Health care access should not be a luxury; however, Aboriginal people in Northern British Columbia often feel this to be the case. For those in remote villages, access to medical professionals is both a timely and costly process. The purpose of this article is to highlight the barriers many Aboriginals face.

Let’s start with what is normally perceived as a simple question: What happens when an individual contracts an illness or obtains an injury? When deemed appropriate, that individual will seek the aid of a medical professional by going to a local clinic or hospital. Although this approach seems intuitive, to
some Canadians a one-day trip to the doctor is not realistic. Approximately 50% of Aboriginals living in isolated communities in Northern British Columbia do not have basic access to health care services and professionals (1). To them, medical assistance is simply unavailable.

The geographic location of these communities plays an important role in an Aboriginal person’s ability to receive care. Individuals that reside in remote locations can receive temporary medical aid provided by locum physicians. Unfortunately, this effort is not enough to keep up with the demands, leaving Aboriginals with insufficient health care. This breaks the Canadian health care principle of universality, denying Aboriginals the right to the same level of treatment that the majority of citizens receive. To receive appropriate health care, these Aboriginal people have to travel to a more southern mainland hospital to receive appropriate care for their medical condition. When most Canadians experience a concerning symptom, such as chest pain, they typically make an appointment to see their family physician or visit a walk-in clinic. By the end of the day, they are back at home with a diagnosis in hand and the appropriate care received. However, for an Aboriginal living in a rural village, this process is prolonged and costly.

If an Aboriginal were to experience chest pains, their first response would be to go to the local clinic to seek medical assistance. Due to the lack of available physicians, a nurse typically provides aid. If deemed severe, the nurse would contact an urban hospital with appropriate resources. Another facet to be considered is travel arrangements. Notably, many residents of northern communities are referred to hospitals up to 10 hours away, and residents of island communities, such as Haida Gwaii, require expensive marine or air transport to reach a mainland hospital. Once the patient arrives at their destination, they will be seen by a physician. Often the patient will be unable to travel back home on the same day. Thus, overnight accommodations are required. Northern Health provides out of town patients with Medical Stay Units, which are funded by the taxpayers’ dollar. Once discharged, patients
make the long journey back home. Overall, a simple visit to the doctor often becomes a multi-day event (Figure 1).

Asides from the physical journey and financial cost, it should not be forgotten that this journey is also emotionally strenuous. The stress of having to travel with an unknown ailment or severe physical injury is not to be overlooked. Further, many Aboriginals may not be able to have a spouse or
relative accompany them due to the length of the journey. There are some programs set up to ease the trip, including Aboriginal Patient Navigators, but while these are important initiatives they can not replace the comfort of a family member. Another missing component is the relationship between the physician and the Aboriginal patient. Arriving in a new hospital, and receiving care from an unknown doctor can be stressful, particularly if there is a language barrier.

Altogether, the same symptom or injury that one citizen contracts can become an entirely different problem for an Aboriginal due to their rural location and lack of local professionals.

References