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Commentary and Opinions

Beyond the exam room: skin health as a window into rural health equity

Au-delà du cabinet médical : la santé de la peau comme reflet de l'équité en santé en milieu rural

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I entered medical school as a registered nurse with a clear mission: to support underserved communities with the tools they need to thrive. Years of nursing in rural and remote settings had shown me the profound disparities that shape health outcomes—how poverty, geography, and colonial legacies continue to affect Indigenous health in Canada. I was also a firsthand whiteness to how deeply skin health—and its neglect—intersects with dignity, comfort, and self-worth. Multiple encounters with families navigating complex skin conditions, often without adequate resources, fundamentally reshaped how I understood advocacy. I knew I wanted to make a difference.

In remote Indigenous communities, atopic dermatitis (AD) is not just common—it is often severe, recurrent, and clinically complex. AD is a common skin problem that makes the skin dry, red, and very itchy. I saw firsthand how children struggled with chronically inflamed, painful skin. Families described constant itching, frequent infections, and the emotional burden of being unable to find relief. In many cases, AD was complicated by secondary bacterial infections, Methicillin-resistant Staphylococcus aureus, or even scabies. But these were not just medical problems—they were structural ones. Overcrowded housing, limited access to clean water, harsh weather, and the high cost of basic skin care products all contributed to worsening symptoms and limited treatment options. These observations underscored a troubling reality: dermatologic disease in these settings is both under-recognized and under-resourced, despite its significant impact on quality of life.

For me, these clinical encounters became moments of deep listening. Families weren't just asking for prescriptions, but also asking for solutions grounded in understanding and respect. They shared frustrations with how difficult it was to access affordable moisturizers, how long it took to see specialists, and how skin disease affected their children's confidence and school attendance. I began to realize that part of my role as a future physician must be to bridge these gaps—to advocate for them and their health not just in the exam room, but beyond it. Skin health, often minimized in training, was clearly central to overall well-being in the communities I served.

Witnessing these realities pushed me to act. I connected with a national skincare company and facilitated the donation of over 10,000 moisturizers and gentle cleansers to rural and remote Indigenous communities across Canada. The response was powerful. Caregivers shared how these basic items brought not just physical relief, but also a sense of care and recognition. I will never forget how many patients and their caregiver's expressed gratitude for finally being able to soothe their own or their loved one's skin. While I know that donations are not a long-term solution, the experience reminded me of how even small, tangible acts of advocacy can offer immediate support and dignity. It also highlighted the importance of partnership,

listening, and action in closing the gap between healthcare ideals and lived realities.

This initiative was a start, not a solution. But this experience has taught me that healing requires more than clinical skill. It calls for presence, persistence, and partnerships grounded in humility. As I prepare to enter practice as a physician, I carry with me the responsibility to keep listening, advocating, and acting. I hope others in health care—especially those early in their careers—will see that meaningful change often begins when we refuse to ignore what's in front of us and choose, instead, to respond with compassion and conviction.

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