

Session VIII – Health care in the high north

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In Session VII we have four Icelandic speakers giving their presentations from different perspectives on health care issues in the changing Arctic with a special focus on remote rural areas. The issues addressed include pregnancy and labour, health care professionals, access and quality of health care service, and the impact of psychological trauma.

The first speaker, Sigfriður, presents the finding of her study on the facilities for women giving birth in rural Iceland. She addresses the facts that there are decreasing number of hospitals where women could give birth and that those with better facilities can only be found in urban areas such as Reykjavik capital area and Akureyri. She then raises the questions on where it is considered a safe place to give birth taking into consideration of late pregnancy difficulties, the long distance between health facilities, and Iceland's harsh weather situation and road condition in the winter time. She evaluates the importance between good maternity care and advanced technology to women in normal pregnancy and finds that the former plays a more significant role in safety in labour. She calls for attention of the government and points out that it is a fundamental health care service rather than a luxurious service that government should cut down in the excuse of financial difficulty.

The second speaker, Hildigunnur, introduces us the Recruit & Retain project from the Northern Periphery Programme. She addresses the issue on lack of health care professionals in rural areas as an international problem, and raises the questions on how to recruit and retain health care staff in those areas. According to a survey she has conducted on a number of health care professional of diverse professionals, gender, age and stage of career, she concludes the top three aspects that affect the recruit and retain are: 1) lack of professional support; 2) lack of career opportunities; 3) family reasons. This result reflects the importance of professional and social factors in the process. She sums up the presentation by calling for an increase of focus on young and/or female health care professionals, and the early exposure of health care students.

Our third speaker, Sonia, brings us a case study survey on public perspective on health care service in rural areas. The survey is conducted in comparison of two towns of Ólafsfjörður and Siglufjörður on how the inhabitants view the health care service in their area. The survey shows a 89% satisfactory rate in general with the access to health service. People belong to older age group are more satisfied than younger age group with their access to health care. The result shows that inhabitants in Siglufjörður are more satisfied than those in Ólafsfjörður; women are more satisfied than men; older inhabitants are more satisfied than younger inhabitants in

terms of general situation of health care service. Both towns have elderly home, but only Siglufjörður is equipped with a hospital. The two towns have recently been connected with a tunnel and on-going investigation is needed in order to find out how the public perspectives have changed after the enhanced transportation.

The last speaker, Sigrún, talks about psychological trauma and health well-being in the north under the changing climate. She lists the cause of psychological trauma, including death, violence, accidents, alcoholic parent, and other significant change or shock in life. Secondary health effect of climate change, including social/mental stress, illness/disease, and challenges of traditional way of living, dislocation and adaption of families can also trigger psychological trauma and cause self-destructive behaviors. She suggests that human health should be looked at as a whole in physical/mental/soul conditions.