The Doctor Makes House Calls

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walk-in basis for 8 hours a week spread over 3 days. She expects to reduce her hours to 4-6 a week in the winter. In addition, while she doesn't display her home phone number at the clinic, she responds when she can to those who know how to find her. And in a town the size of La Pointe, most people do. "If I'm here, I'm willing to help," she said.

With fully renovated exam rooms and new equipment, Dr. Frederickson is prepared to manage a variety of chronic and acute conditions from lacerations to sprains and non–life-threatening infections. A nebulizer is available for asthma exacerbations. She performs many gynecologic procedures but does not provide obstetrical care.

While the clinic has no x-ray capabilities, Dr. Frederickson can do urinalysis, obtain blood sugar and hemoglobin levels, and test for strep. She hopes in the near future to offer protimes and HbA_{1c} tests on site. An EKG machine remains on her wish list. The clinic also invested $25,000 to $30,000 in a top-of-the-line computer system complete with electronic claims and medical records software.

Gary Russell, general manager of the Madeline Island Ferry Line and president of the seven-member La Pointe Community Clinic Board, said the remodeling was designed and overseen by Dr. Frederickson's architect husband, Carl.

"Carl was just super," Mr. Russell said. "He donated all the design plans, and he came down and he and I would work nights into here putting shelving together and so forth. I don't know what we would have done without him."

The clinic rehab, Mr. Russell said, "cost more than we thought it would, but also raised more than I thought it would," he said. "It was amazing to me to see how many people stepped forward with donations." Listed in the Island Gazette are more than 35 individuals and couples and 12 business and foundation contributors. When he thanked one friend who donated $5,000, Mr. Russell said the man replied, "Hey, this is self-interest, you know."

For islanders, Dr. Frederickson's services mean both convenience and peace of mind. Those with chronic conditions requiring regular testing can now avoid a visit to the mainland. The trip consumes $32 in round-trip ferry tickets and half a day in travel, a definite strain for the island's lower-income residents. In winter, mainland travel entails a drive across the frozen lake on an ice road.

Courtesy Danny Bristol

Donations from residents helped renovate the house/clinic on Madeline Island, Wis.

As in many rural communities, health services on Madeline traditionally have been scarce. Mr. Russell recalls that in the 1960s, those in need would run through a list of summer resident physicians to see if one was available. "If you got sick on the island, people would say, 'Well, is Dr. Teisberg here? Dr. Alexander? Who's on the island right now?' " he remembers. "If it was a bad accident and they couldn't help, basically they packed them in a car or a station wagon" and drove them onto the ferry and then to Ashland, 23 miles from Bayfield.

While the town hired a registered nurse for a number of years, it decided the services she could provide were too limited to make it worth the investment. A physician from the mainland had office hours, but only for several hours a week during the summer. In the 1970s, the island created an emergency medical technician force that now has 12-14 members. Major emergencies still require a ferry ride, although now more likely in an ambulance than a station wagon. Paramedics can meet the ferry in Bayfield if required. A boat is always standing by for emergencies if the regular service isn't available, and a certified skipper is on call.

But with Dr. Frederickson's help, islanders now have a range of services within reach. In the summer, she sees 15-20 patients a week, a number she expects to fall with the exodus of summer residents. When asked to describe a typical day, she laughs, indicating that she sees it all. She recalls recently patching up a man whose "whole arm was filleted open."

She also makes house calls. And for such personalized service, the doctor does not charge her patients, but simply suggests that a donation to the clinic would be welcomed. Dr. Frederickson notes that she doesn't expect to make money from the clinic anytime soon, and so supplements her income working 2 days a week at the Duluth Clinic in Ashland.

Asked how she likes the island in winter, given the seasonal shuttering of many businesses, Dr. Frederickson said, "That's kind of nice." She grew up in rural Illinois and considers her new life to be going back to her roots. She notes the creativity of islanders in the winter, when they stage a variety show and play ice golf on the frozen lake using tennis balls.

Does she expect that her 24/7 on-call schedule will be a problem? "It's only been a couple of months. It might be," she admits. In the meantime, she and the clinic board are soliciting donations to help prepare the building for winter with insulation and new siding and windows. Also, she notes, the furnace doesn't work. "I don't know what it's going to be like in the winter yet," she said of the clinic, adding that she may need to lay in a supply of space heaters.

Dr. Frederickson's efforts are appreciated by summer and year-round residents alike, gratitude reflected in her and her husband's appointments as Grand Marshals in the 2006 Fourth of July Parade.

"Dr. Frederickson is a wonderful lady," Mr. Russell said. "She is very professional, a very good physician. Money isn't the biggest thing in their life. She wants to give to the community."

Mr. Russell also noted that the Fredericksons are involved in several community activities, including the island Wilderness Preserve. "They're real assets to the community," he said. " I hope she stays here for a long time." ■

Head Off Conflict Over Conscience-Based Refusals of Care

BY JOHN R. BELL
Associate Editor

BALTIMORE — There are many situations in which a physician may find that a treatment requested by an employing institution or a patient is contrary to the physician's religious or moral beliefs—but the best practice is to prevent these conflicts in the first place, Helen Norton, former Deputy Assistant Attorney General for Civil Rights, said at a conference on conscience-based refusals in health care sponsored by the University of Maryland School of Law.

Although Title VII of the Civil Rights Act of 1964 requires employers to "reasonably accommodate" any sincerely held belief, the clause stating that the accommodation must not pose an undue hardship on an employer has led courts to consistently rule that almost any compromise offer extended by an employer will meet that standard. Ms. Norton, now of the law school, advised letting prospective employers know up front of any treatments or procedures you are unwilling to perform or participate in.

"In general, I think it's a very good idea to identify possible conflicts sooner rather than later," she said in an interview. "Advance notice gives the institution a chance to plan ahead, identify reasonable accommodations, and make arrangements that address the concerns of all involved. Plus institutions are likely to see such notice as a gesture of good faith—as are courts, if a matter ever ends up in litigation."

Treatments that more often result in conscience-based refusals include abortion, prescribing emergency contraceptives, care for the terminally ill, artificial insemination, and sterilization procedures.

What a physician is legally obligated to do varies by state. Although in most states, while physicians are required to perform any emergency treatment, emergency contraceptives are often placed in a different category.

"Four states have passed conscience clause statutes that go beyond the usual focus on abortion, and sometimes sterilization, to allow pharmacists to refuse to dispense emergency contraception," Ms. Norton said. "It's true that some state conscience clauses make clear that health care providers' refusals are not protected when they identify the conflict during certain emergency situations—like public health emergencies or in the middle of patient care when no other provider is available. But as far as I know, the four don't-have-to-dispense-EC states do not define a patient's interest in emergency contraception as such an emergency."

Ms. Norton noted that Title VII protects only employees, not independent contractors.

"Most state conscience clause statutes, on the other hand, allow health care workers generally—regardless of their status as employee or independent contractors—to refuse to provide certain services," she said.

As to whether there is any limit to how burdensome a compromise offer extended by an employer to an employee can be while still protecting the employer legally, "there is not a very clear answer," Ms. Norton said. "What does 'reasonable accommodation' mean? Some courts define reasonable accommodation to mean any change offered by the employer that would eliminate the conflict between the employee's conscience and his or her job. This would include a transfer to a job that does not involve the challenged procedure, even if the new job offers less pay or a less attractive location.

"Other courts would be less likely to find that such proposals are reasonable accommodations. The courts are concerned that those proposals unfairly penalize employees who raise conscience-based claims. Courts clearly vary in the way that they approach this question."

As to the direction the law is likely to take, Ms. Norton expects the diversity of state statutes to continue. "In the short term, I think we'll continue to see a lot of action—and variation—on the state front. Some states clearly are focused primarily on protecting individual providers' claims of conscience and thus are enacting broader conscience clause statutes that, for example, protect a pharmacist's refusal to dispense EC. On the other hand, others are clearly focused primarily on patient access to health care services and thus are enacting laws that require institutional providers to expand access to that care."

Ultimately, the different legislative approaches taken by states are setting up the kind of situation that has historically tempted Congress to weigh in, she said.

"The longer-term—and much harder—question is whether Congress will simply allow states to take different approaches or whether at some point it will step in to impose a consistent nationwide standard," Ms. Norton said. ■