for the Cure) and organized corporate responses to disaster (eg, the Northern California Tsunami response). However, any further involvement would necessitate leadership having to make judgments on what type of volunteer activity might be subsidized and what might not.

Again, thank you so much for your letter. I hope that this dialogue increases awareness and encourages physicians and other practitioners to get involved in care systems for the homeless patient.

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Associate Editor-in-Chief

