Outline: What Makes Rural Communities Special

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Background

In light of new end-of-life options, there is an urgent need to focus on improving the accessibility to palliative care in rural and remote areas of Canada.

In rural areas many patients do not have access to palliative care – even through the primary care system. Many clinicians still don't receive education in palliative care through their initial preparation. Often rural areas lack physical spaces for the dying. This is a real concern when there are so many unattached individuals in rural areas – roughly 30% in many areas of BC. These patients don't have caregivers to rely on and so admission to a facility is required.

Commuting for care can entail enormous burdens. Hardships include financial burdens, difficulties maintaining rural properties and animals, risks associated with commuting under harsh weather conditions, inability to properly manage symptoms while on the road, and an exacerbation of the overwhelming exhaustion that already attends a life-limiting illness.

Rural healthcare ethics are different than urban healthcare ethics. Good care must be built upon the values of place, relationships, and community. Quality care is constructed through these values and so our quality criteria must reflect these.

In recognizing the importance of place, relationships, and community, the greatest barrier to quality care are those factors that disrupt the mutual interdependence that is the bedrock of care in rural areas. This means that when we think about high quality rural palliative care we start from an assumption that should determine all other choices. *High quality care in rural areas is first and foremost a product of finding ways to support continuity of place and relationships.* All other considerations should be driven by this primary goal. This doesn't mean that you ignore good pain and symptom management – it just means that how you do that needs to be driven by your primary goal – keeping people in place.

Strategies

1. Expand the boundaries of a home death. Create spaces in which a home-like death is possible. Pay attention to transportation, staffing, medication accessibility, and proper equipment.
2. Sustain capacity through rapid change. Examine the cost of continual change and restructuring on rural capacity. Sustain and build capacity through citizen-led coalitions.
3. Support rural-specific communication. Recognize the importance of face to face, informal mechanisms of communication. Build in co-location of care.
4. Develop a rural specific circle of care. The greatest need for rural family caregivers is information and a second pair of hands. Allow for flexible scopes of practice and champion volunteerism. Take some risks. Acknowledge the power of trusting, long-term relationships for sustaining healthcare workers.

Rural Sustainability

The question for rural palliative care is not just about how we build rural healthcare capacity but how can we make this community the most livable place possible so that champions will come and stay.

We don't want to sell rurality as the idyllic place to which we retire. Rather, we see that rurality offers the potential of something that we are rapidly losing in our urbanized contexts: connection, accountability, and relationships.

Rural palliative care is the story of how we struggle to live and die deeply connected to place and to people in an increasing electronically connected, yet physically disconnected, world. Rural communities have a story to tell us of how to do this well. The rural good death is also the story of a good life. That's what makes rural communities special.

What Makes Rural Communities Special
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