



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

PRESS RELEASE - FOR IMMEDIATE RELEASE

"Rural Canadians not getting proper treatment in this election"

June 22, 2004 - "Who is speaking up in this election for the health and health care of rural Canadians?" asks Dr Trina Larsen Soles, president of the Society of Rural Physicians of Canada. Many studies such as the Romanow report point out that rural Canadians are in significantly poorer health and have less access to health care than their urban counter-parts. Dr. Larsen Soles continues, "The political parties need to champion the unmet health needs for access to service of rural Canadians. It is not as if they haven't been repeatedly told of our problems out here, nor do they lack solutions."

"The federal government and our political parties must step up to the plate for their rural constituents by advocating a National Rural Health Strategy," says Dr. Larsen Soles. "The need has been documented and the solutions already proposed. They ignore rural Canada at their peril."

The Romanow Report, as the first of five immediate priority areas, suggested a targeted funding of \$1.5 billion for Canadian rural and remote health, with rural health analysis provided in a stand-alone rural health chapter 7. Furthermore, the report of the federal Ministerial Advisory Council on Rural Health, "Rural Health In Rural Hands" http://www.hcsc.gc.ca/english/ruralhealth/rural_hands.html, gives a plan for spending this federal money within Canadian jurisdictional boundaries.

The plight of getting adequate health care for rural and remote area Canadians was also highlighted in the Senate Kirby Report. Rural Canadians form 30% of our population. No other Western country faces the vast geographic and demographic challenges of Canada, yet our health system is built on models designed to service urban, densely populated countries.

All political parties in the current federal election, while endorsing some Romanow recommendations, have ignored the call for a Rural and Remote Access fund, even while promising other Romanow targets for short-term funding such as the Catastrophic Drug Transfer, the Home Care Transfer and the Primary Health Care Transfer. Waiting lists lose their relevancy in rural Canada when no service is available to wait upon. Rural women are having an increasing difficulty even having their babies close to home. Cancer surgeries are cancelled if patients must travel hundreds of kilometers. Aboriginal populations form the most rapidly growing of our populations, but the health care available to them is often dismal. As always, rural Canada welcomes offshore graduates in nursing and medicine. But measures to improve their availability will not even begin to solve the problems of rural health care delivery unless they are part of a larger, concerted approach in the form of a National Rural Health Strategy. If accessibility to health care is a concern in this election, then the true two-tiered nature of our system – urban-rural – must be addressed.

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Background - About the SRPC

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 continuing 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 with over 1800 members in 5 regional divisions spanning the country.

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Recommendation 7, Romanow Report:

"On a short-term basis, the federal government should provide targeted funding for the next two years to establish:

- A new Rural and Remote Access Fund
- A new Diagnostic Services Fund
- A Primary Health Care Transfer
- A Home Care Transfer

- A Catastrophic Drug Transfer"
- Romanow Report, p 249-249, November 2002

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Health for Rural Canada

It is clear that these rural regions with the most ill health, and higher rates of long-term disability and chronic illness, as well as increased mortality have the least access to health services to alleviate this suffering. Rural Canada has about 20 percent of the employed Canadian workforce, 31.4 percent of the Canadian population and over 99.8 percent of the nation's territory. There are major challenges in rural health care delivery. The chronic and often critical shortages of physicians, nurses, rehabilitation therapists and other health care providers are well-known. For instance, while 31 percent of Canadians live in rural areas, only about 17 percent of family physicians and about four percent of specialists practise there.

Health status decreases as one travels to more rural and remote regions. As an example heart disease is common in northern Ontario. Certain types of cancer are found among miners and farmers. There are substantially higher rates of diabetes, respiratory and infectious diseases, as well as violence-related deaths, in some aboriginal communities. Combined, there is an increase in mortality in rural regions as evidenced by life span 3 years shorter than the urban average.