



PODIUM: DOCTORS SPEAK OUT LA PAROLE AUX MÉDECINS

Remote reflections

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I was recently asked to speak at the 25th reunion of my 1981 University of Cape Town graduating class on having survived as a (geographically) remote family physician among a sea of specialists and urbanites. My class has undergone a Diaspora, following which, one-half are no longer in the land of their training. (At least our reunion could be held in Cape Town, unlike a subsequent crop who found it logistically simpler to hold their 20th reunion in the Okanagan Valley.) Along with the realization that our rural breed is regarded as something of a curiosity, this opportunity provoked reflection on what it means to be a rural doctor and on what sustains me year after year.

Ever since I can remember, I wanted to be a small-town GP; the more remote, the better. Having actually achieved this, in a setting that has allowed my family to flourish, is for me something of a cause for celebration, even though the hemisphere and continent are not what I had once envisioned. My initial South African work experience, with 4 doctors caring for a population of 100 000, encouraged me. Then my long-term African plans were interrupted briefly by a sojourn to Saskatchewan to earn some cash in order to travel a bit. Two days after arriving, I met the girl of my dreams working in a small prairie hospital, and thereafter rural Canada it was!

For many immigrant physicians, small-town rural practice is a conve-

nient entry point, often the beginning of a migration route that will typically end in BC's Lower Mainland or suburban Ontario. I am delighted to have voluntarily gotten stuck on this route, having landed up in the foothills of the Rocky Mountains in northeastern BC in an idyllic setting.

After a while, I learned a few things about rural Canada and about myself:

- The skill sets that family physicians possess, grounded in an appreciation for the scientific method, are often in short supply in rural areas and can be of immense benefit not only for patients, but also for the community as a whole.
- I admire my saintly colleagues who find total inspiration in their work, but while I love the satisfaction and rewards of rural medicine, for me it is *Materia Non Medica* — passions for hobbies and pursuits that can be realized more easily and completely in a remote community than anywhere else — that sustain.
- Long-term survival without a supportive family to love and be loved by would be very trying, and inadequate educational opportunities for the kids form the single wild card that can prompt a devoted rural doc to dig up roots and head south. A spouse who takes matters into her own hands, volunteers and coaches in the schools, thereby mitigating the deficiencies of rural education, is therefore a blessing and an irreplaceable asset.

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This all requires a large amount of luck in life.

- There is no such luxury as anonymity. Some of my dedicated colleagues have left this practice for more crowded climes because of this factor alone. Aside from using it as an excellent excuse not to go grocery shopping, there seems to be only one reasonable approach to this phenomenon: embrace it and get totally involved in the community.
- One of the easiest ways to accomplish this is by setting an example of healthy outdoor living, which is of course easier to achieve by virtue of the remote location: run half marathons; ski loppets; campaign and raise money for the local athletics track; coach kids and adults; wear your pedometer prominently; create mountain runs and place enormous posters of them on your office walls, close to the chin-up bar in the entrance, beside the prominent display of your and your staff's graph showing lengths swum in the local pool; develop a local sports hall of fame — whatever it takes! The result is not only fitness, but also fulfillment.

For me and my family, the passions that sustain have gone through a number of phases and led us in unexpected directions. Phase 1 involved the joy and excitement of exploration born of realizing we had landed in an astoundingly beautiful corner of Canada, which had not been well detailed. This invoked the thrill of being among the first to behold and photograph waterfalls, discover and enter caves, find lakes and springs not marked on any map, and learn the secrets above the treeline of the alpine tundra and seldom-trodden mountain summits.

Phase 2 was both physical and intellectual, and coincided with the near-death experience of our community. At the time, Tumbler Ridge was a one-industry coal mining town that was almost annihilated by the collapse of the coal market. The challenge involved the diversification of the economy into tourism to enable community survival, and the method was 2-pronged:

- Design and build over 25 hiking trails; sharing these wild and coveted destinations would also give them a chance of survival against the industrial onslaught.
- Research the history of and write the first books on this magnificent area, including details on the trails.

Phase 3 was the product of a chance pivotal moment in 2000, when my young son and his friend correctly identified a dinosaur trackway in a canyon close to town, a feat repeated by my daughter a few

years later. The resultant positive feedback loop led to the discovery of western Canada's oldest dinosaur bones (currently over 400 and counting), the formation of a Museum Foundation to help protect and interpret this resource, the need to fundraise to employ palaeontologists, the creation of a palaeontological research centre and the development of a discovery gallery. It is all a hopeful prelude to the ultimate goal, the creation of a museum of international standard that could truly form a hedge against the boom and bust cycles of resource-based northern BC, and serve a priceless heritage and educational function.

As a representative of this initiative I was unwillingly thrust into a world of regional politics; a world illuminated by occasional candles in the dark, held by adults still able to experience awe and wonder. I learned about rocks, fossils and deep time, and I allowed my dormant interest in comparative anatomy to awaken. The kids led the way again, revisiting the canyons and mountains of our earlier explorations, discovering their amazing fossils and assimilating the tales the rocks told. I learned that to understand who we are and where, as a species, we are headed, we need to appreciate where we have come from, both in the evolutionary and the recent sense.

This past summer, high up in the mountains on a steep talus slope, I came upon part of a 220 million-year-old ichthyosaur infant, maybe even a neonate. Two hours later, and over 100 metres away, my son found the exact matching part, yielding a unique and complete specimen. The parent rock had come off from the high cliffs above and broken, with its component parts ending up far apart at the foot of the slope. The virtual miracle of our discovering both pieces was matched by what we held in our hands — something so old, yet so young, probably nothing like it ever seen by humans before, and so precious, just like life itself. These are indeed the moments we live for.

I came to appreciate that palaeontology brings all the life and earth sciences together, and is an unsurpassable educational tool — the history of past temperature changes informs us of the magnitude and gravity of global warming, learning about the 5 past major extinction events illuminates the one that we humans are inducing and the fact that nothing larger than a cat survived the end of the Permian extinction (similar, it seems, to the current crisis) provokes alarm about our own future.

All this circuitously brings me back to being a rural physician in uncertain times. My current daily practice is suffused with a worry that there is a bitter

irony in promoting patient health in an ailing world. I suspect that we, as family physicians, concerned as we so necessarily are with alleviating human suffering, are in a unique position to understand the implications of planetary illness. We are well placed to lend our support to the growing chorus calling for an essential revision, not just of our individual health habits, but of our collective consumptive habits. *Mens sana in corpore sano in mundo sano* (a healthy mind in a healthy body in a healthy world).

I wonder if the increasing disconnectedness of our society from the natural world, and the resulting self-absorption, are part of the mass-denial phase that, to echo the fears of Al Gore, may turn to despair without an intervening phase of action and motivation. Maybe the habit I got into this last summer, of taking an afternoon off each week to run the enthusiastic kids in town along the hiking trails we have built, is not just enjoyable, but vital. Perhaps the plan I have, to take 6 months off medicine to write a book that encapsulates these concerns and provides an original framework for addressing them, is not as crazy an idea as my friends seem to think.

These considerations are the products of my own journey after 15 years of staying the course in one remote community. Quite simply, I don't think it would have been possible without the furnace of

daily work on the medical front line and the experiences, insights and rewards that result. But it is one journey out of a potential multitude of journeys, all of which, depending on our various proclivities and passions, can be enabled, catalyzed and supported by being a member of an endangered species—the rural family physician—to which I am proud to belong.

The more rural and remote we get, the more are life's challenges writ large and the greater the difference we can make, countering ennui with enthusiasm. We need to pick our battles—from the apartheid battle of my youth to the environmental battle today, I recognize the same fires burning within. I am grateful that rural medicine has provided so consistent and reliable a crucible, and provided so many practical outlets for constructively channeling this energy.

I don't really know what my colleagues from 1981 thought of this diatribe, which was entitled "Docs and Dinosaurs, Making Rural Medicine Work" (although they did appear to enjoy the accompanying slideshow, with photos of waterfalls, trails, mountains and fossils). But I do know that the simple exercise of reflection brought about a personal sense of contentment and a refreshed desire to "seize the day."

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