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Research That Matters column - June 2019

Christy Simpson – Dalhousie University

'Put urban bias aside to improve rural health care'

In 2002, Christy Simpson was home at the family farm over Christmas when her father Allan suffered a heart attack.

The next morning, Simpson – who teaches health care ethics at Dalhousie University – found herself sitting in a hospital waiting room instead of doing chores at the farm. When a hospital pharmacist approached to ask Christy why she was there, Simpson recounted her dad's story.

By the time Christy got home – a half hour later – a former hired hand was already working in the barn. The pharmacist had called the farm hand. The rural community had rallied around the Simpson family. Christy Simpson says she "felt really cared for.''

A couple of months later, Christy was teaching a course on patient-caregiver confidentiality to Dal students when she had an ah-ha moment: She realized that "technically, the pharmacist had breached confidentiality" after her father's heart attack.

Still, Simpson isn't sure about censuring the woman over the call to the farmhand. "It would have been weird for her to ask first 'Can I share this information?' before making the call."

In addition, the pharmacist was also a neighbour, just as the former hired hand was a close family friend.

As Christy's story shows, caregivers and patients often play overlapping roles inside intertwined relationships in rural parts of Canada.

Yes, patient-caregiver confidentiality is fundamental. But context matters too. So it mattered that the pharmacist was a neighbour, that the community was supportive, and that someone had to do the darned chores on the farm.

Today, Simpson questions the appropriateness of some tenets of medical ethics and how they are applied in rural settings, including the need for detached objectivity in the delivery of quality care.

"A lot of ethics work is based on caring for strangers. In smaller communities, it's about caring for people who know you or know of you. "

Simpson and her co-author Fiona McDonald make an extended case for improved rural health delivery in their new book "Rethinking Rural Health Ethics."

The book argues there is an "urban bias" in the research of many health care ethicists, most of whom live in metropolitan areas and work in city-based universities. Most case studies "unpacked" by medical ethicists are taken from acute care and tertiary care teaching hospitals in major cities.

Suite 403
5657 Spring Garden Road
Halifax, Nova Scotia
B3J 3R4
902-425-4230
Fax: 902-425-4233
www.atlanticuniversities.ca

As a young ethics scholar who grew up on a farm, Simpson at first felt she “didn’t fit” in a field dominated by urban academics.

Today, she believes she and other scholars like McDonald bring a fresh perspective that can help in delivering better quality care in rural areas of Atlantic Canada.

She resists the argument that people “choose to live” outside of cities and should therefore accept that sometimes inferior health care and worse health outcomes are facts of life in rural settings.

“Rural occupations are also a factor in health – occupations like farming and mining and fishing are inherently more dangerous,” she said in an interview. “People need to live in rural settings to do that work … and contribute to GDP. We don’t always factor that in.”

Some simple measures could help improve health services in the region - longer appointment times for patients who travel long distances to see a health care provider and can’t easily make a second trip; and home-care visits in rural areas that include social time as well as care time to help the lonely.

When it comes to doctor recruitment – a challenge in all four Atlantic provinces – the literature says salary bonusing can help. So can good school systems and job opportunities.

Perhaps more important, for Simpson, is dispelling the two stereotypes of rural life for physicians.

One is that rural life is a kind of idyll – with a doctor “walking across a field to his next appointment with a (black) bag in his hand and a piece of grass in his mouth.”

The opposite stereotype holds that “everything is harder, everything is worse” in a rural setting.

What recruiters really have to do is help doctors “understand the realities of life in rural communities.”

Sometimes those realities can be tough, sometimes the rewards can be substantial, and sometimes the outcomes can be moving.

Christy Simpson’s story about her dad turned out to be the latter. With a little help from his Ottawa Valley community, Allan Simpson recovered, and 18 years later, at age 75, he’s still farming in the community he returned to after leaving a job in the physiology department at Dalhousie in 1976.

His daughter knows as well as anyone that it could have been different if community members were older and couldn’t help out.

Or if the right medical team wasn’t in place.

Or if the pharmacist who called the farm hand had felt constrained by a code of ethics etched in stone, instead of doing what she believed to be the right thing in that place and in that moment.

Research That Matters is written by Jim Meek, Public Affairs Atlantic on behalf of the Association of Atlantic Universities (AAU) info@atlanticuniversities.ca