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Hometown medicine: a northern experience Médecine de ville natale : une expérience nordique

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During my second year of rural family medicine residency, I completed five months of rotations in the Yukon Territory. Due to the improvement in COVID-19 cases, territorial borders had reopened and my out-of-province electives were approved. Given that I am from the north, it made sense to train in the same northern communities where I could see myself working in the future.

On the first day, I entered my old hospital where I once worked as a nurse and took stock of the changes which had occurred over the past 10 years. The emergency department had moved down the hall to make room for surgical services. The three-bed ICU had moved to a different floor entirely, while the Pediatrics wing was now filled with medical patients. My footsteps echoed in the stairwell as I walked up two flights and opened the door to my old unit. Today I was entering not as a nurse, but as a resident physician. Instead of a heavy patient assignment and a day full of medications and bedside patient care, I was to round on patients assigned to my current service. Worries about staffing levels and sick calls had been replaced by concerns of whether I could practice medicine in the community I grew up, caring for neighbors, friends, former teachers and colleagues. I felt a bit incognito that first day, simply another resident amidst the sea of physicians, nurses, social workers, and other healthcare personnel. Those who knew me were not among those present, and in return, I was the new face who did not fit in. Learning new names quickly became the norm, along with determining if you were from the Outside, as were many locums and agency nurses.

Simply put, northern medicine is not the same as practicing medicine in the south. There are no two ways around it.

Two of our hospitals are 11 hours apart, with one larger hospital in Whitehorse gracing the center of the territory. Communities typically have nursing stations staffed with physicians who provide services every few weeks, although nursing shortages led to the temporary closures of some stations this summer, forcing patients in crisis to travel long distances to the nearest hospital. Doable in the summer for the most part (although forest fires and road washouts significantly impacted travel this year), traveling for healthcare appointments can be nigh impossible in the winter, with roads closed from heavy snowfalls or highway whiteout conditions.

During one particular surgical case, the patient had arrived and the team was ready, yet an essential piece of orthopedic equipment was still en route from Vancouver. It was being flown in that morning on a regular commercial flight and we had to wait for the flight to land before surgery could commence. Another patient not only requested an early discharge but a delay in treatment to return to his home community to resume placer mining. He had been away too long and needed to oversee the work being done on his claim. Old time Yukoners, those who had been born and bred in the north, are known for their singular stubbornness which at times can lead to delayed medical care. It is not a case of lack of access to healthcare services, but rather a belief in “doing for oneself”. This encompassed everything from treating an illness with expired household antibiotics, to doing personal dressings on progressively malignant wounds and suturing minor lacerations. Many of my patients came from challenging social situations, with substance use, abusive relationships, homelessness and food insecurity being key themes I saw over and over. Some patients were eager to connect with

local services, while other families waited for an inevitable phone call or did nighttime rounds of the city seeking to reassure themselves with a glimpse of their loved one on the street. If found, at least they were still alive- that was all that mattered for now.

Another rotation started with a four-hour drive to the northeast, where I spent the week working out of a nursing station serving a community of 345 people. Every other day, we drove up the road to a remote First Nation community. Although theoretically an hour's commute, travel time was impacted by construction (no pilot cars or stop lights here), melting permafrost affecting highway integrity and northern wildlife. The people who lived in these far-flung communities were the local Indigenous peoples who had lived in the area for generations, artists inspired by a life of nature and adventure, teachers, miners, environmentalists, hunters, and loners who didn't fit in elsewhere. Medically, our clinic was bursting at the seams, with the nurse having previously arranged patient follow up visits or new assessments to coincide with our arrival. Walk in visits consisted of sick babies, wound checks, and patients with mental health concerns. Prescription medication needs were divided between what was routinely carried at the nursing station versus what could be had in the city. After all, antibiotics couldn't be delayed by a week as you waited for the mail to arrive. 24/7 call was also an expectation of rural medicine, yet thankfully the week passed with no major accidents, injuries, or life-threatening illnesses. The day of departure often varied, with inclement weather or local emergencies

leading to delays varying from a few hours to an extra night or two.

Online academics were completed on spotty WIFI, with unlimited high-speed internet being a southern dream. Oftentimes, the video connection would falter and result in the program quitting. Or recall the time the internet and phone lines in all northern communities were down for a full day, due to land erosion causing significant damage to a fibre cable hundreds of kilometers away in a different province. The lack of EMR meant no available patient schedule, yet life in the north requires ingenuity. My attending physician contacted her locum (based in Western Canada) who then retrieved the schedule and provided us with essential information needed to run the clinic. Although the phrase "who are you and why are you here?" was much used that day.

This is life and medicine in the north, with all its challenges and glories. The days when you want nothing more than to be practicing as part of a large team in a southern hospital, where specialist colleagues are available for hallway consultations and geography doesn't impact a patient's level of care. Those same days are the ones that bring endless summer nights where the sun never sets, northern lights which dance on a cold crisp night, mountains and endless forests, and a community that wholeheartedly embraced a resident physician back into its fold. This is the North. This is my hometown.