West Coast tale

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Until 1999, Bella Bella (Waglisla) provided the only surgical services on BC's Inside Passage between Vancouver Island and Prince Rupert. The population, comprising the fishing fleet, logging, boaters, tourists and several First Nations communities, relied on these services for maternity care, simple elective surgical and dental procedures and, most importantly, surgical emergencies such as appendicitis, trauma and cesarean section. The decision to withdraw surgical services, made for reasons of expense and staffing, has left these remote populations with significantly diminished access to essential health care. Maternity care continued after 1999 until it too was withdrawn in 2001, for reasons largely related to the loss of cesarean section capability. — Editor.

It was a dark and stormy night." Really. We were crammed into the stifling hold of the motor vessel *Cape Farewell*, which was carefully making its way to Bella Coola, dodging logs and riding up and down the curves of the wind-whipped waves. It may have been cool and rainy outside but it was hot and steamy in the sealed unit that was the patient transport bay. Normally, there are 2 people in the bay — the patient and the attendant. On this night, there were 5 of us, barely finding room to ride out the 3½-hour journey from Bella Bella to Bella Coola.

Only Jenny could lie down and she needed to because, with a systolic pressure of 70, sitting up was out of the question. When she did raise herself from the gurney it was to relieve her intense seasickness into a bucket. The nurse accompanying us faithfully tended the remaining delicate and oh so precious IV line, through which blood dripped slowly but steadily. Myself and another physician sat waiting patiently for the arrest that we desperately hoped would not happen. Jenny's husband, Henry, seemed shell-shocked as he fondly held Jenny's pale, cool hand. Conversation was doomed by the steady 150 dB drumming of the vessel's diesels and the hearing protection that was needed to keep it to a dull roar.

How was it that we came to be in this deafening Dante-esque inferno hoping to make landfall in Bella Coola next morning at 1:00 am?

The pain came suddenly while she was jogging. Jenny had gained a fair bit of weight during her recent pregnancy, now 4 months passed, and was doing her best to regain her previous form. No amount of stretching or massaging would make the pain in her left side go away, so she elected to come to our small village hospital.

The hospital, R.W. Large Memorial, has been in Bella Bella for about 100 years. Bella Bella is the common, though unofficial, name for the remote First Nations community that has been in this area for several thousand years. It is an island. The Methodists (later the United Church) started a mission hospital, bringing medical care to people who had no other access to western-style medicine and surgery. In the early years, surgery was dominant, given the very limited potency of the then available medicines. Of course, things have changed: we now have potent medicines, and surgery is not practised here, as is the case in many rural and

remote hospitals. Unfortunately, Jenny would need surgery.

Jenny was assessed by our family medicine resident about 4:30 in the afternoon. Her vital signs were all normal, but she was tender in her LLQ. She had no worrisome bleeding or evidence of peritonitis. Pelvic exam was difficult because of Jenny's size, but she was tender there as well. The usual differential diagnoses were reviewed with the resident. To Jenny's surprise, and our dismay, tests showed that she was pregnant again.

The sun passed below the horizon unnoticed at 5:30, hidden by the dark clouds that brought the driving rain. In Bella Bella, I have learned to always look heavenward when I realize that I have, or may soon have, a seriously ill patient in my care. Divine guidance is always welcome, of course, but I am actually checking the skies for bad weather and for light. On this day, with Jenny pregnant and in pain, we had lots of the former and none of the latter.

The local airstrip has neither radar nor lights, so a foul weather or nighttime medevac was out of the question. Jenny's pain had settled with a little Toradol, and she was fairly comfortable as I went over the possibilities with her. "Yes, you're pregnant but there were other possibilities, unrelated to pregnancy, for your pain. Your pulse, blood pressure, respirations and temperature are all completely normal, as are your blood tests." The plan was to keep her in hospital overnight then send her out for an ultrasound in the morning. Just as a precaution, I would recheck her CBC in a couple of hours and have an IV started. There was no point ordering a cross-match because her blood could not get out for cross-matching until the morning, when Jenny would be hopefully finding out more about her belly pain. R.W. Large Memorial is one of only a few remaining hospitals that has only a single RN on duty to cover the acute in-patients, long-term care patients and the ED. Knowing that the RN's attention would be distracted by the many other claims on her, I advised Jenny that despite how well she felt at present, she was to call the nurse if she felt even the slightest bit dizzy.

Jenny fainted at 6:20 pm, just after a visit to the bathroom. I was at home, enjoying dinner when the call came.

"She's crashed!"

I considered asking who "she" was and what "crashed" meant, but I knew. The hospital is just 75 metres from my door, so I was there not long after the nurse hung up the phone. Jenny was lying on the ED stretcher with a cool cloth on her forehead. Her blood pressure was too low for our automated machines to pick up but could be felt at 65 systolic. Her examination was otherwise unchanged, including her hemoglobin, but it was clear enough that a ruptured ectopic pregnancy was the only diagnosis worth considering.

A second IV, fluids and catheter were ordered, along with all of the unmatched O-negative blood that we had in stock — 6 units in total. Help arrived in the form of off-duty doctors and nurses — 2 of each. A second IV site was found, then lost. Three attempts at a central line were defeated by a combination of our collective inexperience, Jenny's size and her perilously low blood pressure. Urine output was negligible. After consulting with the gynecologist on call at St. Paul's Hospital in Vancouver, a plan was hatched to get Jenny out ASAP.

R.W. Large Memorial is one of only a few remaining hospitals that has only a single RN on duty to cover the acute in-patients, long-term care patients and the emergency department.

When we have a critically ill patient and no air medevac is possible, we have come to rely on the Coast Guard as back-up. We have been privileged many times to have our patients rescued by the Air-Sea rescue helicopter based in Comox. Their chopper has its own landing lights and comes equipped with a top-flight rescue crew. This night, the dispatcher regretfully informed me that the helicopter and crew were about their proper business, conducting an Air-Sea rescue. Our only available option was a boat that could traverse the open ocean around (rightfully named) Cape Caution and get us to Port Hardy (where they have lights and radar) for an air medevac to Vancouver. The ship was a few hours away from Bella Bella but could be there by 10:00 pm and in Port Hardy by 6:00 am the next morning. With an aircraft waiting in Port Hardy and calculating ambulance transfer times in as well, Jenny could be at the gates of St. Paul's by 9:00 am.

I thought of the other gates, where St. Peter does the greeting. So did the young and sympathetic St. Paul's gynecologist who, when she head of the pro-

posed ETA, gave voice to the sentiment that had wordlessly enveloped the hospital staff and Jenny's family crowded around the nursing desk — "My God, she's going to die!"

Sometimes we are good and sometimes we are lucky. I fortunately remembered another option, one I had never used or even considered before. Our sister hospital in Bella Coola, despite its being the same size as ours, has kept a C-section program going over the years even as surgical services have otherwise dwindled. Its 3 doctors can get a cesarean done. I wondered if they could do an ectopic. I called. They would give it a try. Bella Coola is 60 nautical miles away and, like Bella Bella, lacks lights and radar for medevacs. If I could get a boat to take us to Bella Coola, Jenny would have a chance. Fortuitously, the Coast Guard had a 30-foot "ambulance" vessel, and I could see its lights no more than 750 m from us across the channel.

It was now 9:00 pm and, as the community rallied 8 very strong men to hoist Jenny's stretcher down to the waiting *Cape Farewell*, nature had one last obstacle to place in our way. The tide had gone out, way out, to nearly the lowest tide of the year. I stood at the bottom of the near 45° wooden ramp, slicked with rain, like a demented choreographer and called out steps to the 8 litter bearers, hoping that Jenny, her stretcher and the 8 would not end up in a heap at the bottom.

They didn't, and soon enough we were away. We had brought blood, saline, IV equipment and gear for resuscitation and lots of hope and prayers. We arrived in Bella Coola about 1:00 am, and nature granted us a bit of a reprieve by allowing the tide to rise and the rain and wind to slacken. We were greeted at the hospital by our 3 OR-garbed colleagues who took over Jenny's care while a thoughtful nurse fed we reluctant mariners tea and cookies before our return journey to Bella Bella.

Jenny had 2½ L of blood in her belly and a messy-looking left adnexa, but the Bella Coola physicians did a marvellous job of patching her up and returning her to her normal life of woman, wife and mother.

Such is life on the remote Central Coast.

But should it be so? Had Jenny died, what deficiencies would have been noted and corrected so that the next case would have an acceptable outcome? Ten years ago, a GP surgeon in Bella Bella would have treated her. Advances in medicine have done much, but the drive to specialize and centralize has left Bella Bella out of sight, out of mind and far too dependent on Lady Luck. Especially on dark and stormy nights.