



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

Media Release

Funny Economics of Health

HAILEYBURY /March 7th, 2002/ - The Calgary Health Authorities decision not to accept "out of city" referral even when it has remaining beds and leaked plans in Princeton BC to close the Operating Room highlight an increasing obvious catch 22 for rural Canadians. These are not isolated instances and throughout Canada the local hospital's capacity to provide service is decreasing as the willingness of referral hospitals to take on patients from "out of city" also decreases. The Society of Rural Physicians of Canada says we need a national rural health strategy to protect rural patients from being caught in the cracks.

Dr Peter Hutten-Czapski, President of the Society says "There is no question that there is a financial crunch in health care. However when hospitals start defining what they don't do, it is the people with the least access to services who suffer. While I understand the financial imperative the worst thing is that this doesn't even save the system money."

Funny economics occurs when "beds" are closed. What really happens is that nurses are fired. Any "savings" that occurs in the local institution actually just shifts the costs to another budget line. If you have appendicitis you will have to go to another hospital. Those per case costs for things such as appendicitis and pregnancy actually go up as you add in the bill of the ambulance and the more expensive regional hospital's daily charge to the worse outcomes caused by delay. City hospitals respond by making it difficult for the case to come out of their budget.

Thus it is not surprising that in every province that has engaged in withdrawing funding from rural areas, the global health budget goes up.

You can blame the fact that these measures don't save money, on rural doctors, who are taking the role of "travel agent" for their patients trying to find them the care they need, often spending hours on the phone when they should be looking after patients. Governments are pushing rural residents into the situations where money would be

saved, i.e. that people are not treated or they die. Rural doctors won't let this happen.

- 30 -

CONTACTS:

Dr. Peter Hutten-Czapski
President Society of Rural Physicians
Haileybury, Ontario
705-672-2442 Or 672-2384

Mr Lee Tepperman
Chief Administrative Officer
Society of Rural Physicians
Shawville, QC
819-647-3971

About a National Rural Health Strategy

Rural health is a complicated national issue which requires a coordinated cross cutting approach involving both federal, provincial and territorial governments, educational institutions, and medical organisations. Efforts to deal with this challenge in a piecemeal fashion have been generally unsuccessful in contrast to other countries results with an integrated approach. A NRHS initial priorities should include

1. Assessing patterns of centralisation vs decentralisation of health care for rural outcomes and cost efficiency
2. Aiding the provinces in accelerating expansion of existing successful rural collaborative models including those that rely on non-physician health professionals to provide care.
3. Supporting initiatives to promote retention of health professionals.
4. Ensuring educational of an adequate workforce for rural health care.
5. Funding to let universities develop plans to become more rural orientated in admissions policy and to develop
6. Empowering rural health professional training curriculae, and incentive funding for the universities as they implement them.
7. Facilitating Canadian medical licensing, standards and training bodies to develop and implement rural friendly policies

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 1,300 of Canada's rural physicians and comprising 5 regional divisions spanning the country