

Finding a fit with nephrology

Nanaimo nephrologist, Dr. Rachel Carson, says she has always been inspired by idealistic notions.

When she started university at McGill University in Montreal, Rachel says her goal of becoming a chemical engineer was fuelled by a desire to do something about water pollution. Her undergraduate training taught her “all about pumps and pipes and pressures and system design,” and supplied her with a problem-solving approach that has been useful in many areas of her work.

However, just as she was ready to start her graduate studies in engineering toward an academic career in research, she chose a different path and enrolled in medical school instead.



“I liked engineering, but it lacked personal interaction,” says Rachel. “Cleaning up a river might help thousands of people, but you don’t get to talk to those people.”

Initially she wanted to become a family doctor. “I saw it as holistic and involving whole-person care, with lots of person-to-person interaction,” says Rachel. However, she soon discovered family medicine was much more difficult than she expected. “Being a good family physician is one of the hardest jobs in medicine.”

In nephrology, Rachel found an area that met all her professional needs, by allowing her the opportunity to be an expert in an area of complex medicine while providing an acute care focus.

“For me it’s a perfect mix of the really complex math, science and technical part of medicine, while also offering opportunities for deep, rich human interaction.”

Looking back on her educational journey, Rachel finds some irony in the similarity of where she started and what she does now. “I did waste water management in the early 1990s as an engineer, and now 20 years later I’m a health professional in waste water treatment. I’ve come full circle.”

Rachel first came to Victoria to do her internship as a doctor and says two things happened: she fell in love with her husband, who was studying to become an intensive care specialist; and she fell in love with Vancouver Island.

Rachel and her husband have lived in Nanaimo since 2006 and have two young children. Since moving to the community, she has played a strong role in the development of the new in-centre renal unit at Nanaimo Regional General Hospital (NRGH) by advocating tirelessly for the unit with the provincial government and Vancouver Island Health Authority. She says up to now, NRGH was the only regional hospital of its size in Canada without such a facility.

The opening of the new in-centre unit was like the birth of an “overdue, overgrown baby,” says Rachel, who is head of nephrology at the Nanaimo hospital. “New renal programs usually start small, but this one is big right out of the gate, already serving a community of 130 patients on hemodialysis.”