

Micmac medical student becomes role model for his community



Nancy Robb

In Brief

WHEN ROBERT JOHNSON GRADUATES FROM MEDICAL SCHOOL in 1998, he will become Canada's first Micmac physician. For him, going to medical school is a major responsibility because he is a role model for an entire community. He hopes he is only the first of many Micmacs to make this career choice.

En bref

LORSQUE ROBERT JOHNSON OBTIENDRA SON DIPLÔME DE MÉDECIN en 1998, il deviendra le premier médecin micmac du Canada. Pour lui, les études en médecine constituent une responsabilité importante parce qu'il est un exemple pour toute une communauté. Il espère être seulement le premier de nombreux Micmacs à choisir cette carrière.

When Robert Johnson, Jr., was in his early teens, he used to observe the doctor who came to his community 2 half-days a week. The more he watched, the more medicine seemed to be a fulfilling and challenging profession.

"My mother has rheumatoid arthritis, so she was a frequent visitor to the physician," recalls Johnson, a third-year medical student at Dalhousie University. "I was very impressed by how they helped her so much."

Over the years, he also noticed the high turnover of physicians and the long lineups in the clinic's waiting room. "Knowing that health care on the reserve didn't seem like a big priority — and that it probably should have been — was also a factor in my decision to go into medicine," he says. "I saw the opportunity to change things for the better."

Johnson grew up on Millbrook First Nation, a small Micmac community near Truro, NS. When he graduates from Dalhousie in 1998, he will become, as far as he knows, Canada's first Micmac physician. "It adds a little icing to the cake," he says, "but it had to happen sometime."

Johnson earned the icing. The 23-year-old science graduate and athlete has won a bundle of scholarships from organizations such as the CMA, the Provincial Medical Board of Nova Scotia, Health Canada and the Confederacy of Mainland Micmacs. Earlier this year he received a \$5000 National Aboriginal Achievement Award from the Canadian Native Arts Foundation for his "academic excellence and drive to succeed."

He's well aware of the importance of his career choice: "Maybe my going through medical school will break a barrier and encourage other people to go into a health profession."

Family physician Dr. Michael Perley, who provides care on 2 reserves in western New Brunswick, agrees. "Native people shy away from medicine because they feel that maybe they don't have the smarts to go through it and to finish," he says. "Once they see more and more native people going through and finishing, it becomes a possibility."

Perley, the only Maliseet physician in Canada, graduated from Dalhousie in 1980. (Maliseets settled mainly along the

Features

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Can Med Assoc J 1997;156(1): 67-8.



Robert Johnson: his medical degree may "break a barrier"



St. John River in New Brunswick, while most Micmacs settled east of where that river drains.) He thinks Johnson will be a solid role model in his community.

"It's just a matter of time before you get [student] interest to go into that field," says Perley, who still makes himself visible in the hope that other Maliseets will follow his lead. "It's very important that there are role models and for role models to be recognized," he says.

Johnson feels he'll be more of a role model when he gets his medical degree — "I still have to succeed," he points out — but for now he prefers to work hard and "teach by example."

He says many Micmac teenagers worry about the uncertainty of leaving their community, especially if they live on an isolated reserve and English is their second language. He says many also seem to be drawn to the arts, although he stresses that students no longer have to be "narrowly scientific" to get into medical school.

"I hope that some day more native doctors and nurses will go back to the reserves," he says, adding that more Micmacs are now going to university and entering fields such as law.

Meanwhile, Johnson applauds initiatives like a Dalhousie University study examining the prevalence of diabetes in four Micmac communities in Atlantic Canada. He says one purpose of the study was to hire natives to

conduct research, in part to train them in medical-research techniques and to spur more of them to enter a health care profession.

Johnson got his first taste of clinical life on his reserve when he did research for that study during the summer of 1995. He has also worked on a native housing project, and will likely do an elective with a native healer in Alberta after he completes his fourth year. "When an elder makes an offer like that, you just can't pass it up," he says. "They know so much."

But these days, he's not sure he'll return to his community to practise because he has ethical concerns about treating relatives and friends. He is also going through "an internal struggle" over whether to specialize in family medicine or dermatology. Johnson, who went to Harvard University last summer to study dermatology on a grant from the American Academy of Dermatology, likes the visual memory and pattern recognition involved in that specialty.

"Coming from a reserve and being funded by the reserve to study medicine, I feel more of an obligation to do family practice," he says. "However, I obviously feel I have an obligation to myself and my happiness."

Chances are Johnson will live and work, at least part-time, in a native community in the Maritimes. "I will give back in some way," he says. "I just can't promise it's going to be as a family practitioner on my reserve." ?

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