

# THE LANCET

Volume 354, Number 9182

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## An office on Main Street

Perhaps it was urban dreamers who created the romance of rural medicine. In the USA, as elsewhere in the western world, the notion of the omniscient, tireless, selfless general practitioner is a fixture of lore and the stuff of legend. But, as a recent essay in the *Hastings Center Report* points out, the life of the country doctor is a demanding one that is often not well understood, especially in societies with health-care systems wedded to high-technology practice. And as the popular notion of the country hero, with both ruffled white coat and kindly demeanour, is displaced by the confident, young urban city specialist, the threat to a real understanding of rural practice and its practitioners grows.

The essay—"An Office on Main Street: Health Care Dilemmas in Small Communities" (*Hastings Center Report* 1999; 29: 28-37)—is unusual and noteworthy in its emphasis. One of its strengths lies in the fact that it deals not only with the perfunctory discussion of the difficulties of rural medicine—lack of technology, shortages of trained personnel—but also with the unique and sometimes challenging ethical dilemmas that doctors and nurses must face when practising and living in small towns. Another strength is that its perspective, by Laura W Roberts and colleagues, is from professionals—psychiatrists and ethicists—with clinical experience in rural New Mexico and Alaska.

Some readers may be surprised that an essay on rural medicine comes from an urban nation such as the USA. But demographics tell a commonly disguised story. 45% of the US land mass is considered "frontier" and 60 million of the nation's 250 million citizens live in areas that are either frontier (fewer than 6.6 people per square mile) or rural (fewer than 2500 people per town boundary). The US population density—69 people per square mile—is far lower than medically comparable countries such as Germany (573 per square mile), the UK (609), or Japan (865). Not surprisingly, as the article points out, the medical challenges in rural areas are many. Age-adjusted death rates in US rural areas, for example, are higher than in urban areas. In rural areas, a higher proportion of patients are

disabled or have illnesses such as cancer, heart disease, arthritis, or diabetes. There are more elderly people and more children to care for, and depression, cognitive disorders, and alcohol addiction are also more prevalent in the country than in the city.

There are ethical dilemmas in medical care wherever it is undertaken. But, as the article points out, in small towns the familiarity and closeness of community life can make navigating customary minefields even more treacherous. It is common for caregivers to be looking after friends and family when the community is small; not surprisingly, these interlocking relationships and dependencies of small-town life can make confidentiality nearly impossible. Even the sanctity of the medical chart cannot be guaranteed in settings where care is more likely to be given in a clinic and not in the relative privacy of an individual doctor's office. But good care demands good documentation, and thus the inevitable conflicts arise. It is not hard to see how intensely difficult it becomes for both caregiver and patient when all are called on to discuss or treat openly such sensitive conditions as sexually transmitted disease, abortion, substance abuse, or family violence.

As the authors point out, the country doctor or nurse inevitably becomes the "carrier of every town secret". This burden is significant, especially when added to the already difficult conditions under which rural caregivers must work. And it can have negative consequences. "Rural clinicians may become less socially involved and increasingly withdrawn as their tenure lengthens", the essay reminds us, "until eventually they may feel themselves, ironically, to be outcasts." The message from Main Street is simple: the plight and care of the rural clinician will not be mitigated by machines and technology alone. If nations want to keep competent doctors and nurses in their rural areas, they must also understand the heart and soul of rural practice, and lend support to those who labour to uphold this noble tradition.

*The Lancet*