‘First world problems’: Reflections on social paediatrics

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*All identities have been masked by changing the names of the individuals.

I remember very distinctly my first few days on elective at a large government hospital in Mumbai, India. I spent a lot of time feeling overwhelmed: scared of taking the bus, wary of the dogs in the hospital, and cautious even of the patients. I was taken aback by the astounding poverty I saw. After I returned to Canada, I was not the same. I was angry at myself, at the people around me, and at life. We lived in luxury, yet we complained about seemingly minor problems – so-called ‘first world problems’ – while a whole other world existed outside of our little bubble. However, what I failed to see were the little pieces of India that surrounded me right here in Canada. Within our society, we have significant social disparity and rampant poverty. Some of our poorest neighborhoods rank right next to many third world countries in terms of life expectancy. The marginalized and disenfranchised groups in our country, such as Aboriginal Canadians, or refugees, continue to live with poverty, food insecurity, and ill health. Coming back from India, I naively believed the shiny exterior of life in Canada and failed to truly see the real first world problems – the significant socio-economic inequities within rich countries.

My experience in India had shown me a world in which people could be so extremely poor, and in such large numbers, that it was overwhelming to even contemplate the scale of the problem. Homelessness was rampant. Every morning on my bus route I would see dozens of ‘beds’ being rolled up in the street and people preparing for their workday. Their beds would be under bridges, on sidewalks, near sewage pipes – a sheet, an empty barley sack, sometimes a handcart. This was routine, this was normal. There were panhandlers everywhere; each stoplight inundated you with someone asking for money. But they weren’t just panhandlers. When you looked closer, it was a 6 year old girl carrying a baby on her hip; or it was an elderly double-leg amputee whose only wheelchair was a small raft on wheels, maneuvered by pushing the street with his hands. Giving mere money seemed hopelessly insufficient. I met a 16 year old boy, *Muhammad, who had moved to a large city, lived on the streets, earning a living to send money home to his family. He had never been to school, had never known a life outside of struggle and poverty. Yet he was essentially just like me, an average human being; he worked hard, he loved his family, and he dreamed of a bigger life. What was I doing at 16? I was in high school, and my biggest worry was the next test. My dreams were grandiose, naïve ones of saving the world and helping the poor.

Coming back to Canada, what I failed to realize was that I was contrasting my experience in India with the outward experience of life in Canada. We see clean streets, nice homes and health care for all; but do we really see the teenager cowering in the cold, the overflowing shelters, and the health care system that is failing the poor? Do we as physicians have any idea what kind of lives our patients are living, what comprises their daily struggles?
In my second year of paediatric residency, I rotated through Social Paediatrics, a new rotation that was implemented by McMaster’s Paediatric Residency program as a means of immersing residents into the social and economic environment of our patients. I visited the youth shelters in Hamilton, spent some time at a youth detention center and engaged with many young adults in difficult situations. I saw a very different face of my community. In India the problems were so much more obvious. Here, everything is covered in a veneer of ‘civilization’ and painted over with affluence. Everything shone, but it was not all gold.

This point was brought home to me most on my Youth Outreach walk. I spent a long day shadowing the Youth Outreach workers as they reached out to street youth. My expectations were that we would be in downtown Hamilton, where I knew homelessness and panhandling are common. Instead we began the walk in a relatively ‘normal’ neighbourhood—one much like my own—and I learned about the hidden pockets of poverty, the hidden homelessness. During the rotation, we also spent time at Refuge: Hamilton Centre for Newcomer Health. Working at this refugee clinic gave me a different perspective on my biases. These families have come from horrific situations and are so thankful to be in a safe country—a 16-year old boy with post-traumatic stress disorder after he was raped by soldiers, a young girl with no access to basic asthma medications due to the recent Interim Federal Health Program cuts. I met a family who had survived refugee camps in Syria, and now lived in terrible living conditions: a freezing apartment with no heating, large leaks from the rain and mould growth. Again I felt that same powerlessness and anger that I had experienced in India.

I met a lot of children and youth during this rotation, many from different countries, and different life experiences. These are my fellow Canadians—people struggling with addiction, domestic violence, or self-hate. During my time with The Good Shepherd Centre, Hamilton’s largest social services agency, I saw the immense need among homeless youth. *Justin, a 16-year-old, whose parents were drug addicts, who had self-injury scars all over his body, and who was now living independently, learning to budget his meager $500 from Ontario Works. His rent would be more than half his salary, he would probably depend on the food bank for food, and he may not finish high school in order to get a job. *Natalie, a 16-year-old mom, struggling to make ends meet, attending school, doing homework, and raising another human being. Again I thought about myself at 16, worrying about the next test and dreaming about saving a world I knew nothing about.

These contrasting but heartbreakingly similar experiences of poverty in the two countries were an eye opener. The parallel situations I had seen allowed me to recognize that beneath the façade of being a first world country with socialized medicine, Canada has enormous social disparity and the marginalized populations here suffer from some of the same problems as those in the third world. This is not to disregard the astounding struggles of those in the third world; people living with war, being oppressed, and surviving without basic necessities of life. However, I think it is important to appreciate the struggles of those immediately around us, and to remember that in order to make a difference we don’t necessarily need to go to a third world country.

The social paediatrics rotation has given me a valuable insight into the day to day struggles of my fellow Canadians. It is now up to me to make a difference; by incorporating my knowledge to help my
individual patients, using my power and expertise to advocate for my patients, or raising political awareness of the state of the marginalized populations amongst us. As a young 16 year old I did indeed want to make a difference, and I think that I have found a practical way to do so in my own neighbourhood.