

Rural medicine goes wild

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In the summer of 2007, along with 24 other medical students from McMaster University, I embarked on an adventure — the third annual Wilderness Medicine Elective hosted by the Wilderness Medical Associates.¹ The experience was novel in terms of what I had been exposed to thus far in my medical education. It focused on providing students with the ability to function as physicians with limited resources when encountering patients in austere settings and a delayed time to definitive care.

Three elements — austere environment, sparse resource availability and an extended time to definitive care — serve to identify the field of wilderness medicine.²⁻⁴ Although this branch of medicine is still evolving, it is relevant to those involved in medical rescue, expedition or remote medicine, disaster relief, the military and rural practice. In fact, I view wilderness medicine as an extension of rural medicine. It is a specialized form of medicine that works beyond the boundaries of conventional medical settings (hospitals, outpatient clinics, etc.) and acts more like an advanced form of paramedicine.⁵

Wilderness medicine brings the generalist skill set and knowledge of rural medicine to patients in unconventional settings. This generalist approach, familiar to both wilderness and rural medicine, can be viewed on a spectrum that is differentiated by the availability of resources. On one end we have wilderness medicine, which includes the knowledge and skills of a physician tempered by extremely limited resources. Examples include providing care at the scene of a motor vehicle collision or acting as an expedition physician. On the opposite end of the spec-

trum is rural medicine, which includes the knowledge and skills of a physician aided by the availability of a greater number of resources. Rural practice in much of the developed world does offer laboratory investigations, radiography and ultrasonography, and casting material, among other resources.

Wilderness medicine, a streamlined form of rural medicine, continues to grow in its appeal to medical professionals.⁶ Michael Webster, the executive director of Wilderness Medical Associates, reports that since 2005, 215 medical students have taken part in the annual wilderness medicine elective (personal communication, 2011). This has included medical students from 11 of the 17 Canadian medical schools. In addition, Wilderness Medical Associates has developed a Resident Teaching Program that allows graduates of the elective to develop teaching skills and solidify their knowledge base of wilderness medicine. Beyond these educational opportunities, a number of family medicine residency programs within Canada have offered wilderness medicine training to their residents. These educational experiences typically last for several days and have previously been offered at Memorial University, Queen's University (as outlined during its Canadian Residency Matching Service information session held in February 2010), University of Alberta and University of Calgary.⁷⁻⁹ This trend in developing educational opportunities in wilderness medicine can complement the skills of rural physicians, giving them greater confidence to tackle patient care in unconventional settings.

As a medical student, my experience with the wilderness medicine elective

solidified my interest in rural family medicine. Furthermore, this experience pushed me toward becoming involved with medical rescue operations, international humanitarian projects and a research initiative focused on exploring the morbidity and mortality associated with outdoor activity within Canadian national parks.

Although wilderness medicine is a relatively unestablished entity in Canada, it is my belief that this field of medicine is relevant to rural medicine, and, in a broader sense, it complements the array of medical care already offered in this country.

Competing interests: None declared.

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