

Rural medicine across the border: one medical student's perspective

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In the fall of 2014, as a second-year medical student, I had the opportunity to complete consecutive rural family medicine placements in Canada and the United States. I spent 2 weeks in Twillingate, NL, and then flew south to spend 4 weeks in Latrobe, Pa. I set out on this adventure to discover whether differences exist between Canada and the US in the delivery of rural health care. I was curious about how differences in the health care systems would be reflected in the day-to-day experiences of patients and health professionals in rural communities.

In Twillingate I discovered the traditional model of family medicine at its finest. Twillingate is a small island community located off the northern coast of central Newfoundland. The community hospital is a 49-bed facility serving a population of about 6000 people. Five family physicians practise at the hospital; there are no local physician specialists. The family physicians often have the experience of admitting a patient from the emergency department, caring for them as an inpatient and later following them on an outpatient basis. The continuity of care patients receive in this treatment model is second to none.

Whereas patients in Twillingate receive very high-quality emergent and primary care, there are significant barriers to accessing tertiary care services. Wait times for specialist consultations are often lengthy and patients have difficulty travelling to other areas of the province to access these services. There is also a severe shortage of long-term care facilities to meet the needs of the aging population. Many patients in acute care in the Twillingate hospital have been medically

discharged and are awaiting a placement in a nursing home facility.

Latrobe is a community of about 8000 people in western Pennsylvania. Family physicians practising at the Latrobe Hospital are responsible for seeing inpatients in addition to managing busy outpatient clinics. Patients in Latrobe receive excellent continuity of care, similar to the care I observed in Twillingate. The most noticeable difference between Twillingate and Latrobe is the availability of tertiary care services. In the 188-bed hospital in Latrobe a variety of medical and surgical specialty services are offered. I was pleasantly surprised to learn there were several nursing homes and long-term care facilities in the area. Financial challenges were a more common barrier to accessing care than wait times.

Although the differences I observed between Canada and the US were intriguing, what I found most remarkable were the similarities in my experiences. I found rural family medicine similar in both locations for its variety, the breadth of knowledge required, and the development of meaningful physician–patient relationships. I also found common health issues to be very similar in Twillingate and Latrobe. In both locations I encountered many patients with chronic diseases related to obesity, substance use and aging. Although there were significant differences in the tertiary care services available (one morning in Latrobe I shadowed a surgical procedure using the da Vinci robotic surgery system, and I knew for sure I was no longer in Twillingate), I discovered the common health issues in both areas were most effectively tackled with

primary care. Even with the most advanced technologies and highly trained specialists, chronic disease prevails in North America. At the end of the day, preventative medicine may be the most powerful tool we can use to increase longevity and improve the quality of life of our patients.

The physicians I worked with in both locations expressed similar reasons for which they enjoyed practising family medicine. They felt rewarded in rural practice for the opportunities to play big roles in small communities. I shared their joys of rural medicine during my brief experience. I was surprised to discover the connection I felt with these 2 communities after spending only a few weeks in each location. In both areas I was welcomed by the kindness and humanity of the people I met. The physicians I worked with were eager to teach, and the students I met were excited to socialize. Above all, I was humbled by the kindness of patients who allowed me to learn from them. I was surprised to discover how easily I could form a relationship with a patient

whom I knew very little about, in a community I had only just arrived in.

As I reflect on my experiences, one particular conversation with a physician has stuck with me. Dr. Mohamed Ravalia, who practises in Twillingate, explains the connection he feels with his community as the reason he has enjoyed nearly 30 years of rural family practice:

Fundamentally for me, it is the community. I feel very privileged to have ended up in a place like this that is at the end of the road, that has a very defined sense about itself. This is a place where people can trace their roots back, 3 or 4 generations. There is a sense of pride and ownership, there is a sense of altruism and caring. There is a very defined and strong sense of spirituality, and despite centuries of adversity, these communities have survived. So there is a sense of resilience here that is palpable.

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