

A resident physician's reflection on rural medicine

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Winner of the SRPC resident
essay contest.

‘**W**ould you like to take an appointment with the Smith’s?’ (Pseudonym), my preceptor asked.

‘Sure! What is the appointment for?’

‘They are an older husband–wife couple. Ex-farmers. Mrs. Smith has terminal cancer. She has requested Medical Assistance in Dying (MAiD), so they are here to talk about that’.

‘Wow. Okay, I will let you know how it goes’, I said, my tone more sombre than my chipper acceptance.

I call out in the waiting room for the Smiths and an older couple rise from their seats and walk towards me, holding hands. We enter the assessment room, take a seat and start getting to know each other. They both came from generations of farmers- they had ‘hay in their blood’, as Mr. Smith put it, winking at Mrs. Smith before having a chuckle. They told me stories of their life on the farm. They were dairy farmers with a large herd of cows, a fair-sized chicken coop, a small garden in the back, a couple of barn cats and a Sheppard named Sam. ‘It was not an easy life, but it was a good one’, said Bill, his arthritic joints a testament to the years of physical labour and hard work.

They had an open-door policy: They loved to host neighbours, family and any sort of company that came to the farm. Their children would often have their friends over after school, likely in part attracted by the cookie jar that was always teeming with Mrs. Smith’s famous oatmeal chocolate chip cookies. As they reached retirement age, the farm work outpaced their capabilities, and they were forced to sell, as none of the children desired to carry on the family tradition.

Flash forward to 2 months ago, when Mrs. Smith received an unfortunate diagnosis of metastatic cancer with a prognosis of roughly 6 months. During the appointment, she began to speak about her values and her decision to pursue an MAiD. She did not want to burden Bill or the health care system. She had lived a good life, and she wanted to leave it on her own terms. She did not want to take more from this Earth, she said. She did her part supporting the community with their milk and ‘now was her time’.

I listened and nodded, moved by the Smiths’ values, by the love they had for each other, for their family, their community, the Earth and life. I probed about any symptoms that bothered Mrs. Smith, trying to view things from a palliative lens to make

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her last days more comfortable. I asked about sleep, pain, bowels and about anything and everything I could do to enhance comfort. She acknowledged my efforts but declined as she said she was comfortable and thanked me for my care.

About 1 month later, I was prepping my charts for the clinic when I saw Bill Smith's name. My preceptor asked to say hello before Bill left so he could offer his condolences. At the end of the appointment, Dr. J. entered the room, held Bill's hands, looked him in the eyes and said, 'I'm sorry for your loss'. Bill held on to Dr. J's hands for what felt like 5 minutes as he talked about the final moments in Mrs. Smith's life. Thank goodness for these N95s and face shields because I was struggling to hold back tears. To see two grown men holding hands like that, to feel the energy in the room- Bill's love for Mrs. Smith, Dr. J's sincerity in his condolences- was one of the most moving experiences I have had in medicine.

Bill went on to ask about Dr. J's kids and said he had seen him at the rink this weekend. Bill's grandchildren played sports with my preceptor's kids, and they all attended the same place of worship. It was evident that Dr. J had genuine care for the Smiths that went deeper than the confines of the clinic walls. That is a large reason why I chose rural medicine. The 'everybody knows everybody' adds another layer that cannot be paralleled by the greater anonymity in urban medicine. Rural medicine is built on a sense of

community; the emotion in the room that day was a testament to the community that connected my preceptor and his patients on another level.

Sure, I could tell you more about how rural medicine allows me to practise as a true generalist, how I'm learning what feels like everything under the sun; how I'm experiencing how to practise effectively (and creatively) in a resource-limited setting; how hard I laughed (afterwards, in private) when a patient called our facility a 'country bumpkin hospital'. However, what stands out to me most is the sense of community that rural medicine is built on. The emotion in the room that day, watching Bill and Dr. J hold hands, observing their sincere interaction, THAT is what rural medicine is about. I love getting to experience it every day- the house calls where a patient insists I stay for a cup of tea, being able to stay late to squeeze in a patient for a last-minute visit because I know their family circumstances and there is no walk-in clinic nearby, the conversations about the best Niagara peaches that turn into '*You go to that farmstand for your peaches?! I went to public school with them!*' To me, rural medicine is about community. Moreover, I cannot wait to keep building and connecting with my community through residency and beyond.

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