



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

News Release

New Rural Funding Plan Helps Toronto Area Hospitals and NOT those in Northern Ontario!

(Haileybury ON Sept 30, 1999) A new rural incentive plan designed to attract physicians to rural emergency rooms is set to start October 1st. But funding to promote access to care is being directed to the communities that are those closest to Toronto and with the most doctors!

With a growing shortage of physicians, communities near large centers, that previously never had trouble finding doctors, are feeling the pinch. Twenty seven needy communities in Southern Ontario will be getting \$37 million dollars in funding from the Ministry of Health. This money will be used to secure physicians on contract for covering smaller emergency rooms where there has been difficulty getting doctors. One of these communities is Georgetown, which lies in the Toronto census metropolitan area. Of the 27 hospitals that are being funded it will be getting the most aid, as do the larger hospitals in the group. But is a community within 20 Km from the Megacity the one that needs the most help?

Why do areas that have been in permanent doctor recruitment mode for the last decade not get this help? None of the funding is being directed to Northern Ontario, or some of the smaller Southern Hospitals where some of the most urgent need for physicians exists. Dr. Peter Hutten-Czapski, chair of the Society of Rural Physicians - Ontario Region, says "When the suburbs notice their lawns turning brown, it is easy to forget that rural areas are in severe drought". Communities like Kirkland Lake, 600 Km away from Toronto, who 5 years ago had 19 doctors serving a population of over 20,000, now has 10 with another 4 having announced that they are leaving. Communities like Atikokan 1500 Km away from Toronto, who 18 months ago had 6 doctors and will soon have only three. These communities, and many others, are not even eligible for this funding!

In a world of limited physician resources and limited financial resources it is irresponsible health system planning to reward areas that have large or affluent hospitals and leave communities with the most difficult working conditions with no support. Dr Hutten Czapski says "Funding to promote access to care needs to be targeted in a graded fashion to provide the most support for the services in most crisis in the smallest and most remote communities in Ontario."

When asked, Dr Richard Denton says that "We in Kirkland Lake will keep ER going as long as possible. While the situation is desperate overall, the services that are at crisis here are anaesthesia and maternity care. Our only doctor left who delivers babies is leaving. Women will have to travel 150 Km in labour to the next hospital along icy northern Ontario roads if nothing is done soon." Scholarly work by Dr Jim Rourke shows that availability of maternity, surgical and anaesthetic services are declining throughout the rural hospital sector. Without attention to stabilise these failing services, there soon won't be anything to provide incentive for.

How Real Is the Crisis in Rural Physician Numbers?

According to the CIHI the current ratio of physicians to population in urban Ontario is 1 doctor to 470 population. There are much fewer doctors in rural Ontario where the ratio is 1 doctor to 1370 population. Rural doctor numbers in Ontario have decreased by 10% since 1994. Clearly while the cities are starting to notice a problem, the country is in deep trouble.

Why Aren't the Incentives Working?

Incentives will always be needed to counter balance the attraction of big city lifestyle for doctors. However, for incentives to work they need to displace "surplus" physicians into areas of scarcity. With few "surplus" doctors, it becomes critical for incentives to be properly designed so that they don't inadvertently displace doctors from areas of shortage into areas that are not as desperate. Until more rural doctors are trained the situation will continue and at best the incentives will keep the rural health system from collapse. <http://www.cma.ca/cjrm/vol-3/issue-4/0242.htm>

What Can be done to Support Rural Hospitals?

Incentive plans need to be directed to areas that need the most support. Services that are actually being closed in Ontario due to a lack of personnel are Family Practice obstetrical units, Family Practice Anaesthesia and General Surgery Positions. A support

plan for this should come first

What is the SRPC?

Established in 1991, the Society of Rural Physicians of Canada has about 900 members nationally. They are an advocacy group for rural medicine seeking to improve training, social and working conditions for rural doctors. <http://www.srpc.ca>

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