



(Above) Dr. Barrio checks in on an elderly patient with pneumonia and (below) returns a phone call.



most patients nonetheless have often devastating illnesses. It includes an Enhanced Respiratory Care Unit and the ICU Stepdown Unit.

Already this morning, Barrio has visited a frail 93-year-old man with pneumonia, an elderly woman who she promises can go home if her bowels behave, another older woman with kidney failure, a young lady and a senior – both with cancer and multiple other health issues and a diabetic woman awaiting a series of tests to determine her care strategy.

“It’s never boring here. Nobody comes here with one problem.”

She takes a moment to sit at the bedside of another elderly gentleman whose wife and daughter are also in to see him. He has numerous health problems, as well as cancer, for which he’s been receiving radiation.

“Do you get itchy?” Barrio asks.

“Sometimes,” the bespectacled man answers.

“You know how we’ve been worried about those nodules on your lungs?”

“Yes.”

“It probably wouldn’t be a bad idea if another doctor came to talk to you.”

The man agrees and the physician leans in to pat his wrinkled hand, telling him he’s doing well under the circumstances.

“Without your help, I couldn’t have done it,” he responds, using all his strength to sit up and show his gratitude.

“Well, you’ve got a great attitude,” she counters.

“Thanks very much,” the man says as Dr. Barrio exits his room. “Have a nice day.”

Down the hallway in another room, the physician stops in to see an elderly Indo-Canadian patient and his wife.

He too, has many health problems, including Parkinson’s disease and cancer.

With the help of a translator, his wife says he’s been acting strangely and making confused comments.

The doctor also hears that the frail gentleman pulled out his last feeding tube.

“You’ll need another because you’ll only get weaker,” she says, the translator repeating the concerns in Punjabi.

The man begins to speak at length and the translator says he’s explaining that he’s had a happy life and is pleased that his children are grown and settled.

The doctor asks if he’ll allow them to put another feeding tube in.

“Yes, yes, yes,” he answers in raspy voice, nodding his head repeatedly.

“You promise?” Dr. Barrio asks, holding his hand and laughing.

Leaving North 42, the physician climbs a couple of flights of stairs to the palliative care ward, where she greets an elderly woman. She’s sitting stoically, her hair combed neatly back into a pony tail. She has oxygen tubes in her nose and again, family members at her bedside.

The fastest growing specialty

Hospitalist program replaced doctor-of-the-day system at SMH six years ago

It used to be the norm that family physicians would take care of their patients both in the office and in hospital.

In Surrey, however, changing demographics have forced a change in the system – and the adoption of an entirely new specialty.

The city’s rapid population growth and the resulting rise in the number of patients visiting Surrey Memorial Hospital overloaded family doctors to the point where most could no longer afford the time in their day to take care of their patients who’d been admitted to hospital.

Thus, the Department of Hospital Medicine at SMH was born and a specialty called a hospitalist welcomed.

A hospitalist is a general practitioner who essentially takes over the care of the patient from the time they are admitted to hospital to the time they are discharged back to their family

doctor’s care.

The position has emerged within the past decade in Canada and the U.S. in the face of both the super-specialization of consultants and a growing population.

“What happened was that patients who normally would have had a family practitioner looking after their needs in hospital no longer had anyone to care for them,” explains Dr. Darryl Samoil, head of



“It’s real, it’s live and it’s on the spot.”

Dr. Darryl Samoil

the Department of Hospital Medicine at SMH.

There are now about 40 hospitalists at SMH – 13 of whom care for patients full-time.

Instead of family doctors visiting their patients, hospitalists now quarterback their care throughout the stay, ordering tests and involving consultants and specialists as needed, until discharge.

Prior to 2001, when the hospitalists were introduced in Surrey, SMH used the doctor-of-the-day system where each general practitioner (GP) with hospital privileges would be assigned particular days and take on the so-called orphaned patients while in hospital. It’s a system that’s still used at many facilities, including Peace Arch Hospital, but had to be abandoned at busy SMH.

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as family doctors simply became too busy to both run their offices and make rounds to see their patients who had been admitted to hospital.

It’s a role where talking with families is equally as important as treating the ill.

“All of the chronic patients that come and go, we know them and we know their families,” says Barrio. “I try to give some of the personal touch they deserve during an often difficult time.”

“This can be a very stressful environment, being in hospital.”

The hospitalist’s position is also one that demands the capability of dealing with extremely sick patients in nearly every department, from oncology to geriatrics, cardiology to palliative care.

The doctors are generally ward-based, meaning they’ll be assigned a particular ward in which to spend a series of shifts. For three weeks, Barrio has been in North 42. It’s an area that’s a level short of the Intensive Care Unit, but where