HOW SICK MUST YOU BE TO EARN A BETTER DIET?

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By Catherine Porter, The Toronto Star, 12 December 2009

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"Special diet forms will no longer be filled when the clinic reopens on Nov. 1, 2009."

Still, people arrive while I sit in the meagre waiting room, like me hoping to see the doctor. A Somali mother; an Iranian student; a Chinese man on lunch break. I want to talk to Wong about the trouble he is in. They want him to fill out the forms that have landed him in trouble.

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"Look at this," Wong says, opening the beige paper the Somali mother has handed him. "It's so complex, especially for a layperson, especially for someone whose English is not so good. What the hell is dysphagia? Or mastication?"

He stops for a minute and asks her gently: "How are your teeth?" They are fine, she says. But she has stomach problems. She's on medication.

"You must go to your family doctor. Get him to go over this with you slowly."

Wong cares about poor people. His practice is in Chinatown. He has a lot of poor patients. He knows that a welfare payment of $572 a month is not enough to pay for rent, transportation and food in this city. So he's done what he can – he's filled many forms for the province's special dietary allowances, ticking boxes for cardiovascular disease (which earn them an extra $10), soya allergies ($83), diabetes ($42), chronic constipation ($10) and, yes, "dysphagia/swallowing or mastication difficulties" for people with no teeth ($25, plus a one-time $75 for a blender).

Word got out. A pilgrimage of poor people poured into his office, travelling from Belleville, Kitchener, Windsor. So many came, he had trouble tending to his regular patients. He started turning them away and instead worked at two clinics set up by the militant anti-poverty group, the Ontario

Coalition Against Poverty.

There are three conclusions you could make here. Either these sick poor people don't have family doctors, which is often the case. Or their doctors aren't filling out the forms, because they are intimidated by the province's strict policy around them.

Or these poor people aren't sick. They're thrifty. They know a good bargain when they see it.

Facing a surge in special diet allowances – from $5 million in 2003 to $67 million today – the authorities suspected the latter.

Wong now faces a hearing before the College of Physicians and Surgeons. He could lose his medical licence, or have it restricted.

The police have launched an investigation,too.

Wong says he hasn't bent the rules. Even at a clinic with 100 people a day, he's done one-on-one consultations, asking people about their bowels, their allergies, their medication. Some diagnoses are clear – you have diabetes, show me your pills. Some, less so. "Chronic constipation – who can define it, except me?" he says. "Soya allergy – it's not a clear medical condition. I do the best to my abilities. If they lie to me, I can't change that. I have to trust the patient to a certain extent."

If they aren't really sick, chances are good they will be soon. People from "food-insufficient households" are more likely to suffer from heart disease, high blood pressure, food allergies and depression, according to Statistics Canada's national health study. One-fifth of the poor suffered from three or more chronic conditions.

In Ontario, poor women are four times as likely to get diabetes as rich women.

There are many reasons for this. One of them is they don't eat well. They can't afford to.

I met a 60-year-old woman on Friday who had eaten nothing but fried potatoes for three days. There's a picture of her with all the food she ate over a week: flour, onions, a single red pepper, a can of pineapples from the food bank. Including the pitcher of tap water, there were 13 items on her little kitchen table. I include more ingredients in a single Sunday night meal. She already has diabetes, although she doesn't get the special allowance. The city's medical officer of health, Dr. David McKeown, recognizes this.

He's called on the province to boost welfare rates by $100 a month so people can eat.

I look at it this way: today, there are 134,000 people getting extra petty cash from the province for food. That's only 16 per cent of the people receiving social assistance. Where are the other 84 per cent?

Where are their doctors?

We are robbing them of food.

Last week, the provincial government announced it had finally formed a panel to review its welfare system. While they study, people eat nothing but potatoes.

Raising rates will save us hospital bills in the long run. It will also make us kinder.

"Why are you in the medical profession?" Wong says. "If you don't help them, who the hell is going to help them? This is a fundamental social issue, where the province has to raise the (social assistance rates) to help folks. It's not something that can be corrected by one physician."

I don't know if Dr. Wong is bending the rules or not. But I think doctors across the province should be bending them.

Catherine Porter's column runs on Tuesday, Thursday and Saturday. You can reach her **acporter at thestar.com**

Readers may listen to a short interview with Dr. Roland Wong at **Globe & Mail Dot Com**.