Leaving Rural Practice

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The decision to leave rural practice and return to academia has been the most difficult one in all my life. This essay reflects on experiences and people that go through my mind as I move through the hospital on morning rounds. A once suicidal nurse is now getting remarried, another carries a scar that I feel responsible for, and the now empty wards of an outdated hospital impart sadness. Loneliness, lack of progress, and uncomfortable relationships outweigh the idyllic picture of home visits, knowing my patients well, and the quiet peaceful life in a rural area.

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This back stairway has become all too familiar for me. I’ve used it more than once to slip away from family members waiting at the desk. I didn’t have the answers for them. I couldn’t fix the illness that was draining their loved one of life. The stairwell is where I once gobbled down a piece of pumpkin pie taken from a patient’s dinner tray. He wasn’t going to eat it anyway. I’ve guzzled my Mountain Dew and cranberry concoction here, attempting to wake up and appear presentable on intensive care unit rounds after an all-nighter in the emergency room. This is one of my few escapes in life, a few quiet seconds in an abandoned stairwell. Like a public bathroom with a lock on it, or the silent womb of my Volvo sedan. A few seconds away from doctors and nurses and IV alarms and sickness and death. I will miss this lonely place.

Bonnie is getting all the fuss this morning. The 40-year-old nurse sports a new diamond ring, and everyone is happy to have a ray of light in our otherwise uneventful morning. They’re gathered around her in awe, already talking about colors and dresses and refreshments. I give her what congratulations I can, in my own awkward masculine way. I don’t hug. I think they know that by now. I provide a laugh and a witty comment about her fiancé being a farmer. That’s as well as I can do. And there is a laugh back and thanks from her.

It’s not easy to erase our past together. It flashes through my mind as I see this new diamond on her finger. It’s as vivid as yesterday, her face covered in charcoal and blood and crying through a nasogastric tube, “I just wanted to die!” We lavaged a dozen Valium from her stomach, and the charcoal chased the rest out. I will never forget her screaming at me, but I could not let her end her life. Bonnie was out of the hospital and back to work quickly, and we have not talked about it since that day. She has never thanked me. I question whether she can forgive me for stopping her suicide, even now with a new ring and a new life to start.

Carol is her sister, though no two could be more different. It’s Carol’s turn to round with me this morning, and I perceive a hint of “can you believe my sister is going to marry that guy” in her look. We head down the hallway and change the subject to Mrs Wood’s potassium. Carol carries the thick and unsightly scar on her left elbow from a bike accident 2 years ago. I spent an hour cleaning that wound. It was full of tiny roadside gravel, and I just couldn’t seem to get it all out. The X-ray was normal, and she otherwise just had a few scrapes here and there. But I didn’t see her in follow up, and then a week later she was there seeing Dr Lewis. I was embarrassed and she was embarrassed and so was he. “Did you want to see this laceration?” he asked politely. “It’s gotten infected.” I’m known as the no-antibiotics doctor and criticized for it. Now this scar greets me every morning and I’m left to wonder if
Carol blames me for its size and ugliness.

Lori is a welcome sight. The young red-headed student nurse smiles her biggest as we enter Mrs Wood’s room. “Look who’s here, Mrs Wood!” she says in that loud voice that we use to speak to elderly patients. Lori was 13 weeks pregnant with her first when we met in Room D of the emergency room. Her husband is a giant with a big blonde fuzzy beard and a fun-loving smile like hers. But that night was all seriousness as we talked about the bleeding and the dropping beta-HCG. They would not be starting their family quite yet. They opted for me to go ahead with the D+C, rather than calling in the gynecology specialist. I have recalled that experience a thousand times, wishing that all of my patient relationships were as pleasant.

Harry fills cups of ice for each patient room. He’s in that pre-retirement age where the hospital hangs on to him as a favor. I’m not sure that he has any formal training, and he seems to just do odd jobs like handing out breakfast trays and helping with baths. In the hallway, he still asks me about my wife, who did her nurses training here almost 20 years ago. And I still compliment him on his milk-fed turkey, which I won in a hospital raffle 5 years back. It’s the same routine I can expect every morning. I used to like that comfortable routine, but something in me has grown tired of it. Harry’s belly fills out scrubs like a big purple gumdrop, and I’m reminded to nag his wife again about the dietician appointment. But I doubt that she’ll keep the appointment or that it will lead to a change.

Yvonne is a bubbly unit clerk who is quick to read Mrs Wood’s orders so that she can question me on one of them. She always questions one of them, just to clarify or perhaps just to make conversation. This week I’ll have to tell Yvonne that I won’t prescribe massage therapy for her kids anymore. Two teenagers in a minor rear-ender almost 3 months ago now, and still Yvonne milks the system for days off and unorthodox treatments. It’s been an awkward situation for me. Still, I keep in mind that she only works full time because her husband can’t. He’s at home with a bad back and loads of codeine.

The old pediatrics ward is quiet now. There are only rooms for de-funct wheelchairs and cribs. Sometimes the medical students find a room down that hallway in which they can sleep. In the glory days of this hospital, my mother-in-law says that every bed was filled every day of the year, and oh the specialists that this small town had. Back when the nurses wore uniforms and didn’t belong to a union. Now the Disney characters are left painted on the walls, but no child has seen them in more than a decade. The maternity ward is also quiet, down the other hallway. I haven’t delivered a baby in 2 months now, nor have I heard the familiar heart tones and seen the flurry of excitement with an expected delivery.

In the doctors lounge, there once was juice and fruit and crackers. But when Dr Holland split off from the clinic, the other partners complained about paying for his lunch. I would just as soon that he didn’t walk in on me today as I check my e-mail. I turned him down for surgical assisting twice this month, and he’ll want to know why. It’s hard to explain to a surgeon that being second assist in the “theater” is not very exciting. Above me on the shelves are JAMA journals that date back to 1978. I picture a collegial group of GP surgeons in here eating oranges and talking about the latest research. But no one has had that kind of time or enthusiasm since I have lived here. It’s a medical culture that is lost and almost forgotten.

We are all patients here, caring for one another as friends and neighbors—Harry with his diabetes, Lori with her miscarriage, and my depression. For all of us, it is as if we are lying on a gurney, waiting for a friend to bring the medicine, and another to rotate my bedsores, and yet another to fill my ice cup. We go to church together, make home visits for cancer, and talk about hemorrhoids in the freezer section of the grocery store. I shall miss this small town and these people. Yet I know I do not belong here and will search for fulfillment in teaching and research that I have not found in clinical practice.

I’m on my way to clinic today and it’s before 9 am. I’ll have some time to tackle paperwork and maybe chat with a partner before the afternoon starts. I wouldn’t mind a little conversation today. Something light and not related to a patient—a conversation like me and my school buddies used to have before we got jobs and had families and bought life insurance. I pause in the parking lot for a moment before turning the ignition. It’s one of those quiet moments, but I cannot stay too long.

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