

# Call of the wild a strong lure for Yukon physicians



Anne Tempelman-Kluit

## In brief

A YEAR FROM NOW, THE YUKON MEDICAL ASSOCIATION will play host to the CMA's 131st annual meeting in Whitehorse, marking the first time the meeting has been held in Canada's North. Anne Tempelman-Kluit talked to some Yukon physicians to determine how medical practice in the North differs from practice in southern Canada.

## En bref

L'AN PROCHAIN, L'ASSOCIATION MÉDICALE DU YUKON sera l'hôte de la 131e assemblée annuelle de l'AMC, à Whitehorse. Ce sera la première fois que cette assemblée se tiendra dans le Grand Nord canadien. Anne Tempelman-Kluit a rencontré quelques médecins du Yukon pour voir comment leur pratique diffère de celle de leurs collègues plus au sud.

“It's the biggest high of your life, but some of it isn't fun,” Dr. Roger Mitchell says of climbing Canada's highest mountain, the 5950-m (19 550-ft.) Mount Logan in the Yukon's St. Elias Mountains. Mitchell and 5 friends “went camping up a mountain for 28 days” in 1987. Their ascent was successful — only 10% are — but summit day was a 24-hour endurance test, with temperatures standing at -20 in the middle of June.

“You are so hypoxic it can take an hour to get your skis off and put on crampons,” says Mitchell, but the experience didn't stop him from taking part in the first Canadian ascent of 5300-m (17 500 ft.) Mount Vincent in Antarctica, also in 1987.

But Mitchell, the current president of the Yukon Medical Association, does more than climb mountains. He is a partner in a thriving medical practice in Whitehorse, and says the location lets him take advantage of the unique outdoor opportunities available on his doorstep.

Long before Mitchell graduated from Queen's University in 1973 he was drawn to the North. “I read Jack London and other books and was fascinated by the whole northern myth,” he recalls. Work in the Labrador bush as a teenager only whetted his appetite.

Mitchell was not disappointed when he came to the Yukon “for a year” in 1975. “I had friends who were homesteading outside Whitehorse and I remember skiing in to visit them under a full moon, with wolves howling in the distance,” Mitchell recalls. “It was magic.”

A keen rugby player and rock climber at university, he became interested in skiing and ski mountaineering while interning at the Calgary General Hospital. In the Yukon, he discovered the joys of river paddling. “I preferred time off to money,” he says with a grin. “I was young, energetic, loved the outdoors, I was always off on a river having adventures — or calamities.” He still loves canoeing and kayaking and explores rivers as often as he can, while still “keeping my marriage intact.” Today his wife, Sharon, a mental-health nurse, is his “partner and bowman.”

She came to the Yukon in 1977 to visit, and stayed. Mitchell, who has 3 “wonderful stepdaughters,” said his family is fairly typical. “Like most Yukoners, we came from somewhere else. We're all self-starters. You don't have family around, so in the Yukon your friends become your extended family, your friends become your children's friends. It's a very secure environment for children, and the educational and sports possibilities for kids are quite amazing.”

## Features

## Chroniques

Anne Tempelman-Kluit

Can Med Assoc J 1997;157:773-5



Dr. Roger Mitchell: “the best job anywhere”



Mitchell agrees that the long, cold Yukon winters can be difficult for some people and depression is a common winter illness, but "cold climate [equates to] warm friends."

The Yukon's 33 000 residents are scattered over a huge area — 483 450 square km — that is served by 43 physicians, 36 of whom practise in Whitehorse. Mitchell, a GP who also serves as an anesthetist, vows that being a physician in the Yukon is "the best job anywhere."

Emergency calls at the Whitehorse General Hospital, which recently underwent a \$45-million renovation, are shared by all Whitehorse doctors. "It's a very cooperative situation," says Mitchell, who as an anesthetist faces a heavy on-call schedule. A gynecologist, pediatrician, general surgeon, anesthetist and psychiatrist are available to provide specialist services in the Yukon.

"People get tremendous service here," says Mitchell.

## Came for a locum, staying for life

Dr. Allon Reddoch knows exactly how long he's been in the Yukon: he came to do a locum for a pregnant doctor whose baby is now 23 years old. "I was like everyone else," he recalls. "I came for a few months, for the sense of adventure. It took less than a month for me to know I wanted to stay."

Reddoch, a family physician who graduated from the University of Western Ontario in 1973, says practice variety is 1 reason he enjoys his work in the North. He cited a recent 3-day period as an example. "On Monday I saw patients in my office. On Tuesday I was at the Workers' Compensation Board — I'm their chief medical consultant and have to keep up with what's going on in that area. I was on call Tuesday night and delivered the baby of a longtime acquaintance, which was a happy event. On Wednesday I was in the office as an allergy and dermatology consultant. We have a specialist who comes up from Vancouver part time, but I'm the local consultant for my colleagues."

Almost every physician in the Yukon has a special area of expertise, Reddoch notes. One family physician performs ultrasonography, while other doctors are interested in areas such as cardiology and pediatrics. "We maintain our interest as well as offer special services. We all get along very, very well and refer patients to other clinics for specialized services. Patients here get excellent service."

While attending meetings "Outside" — that's what the rest of Canada is called by Yukoners — "people all seemed to be obsessed with finances. Here, we just don't talk about it that much."

Personally, says Reddoch, he and his wife, Mary,

think the Yukon is one of the most beautiful places in the country and they find lots of opportunity to pursue professional and social interests: "There is a wonderful sense of community."

Practice in the Yukon has allowed him to develop interests that would not normally have attracted him: he has sat on the CMA Board of Directors for many years, and serves as an adviser to the Canadian Medical Protective Association. As well, the Yukon Medical Association has nominated him for the CMA presidency for 1998–99.

His outside interests have provided plenty of opportunity to travel. "I think," says Mary Reddoch, "that we've seen more of Canada than we would have if we would have stayed in Ontario."

Although not particularly involved with specific outdoor activities, the Reddochs have enjoyed hiking, sailing and cross-country skiing, and have a cabin outside Whitehorse.

Reddoch reflects that even though physicians in the Yukon are very busy, there is little opportunity for new physicians to move to the territory. "We really can't

encourage people to come up here to practise [because of] the Physician Resource Plan." The plan, he notes, is a reflection of what is happening elsewhere in Canada.

The current problem, Reddoch says, is finding physicians to serve as locums. Usually doctors come from BC or Alberta for brief stints, but last year Reddoch had to go as far afield as New Zealand to find someone. "Of course," says Reddoch, "he used to live here and he was delighted to have the opportunity to come back — even for 6 weeks."



**Dr. Allon Reddoch: "a wonderful sense of community"**



“The specialists are top notch, our infection rate is lower than low and we get to do the work we’re trained to do. The service is well-managed and efficient.”

Most Yukon communities rely on nursing stations, since only 3 communities besides Whitehorse have physicians and seriously ill patients are transported to Whitehorse. Nurses in the outlying communities, however, are allowed to perform simple medical procedures that are usually done by doctors. “We’ve solved a lot of problems in interesting, practical ways,” Mitchell remarks.

Time off remains more important to Mitchell than money. He took a year off in 1980 and, with his family, moved to Atlin, BC, for a year to build a cabin. Atlin, BC’s northernmost community, has 400 residents. “I worked 1 morning a week and provided telephone support and emergency care the rest of the time,” Mitchell says. “I earned \$3000 that year.”

Inevitably, doctors in the Yukon deal with problems rarely seen in the south. There is an average of 1 bear mauling a year; in July 1996 a young BC woman was attacked and killed by a grizzly bear in Kluane National Park. It was the Yukon’s first bear-mauling fatality in 20 years.

Mitchell was asked to make a presentation covering 20 years of bear attacks in the North during a meeting in Montana. “They said afterwards they would never come North,” he remembers. “I gave the same presentation to the Yukon Renewable Resources people, who have numerous encounters with grizzly bears each year. Compared with the Americans, they were quite blasé about the situation — they said ‘thanks for letting us see how it can be.’” Mitchell said 50% of people attacked by bears end up in hospital and 10% die.

Mitchell’s newest passion is snowboarding. “We go on the Skagway Road — a million-dollar view, fantastic snow and 2500 vertical feet of runs. It’s heaven.”

Life in the North is something Mitchell can’t wait to share with physicians who attend the CMA annual meeting in Whitehorse Sept. 6–9, 1998. “It’s going to be wonderful,” he said. Although there will no longer be daylight at midnight by the time the CMA meeting is held, it still remains light late into the day in September. “Golfing, kayaking, strolling, river paddling, a trip to Skagway. We want people to come and enjoy the North as much as we do.” ?