



Overview of Day

- **9:00 – Introduction and Images of Rural Life and Medicine**
- **9:30 – Didactic presentation: “Rural Epiphanies”**
- **10:15 – Break**
- **10:30 - Large group readings and discussion**
- **11:00 Small group readings and discussion**
- **12:00 – Lunch**
- **1:30 – Large group summaries and conclusions**
- **2:00 - Writing presentation and instructions**
- **2:15 - Individual/dyadic writing; faculty consultation**
- **3:00 - Small group sharing and summaries**
- **3:30 – Large group sharing and conclusions**
- **4:30 – Free time**

Rural Epiphanies: How Reality Intersects with Literature

Johanna Shapiro, Ph.D.

Rural Scholars Program

January, 2004



What Are We Doing Here?

- * **Remarkable gulfs persist between American urban, mainstream culture and the remote life of rural America**
 - A quest to understand rural doctors and, through them, rural culture
 - A quest to understand ourselves



Some Questions

- **Is “the country doc” a vanishing breed?**
 - *“I sometimes wonder how much of me is the last of the old traditional country doctor and how much of me is a doctor of the future. Can you be both?”* (Sassall)

- **What does rural America have to teach us about the practice of medicine?**
 - *“What I have heard when a prairie and its people addressed me”* (Stein)

Images of Rural Life and Medicine

- *What images come to mind when you hear the phrase “rural America”?*
- **Thoughts and feelings?**
- *What images come to mind when you hear the phrase “country doctor”?*
- **Personal anecdotes/experiences**

Confession

- I am a “city feller”
(gal)
- From “off,”
from “away”
- No experience with
rural life



Overview of Readings

- **15 books**
- **Locations:**
 - Minnesota, Maine, New York, New Jersey, Nebraska, Oklahoma, Missouri, Kentucky, Tennessee, Texas
 - Canada, England
- **Length of time and dates of practice:**
 - 2-50 years,
 - 1940s-1990s
- **Territory and size of practice:**
 - 1200-1500 square miles;
 - around 2000 patients/doc

Overview of Readings

- **Types of Practices:**
 - Solo, duo, 3-4 physicians
 - 15-40 patients/day
 - Lots of driving, often in rugged conditions
 - Regular house calls
- **Diagnoses:**
 - 1. Everyone has a story of delivering babies in a snowstorm, performing appendix and hernia operations on kitchen tables
 - 2. Diabetes, chronic lung disease, heart disease, gastrointestinal illnesses, peptic ulcer
 - 3. Surgical, orthopedic problems
 - 4. Pregnancies, immunizations, well child checks
 - 5. Sexual problems, STDs
 - 6. Tractor, combine, hunting accidents – “kicked by horse”
 - 7. Knife, gunshot wounds, domestic violence, suicides
 - 8. Depression, anxiety (“talk patients”)



Rural Folk and Good Ole Boys:

- **What are country people like?**
- **The kind of people who say:**

“When boys came to get our daughters, they had to milk one of the cows before we let ‘em marry ‘em”



Occupations

- **Wood workers**
- **Loggers**
- **Commercial fishermen**
- **Wheat and alfalfa farmers**
- **Dairy farmers**
- **Work in jam factories, chicken factories, brickworks, quarries**
- **Many on welfare; almost all of them poor**



Negative Stereotypes

- **One African-American female medical student wrote:**
 - *“I imagined they might be simpleminded, small-minded small town folks with old-fashioned, uncultured, sheltered, closed minds.”*
- **Tough, suspicious, poorly educated, stand-offish, cantankerous**



Idealization of Rural America

- **Book jacket: *“The beauty, compassion, and love represented by rural America and its people”***
- **People who would *“give you the shirt off their back,” “would trust a stranger almost to the point of stupidity,” “still willing to die for their country”* (Verghese)**
- **Patients described as *“old-fashioned, steeped in the traditions of the past, honorable and decent, they supported their community, helped their neighbors, and paid their bills promptly”***



Characteristics of Rural Folk

- **The pioneering spirit**, willful determination against all odds, respect for the power and force of nature; fatalistic, prepared to cope with unpredictability
- **Independent, self-reliant, proud**; taking care of yourself and your own
- **Resilient, inner strength, optimistic, courageous**
 - *“Quiet courage, not the kind that earns medals, the kind that sustains”*
 - Worst thing is to be a quitter, whiner, wimp, slacker
 - True grit is to endure, to prevail without complaint
 - One of highest compliments on the plains is to be called a “survivor”



Characteristics of Rural Folk

- **Unemotional, unexpressive, laconic; value privacy, modesty, understatement, self-deprecation**
 - Men talk about their trucks, car repairs, fluctuations in the wheat market, the weather, their animals
 - *“Whatever the topic, nobody gets excited”* (Stein)
 - To the question “How are you?” the standard answer is “Can’t complain”
 - All sentences are declarative, objective reporting:
“No one speaks of worry, only meteorological facts... Lament is saved for lost cows, for favorite horses, and the country music the donut shop radio plays.”



Characteristics of Rural Folk

- Often deeply **religious**
 - Sense of God's presence in daily life
 - Success or failure in one's work viewed as an act of divine judgment
 - *"Unflappable faith in God"* (Stein)
- **Hardworking**
 - Work the supreme value – work determines worth
 - *"No loving father or mother ever doted on their child as much as farmers and their families dote on (and worry over) their wheat"* (Stein)



Attitudes toward Illness

- Tend to **minimize, endure** even the most serious injuries and disease
- **Stoic**: even when on the verge of death, will respond “just fine”
- **Hate feeling dependent**, asking for help
- **Don't like specialists**, expect “doc” to fix everything



Attitudes toward Illness

- **Value of work and ability to function in one's family and occupational role supersede value of health care**
 - Better to die of stroke, heart attack, bleeding ulcer or growing cancer while cutting one's last harvest on the combine, bringing in one's final crop of corn – ***“the humiliation of an incomplete job is worse than death”***
 - ***“If a tough old farmer has a fever of 104 degrees Fahrenheit, is infected with say a sebaceous cyst, and simply cannot even get out of bed because he is too delirious from the bacteremia, then his wife may call the doctor, pack her husband in the car or pickup, and haul him to the hospital emergency room”*** (Stein)



Attitudes toward Illness

- **Don't like to talk about relationships, feelings**
 - Dread that family secrets will become public; worry about community condemnation
 - Never works to ask something like, “What are your relationships at home like?” Answer: “It's none of your business,” “I came to the doctor to get my heart fixed, not to talk about my family”
- **Doctors think in terms of asking lots of questions**
 - Country folk don't like questions
 - Questions a form of meddling, too direct



Colorful Regionalisms

- Fits
- Fireballs in the ovurus
- Smiling mighty Jesus
- Roaches in the liver
- High blood
- Low blood
- Bad blood
- Dwindles
- A rising
- Trouble with my nature
- Sore Leaders
- Syphilis
- Decreased libido
- Epilepsy
- Tendonitis
- Uterine fibroids
- Boil
- Spinal meningitis
- Anemia
- Cirrhosis
- Dizziness, diabetes, aging
- Hypertension
- *“She took an overdose of obituaries”*
- *“He ain’t urred yet, and his bells ain’t moved. I think the nurses are fixin’ to give him an enamel”*
- Patient arriving for a physical: *“D’y’all want me start necked?”*
- Relative requesting a house call: *“As soon as my diddy got out of hizz baid, he nyew somethin’ impotent haid haippened. Cane chew come see ‘im?”*



Traditions!

- **Traditional remedies**
 - Skunk water bath, turpentine and pickle juice, dill weed and mustard packs
 - Gallbladder flush
 - Cow manure poultices
- **Traditional foods**
 - Pecan pies, corn pone, hominy grits, poke salad, dry-land fish (fried mushrooms), squirrel stew, hog brain
 - *“Baked possum looked better than it tasted, while ‘coon tasted better than it looked” (Verghese)*



What Makes a Country Doc?

- **What Makes a Country Practice?**
- **“Front-line medicine” (MacDonald)**
- **All kinds of patients at all times of day and night**
- **Lots of accidents –**
 - Combines chewing up people, trees falling on people, kids falling into lakes
- **Violence –**
 - Domestic; bar fights
- **Egalitarianism –**
 - Doctors usually known as “doc” or nickname or Dr. First Name
- **Lots and lots of driving**
 - Over dirt roads, through dust storms and snow storms
- **As ready to treat a prized sick pig, heifer, or horse as a human**



Attributes of a Country Doc

- **Most respected person in community**
- **Expected to make sacrifices**
- **Always overworked and proud of it**
- **Courageous** –
 - “Men of guts” (Bowling)
 - Willing to risk own life to rescue patient
 - The ‘real’ doctors of medicine
 - Most of time out on calls, driving down country roads, or walking across fields and along forest paths, often digging his way through snow or out of mud
- **In command and in control**
 - Physicians of the plains expected to use a tone that is “*understated, casual, almost indifferent... supposed to have a quietly dignified machismo without bravado, to exhibit a solid endurance in the face of hardship*” (Stein)



Attributes of a Country Doc

- * **Self-sufficient, practical, good with hands**

- *“Treat any conceivable affliction”*

- *“I had to be prepared to do anything, anytime, and anyplace without regard for the hour, the inconvenience, the exhaustion or the absence of assistance”*

- * **Ingenious – invent their own solutions**

- One doc learns to fly his own airplane so he can deliver medicines to his patients

- Another invents a “Rube Goldberg system of ropes and pulleys” to treat a broken hip;

- Yet another doc on occasion used his brother, a precision toolmaker, as his anesthesiologist

- Another would consult with the local blacksmith, the men at the hardware store and lumberyard to develop orthopedic apparatuses



Native Sons

- **Often from rural backgrounds themselves**
 - *“You can’t take the farm out of an Iowa-born boy”*
 - *(Loxterkamp)*
- **Many open practice near or in communities in which they were raised**
- **Seem to like farming, fishing, raising pigs, livestock, trapping, building barns as much as doctoring**
 - One doctor boasted he made \$40 a year on “road kill”
 - *“There’s easier money in doctoring. But farm money is worth eight times as much to me as money I make doctoring. Farm-money is deep-rooted inside of me”*





Strangers in a Strange Land

- **Paradoxically, outsiders find a place here as well**
 - Foreigners, Jews, single women, medical students who grew up in the burbs or the Big Apple
 - *“I suppose this is when you know that a town has become your town: where others see brick, a broken window, a boarded-up storefront, you feel either moved to tears or to joy”* (Verghese)
 - *“The community was a family. They accepted me and welcomed me into their homes”* (Dlin)
 - *“I must admit that I have fallen in love with the rural people and landscapes of this never monotonous place. Maybe all understanding, soul to soul, comes through love...I knew I was somehow home. I felt a kinship without being related”* (Stein)
- **Subtext –**
 - How the U.S. makes it attractive for the best and brightest medical professionals in other countries to fill its service gaps
 - In this case, physician shortages in remote, rural areas



What Draws These Doctors to Rural Practice

- **Land's "friendship with nature"**
 - Natural beauty of lakes, mountains, river, streams
 - The prairie's "terror, lure, refreshment, and surprise" (Stein)
- **Lifestyle**
 - Liked to chop their own wood, can their own fruits and vegetables; bake bread; knit and sew; brew beer
 - Many avid outdoor people, who like cycling, backpacking, canoeing, cross-country skiing, long-distance running
- **Isolation**
 - *"I studied a map of Minnesota, looking for the largest patch of white, roadless area it displayed"*





Intimate Relationships with Patients

- **“Patients become friends and friends become patients. These relationships can be both therapeutic and perilous” (MacDonald)**
- **“Those were the days when doctors knew their patients – intimately. They didn’t need file cards. It was all in their heads and their hearts” (Anderson)**
- **Kind of doctor who’s not afraid to write on the death certificate for a woman “No longer refused to die” (MacDonald)**
- **Errol Sam’s short story “Epiphany” –**
 - a rural family physician works with a suspicious, ornery patient
 - peels back layer upon layer of the patient’s physical and psychological suffering
 - writes poetry about the patient in his chart notes
- **A patient who arrives at the ER is not**
 - “Forty-three year old white male with chest pain unrelieved by nitroglycerin” but
 - *“Louise Tipton over in Choctow Hollow says Old Freddy’s smothering something awful and we better get over there right away, ‘cause it’s worse than the last time when he came in and Doc Patel put him on the breathing machine” (Verghese)*







“The Clerk of Their Records”

- * “Because [Sassall] was living among the same people all the time, and because he was often called to the same cottage several times for different emergencies, he began to notice how people developed. A girl whom three years before he had treated for measles got married and came to him for her first confinement. A man who had never been ill shot his brains out” (Berger)
- * **“His satisfaction comes mostly from those cases where he faces forces which no previous explanation will exactly fit because they depend upon the history of a patient’s particular personality”**
- [The doctor’s] intimacy with patients is based on his ability to recognize them, to see them as clearly as possible
- **“Sassall is accepted by villagers and foresters as a man who, in the full sense of the term, lives with them”**
- They count on him to understand even when their families cannot – “the clerk of their records,” the witness of their lives





Costs of Rural Practice to the Physician

- **Deep depression: Sassall, Hilfiker, Loxterkamp**
 - *“He will work as hard as they suffer” (Berger)*
- **Medical and psychosocial demands of patients can prove emotionally overwhelming**
 - *“My life was busy, productive, satisfying – and at times overwhelming” (MacDonald)*
 - *“Too many patient needs for the time and energy I had available”*
 - *“I felt constantly besieged” (Hilfiker)*
 - *“No one, neither the community nor the physician himself, wanted to acknowledge the wear and tear of solo practice. They just saw him as a man with limitless energy who carried on without need for sleep or rest” (Dlin)*
 - *“We just carried everybody’s problems, didn’t we?” (Caudill)*
- **Alcoholism –**
 - *“Friends and patients indulged his drinking” (Dlin)*
 - *Old Doc Rivers (William Carlos Williams)*



Costs of Rural Practice to the Physician

- **Inferiority complex of the LMD (local medical doctor)**
 - Distinction between city doctors (good, competent, well-trained, superior) and backward, incompetent, ignorant country docs
 - *“It is a world that seems light-years from the glamour, drama, or cutting edge of the university medical center, one where the rewards for your labor are found in the bargain bins and dumpsters of a general practice” (Loxterkamp)*





Self-Discovery/Understanding of Medicine

- Doctors seek out these [rural] settings to **learn who they are** through contact with salt-of-the-earth people facing difficult and life-threatening circumstances
- *“It [rural practice] is the place to discover what you are made of. But more importantly, it is the best place to **learn the profession**... it creates a lifelong humanistic approach to medicine that remains no matter what specialty is pursued”
(Dlin)*



Small Group Readings

- **Spokesperson for each group summarizes main points of reading:**
 - What was the nature of the work (poetry, short story, personal narrative, third person narrative)
 - What was it about?
 - Identify and read a representative passage
 - What were the main points or themes the group thought the author was trying to address?
- **What did you learn about country doctors from the reading?**
- **What did you learn about the relationship between doctors and patients from the reading?**
- **Was there any aspect of the reading that you think was distinctive to rural practice?**

