

REFLECTIVE PIECE

The retrieval is only the beginning: A rural patient reflection

Kristie Forrest

AS I SIT IN ROMA AIRPORT (approximately 480 km west of Brisbane) after leading registrars of The Royal Australian College of General Practitioners (RACGP) on an excursion throughout southwest Queensland, I can't help but ponder my own lived experience of rural healthcare as a patient. Today I overheard the registrars learning about managing seizures in a rural setting and about retrievals and the need to manage with what you have until that retrieval arrives. I also heard continuously about the importance of good primary care. Many of us probably have a story about a rural healthcare journey and this visit reminded me of mine. Here's a snippet.

It's 2013, I'm 28 weeks pregnant and, as it happens, 28 years old. I'm in a rural Victorian town about 200 km from Melbourne. It all started in a pretty dull way – hanging out washing and feeling some funny tingling sensations in my right hand. A consult with 'Dr Google' told me that pregnant women can get carpal tunnel syndrome. Excellent. Nothing sinister – carry on. It progressed to an ambulance ride to hospital. The radiographer was called in from home, likely interrupting his tea, and he was none too impressed. You know when you realise something is really wrong? When someone flicks the switch from cranky to kind in a snap. That's when you know you're in strife.

The medical team at the hospital delivered the news that I had a brain bleed. They advised they couldn't do too much here, and I'd need to be medevaced to Melbourne by helicopter. I was to remain calm to avoid elevating my blood pressure – which could potentially make things worse. This was tricky given the circumstances.

The next 18 months became a blur. Intensive care unit, stroke ward, occupational therapy, speech therapy, physio, trips back and forth to Melbourne, MRI, CT scans, caesarean, cerebral angiograms, craniotomy and arteriovenous malformation (AVM) resection, craniotomy and haematoma removal, suspected seizures and many, many follow-ups. By now I knew a fair bit about haemorrhagic stroke and, well, I wasn't a doctor.

Often with these things the focus is on the 'significant event'. Of these, I had a few: the retrieval; the brain bleed; the birth of my baby; the surgeries. These times are when your loved ones rally around you and the medical team are most involved. What sometimes gets overlooked, and what becomes challenging in a rural setting, is the stuff that comes next. The road to recovery. I was fortunate to have access to a general practice with general practitioners (GPs), nurses and staff who knew me and my extended family. While the doctors in Melbourne were interested in fixing the AVM and delivering baby safely (admittedly very important), the practice supported me through each significant step and the recovery that followed.

I started seeing a new GP at the practice before the stroke happened. According to my nan, he was 'very thorough and a good bloke'. He was young, softly spoken, an empathetic listener, methodical, and appointments never felt rushed. He and the practice navigated me through the post-stroke challenges: weaning a baby early in preparation for surgery; not being able to drive; returning to driving; anxiety over neurological symptoms and headaches; potential seizures or migraines; new medication; returning to work; relationship stress; financial stress; and parenting stress. My GP liaised with the local hospital on access to allied health services and in-home support when I was unable to bath my baby and do certain household tasks. He once intervened by making a few barbed comments to my husband regarding the balance of responsibilities in the home. My GP was the unexpected champion pushing against the patriarchy. He was there to answer all the pesky, niggly, seemingly irrelevant and sometimes big questions. Can I go on a rollercoaster? Will I die at 40? Are AVMs genetic? When should I worry about a headache? Is it normal that my head makes a weird clicky sound – are you sure they stapled it properly?

My GP and the clinic were the calm in the chaos, the coordinator of care, the constant. They continued to care for me and my family and understood the additional challenges we were facing. The care far exceeded the unfair trope of GPs being 'the writer of scripts and referrals'. While the clinical stuff was important,

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what I valued most was them listening with empathy, providing the answers, checking in with colleagues or doing additional research, advocating for my care and being the constant that I could access within my community. While I'd expect the same level of holistic, wraparound care in the city, dealing with a significant health journey *is* different when you live rurally. I was lucky – 200 km isn't that far, and I could access most of what I needed in my town. There were times when confusion arose. Who was managing my antenatal appointments? Was it *really* necessary that I go to Melbourne for each of these? I was unable to drive after the stroke and there were only three trains per day, or someone would need to take an entire day off work to drive me. It was my GP who stepped in to support in moments like this – exploring options to receive the care needed and minimise travel. Coordinating care with reduced access to services and the tyranny of distance is complex but rural GPs are adept at navigating this.

It wasn't until many years later, working at the RACGP in rural training, that I realised my GP was a registrar – and some of that diligence that I so appreciated was likely related to checking in with his supervisor from time to time. This did not detract from my experience; it amplified my perception of his care and commitment. Rural registrars are not temporary workforce solutions. They can become a significant part of the community and be a luminary in a patient's health journey.

Now, waiting for the Rex flight out of Roma Airport, I'm reflecting. The successful rural retrieval is *really* only just the beginning – it will be the rural GP (and maybe even a registrar) who helps pick up the pieces in the months and years to come.

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