Book cover grows mould:

Runner up of the Penelope Gray-Allan Memorial CJEM *Writing Award*

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The hallways echoed a cold and icy afternoon. Beds parked in parallel held patients with bent wrists and twisted hips. All were waiting to be seen in an urban emergency department (ED) that was brimming with patients. Yet despite their acuity, the triage note on my first chart read: "41yo Native, homeless, HIV+, cocaine and injection-drug user, here with a situational crisis." Quickly jaded by this descriptor, I shuffled to his bed with a groan. A mould of the imminent interaction was beginning to set in my mind. I wondered if my colleagues ever shared this reaction en route to a similar encounter. Just inside the closed curtain, a tattered meal coupon rested on the shiny linoleum. Trivial to most, this frail little ticket would serve both a hot lunch to my patient and potent reminder to me. One year prior, while working in an inner-city co-op, I had met a man much like the patient I was about to see. His name was Harry.

Harry had been homeless for the past seven months. He slept in shelters overnight and shuffled through the snow to the co-op each dark winter morning. Inside he would visit the needle-exchange office, not to acquire clean needles, but to socialize with the staff and stay warm. "Good morning, everybody!" boomed through the office and startled most of us. I turned to see a toothy smile and an outstretched hand. I introduced myself to Harry as one of the resident physicians from the local hospital. While removing three layers of winter coats, he shook my hand and quipped, "It's so nice to talk to an educated man." I wasn't sure how to respond.

Harry was clean-shaven and well-groomed despite a messy mop of black hair under a thick wool toque. He walked with a limp and hid a stiff left hand. The big round lenses of his gold-rimmed glasses gave him a scholarly look. He carried a pen and paper and often wrote out important words as he spoke them, perhaps to highlight their significance. With a captive audience at his side, Harry was keen to divulge the stories of his life. Somehow I had gained the trust of this affable character.

Fourteen years ago, Harry was a husband, proud father, and successful partner in a local flooring business. Sadly, in 1997, he slipped on the ice and struck his head on the concrete curb. He was knocked unconscious, taken to the hospital, and found to have an intracranial hemorrhage. Soon after, Harry's injury had left him with significant left-sided weakness. Despite months of rehabilitation, it became clear that his deficits would not allow him to continue his career. The flooring business was no refuge for someone who struggled to tie his shoes. Equally problematic was his new emotional lability. Frequent violent outbursts had created tension in the workplace and also at home. Struggling to cope, Harry's troubles eventually progressed to substance use. He began injecting morphine and soon became HIV positive. Within a year of his injury, Harry had lost his job, his marriage, his health, and his self-esteem.

I met Harry years after this point of despair. With the help of the co-op nursing staff, he had abstained

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from intravenous drug use and adhered to his antiretroviral medication regimen. However, in need of a high, he would turn to crack cocaine; a drug that worsened his outbursts and made group-home accommodation impossible. Seven months ago, he was evicted for being "hot-headed" and "difficult." He had been homeless since then, and social workers were running out of options in their pursuit of housing for him.

Despite his difficulties, Harry was well liked in the community. He collected bottles and had a defined route that he traced each day. His smile and warm demeanour made him a known man to store owners on his route. They often handed him extra bottles and occasionally also included restaurant coupons for a free meal. Harry saved his coupons and used them to treat his 16-year-old daughter to dinner. He proudly showed me his collection. His ex-wife was a social worker, and their contact was regular. With her encouragement, Harry had completed his high school education from the floor mat of his shelter.

What did I learn from meeting Harry?

A challenge of emergency medicine is the brevity of our interaction with patients. Often we must make decisions quickly and rely on pattern recognition. Lost is the opportunity to sit and learn about a patient's world beyond the space and time of our little bubble.

Harry's triage description is laden with potential for prejudice. He is a homeless, Native, HIV-positive male who uses cocaine and injection drugs. Regardless of his chief complaint, does that summary affect our impression and the care we provide? An alternative note could read: "41-year-old educated male, well groomed and well liked in the community, with remote brain injury and chronic hemiparesis." Does this description change Harry's mould? Would it alter Harry's experience in your ED? Perhaps neither mould alone is justified. Truthfully, Harry is a combination of these notes, although I wonder how often he is seen as the latter.

Harry isn't homeless because he's a bad person. He doesn't smoke cocaine to be a nuisance to society. He isn't dumb, he isn't looking for trouble, and he isn't seeking drugs. Harry is a young man with an unfortunate past that spiraled horribly down. He has real organic medical needs. He can get cocaine on the street easily and quickly; he wouldn't wait 5 hours in the ED to convince a physician to give him a hit of something good. He would go to the ED only if he needed our help.

Harry taught me that a few moments of open dialogue and understanding can alter my perception, attitude, and approach at the bedside. He reminded me that the pages of a book often embarrass the cover—if only we'd take the time to read them, or at least acknowledge that the text exists.

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