Interview with Dr. Merrilee Brown

UTMJ Interview Team (Happy Inibhunu and Annie Yu)

Dr. Merrilee Brown

Dr. Merrilee Brown is a Rural Family Physician in Port Perry, ON, Lecturer at the University of Toronto Department of Family and Community Medicine, and an Associate Professor at Queen's University. She is currently on the Rural Ontario Medical Programme Board of Directors, Society of Rural Physicians Council Member at Large for Ontario, and SRCP/CAEP Section of Rural Emergency Medicine while acting as the SRPC Representative to the CCFP Section of Teachers and Hospitalists and the SRPC Rural and Remote Conference Co-Director for 2020-2021. As a practicing physician, she has been awarded the 2009 SRPC Fellowship of Rural and Remote Medicine, 2016 Reg Perkin CCFP Family Physician of the Year, and the 2018 OCFP Practice of the Year with the Medical Associates of Port Perry. Dr. Brown's work centers on intrapartum obstetrics, emergency and hospital inpatient care, consultative palliative care, care of the elderly, OR assist, and urgent care. Her education and research interests include rural medical education, as well as feedback and faculty development.

UTMJ: Can you describe how EFPO (Educating Future Physicians of Ontario) sparked your interest in rural health care and medical education directed towards community needs?

MB: Educating Future Physicians for Ontario was a strategic initiative of the [then] five Ontario Medical Schools in 1990-1996 to make medical education more responsive to the needs and expectations of Ontario's society. It was born out of the Ontario Doctors Strike of 1986-1987 and got the medical schools working together towards a common goal of training physicians to be more socially accountable. The project gave me an opportunity to marry my passion for social justice and medical education as a first-year medical student. As the head of the Student and Resident Committee and a Member of the Board of Directors, I helped ensure that the voices of medical students and residents were reflected in the project. Ever since, helping future physicians to develop the skills to deal with the needs and expectations of people in underserved rural areas has been the focus of my career.

UTMJ: As a family practitioner, what do you find are key challenges that patients face, in a rural health setting, in terms of accessing resources or maintaining further care?

MB: Although about 20% of Canada's population is rural, only 9% of Canada's physicians and 2% of specialists work in rural Canada. Rural Canadians generally have worse health outcomes, lower life expectancy, higher rates of disability, and lower socioeconomic status. They have greater distances to travel for health care, as well as greater personal and social costs of leaving their communities for care. There is an acute need for generalist skills in rural areas despite the trend toward increasing specialization. Many physicians find the broad range of skills required in rural medicine intimidating and the on-call demands overwhelming, making it increasingly challenging to recruit and retain consistent medical staff.

UTMJ: As a contrast, how does this differ with the challenges a general practitioner, like yourself, face in a rural health care environment? Do you find your role as a rural health care provider more limiting than your colleagues in urban areas or is it more general?

MB: The key challenges and rewards of being a general practitioner in a rural area are the same. Spending two decades in the same community has given me the opportunity to take care of families for an entire generation. In fact, I just became a grand-doctor: one of the babies I delivered the first year I came to Port Perry just had her first baby. Because of the broad skill set I use in Port Perry, I often deliver my patients' babies, admit them to hospital from the Emergency Room, or take care of them in Retirement Homes and in their own homes for palliative care, sometimes all in the same day. It is not a 9-to-5 job and some people find it challenging to balance family life and professional life. But, because I live 100 metres from the hospital, I walk to work and don't waste time sitting in traffic. I thrive on the variety of work that I do and the satisfaction of caring for my community as well as my patients. At times, this means I am stretched beyond my comfort zone, but sometimes I am the best qualified person at that moment to provide care. There is joy and satisfaction in caring for people across a variety of situations, in and out of hospital. When I worked an urban locum, I had a patient with appendicitis in my office. All I could do was send them to

the ER. In Port Perry, I can diagnose my patient in the office or ER, arrange for investigations, call the surgeon, assist at their surgery, and take care of them in hospital and after discharge.

UTMJ: Based on this experience, what advice would you provide to medical students, especially in urbanized areas like Toronto, of how they can get involved in endeavours related to rural health?

MB: There are lots of opportunities for medical students to get involved in rural health. The Rural Medicine Interest Groups have allowed those with an interest in rural health to get together and discuss pertinent issues. The SRPC (Society of Rural Physicians of Canada) has a medical student group and membership is free. The annual SRPC conference, the R&R (Rural and Remote), is one of the largest rural medicine conferences in the world and a great opportunity to learn with great rural physicians across Canada. Some schools are trying to connect students and rural "mentors" to help foster connections. But the best way to engage in rural health issues is to get out of the city and spend some time in a rural area. Chances are, you'll be the only trainee, so there are lots of one-on-one opportunities to learn while doing that!

UTMJ: How can medical students and practitioners advocate for improvements in rural health care?

MB: Medical students and physicians can advocate for rural health issues by getting the word out. MedTwitter is a great way to advocate to a wide audience and it costs nothing to set up a twitter account. Meet with politicians, your local MP (Member of Parliament), or your mayor. Write a piece for your local paper. Primary care and rural research need more people with good research skills to provide the evidence that rural care matters. Volunteer for provincial and national committees: if we want a say, we need to sit at the table!

UTMJ: Where do you see rural health care in the next ten years? What do you believe needs to be modified for there to be growth and sustainability in providing health care for all Canadians, in both rural and urbanized areas?

MB: Health care is under increasing financial pressures. We have an aging population that is living longer with more chronic illness. We have enormous pressure on hospitals and Long-Term Care centres. We continue to have harrowing rates of illness, violence, and mental health issues in Indigenous communities. As a society, we have an increasing gap between the rich and the poor, which means increasing discrepancies between urban and rural centres. I think good quality primary care close to home may be the answer to this discrepancy. You can't beat the efficiency of a well-trained rural family physician! We need to be judicious in the choice of the tests we order and the care we recommend. We need to help people set reasonable limits on their care in accordance with their wishes and values. Many citizens in rural areas don't want "aggressive care" as they age, especially if it takes them away from their community. Providing reasonable options, like hospice care, is often both preferable and more cost-effective. Supporting people to take care of their own families and communities is critical. Better caregiver supports, supports for those with mental health issues and addiction, and home-grown, community-based initiatives are part of the solution.

UTMJ: How can the different levels of government and advocacy organizations support these changes?

MB: Provincial governments bear the most responsibility for health care, but the federal government and the national colleges and organizations like the SRPC have a role in ensuring that the needs of rural and remote communities don't get overlooked. There are lots of similarities in the needs of smaller communities across Canada. It would be great if we could look at what has been successful in rural and remote areas and share that experience across provincial borders. We need the voices of people who live and work in rural and remote communities to help create solutions that work.

UTMJ: What do you find rewarding in your profession?

MB: I find teaching among the most rewarding experiences as a physician. It reminds me what I like best about my job: relationships with my patients, the sheer scope of my practice, and serving my community. It allows me to ensure that my community will have a supply of great physicians in the future. I have taught more than half the physicians who work in my community, so I know we are in excellent hands in the future.

UTMJ: How would you recommend students to get involved with practicing rural health?

MB: As I previously mentioned, students can get involved with rural health by spending time in rural areas. ROMP (Rural Ontario Medical Program) organizes Rural Week for first- and second-year medical students to spend a week experiencing life in a rural community. It is a great introduction to rural medicine. ROMP can help organize rural electives during clerkship and they give great information about rural residencies as well. Nothing beats spending time in rural communities – you may fall in love with the life just like I did.