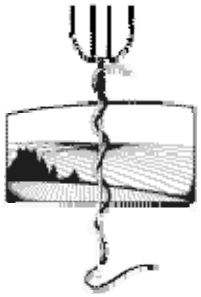

Society of Rural Physicians of Canada
Société de la médecine rurale du Canada

Media Release

SRPC Presidential Address to Health Minister and Delegates

KELOWNA BC / April 26, 2002 / - We at the Society of Rural Physicians have learned and grown over the last 10 years from a handful to a membership of 1300. This annual conference is now our largest ever with over 240 registrants across 10 concurrent workshops sessions covering a spectrum of topics that rural docs (and nurses) need. The growth shows how much interest rural medicine generates and how important and unique the discipline is.

Rural Canada is part of the national identity. From “coreurs de bois,” the Hudson Bay company to the National Railway our past is painted in the colours of Emily Carr and the Group of Seven. Of all the western nations we are the most rural by far. Our rural Canada is huge, over 98% of our land mass, over 6 million people, producing a large proportion of the food that we all eat, and the exports on which our economy depends. The fact that even a Vancouver schoolboy will recognize the call of the loon emphasizes the fact that Rural is a part of the Canadian identity, indeed Rural is a Canadian Value.

In rural Canada, large numbers of first nations peoples live, our tractors overturn, mineshafts collapse, fishers get swept to sea, smoking rates are higher, poverty is more common. In the end rural Canadians live significantly shorter lives than our urban counterparts. If you look at maps of medical geography in British Columbia you will see that health status deteriorates the further you leave the lower mainland. For all these complex social, cultural and economic reasons geography is a determinant of health.

As Allan Rock has stated “The real threat of two tiered health care in Canada is not rich and poor, nor have and have nots, its rural and urban.” I agree, rural Canada needs our fair share. If we had a just society, we would have a system that would allocate resources based on need. However despite the health status of the 31% of Canadians who live in predominantly rural areas, provincial governments actually spend less per capita on physician services for their rural residents than for urban residents.

Despite this chronic under funding, limited facilities and personnel, rural health care workers are doing their best through difficult conditions to look after our patients. Rural doctors care for the country “Nous soignons les regions.” While only 10% of Canada’s physicians live in towns under 10,000 population we look after the sickest and most needy, we make a difference. We enjoy living in communities that know and support us. We enjoy living in the Beautiful BC that others just vacation in. Rural GP’s enjoy using all the skills that were we learned in medical school often including advanced skills in anaesthesia, obstetrics and surgery. Rural specialists also enjoy being broadly skilled and to provide a wide and deep spectrum of care. All of us are honoured by your presence here today minister. We take some comfort in this recognition of the important role that we play in caring for the citizens of rural British Columbia.

The broad skilled generalist doctors and nurses that work in your small hospitals look after people with heart attacks, women having babies, or people with appendicitis. Furthermore the “Swiss army knife” model that we practice is efficient and of high quality. Rural medicine is at a cost per case that is at or below that of regional and tertiary hospitals and for outcomes that studies show are at least as good for appendectomies and better for obstetrics. This is not because we are any better ourselves, but because patients are perishable cargo. Patients don’t travel well.

Yes some of our cases are beyond local capacity and, appropriately, have to get flown at great expense to Vancouver where resources of high technology and subspecialisation. will always have to be concentrated. I find it astounding that people think that money will be saved by flying everybody to Vancouver. This is ignoring that getting someone in the city to accept a transfer is already difficult.

Well, sending patients out will save money for Interior Health Authority, but don’t give the CEO of Interior Health a bonus for that one. The Vancouver health authority will protect its budget by being even more difficult to deal with, but don’t give the CEO of Vancouver Health a bonus for that one either. Fiscal accountability and efficiency can only occur when you factor in both the outcomes and all the added ambulance and out of district hospital costs in your decision making. Success cannot be measured by a budget line and patients cannot be made pawns of the system.

I applaud your governments vision in doubling your medical school and by creating a campus that will be the most northern of all medical schools in the country. But I appeal to you on the basis of fairness for rural citizens, for equity of access, for health outcomes, and for efficiency, that the system will still be there to allow those graduates to provide the care that rural citizens expect and deserve.

Peter Hutten-Czapski MD