

I was Brian Sinclair's doctor. I understand how our health care system failed him

JILLIAN HORTON - SPECIAL TO THE GLOBE AND MAIL

PUBLISHED OCTOBER 8, 2021 - UPDATED OCTOBER 8, 2021

*Jillian Horton is a physician and the author of the national bestseller *We Are All Perfectly Fine: A Memoir of Love, Medicine and Healing*.*

I have hesitated for years to share this story; I wasn't sure where it belonged.

Then, through a lawyer, I asked the family for permission to write it. I only wanted to tell what I remembered if they thought it would be of value. They did. And so, with the honour of their consent and blessing, I speak – about my time caring for Brian Sinclair, an Indigenous man who would later become known for the horrendous way in which he was failed by Canada's health care system.

Just over a year before his horrific 2008 death in the waiting room of Winnipeg's Health Sciences Centre, I met him in that same hospital. I was in my first few years of independent practice there, on shift as the ward's attending physician, and one of my patients was a man in his early 40s. He had suffered a horrific case of frostbite so severe that parts of his lower extremities had become gangrenous. That morning, he went into the operating room; when he emerged that afternoon, he had lost his legs to amputation. When he was brought back to the ward, he was still sleepy and confused from the anesthetic, and a little while after that, a nurse paged me to say that he was awake and wanted to know what kind of surgery he'd had – the surgeon had spoken to him in the recovery room, I was told, but the patient did not remember the conversation.

I remember the exact six-bed room he was in; to this day I remember his face. I remember sitting down on his bed and holding his hand. Gently, I explained that his legs had been badly damaged by the cold, and that they had been too injured to save – so doctors had to remove them both.

I remember how he kept blinking, as if it could not possibly be true. His stumps were bandaged, and covered by a thin yellow blanket. He couldn't yet see the surgeons' handiwork, so he couldn't believe my words. With his limbs tightly wrapped and his scars hidden from view, I couldn't quite believe them either.

As I sat on his bed, we spoke about what had happened to him on the day of his hospital admission. I will never forget what he painstakingly told me – his voice so soft I had to strain to hear him as he relived the parts he could remember. He suffered from a seizure disorder, he told me; he'd run out of medication, and experienced a seizure. He went looking for help at a nearby church. But when he knocked on a window, whoever was inside the building assumed he was just intoxicated – and locked the door. He collapsed into a snowbank, right where he was found several hours later.

His case was tragic and his story was harrowing, but his postoperative care on my ward was otherwise unremarkable. In a few days' time, I'd finished my block as the ward's attending physician, and so I said goodbye to him and transferred his care to a kind and dutiful colleague. But even though I had been privy to just the tiniest sliver of his life, I couldn't seem to say goodbye to his story. It stayed with me the way smoke hangs in your clothing. That vivid image – of him suffering and unconscious in the fresh white snow, as person after person passed him by – sickened and haunted me.

On my next day off, I went out for breakfast with an old friend with Métis roots. Without sharing any private information, I told him in general terms about my patient and the story he'd told me that I could not just leave at the hospital. My friend still remembers that conversation with me all these years later, because it left him speechless. He remembers how we talked about how race surely played a part in why this Indigenous man had been refused entry to the church; racist assumptions are [all-too-frequent experiences](#) of Indigenous patients experiencing medical emergencies. But he also remembers how we chalked it up, in part, to horrible luck and tragedy – that we didn't have the awareness then to call it what we know it was today: pervasive and endemic systemic racism. And he remembers the jarring contrast we both felt, in the gulf between that man's lived ordeal in the snow and our breakfast in that coffee shop in the warm sunlight, our legs and feet still exactly where they should be.

About a year-and-a-half later, while I was on maternity leave with my first child, I read a headline that made me gasp: [A man had been found dead](#) in the waiting room of the emergency department of my hospital. Not just dead, but with rigor mortis, in a wheelchair, where he had been sitting in full view for a stunning 34 hours. As the details trickled out, one pulsed through me like an electrical shock: The man's legs had been amputated a year earlier for frostbite. My mind went immediately to his face at the side of the bed, to the coffee shop in the sunlight. The dead man, it dawned awfully on me, was Brian Sinclair.

How did he sit for a day and a half in a waiting room of an 800-bed hospital before he died? Thirteen years and one [inquest](#) later, the experience of Indigenous people in the Canadian health care system would suggest that the only unifying answer to that question is systemic racism. There is now finally a collective, dawning recognition that if he hadn't been Indigenous, everything in his life could have been different, right down to the door he knocked on, trying to get help from a church, a door that shut him out, leaving him to nearly die in the snow.

I won't pretend I really understood that when I cared for him. I knew Indigenous patients were grossly over-represented in our hospital beds compared with their overall percentage of this province's population. But in 2007, words such as "colonialism" and "[culturally safe care](#)" were unfortunately not part of my vocabulary. If you'd asked me then, I would have said that my genuine compassion for Brian meant I was not racist; I thought of racism as a fixed characteristic, something a person either was or wasn't, a false construct I've since endeavoured to correct thanks to the work of [Ibrahim X. Kendi](#) and other anti-racism writers. I saw myself as an empathetic physician who prided myself on both my communication and compassion. But looking back, I wonder if I might even have thought subconsciously that being deeply moved by an Indigenous patient's plight was proof of my own inherent goodness – an attitude which, in and of itself, hints, perhaps paradoxically, at interpersonal racism.

It is not my place to retell Brian's story, and at the Provincial Court of Manitoba's [inquest into his death](#), his family did that more effectively than I ever could. They made it patently clear that Brian was a fundamentally kind and compassionate person. They highlighted the disconnect between the gentleness that defined his life and the horror that defined his death. He was a "kind, helpful boy and an excellent student," his sister Esther Joyce Grant told the court; news of his passing left her heart "scarred for life."

The inquest also heard that Brian Sinclair's mother was a survivor of [the residential school system](#). She was one of the "lucky" ones who emerged from one of those institutions, now the subject of regular headlines about unmarked burial sites. Mr. Sinclair bore the signatures of [intergenerational trauma](#): He lived with addiction and experienced its worst imaginable medical and personal consequences.

But 13 years ago, when Brian sat in front of me with his bewildered eyes in that hospital room, I did not really understand any of this, or how it had played any role in bringing us together on that winter day.

I felt empathy and outrage on his behalf, and here was my miscalculation: I had thought that was enough.

I think about Brian every time I see or hear about an Indigenous person who has experienced neglect or abuse [at the hands of our health care system](#).

I thought about him last year, when Joyce Echaquan, an Atikamekw mother of seven, died in a hospital north of Montreal after [enduring racist epithets from nurses](#) from her bed; I thought about him again last week, when a provincial coroner [declared](#) that the "racism and prejudice that Ms. Echaquan faced certainly contributed to her death." I've thought of him every time I've cared for an Indigenous amputee – an [all-too-frequent](#) scenario, resulting from prolonged inadequate and inequitable care for diabetes and peripheral arterial disease. I've looked after hundreds if not thousands of Indigenous patients with preventable, end-stage diagnoses during the course of my career, and I've come to understand that the roots of their illnesses so often trace back to the gross injustices perpetuated against Indigenous peoples in Canada – to the very same historical and cultural forces that allowed so many of them to die as children at residential "schools."

This summer, as gruesome headlines about unmarked graves emerged out of [B.C. and Saskatchewan](#), Canadians expressed genuine shock and horror. There were broken-hearted emojis posted on social-media feeds, and children's shoes left on the steps of churches – maybe even at the church where Brian Sinclair almost froze to death all those years ago. But there are no shoes or backpacks representing the 40 per cent of Indigenous children who [live below the poverty line today](#), or the tens of thousands [in foster care](#), or those who continue to die [of treatable illnesses](#) that are too often a consequence of white colonization of Indigenous land.

Earlier this year, while working in an addictions medicine clinic, I met a young Indigenous man who was desperately trying to get help. He told me a story I hear at least once a month: he had recently gone to another health care setting seeking treatment for his illness, and he said the people there made him feel ashamed and worthless.

I listened as he told me what that felt like. When he finished, I didn't tell him I understood how he felt – because I don't, and I never will. I just told him I was glad he was at this clinic. I alluded to the forces that set the stage for many Indigenous people's struggle with addiction. I told him I could not imagine how much systemic racism he had to contend with in his life. I said I was going to try my best to offer him treatment that would help him, and that every time he returned to this space he would be treated with respect and care.

But caring for Brian Sinclair taught me that this is just the first step.

I still have no real idea what my Indigenous patients will encounter when they seek medical care elsewhere, or when they [try to open a bank account](#), or when they go through a [wellness check](#). And safe encounters with me and many others when Mr. Sinclair was admitted to the Winnipeg Health Sciences Centre in 2007 were not enough to prevent him from dying horribly in that same facility just one year later.

The work of dismantling systemic racism in health care does not end with the emotional labour of bearing witness and creating safety – in fact, that is precisely where it begins. A call to action asks us to sit with this question – what will we do? But we cannot sit for much longer, because in the interim, Indigenous people will continue to pay for our failures with their lives.

I am thankful for the Sinclair family for trusting me to tell this story. I am sorry for the infinite ways in which we all failed Brian. And I am not done caring for him.