

SSM: healthcare for the homeless

*Abi Perini, Stephanie Wells and Sarah Nathaniel
were challenged to be compassionate*

Homelessness is unavoidable. It is found in every city centre, high street and hospital. As medical students, we consider the role of medicine in this 'social' issue. As Christians, we know that Jesus would be among these people, tending to their needs.¹

We investigated the services available for the homeless in Cardiff during our third year special study module (SSM). To gain an understanding of their problems, we visited a number of healthcare providers and social projects. Our preclinical lectures gave us a theoretical understanding of health inequalities, but these concepts became devastatingly real as our SSM progressed. Even though the NHS ethos is healthcare at the 'point of need', the homeless must negotiate numerous obstacles to access this care.

compassionate witness?

Healthcare professionals are amongst the most accessible forms of help for the homeless. However, an overwhelming majority of the homeless people

we met reported their encounters with health services as 'negative'; many felt judged and dismissed. We were challenged to consider if we, Christian medical students, fell into this category. In the person of Jesus, we see the reality of God's love for the poor, the fatherless and the widowed.² 'Whatever you do for the least of these, you do for me',³ he said. The places where we work and worship should be approachable points of non-judgmental assistance.

We all started this SSM with some experience of working with the homeless, through our churches' soup kitchens. Despite this, none of us really felt comfortable approaching a homeless person on the street or in hospital. This was primarily because we were afraid of not knowing what to say or how to relate to them, and of being unable to help. Most of all we felt the guilt of so often just walking straight past them.

beyond stereotypes

The opportunity to build friendships with homeless

people was the highlight of our project. One man made a lasting impression on us. He had recently been released from prison and was struggling with feelings of depression after separating from his wife. We got to meet her, and by the end of the project we saw progress in both their lives as they tried to get a flat of their own together.

The more time we spent getting to know homeless people personally, the more our compassion for them grew. We witnessed humanity in its most broken forms and we saw firsthand the vicious cycles of psychological, medical and social problems. Recurrent themes in their lives included relationship breakdowns, problems after leaving foster care, unexpected redundancy and substance misuse.

We spent time with the specialist homeless GP and nurse, as well as other members of the multidisciplinary team. It was encouraging to see how God had placed people with such passion and gifts within these specialist services in Cardiff. It was also a privilege to observe their wisdom, expertise

and resolve. Rather than a larger number of tailored services, we think there is a greater need for communication between existing services and an awareness of the needs of homeless people. We now feel able to approach a homeless patient on clinical placements with greater confidence and we can recommend appropriate services.

organising the project

All this happened because we took the opportunity to 'design a project of personal interest' for our nine week SSM. We found suitable contacts after months of research; we then determined the aims and objectives and began work, with supervision from a medical school tutor. We designed one questionnaire for homeless people and another for GPs in Cardiff, to ascertain their knowledge and opinion of healthcare service provision for the homeless. We also compared the average length of GP consultations for housed patients compared to homeless patients. Assessment of the SSM was through individual written reports.

You could organise a similar SSM at your medical school too.

Our advice would be to look into what healthcare services are available for the homeless in your area. This will help you to identify specific problems that the homeless population and healthcare professionals may be facing, which are possible areas of research. Secondly, find local healthcare

desperation in some of the stories we heard was a reminder that we must draw on God's strength rather than our own.

As ambassadors of Christ, we are called to seek justice actively for the poor and broken around us.⁵ Bringing the work of this project before God gave



professionals with a special interest in homelessness, as they may be able to help.

God of the broken

Through spending time with marginalised people in our society, we learnt more about God's loving character. In Mark's Gospel,⁴ Jesus met Bartimaeus, a blind man begging by the roadside. Despite the crowd's scorn, Jesus had compassion on him. This story challenged and inspired us throughout our project. The depth of human

us a new perspective on our responsibility as Christians and medical students to be salt and light in this world.⁶

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REFERENCES

1. Lk 9:11
2. Zc 7:10
3. Mt 25:40
4. Mk 10:46-52
5. Mi 6:8
6. Mt 5:13-16