

OUTLINE: COUNTRY DOCTORS

- I. **Overview - Discussion of rural images + images of country docs 9:00-9:30**
- A. **Brief didactic presentation 9:30 - 10:15 10:15-10:30 BREAK**
 - B. **Small ^{Large} group readings of some original source material 10:30 - 11:00**
 - 1. About and by rural physicians
 - 2. Followed by ^{Small} large group sharing and discussion 11:00 - 12:00
 - C. **Lunch 12:00 - 1:30**
 - D. **Writing assignment - 1:30 Large group summaries + discussion 2:00 Writing presentation + institute**
 - 1. **Reflect on a significant experience with rural medical practice or rural life, what it meant to you, and what you've learned from it 1:50 - 1:50 Writing presentation**
 - 2. **Write privately or in dyads 1:50 - 2:15 2:15 - 2:30 BREAK**
 - 3. **Small group sharing and nomination of reading for large group 2:15 - 3:00 - 3:30**
 - E. **Large group sharing/discussion of writing, summary, conclusions 3:30 - 4:30**
- II. **Introduction to Rural Epiphanies**
- A. **Pictures are from two sources**
 - 1. www.gectors.com original American folk art
 - 2. The classic article in Life Magazine in 1948: A Country Doctor
 - a. Chronicling the practice of Dr. Ernest Ceriani in the town of Kremmling, Colorado, population 1,000
 - b. Photos by eminent photographer W. Eugene Smith
 - B. **Why are we having this talk? -**
 - 1. Despite the ubiquity of MacDonaldis and malls, the increasing homogenization of our society, remarkable gulfs persist between American urban, mainstream culture and the remote life of rural America - backwoods, plains, prairies, hollows
 - 2. This talk will be a kind of quest to understand something of rural doctors and, through them, something of rural life
 - 3. We may also be undertaking a quest to better understand ourselves
 - C. **One question is whether "the country doc" is a vanishing breed or something more complicated**
 - 1. "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?" (Berger)
 - D. **Another question is what does rural America have to teach us about medicine**
 - 1. "What I have heard when a prairie and its people addressed me" (Stein)
- III. **Images of Rural America and Rural Medicine**

- A. When you hear the phrase “rural America,” what images come to mind? (List)
- B. What thoughts and feelings are associated with these images? (List)
- C. When you hear the phrase “country doctor,” what images comes to mind? (List)
- D. List associated thoughts and feelings.
- E. What are your personal experiences with rural life? Rural medicine?

IV. My Personal (Lack of) Expertise

- A. Almost all the books I read had a term for not being local
 - 1. From “off,” from “far”
 - 2. Most said that **the worst thing was to be “a city feller,”** which unfortunately is exactly what I am
- B. I bring virtually no personal experience to this talk
 - 1. But in preparation, I’ve done what I often do when I’m trying to understand something very different from my normal life, and that is, read about it
 - 2. And this lack of belonging is really okay because, as we will discover, paradoxically rural communities seem to have a special affinity for welcoming and giving refuge to the stranger in their midst – after, of course, poking a little fun at their strange ways

V. Overview of Books

- A. In total, I read **15 books**, all narratives by or about rural family physicians (with the exception of one medical anthropologist who teaches in a family medicine residency in Oklahoma)
- B. **Locations:**
 - 1. Minnesota (2) – rural, agricultural, Native, geographically remote; more than 100 miles from nearest specialist
 - 2. Rural upstate New York – Cooperstown
 - 3. Patterson, New Jersey – doesn’t really qualify as rural, but has a small-town feel
 - 4. General practice in various rural communities in Maine – “farmland and forest, moose country, bear country”
 - 5. town of Monette, Missouri in the Ozarks
 - 6. Sidney, Nebraska
 - 7. Oklahoma and the Great Plains
 - 8. Johnson City, eastern Tennessee “seventy-two churches watching over the flock, the perfect symmetry of the Lions and Kiwanis and Rotary clubs... a reassuring sense of being insulated from all the foolishness you saw on TV: subway vigilantes, mass murders, drive-by shootings, AIDS”
 - 9. Kentucky “hollers”

10. Georgia
11. Rural east Texas
12. Eckville, Alberta
13. small English village

C. Length of time and dates in practice:

1. The range of time in practice was from 2-50 years.
2. Interestingly, even people who had spent only a few years in rural practice remembered it years later and felt impelled to write about it
3. The span of time covered the spectrum from 1940s through the 1990s
4. Again, interestingly, there is more continuity than discontinuity in these descriptions

C. Territory and population covered

1. Anywhere from 1300 square miles “of woods and water”, or farm, bush, foothills, plains and prairies; to 12,000 square miles; responsible for several little villages and towns; most had practices of about 2000 patients, but the doctor was always “aware of how they are all interrelated” (Berger)
2. Most people stayed put
 - a. “Most people were born and raised and had lived their entire life in the hollows communities” (Verghese)

D. Types of practice

1. Solo; partners; up to 3 or 4 physicians
3. Provide 24 hr coverage to ER; on call 24/7
4. Saw between 15-40 patients/dy
5. Lots of driving, often in rugged conditions
6. House calls common

E. Kinds of illnesses seen:

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”)

III. Rural Folk and Good Ole Boys

- A. **What are country people like?** – Whether or not they are different from other people, these authors *believe* they are different
 - a. 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”
 - b. How many of your patients would say something like that?

- B. **Occupations:** These people are wood workers, loggers, commercial fishermen, wheat and alfalfa farmers, dairy farmers; they work in jam factories, brickworks, quarries; many on welfare; almost all of them are poor, sometimes desperately so, just one poor harvest away from bankruptcy
- C. **Negative stereotypes** can be found:
- 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
- D. **Idealization of rural Americans**
- Book jacket: "The beauty, compassion, and love represented by rural America and its people"
 - You'd think that saccharine description couldn't possibly be true, but at least in my readings it was supported over and over again
 - 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 who are 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"
- E. **The pioneering spirit**, willful determination against all odds, respect for power and force of nature; fatalistic, prepared to cope with unpredictability
- F. **Independent, self-reliant, proud**; taking care of yourself and your own
- G. **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, quitter
 - to have true grit is to endure, to prevail without complaint
 - one of highest compliments on plains is to be called a "survivor"
- H. They are **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"; Stein points out this implies "No one would want to hear it if I did"
 - All sentences are declarative, objective reporting: "No one speaks of worry, only meteorological facts"; only facts are stated, feelings implied, must be inferred; stiff upper-lipped solitariness, realism, no sentimentality, no nostalgia; "Lament is saved for lost cows, for favorite horses, and the country music the donut shop radio plays."
- I. They are 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"
- J. **Hardworking**, ~~perhaps in a way we can barely grasp~~

- a. Work the supreme value – work determines worth
- b. “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)
- c. Overwork of women: Patient with angina, doctor recommends rest, patient responds, “Rest? What’s that? Everyone depends on me. Why if I was to lie down and die, they’d look down at me surprised-like, and say, ‘Why, I wonder why Ma didn’t fix dinner before she died!’”

K. Regarding attitudes toward illness,

- a. Tend to minimize, endure even the most serious injuries and disease
- b. Stoic: even when on the verge of death, will always respond “just fine”
 - i. hate feeling dependent, asking for help
- c. Don’t like specialists, expect “doc” to fix everything
- d. Value of work and ability to function in one’s family and occupational role supersede value of health care
 - i. 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 – to provide one more year for the family, to keep the farm going one more year, to pay on one more year’s loans: “the humiliation of an incomplete job is worse than death”
 - ii. “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)
- e. Don’t like to talk about relationships, feelings
 - i. dread that family secrets will become public; worry about community condemnation
 - ii. anxiety, depression, somatization, and suicide the price of individualism
 - iii. 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”
 - iv. Prairie folk like to solve their own problems – when that’s impossible, tend to take them in physical form (somatization, masked depression) to the family doctor
 - v. doctors think in terms of asking lots of questions – prairie folk don’t like questions, questions a form of meddling, too direct; with trust, “answers are given to questions that never need to be asked”

L. Colorful regionalisms

- a. epilepsy – “fits, as we call them back here in the hills”
- b. “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”

- c. “fireballs in the ovurus” (uterine fibroids) “smiling mighty Jesus (spinal meningitis); “roaches in the liver” (cirrhosis); “high blood” (hypertension); “low blood” (anemia); “bad blood” (syphilis)
- d. 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?”; “sore leaders” (tendonitis); someone who can’t sit down because he has a “rising” (a boil on the bottom); a man having trouble with his “nature” has lost his libido

M. Traditional remedies

- a. skunk water bath, turpentine and pickle juice, dill weed and mustard packs
- b. gallbladder flush
- c. cow manure poultices

N. Traditional foods

- a. pecan pies, corn pone, hominy grits, poke salad, dry-land fish (fried mushrooms, squirrel stew, “baked possum looked better than it tasted, while ‘coon tasted better than it looked”; hog brain

IV. What Makes a Country Doc?

A. What Makes a Country Practice

- 1. “Front-line medicine” (MacDonald)
- 2. All kinds of patients at all times of day and night
- 3. Lots of accidents – combines chewing up people, trees falling on people, kids falling into lakes
- 4. Violence – domestic; bar fights
 - a. “It was such a violent state (Texas). Hurricanes and tornadoes. Fast cars. Feuds. Guns”
- 5. Egalitarianism – doctors usually known as “doc” or nicknames or Dr.

First name

- 6. They have to like to drive – a lot
 - a. Over dirt roads, through dust storms and snow storms
- 7. Have to be as willing to treat a prized sick pig, heifer, or horse as human

B. Attributes of a Country Doc

- 1. **Most respected person in community** – expected to make sacrifices
 - a. “A man who was all-knowing but looking haggard. He was in command and composed – whereas everybody else was fussing and agitated” (Berger)
- 2. **Always overworked and proud of it**
 - a. Most of time out on calls, walking across fields, along forest paths, often digging way through the snow, driving into tornadoes
- 3. **Courageous** – “men of guts” (Bowling)
 - a. Willing to risk own life to rescue patient
 - b. “the ‘real’ doctors of medicine
- 4. **In command and in control**

a. Physicians 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”

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

a. “Treat any conceivable affliction”

b. “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”

6. **Ingenious**

a. One Nebraska doc learns to fly his own Beechcraft airplane so he can deliver medicines to his patients

b. Invent their own solutions

1. “Rube Goldberg system of ropes and pulleys” to treat a broken hip; pounding a badly fractured knee back into shape with a rubber mallet; repairing a broken x-ray machine; drilling a steel pin through a bone for traction without a sterile settings

2. One doc used his brother, a precision toolmaker, as his anesthesiologist

3. To develop orthopedic apparatus, would consult with blacksmith, men at hardware store, and lumberyard “All that was needed was a little creativity, a knowledge of carpentry, elementary physics, and an understanding of anatomy and physiology”

M. Native Sons

1. Often from rural backgrounds themselves, many open practice near or in communities in which they were raised

2. They seem to like farming, fishing, raising pigs, livestock, trapping, building barns as much as doctoring

a. Took their farming at least as seriously as their doctoring

b. One doctor boasted he made \$40 a year on “road kill”

c. “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”

N. Strangers in a Strange Land

1. Paradoxically, outsiders find a place here

2. Foreigners, Jews, single women, medical students who grew up in the burbs or the Big Apple

a. “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)

b. “The community was a family. They accepted me and welcomed me into their homes” (Dlin)

c. "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)

3. Uglier subtext – how the U.S. makes it attractive for best and brightest of medical professionals in other countries to fill its service gaps (in this case, doctor shortages in remote, rural areas)

O. What draws them

1. **Land's "friendship with nature"**; natural beauty of lakes, mountains, river, streams; the prairie's "terror, lure, refreshment, and surprise" (Stein)

2. Lifestyle

a. Liked to chop their own wood, can their own fruits and vegetables; knit and sew

b. Many avid outdoor people, like cycling, backpacking, canoeing

3. **Isolation**: "I studied a map of Minnesota, looking for the largest patch of white, roadless area it displayed

4. Intimate relationship with, knowledge of patients:

a. "Patients become friends and friends become patients. These relationships can be both therapeutic and perilous"

b. "Those were the days when doctors knew their patients – intimately. They didn't need files cards. It was all in their heads and their hearts" (Anderson)

c. Kind of doctor who's not afraid to write on the death certificate of a woman who survived a massive MI so she could continue to care for her husband disabled with MS, only to die 8 days after his death, under cause of death: "No longer refused to die"

d. Errol Sam's short story "Epiphany" – rural family physician works with a suspicious, ornery patient treating him first for strep throat, then pneumonia, insomnia, depression, alcoholism, then finally guilt over a self-defense murder, peeling back layer upon layer of the onion, and writing poetry about the patient in his chart notes as he goes

e. A patient arrives at the ER, not "forty-three year old white male with chest pain unrelieved by nitroglycerin"; instead "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"

5. The clerk of their records

a. "Because he 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)

- b. "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" (Berger)
- c. His intimacy with patients is based on his ability to recognize them to see them as clearly as possible (Berger)
- d. "Sassall is accepted by villagers and foresters as a man who, in the full sense of the term, lives with them"
- e. They count on him to understand even when their families cannot – "the clerk of their records," the witness of their lives

P. Costs –

- 1. Depression
 - a. Deep depression: "He will work as hard as they suffer" (Berger)
 - b. Hilfiker, Loxterkamp, Sassall
- 2. Medical and psychosocial demands of patients proved emotionally overwhelming
 - a. "My life was busy, productive, satisfying – and at times overwhelming"
 - b. "Too many patient needs for the time and energy I had available"; "I felt constantly besieged" (Hilfiker)
 - c. "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)
- 3. Alcoholism – Canadian physician, William Carlos Williams
 - a. Friends and patients indulged his drinking
- 4. Inferiority complex of the LMD (local medical doctor)
 - a. Distinction between city doctors (good, competent, well-trained, superior) and backward, incompetent, ignorant country docs

V. Self-discovery/understanding of medicine

- A. Doctors seek out these settings to **learn who they are** through contact with simple but solid people facing difficult and life-threatening circumstances
- B. "It 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"

USEFUL QUESTIONS FOR LITERATURE AND MEDICINE DISCUSSIONS

1. Basic Orientation Questions

- a. Who is the speaker?**
- b. What is the point of view?**
- c. What is happening?**
- d. What is the tone of the work?**

2. Thematic Questions

- a. What is the selection saying?**
- b. What is the basic idea of the selection?**
- b. How would you interpret the message or point of this selection? Do you agree or disagree?**

3. Emotional Response/Empathy Questions

- a. What is the narrator (and other characters/patients) feeling about his/her/their situation [or] the situation described?**
- b. How did you feel about the narrator, other characters/patients, and/or opinions expressed in the selection?**
- c. If you did not like the narrator, other characters/patients etc., are there any circumstances under which you could feel more sympathetic to him/her/them?**
- d. What would this story be like from the point of view of one of the other characters/patients/physicians?**
- e. Did you like or dislike the selection? Why?**

4. Credibility Questions

- a. Is the passage true to human experience?**
- b. Is it credible? Does it make sense?**

5. Clinical Implications

- a. What message can you take back to clinical practice from this selection?**
- b. What did it teach you that might be relevant to patient care?**
- c. How would you feel about being the physician of the patient described [or] the partner of the physician-narrator?**
- d. If you were the patient's physician [or] the physician's partner, how would you try to act? What might you say and do?**
- e. What have you learned about yourself as a physician from reading this selection?**
- f. What have you learned about rural practice from reading this selection?**