

## EDITORIAL / ÉDITORIAL

## Another rural doctor: The camp doctor

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Correspondence to: Peter Hutten-Czapski, phc@srpc.ca hile the definition of rural generalist physicians is at times abused and is hard to pin down, one type of rural doctor that would be hard to challenge is the Camp Doctor. The camp is a children's camp and in eastern Canada at least, on a lake. The camp, like rural towns, is 'somewhat unique' to itself and yet similar. It will have some distinguishing feature, be it a language or religious connection, and/or some sport or activity.

The camp may have a doctor, which is common for larger camps, sports camps and/or more remote camps. He or she is someone tasked with dealing with the children (and grownups) and their injuries and sickness, with very limited resources.

As I write this now, off the cell phone coverage map, I have diagnosed multiple strains (with my anxiety that all the imaging rules are not validated for children balanced by the ability to recheck patients three times a day if I want to), a urinary tract infection and multiple otitis media, and we will not mention the cuts, scrapes and bug bites that the nursing staff have already taken care of. Some patients are frequent fliers; personality, homesickness (luckily it has been sunny!) and other reasons not always apparent (although conversations

on the landline seem to indicate that parents can have something to do with some behaviours!)

This year we had the added complication of COVID-19. Currently, we are dealing with a small outbreak at the camp where I have volunteered. It is not as bad as some other camps I hear rumours about (15 counsellors down at a camp - yikes! How can you keep functioning in that setting?) Thankfully with the help of the camp's thoroughly prepared administration, the parents get informed. Like an oiled machine, the entire cabin gets tested with rapid antigen kits (we have roughly 900). Positive kids go home with the opportunity to return to camp later in the season. International students get quarantined off camp property. Negative kids get segregated and retested. Dining is al fresco. Masks are worn at all indoor venues. The kids know how, although they need constant reminding! Case counts are holding steady, fingers crossed, for the rest of the session.

If you have kids or grandkids consider joining them at camp as the camp doc. It is hardly as difficult as the work in the kitchen and will be satisfying. The only problem will be covering your office.

Gotta go – the dinner bell has just rung!

Access this article online

Quick Response Cod



Website: www.cjrm.ca

DOI:

10.4103/cjrm.cjrm\_60\_22

Received: 22-07-2022

Accepted: 01-08-2022

Published: 07-10-2022

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How to cite this article: Hutten-Czapski P. Another rural doctor: The camp doctor. Can J Rural Med 2022;27:131-2.

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