



Katherine van Schaik

Rural health education

'A hug a day keeps the doctor away... stuff your apples!'

Thirty-five health sciences students and four mentors, including myself, were participating in a 'Country Week' rural health experience in the catchment area of the Murchison River in the midwest of Western Australia. The Murchison, once a gold mining centre, now has a population of about 2500, many of whom live on sheep and cattle stations.¹

Country Week was organised by the Western Australia Combined Universities Centre for Rural Health (CUCRH), and the importance of hugs had been impressed upon us by an Aboriginal woman who was sharing her life story to help us explore rural health issues in context, the goal of Country Week.

Students and mentors stayed at a station and visited local hospitals, nursing stations, schools, shire offices, and, most importantly, spoke with residents, especially patients and healthcare providers. The world in which the students and I had found ourselves was foreign to each of us in varying degrees. I am in fact, a foreigner – an American medical student who was studying at CUCRH when invited to assist in mentoring the student group.

Meetings with local residents impressed upon us the realities of small town outback life. We will never forget the kyphotic elderly man who asked about our affiliation, then said: 'My wife died last week. It's alright when you're healthy, but it's hard being sick out here.'

We heard similar stories from non-Aboriginal residents, and although we saw Aboriginal residents in town, the students were unsure about approaching them. A barbeque organised by the town shire provided opportunity for interaction, which met with limited success: the Aboriginal children, perhaps not as consciously aware of a troubled history, facilitated communication. We were new playmates, and the children's warmth

made us wish that we could be as enthusiastic in our friendliness. Although we were aware of statistics highlighting stark differences in living conditions, life opportunities, and health, seeing such disparities first-hand brought us face-to-face with the complexity of the issues surrounding Aboriginal health. We came to understand the necessity of respect, cooperation, patience, and a desire to embrace cultural differences in working toward solutions.

The staff at Meekatharra Hospital, which cares mostly for Aboriginal patients, inspired many of us to want to work in similar areas. Embodying dedication to their patients, staff demonstrated the highest standard of what they called 'flexibility and a can-do attitude' – doing the best they could with what they had. It was clear that many aspects of care needed to be developed further, and I was convinced by the students' insightful comments that educational programs such as Country Week help to increase standards of care for all who live in 'the bush'. Many studies have quantified the benefits of such programs, indicating that students are more likely to seek careers in rural areas, and to remain in those areas, if their education involves rural health experiences.²⁻⁵

Through Country Week, the students and I were immersed in a transformative experience. The permanent residents of the land we visited had learned how to survive in the unyielding landscape. They spoke of an awareness of sunrises and sunsets, of helping neighbours, of quiet pride in their past and constant concern for their future. On arrival, the students and I had an intellectual awareness of Aboriginal health and issues surrounding healthcare delivery in rural settings, although the opportunity to observe first-hand the difficulties of life in the bush, and to speak with the remarkable people who live there, broadened our perspectives. We returned with a renewed sense of purpose, a more acute understanding of the challenges of healthcare delivery, and a desire to return and to help as our

respective skill sets allowed.

A hug a day does keep the doctor away, but this does not mean that doctors are unnecessary. And it is not the hug which staves off the sicknesses that afflict the people who call 'the bush' their home, but rather the relationships represented by that hug. These relationships are the centre of life in the bush – a fact that Aboriginal people have known for 50 000 years – and the formation of such enduring relationships for some healthcare students starts with Country Week experiences.

People living in remote areas need healthcare professionals who understand their lives, and such understanding is fostered through relationship development of the type promoted by programs such as Country Week.

Author

Katherine van Schaik MA, is a MD-PhD candidate, Harvard University Medical School, Boston, Massachusetts, United States of America.

Acknowledgments

Thanks to Professor Sandra Thompson for reviewing the manuscript and assisting with references, and to Simon Forrest, Hamish Morgan, and Judy Riggs for sharing their kindness and expertise.

References

1. Australian Bureau of Statistics. Regional population growth, Western Australia. Available at www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3218.02008-09 [Accessed 22 September 2010].
2. Kruger E, Tennant M. Short-stay rural and remote placements in dental education, an effective model for rural exposure. *Aust J Rural Health* 2010;8:148–52.
3. Eley D, Baker P. The value of a rural medicine rotation on encouraging students toward a rural career: clear benefits from the RUSC program. *Teach Learn Med* 2009;21:220–4.
4. Eley D, Baker P, Chater B. The Rural Clinical School Tracking Project: more IS better – confirming factors that influence early career entry into the rural medical workforce. *Med Teach* 2009;31:e454–9.
5. Stagg P, Greenhill J, Worley PS. A new model to understand the career choice and practice location decisions of medical graduates. *Rural Remote Health* 2009;9:1245.

correspondence afp@racgp.org.au