

New tool for rural doctors

By Shannon Moneo
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VICTORIA, B.C. — Rural doctors are men and women who have to be able to handle everything from unexpected breech births to horrific farm accidents.

Unfortunately, fewer medical students are choosing family medicine and the number setting up shop in Canada's rural regions isn't keeping pace with the population.

But for those who choose to work outside of urban areas, a retired British Columbia doctor has helped create a prescription of sorts.

Dr. George Magee is one of three physicians behind the *Manual of Rural Practice*, an instructive book geared for rural doctors who don't have the comfort of knowing a city's emergency room is nearby.

Several years in the making, the guidebook was started after Magee realized that B.C.'s medical school graduates lack the comprehensive skills needed to work outside of cities.

"They're not trained to do rural medicine. They're trained to refer," said Magee, 66, who worked for 35 years in the north-central town of Burns Lake, B.C.

New doctors lack confidence because their limited family medicine training teaches them what is done, not how to do it, he said.

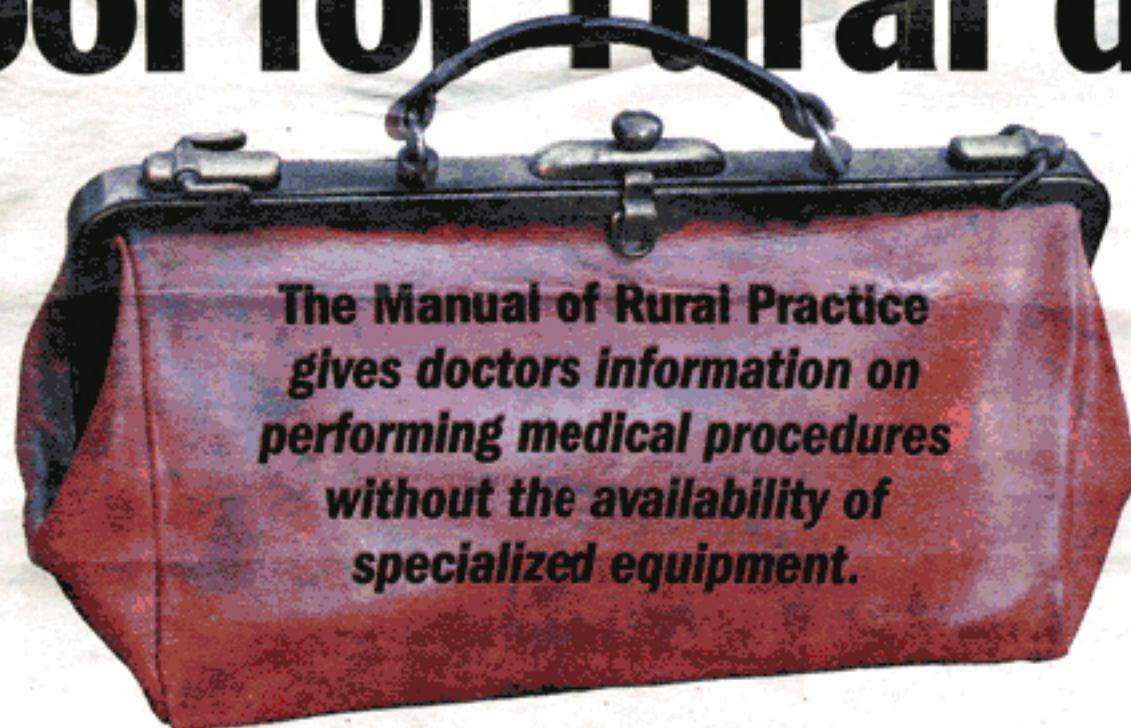
The 280 page, easy-to-read manual, with more than 320 photographs and illustrations, is the doctors' antidote. It's organized into six sections, based on medical categories such as cardiac and maternity.

Inserting a chest tube, administering narcotics during labour, fitting and installing casts, preparing a dressing for a burn or removing a fish hook are examples of the content.

Magee, who shared editing duties with Dr. John Wootton of Quebec and Peter Hutten-Czapski of Ontario, wrote one chapter about facial lacerations and one dealing with testicular torsion. Canadian doctors with at least 20 years in small town work also contributed.

If anything, the book demonstrates how doctors practising in rural areas must be innovative, not only in how they perform a medical procedure but adapting to a lack of specialized equipment.

"We're a rare breed," declared Magee.



The Manual of Rural Practice gives doctors information on performing medical procedures without the availability of specialized equipment.

He recounted how one rural doctor made a rush trip to the hardware store to buy a drill and bits so that he could drill through a child's skull to drain blood. Known as a "burr hole," the procedure is graphically described in the manual.

The book contains a section on where to find "equipment."

Another chapter describes how to do a z-plasty, which is a plastic surgery technique to improve a scar's appearance. The book advises doctors to practise with a pork hock because it approximates human flesh. The chapter closes with a tongue-in-cheek recipe for the hocks.

It's a "how-to cookbook for doctors," said Magee, who retired three years ago.

But rural medicine's serious side is not to be overlooked.

In his preface to the book, Quebec physician Dr. Keith MacLellan wrote that rural patients are older, sicker, poorer and more prone to accidents than their urban counterparts.

That was supported by a report from the Canadian Institute for Health Information. It said the death rate per 100,000 people was 14 percent higher in remote areas of rural Canada.

The report, released in September stated that rural men had a life expectancy of 74 years compare to 76.8 for urbanites. Women, meanwhile, had the same life expectancy, 82.1, in rural and urban areas.

Other issues affecting rural residents are a short

age of specialists, which means they have to travel to larger centres for specialized treatment. Those bigger facilities take most of the funds, leaving meagre budgets for rural facilities, MacLellan wrote.

As more medical students opt to become specialists, it means Canada's rural population soon will have little or no local access to basic secondary care.

"In family medicine we turn out the learned helpless who cluster in cities and walk-in clinics while we steal physicians from Third World countries to serve the 30 percent of people who live in rural Canada," Magee said.

Doctor shortage

Last year, the Society of Rural Physicians of Canada, reported that B.C. had 640 rural physicians, Alberta had 600, Saskatchewan 297 and Manitoba 357. Towns and rural areas with less than 10,000 people account for 31 percent of Canada's population, yet they are served by 10 percent of the nation's doctors.

Burns Lake has 3,000 residents and a sizable aboriginal population. Magee settled there in 1968, two years after graduating from the University of Toronto.

He discovered the town on the Yellowhead Highway during his honeymoon and realized it was where he could provide complete medical care from cradle to grave.

In Burns Lake, he covered the three pillars of rural medicine — anesthesia, surgery and obstetrics — working out of a hospital that in the late 1970s had 56 beds. Today, the hospital has

11 beds, a result of fewer chronically sick children, improved infectious disease control and the shuttling of patients to Prince George for specialized health care.

Four of Burns Lake's five doctors are from South Africa.

While Magee said it's immoral that Canada attracts doctors from Africa, without them rural practices would be facing a staffing crisis.

One of them is Dr. Dmitri Zanozin, 39, who works in Stewart, B.C. with his wife, Dr. Holly Workman.

Trained in his native Russia, where his parents are doctors, Zanozin spent 1992-97 in a Johannesburg hospital. Much of his work was with trauma patients who were victims of violence.

When he landed in Masset on the Queen Charlotte Islands in 1997, it was a huge culture shock. The *Manual of Rural Practice* would have been welcome.

Dealing with diabetes and alcohol and drug abuse became the bulk of his medical duties.

After five years in Masset, he relocated to West Vancouver, but the urban environment wasn't to his liking.

"The city sucked, as far as medicine went. People treat you as the next stepping point for a specialist," Zanozin said. He, like other doctors who choose rural or remote areas, often do so because they enjoy the outdoors and also want to contribute to a community.

In 2004, a job opened in Stewart, on B.C.'s northwest coast, next door to Hyder, Alaska.

Eager to go north, the doctoring couple ditched the city for the 600-person border town that is served by a health centre and that presents weather-related challenges.

In the winter, storms render Stewart inaccessible, often so completely that not even helicopters can reach the critically ill.

The health problems in this remote town are tied to an aging population with bad habits. They're meat and potato eaters who wash it down with a six-pack of beer, Zanozin said.

The rate of diabetes in Stewart is higher than on some native reserves, he said.

This past summer he worked with a medical student who had little exposure to the varied demands of family medicine.

"I certainly see the book as a big help for new medical students," Zanozin said.

The manual was released in December, with 1,000 of the 1,200 printed already ordered. Australian doctors, many of whom work in isolation, have also expressed interest in the book.



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