

Resident's page: family medicine in Britain's last outpost

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Just as spring was making its triumphant return to Ontario, I travelled to the opposite end of the world to experience my first South Atlantic winter. For the final 2 months of my family medicine residency, I was going to be working in and around Stanley, the capital of the Falkland Islands, about 4300 km from the South Pole.

Stanley is home to fewer than 3000 people living in colourful houses tucked in among narrow streets on the sloping southern shore of Stanley Harbour. Outside of the capital, the Islands are sparsely populated in various settlements and expansive farms. Farmers raise sheep for wool and meat, and sometimes cater to visitors looking for an escape into nature and solitude.



The author during an off-roading trip up and around Mount Tumbledown and Mount Longdon. These mountains saw some of the heaviest fighting in the Falklands War. There are still many minefields and shell holes to navigate, and the latter could trap the wheel of even the toughest old Land Rover.

Reminders of the Falklands War, ranging from aircraft carcasses and shell casings to cemeteries and memorials, dot the treeless landscape. In the back of my mind I feared I would end up feeling very isolated and bored in this remote outpost, but, thankfully, the opposite would be true. The day I arrived I was welcomed by a friendly group of young temporary work contractors — teachers and allied health care professionals among them — who immediately took me in as one of their own.

The winter is generally a quiet time for the hospital. No cruise ships were coming into port, and the fishing industry was on a brief winter break. The few fishermen I saw in casualty and on call needed only minor procedures. Of course, all of them were scheduled to return to sea very soon and would likely be away for weeks or months. Trusting a patient to return to the hospital in case of “signs of infection” is complicated when that involves traversing vast expanses of ocean. I did not learn of any fishermen I treated returning to casualty, but I will never forget the disturbing rumours I heard of some fishermen simply being thrown overboard if they were gravely ill or had died.

The medicine was largely what I expected for a remote locale. Drug shortages and lack of supplies were common, so we either substituted medications or simply did without. I did most of my own vital sign measurements and injections, and had to learn how to insert IVs and perform phlebotomy on the fly. Although the United Kingdom-trained chief medical officer was locally

raised, the other physicians were short-term locum tenens from such varied places as South Africa, Poland and Spain. Even after acknowledging the minor differences between UK and Canadian guidelines, the management habits and previous experiences of these doctors were very different from what I had seen or heard about so far in my training. Unfortunately, almost none of them stayed longer than a few months, and consequently, continuity of care was limited. A frustrating result of this arrangement was doctor shopping — among close colleagues whose offices were lined up along the same hallway.

Weekly visits to camp, a word taken from the Spanish *campo*, for countryside, were possible by Land Rover or by the cramped, short take-off and landing Islander airplane. With the rolling hills and absence of trees, I saw plenty of scenery from the road. However, from several hundred metres in the air, I could begin to appreciate the difficulties faced by the herding dogs who were tasked with corralling massive, surging flocks of sheep. Flying quickly became my preferred method of travel. I would take the copilot's seat and headset on all of my flights, and I listened eagerly to the pilot's running commentary as we passed over the southernmost suspension bridge in the world, the Mount Pleasant Royal Air Force base, various relics of the Falklands War 34 years earlier, penguin colonies and the ubiquitous peat and sheep.

Running a solo clinic at the West Falkland settlement of Fox Bay East was a valuable test of my training and confidence. It was an hour-long flight from Stanley across the sound to see around 10 patients in the kitchen of a family's house. I was

plied with plenty of tea. Reasons for the visit were typical of those I would see at the hospital in Stanley: sore toes, annoying coughs, prescription renewals. I also did some standard diabetes checks, making sure I sealed the urine and blood samples tightly for the return flight. Patients would have to wait until the next plane could deliver mail to the settlement before they could carry out the changes in medication that I prescribed them. A referral had to be organized around a patient's next trip to Stanley. Thankfully, no one needed emergency attention, although if I had been worried about anyone, I could have simply taken them back with me on my return flight.

Medicine aside, everything I did in the Falklands was a brand-new experience: off-roading, swimming in the icy South Atlantic, shearing sheep, walking among penguins. My time in the Islands truly opened my eyes to the possibilities of remote and rural medicine and the ins and outs of living in such a tight-knit community. Sadly, the friends I made will likely have moved on by the time I ever get to return. This, I know, is just the way it often is in remote places. Until I do return, I will just have to continue my as yet unsuccessful search for British beer in Canada and work on removing the "posh" from my attempts at an English accent.

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Confidentiality note: Patient details and stories have been altered, because any Falklander reading this would immediately know the patient's identity.

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