

LETTER TO THE EDITOR

Arctic Medicine

To the Editor:

The readers of the AAOJ may be interested in my experience as an osteopathic family physician also practicing OMM in the Arctic. I expected to practice traditional outpatient medicine after residency and I practiced in a clinic for 6 years before deciding to look outside the box. When searching for options, I found a few opportunities that would help pay off my student loans. I was looking for adventure, so I settled on Alaska. I wanted an authentic experience, so I chose a job off the road system and north of the Arctic Circle. I started working in late 2019. I learned the ropes, which included seeing patients in the hospital clinic, managing patients remotely using health aids in villages, and flying to these remote villages to see patients in person.

Soon after getting my feet wet, COVID-19 hit the world and our whole operation turned upside down. Just like the rest of the country, we had to figure out how to still manage the complex health needs of the native population in this remote region while protecting ourselves from this outbreak. We were in a unique situation in that the only access to our region was by plane, so everyone that flew in was tested for COVID immediately and, if positive, was quarantined to help prevent spread into the region. We were successful for almost a year, but eventually COVID got in and we had to manage as best we could.

There were several challenges to healthcare in the Alaskan Arctic. Access was a big one. Though we had clinics in all of our villages, they did not have providers on-site more than once every couple of months. This required local health aids to see the patients for us, transmit information (like vitals, a review of systems, and a simple exam) to us, and we came up with a plan of action based on this limited information. Sometimes that plan was easy to implement, like reassuring the patient or prescribing a

medicine. Other times we had to authorize the patient to travel to a higher level of care on the next propeller plane to the regional hospital. If the situation was more urgent, we might have needed to send a Medevac plane to transport the patient to us or to a more equipped hospital. This was successful much of the time, although factors like cost and weather played a big role. Sometimes planes could not leave for days due to a blizzard or strong winds and our high-school educated health aids had to manage the patients as best they could while waiting for help to arrive.

Trust was another factor that affected healthcare. Patients often waited longer than it was ideal to seek care or did not trust the advice they were given. This resulted in serious conditions being left untreated and, when finally discovered, were left with limited options for treatment. We tried to be available to our patients but the limited access in our most remote areas were hard to overcome.

My favorite part of practicing in the Alaskan Arctic was seeing the babies. We had midwives who managed prenatal care and babies were either delivered in our hospital or higher risk mothers were flown to a larger hospital. Every baby was monitored and mothers were encouraged to bring them in regularly for routine care. As an osteopath, I was able to treat babies with OMM: I enjoyed gently encouraging overlapping sutures back into place or working on constipated tummies. There are still a few tribal healers that work primarily with their hands to relieve ailments. Showing mothers that I could also offer hands-on treatments helped put them at ease.

Though I'm no longer working in Alaska full-time, I enjoyed my 2 years and have returned for shorter stints a few times. Each time I return I am reminded of why I left. Yet something inextricably keeps drawing me back to the region. To the challenges. The people. The beauty. I encourage anyone that wants to experience medicine in

a unique and different way to seek a remote opportunity. You will learn how to think creatively, to seize every opportunity and, as cliché as it may sound, you will appreciate so much more of what you already have.

Sincerely,

Katrine Bengaard, DO