

Dark, windy, but astounding and unforgettable: a winter elective in Orkney

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Sunset over the Brough of Birsay, February 2013 (D Swerdlow)

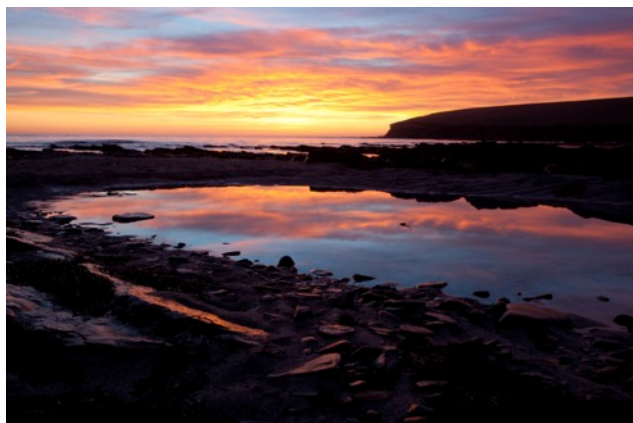
“The essence of Orkney’s magic is silence, loneliness and the deep marvelous rhythms of sea and land, darkness and light”

George Mackay Brown (1921-1996)

The description, above, of Orkney by one of its most eminent literary sons may cause one to question its appeal as a medical elective destination, when such balmy alternatives as South Africa, Indonesia and Australia are available. This holds especially true when considering a trip to Scotland’s Northern Isles in January and February, when the darkness and silence Mackay Brown describes are at their height. Convincing friends and colleagues that I had not taken leave of my senses in arranging such an elective took considerable effort, and was not always successful. However, I would not have chosen to go anywhere else in the world, nor asked for a more perfect elective location.

Orkney lies to the north of John O’Groats, across the ferociously tidal Pentland Firth, and comprise an archipelago of 70 islands of which 17 are inhabited by a total of 20,000 people. Though now part of Scotland, Orkney was until relatively recently a Norse outpost, and the Orcadians retain a strong sense of their own historical identity. The majority of the population lives on the Orkney ‘mainland’ – the largest of the islands, and the site of the capital, Kirkwall – with large communities on the islands of Sanday, Rousay, Hoy, Stronsay, and several others. Access to Orkney from the mainland is via either an intermittently terrifying ferry crossing from Aberdeen or Thurso, or by plane into the remarkably efficient Kirkwall airport. Travel between the islands themselves is by a network of ferries, or a fleet of hardy 6-seat propeller planes, described as ‘flying Land Rovers’.

The landscape is rugged but indisputably beautiful, particularly when illuminated by the sunrises and sunsets of mid-winter, which occur around 3 hours before and after lunch, respectively. Some of the highest cliffs and most impressive rock formations in the UK are found in Orkney, alongside a great deal of typically Scottish heathland. The legend that Orkney is tree-free is entirely accurate. Very little vegetation greater than a meter tall is to be found outside the few sheltered hollows containing small clusters of taller specimens. Standing in the firing line of fierce westerly Atlantic winds, the Orcadian landscape continues to be relentlessly carved by the weather, which, when at full strength, is extraordinarily dramatic.



The medical experience in this remote part of the UK was unique, fascinating, and overflowing with opportunities to learn. The medical service provision in Orkney was unlike anything I had encountered previously in the UK, and reflected the substantial differences between urban, and remote and rural medical care. Acute medical care is provided to the Orkney population by the 48-bed Balfour Hospital in Kirkwall. During my time at the Balfour, the medical team was staffed by GPs, leading a team of GP trainees, the surgical team comprised two full-time consultant general surgeons and a small number of trust grade surgeons, two consultant anaesthetists and an obstetrician and gynaecologist. Since that time, acute medical consultants have joined the medical team. In addition, visiting consultants from Aberdeen Royal Infirmary run regular outpatient clinics in paediatrics, ophthalmology, psychiatry, and gynaecology.

Patients with almost any presenting illness are seen first at the Balfour Hospital, and the majority are managed there successfully before discharge either to home or to the on-site rehabilitation unit. There are, however, limits to the capability of the hospital. For example, plain x-ray and ultrasound are currently the only available imaging modalities, though plans are afoot for installation of a CT scanner. The surgical team conducts a wide range of procedures, including primary trauma intervention, general surgical procedures, and obstetric surgery. Biochemical and haematological diagnostics are performed on-site, and out-of-hours are processed by the medical staff themselves – an illuminating experience for me, who had until then given a blood sample to a porter and considered its fate little until the requested results appeared on the computer screen before me. A two-bed high dependency unit is attached to the A&E department, and is opened when required. Given the constraints on the extent of care and intervention available at the Balfour, a large number of patients are transferred by air ambulance to larger, allied centres in Aberdeen, Inverness, Glasgow and Edinburgh. Stable patients are accompanied from the Balfour by a paramedic crew, but in cases of severe illness or major trauma, a full medical retrieval team is dispatched to collect the patient in what amounts to an airborne intensive care unit. Air transfers are a common occurrence, and were the subject of an audit I conducted during my elective, the report of which is attached.

Another important, and unusual, feature of practice at the Balfour is the use of telemedicine. The hospital is well connected via high-speed internet lines to major teaching hospitals in Aberdeen, Edinburgh and Glasgow, allowing real-time video conferencing 24 hours a day. One memorable deployment of this system involved an unwell five-month old girl, whom we examined on camera during a late night conference with a paediatric intensivist in Glasgow, and was subsequently flown off the island for further management.

It was not only the hospital itself that was a source of fascination, but the patients we treated. I had not previously met a more interesting group of people with such a variety of stories and experience. A few made a profound impression: a retired whaler who had wrestled 100-foot whales in the South Atlantic but never learned to swim, a lighthouse keeper whose tibia had been fractured by his ill-tempered horse, a goose poacher who had fractured an ankle while leaping a fence in pursuit of the birds, and a retired soldier who had become the islands' preferred cobbler. I spent many hours talking with the patients who, like all Orcadians, were friendly, generous-spirited and, to my relief, unfailingly forgiving.

The subject of Judaism in Orkney crossed my mind more than once before my departure for the islands. As far as my research told me, the only recent Jewish involvement in the islands had been a small Jewish Chronicle feature on "Being Jewish in Scotland", and a report that the Orkney Herring Company produces kosher rollmops, validated by with annual rabbinic visits. I wondered, therefore, whether I would be the only Jew in town. My searching continued on arrival, although at first the closest, albeit tenuous, link I found was the Kirkwall Baha'i Centre, not far from the hospital. After a few weeks in Kirkwall, however, it occurred to me that the city felt more familiar than perhaps it ought. The reason for this gradually became clear. The

Orcadians and the Jewish community have much in common: a strong sense of collective identity, remarkable generosity especially with food, unconditional hospitality, incurable interest in the business of their friends, family and neighbours,

and a fondness for pickled fish. I was welcomed as warmly into Orkney life as a visitor would be in any comparable Jewish community. Further discussion with old friend of a distant cousin now living in Orkney led me a curious, if morbid find. Described to me as “probably the only remaining Jew in Orkney”, I sought out a tomb in the Anglican cemetery outside the town of Stromness. On the headstone, engraved below a Magen David, was the name of the deceased, followed by the macabre, Milliganesque epitaph, “I told you I wasn’t feeling well”. Sadly, I was unable to discover more about the gentleman whose grave overlooking the island of Hoy has surely one of the greatest views in Britain, nor how he came to be buried there. I hope though, that he was not the only Jew left in Orkney, and that many more will make the trip up to this home-away-from-home in the North Sea.

Although I suspect that at first glance Orkney would not be at the top of many lists of ideal elective destinations, I hope that my experience shows what an enlightening, beautiful and tranquil place it can be. Prospects for sunbathing and non-hypothermic snorkeling are dismal at best, however the opportunities for learning about remote medicine in the company of unparalleled scenery and infallibly friendly people are unlikely to be found anywhere else, and I am deeply grateful to the JMA(UK) for enabling me to visit Orkney.