

Dr. Michael Kirlew

Rural Family Medicine

Overview

1. **Profile:**
 - a. **Positions:** Family Physician (Sioux Lookout for 12 years, now Moose Factory-Weeneebayko Area Health Authority); Academic Appointments (Northern Ontario School of Medicine, Queen's University, University of Ottawa)
 - b. **Training:** MD and Family Medicine Residency (Ottawa)
 - c. **Interests:** rural, remote health care and Indigenous issues, raising awareness and dismantling systemic racism in healthcare; recently awarded the *Jean-Pierre Despins Award from The Foundation for Advancing Family Medicine* in recognition of his outstanding advocacy work
2. **Pitch:** An incredibly variable specialty where you get to meet so many amazing people and listen to their stories. You're constantly challenged to become a better doctor!
3. **Path:** He was always interested in global health and Indigenous health and wanted to go into pediatrics initially. After an amazing elective with a rural family doc, he made the best decision of his life to choose rural family medicine!
4. **Philosophy:** Be open-minded to new experiences and be honest with yourself. Wherever you go, strive to be an advocate for your patients and to make the world a better place!

Elevator Pitch

(1:41)

- ***"I think I have the greatest job in the entire world- every single day I learn something new!"***
- He was always interested in rural and Indigenous health care- lots of opportunities for advocacy in rural setting
- Medicine is not only about *content* but also about *context*
 - Rural setting really allows you to learn about context of patients (impact of systemic racism and colonization on health care system and patient experience)
- Massive inequities in access to specialists and support structures between urban and rural settings

- He also loves longitudinal relationships with patients!
- In urban center, you can define your scope but in rural setting, it's defined by your environment
- Constantly challenged to improve skills to provide patients with best possible care (life-long learning)

Personality

(6:41)

- In rural medicine, you always have to be willing to ask for help and know your limits (he works with an amazing group of colleagues)
- If you like being around people and constantly interacting, this is great for you!
- There is time to work but also time for laughs and jokes- important to recognize medicine is fundamentally an art and doctors are humans, too

Medical students' perception of rural family practice

(8:16)

- Rural family medicine has broad scope of practice but work and practical realities make it less lifestyle friendly
- Australian med students thought rural family med is associated with feelings of isolation
- Dr. Kirlew's response:
 - It depends what type of person you are
 - He likes nature and the lakeside view as opposed to condos in Toronto!
 - Some people like city life and that's ok, too
 - In rural area, you get to interact with amazing people and elders!
 - You have to do internal inventory and realize what you want to wake up to every day
 - It's more about your mindset than the environment (you can make lifelong friends in rural area as well!)

Referenced Material:

Feldman et al. The difference between medical students interested in rural family medicine versus urban family or specialty medicine. Can J Rural Med 2009; 13 (2).

Isaac et al. Self-efficacy reduces the impact of social isolation on medical student's rural career intent. BMC Medical Education 2018, 18 (42).

Path

(12:23)

- He initially thought about neurosurgery but decided it wasn't for him
- When he was a student, typically 75% of med students went into specialties and only 20% went to family medicine at his school
 - He liked working with youth and considered pediatrics for long time
- He always liked global health, Indigenous health care, and effects of colonization on the healthcare system, which drew him to rural medicine
 - He worked with great rural family doctor in elective, which totally changed his mind about family med!
 - He was torn between pediatrics and family med and was nuts the night before the CARMS match but he got into family med residency, and it was the best decision ever!
- It's amazing how events can change the entire trajectory of your life, always be open-minded (you're on a journey of discovery!)
 - Make sure you're honest with yourself and let things influence you
- He loved working in Sioux Lookout with amazing patients and colleagues and now he loves Moose Factory
- The hidden curriculum in medicine can slant you to think in certain ways- understand that each rotation is one person's way of working in that specialty (there's a variety of options)
 - Ask yourself about your value system and what you want to do- let the experiences talk to your heart!
- Still get rural experiences if you like city- you will need to understand the challenges that rural doctors face and that will make you a better (city) doctor

Day-to-Day Life

(19:35)

- Typical week is hard to define in rural medicine and he loves that!
- Does a mix of hospitalist, emergency department, and family med clinic weeks. He also spends some weeks in even more remote communities.
- In hospitalist weeks, start at 8 am and see 13-20 patients a day (see patients similar to internal medicine at tertiary center- complications of diabetes, COPD, CHF for example)
 - You're the internal med department, the RACE team, the ICU team
 - You only cover the days and emerg doctor covers nights!
 - Mix of rounding on inpatients, transferring patients out
- In emerg weeks, 2-3 shifts a week combined with some clinics

- 8-12 hour shifts
- In rural practice, not a huge volume of cases but more complex (don't have the same specialist support as in urban center)
- Handle coastal calls as well as telephone support for northern nursing stations at night
- In northern community, clinics in morning from 9-5:30 and also attend to critically ill patients at night
 - Weeks in a year spent in different areas depends on your contract
- Moose Factory is on an island so you may even take a helicopter to the mainland clinic (travel like Kanye!)
- You could be in Toronto (assisting medevac), northern community, clinic, or emerg department or elsewhere depending on the situation
 - rural medicine never gets boring, the environment is constantly changing!
- He's met some very inspiring people with amazing resilience and stories ("absolutely phenomenal to share their stories")
 - After four 12-year-old girls died by suicide in Sioux Lookout community, it was incredible to see the elders' strength and hope
 - It's incredibly powerful because Indigenous people's lives are shaped by history of colonization and systemic racism

How medical evacuation (medevac) works:

(27:00)

- When you train in an urban center receiving medevac, you usually don't know how it started.
- If you have a critically unstable patient, Critical program in Ontario helps link rural sites with urban intensive care centres
 - Speak to intensivist on call and they might connect through telehealth (Virtual Critical Care in the north- like OTN for critical patients)
- The challenges are not only getting the patient to the right place but also weather and other factors- you may be managing the patient for quite a while!
- Work with Ornge Air Ambulance to transfer patient out. They're triaged based on acuity, then flown out to care centre
- Sometimes, physician working in emerg might be flown out to northern site to put in a chest tube for example- help stabilize patient, then fly down to urban centre
- There's a whole field of medicine devoted to how you do air medevac and all that!

Personal Takeaways

(32:19)

Personal Story:

*“If you were in a Northern community [a few years ago], pregnant women would have to leave their community and home to deliver a baby. Health Canada would cover your travel but you had to deliver the baby by yourself. One of my patients was delivering a baby by herself, 600 km from home, and she didn’t have her partner or anyone else with her... Because that was a rule for so long, you just accept that **that’s the way things are**. You don’t even see the system for what it is anymore. And she said ‘why don’t I matter? I know that [other people have their partners with them, hugging the baby]. How come I don’t get that?’ That really **challenged me**. And I [realized] that this isn’t right. Why do we have systems in this country that triage people to inferior standards of care based **exclusively on race**? We never question what we’re doing until our patient [questions us]. That was a very **powerful** clinical encounter that day. We got the federal government to change that policy, just in 2018.”*

Takeaway: Sometimes your patients can challenge you to question the system and be a better doctor.

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

Final Comments

(36:44)

- Pick a specialty that makes you happy
- Wherever you go, be an advocate for your patients- it’s super important in making the world a better and more equitable place!