



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

## **Media Release**

### **Interior Health Threatens Rural Residents**

GOLDEN /March 5th, 2002/ - Golden, BC- "We have been waiting for the axe to fall," states Dr. Trina Larsen Soles, BC Chapter President for the Society of Rural Physicians of Canada. Dr Larsen Soles said that since the restructuring was announced in January, BC rural doctors have been trying to find out details of proposed service cuts to rural communities. Until now, Interior Health has refused to discuss any details. With the misdirected fax about elimination of the operating room in Princeton, there is finally some specific information available. The plans are as bad as the doctors feared. There are currently a small number of rural communities which have functional operating rooms. These offer crucial surgical services to small communities, mostly provided by general practitioners with extra training in surgery and anaesthesia. One of the most important of the surgeries performed is Caesarian section. Having C-section capability allows a wide variety of women to deliver babies in their own communities. Dr. Michael Klein, Head of Family Practice Obstetrics at BC Women's Hospital says "Maternity care is downgraded with the loss of operative birth capability. Maternity and newborn care is recognized too late as being the lynch pin for sustainable community life. Once that service is no longer available, the community itself becomes dysfunctional and unstable. Ultimately all medical services in rural communities are threatened". Dr John Bosomworth of Princeton commented "Our communities will be very lucky to retain any docs at all should current trends continue."

Dr. Larsen Soles explained that the Society of Rural Physicians has long advocated for comprehensive medical services to be provided within rural communities. "The basics of the rural medicine skill set are obstetrics, surgery and anaesthesia. These skills carry over into everything we do and make possible the excellent level of emergency care currently provided by rural facilities. Cutting out rural operating rooms may save some money in the short term, although it has never been proven that closing facilities reduces cost. In the long term the costs will be immense. We will lose skilled doctors and nurses who have been providing care in a very efficient and cost effective way in rural communities for years. We will be less able to care for acutely ill patients. Rural citizens will be forced to travel further and further for basic medical care. We know the

rate of prematurity and complications increases when women have to travel out of town to have their babies. We know the difficulties in arranging transfers in our mountainous province. We will be paying the cost in lives- not just women and newborn babies, but all of us who live in rural areas. Of course, a dead patient does not cost the system anything. The more people we can prevent from reaching care in a timely fashion, the more money we will save.”

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#### **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 1,100 of Canada's rural physicians and comprising 5 regional divisions spanning the country