



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

Media Release

The growing health care services divide

Shawville QC / June 16, 2003/ - "The growing health care services divide between rural/remote and urban Canada is confirmed by the fifth annual Maclean's health regions rating," said Dr. Jill Konkin, President of the Society of Rural Physicians of Canada. "Rural is a determinant of health that needs to be addressed by all levels of government."

The divide between urban and rural are starkly apparent in Alberta. Both the first and last regions are from that province. Edmonton is a large metropolitan area while Grande Prairie, as described in the Maclean's article accompanying the list, is the regional centre of a sprawling, sparsely populated region in northwestern Alberta. There are no rural regions in the top half of the list. The first rural region to make it to this list is Rimouski at 29 (of 57).

What works in urban Canada often exacerbates problems outside the cities. Rural, remote and northern people are increasingly disadvantaged in the present climate of centralization and per capita funding formulae. The example of Kelowna's drop in status is a case in point. It indicates that rural residents did not have access to the same level of care before regionalization. However, in the Kelowna example and many more like it, the new region reduced services in rural areas without increasing access to those services elsewhere in the inevitable struggle to live within government mandated budgets. This worsens an already inequitable situation.

Reports such as this one rarely include the difficulties, risks or the costs of travel for rural and northern people. How many rural Canadians postpone or cancel needed health care because they cannot get to urban centres for care? Centres of excellence are increasingly being built on the backs of Canadians living in rural and remote areas.

Primary care renewal will not address many of the disparities underpinning the Maclean's report. The indicators chosen for this listing are, to a large part, secondary and tertiary levels of care (e.g. knee and hip replacements, caesarean sections, hysterectomy). Tele-triage won't get you a new hip.

The Society of Rural Physicians of Canada calls on Federal/Provincial/Territorial governments to acknowledge the growing divide between the health status and health care of rural and remote Canada and to commit to working with these communities and their health professionals to find real solutions to these growing inequities.

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Backgrounder

About the Society of Rural Physicians of Canada

The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. Founded in 1992, the SRPC's mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities.

On behalf of its members and the Canadian public, SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering rural medical education, encouraging and facilitating research into rural health issues, and fostering communication among rural physicians and other groups with an interest in rural health care.

The SRPC is a voluntary professional organization representing over 1,400 of Canada's rural physicians and comprising 5 regional divisions spanning the country reference <http://www.srpc.ca>