

CLINICAL COURAGE

I read with interest the president's message of the Spring 2011 issue of *CJRM*.¹ "Clinical courage" is a very good description of what is required when you are alone in the emergency room in a rural hospital at night or on a weekend.

Along with courage, there must be competence and comfort. I practised in a rural hospital in southern Ontario for 38 years. I trained in anesthesia and obstetrics because I knew they would be part of my practice. In 1963 there were no family practice programs, and you selected what was best for you. We had an excellent surgeon in town, so I used my skills in anesthesia and obstetrics regularly. In my practice, I had to be comfortable inserting chest tubes, performing intubation and lumbar punctures, and so on.

The only way to accomplish this level of competence is to work in a large emergency department or operating room where you can review your skills frequently. To keep abreast of emergency procedures, I used to go to an operating room in Hamilton to learn new techniques in anesthesia every year or 2, or I went to a large teaching hospital in the United States or Canada for an intensive course in emergency medicine every 2 years. Many teaching hospitals will let you do that, and they will recognize you when you come back to refresh your procedures.

Then, when you are confronted with a diagnostic problem, you can perform the necessary procedure without having to send someone home or elsewhere because you are uncomfortable. Advanced

Trauma Life Support, Advanced Cardiac Life Support and other courses give you the algorithms, but you need the practical experience to make you comfortable. Your rural patient will not fault you for trying a procedure if you know what to do and will try.

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REFERENCE

1. Wootton J. President's message. Clinical courage. *Can J Rural Med* 2011;16:45.

I fully endorse the sentiments of Dr. John Wootton in his recent president's message.¹ However, I cannot take credit for the term "clinical courage." Like Dr. Wootton, I am not entirely sure where the term originated, but I do know that much of the vocabulary we acquired in the early days of organized rural medicine in Canada actually came from Australia. Rural doctors there had come together nationally before those in Canada.

Among the many early Australian activists for rural medicine was the legendary general practitioner–surgeon Dr. John (Jack) Sheppard, former president of the Rural Doctors Association of Australia and founding president of the Australian College of Rural and Remote Medicine. In the early 1990s, Jack produced a number of excellent position papers on general practitioner–specialists, and I suspect I may have picked up the term from one of those. Of course, there were any number of inspiring initiatives on rural health that came from Australia at that time, includ-

ing a great deal of fine analysis and vocabulary originating from the pen of Dr. Roger Strasser, who, as current dean of The Northern Ontario School of Medicine, continues to enhance the Canadian rural health scene. The term may have originated from any number of wonderful Australian field and academic doctors who cared so much for their rural populations.

One term missing from Dr. Wootton's president's message was always linked in my mind to "clinical courage." This is the concept, also from Australia, of "learned helplessness," referring to the manner in which students and residents in family medicine are taught in many direct and subtle ways to find ways to refer cases. Of course, they then carry this mindset into practice, and regular continuing medical education only reinforces the attitude. I have always felt that the specialist exists to serve the generalist, not the other way around. One must look in rural areas these days to find what Sir William Osler held as a basic principle of the specialist–generalist relationship in all medicine throughout the ages.

I was once challenged to come up with a Canadian analogy for "clinical courage." The best I could come up with was a hockey player tapping the ice with his stick to call for the puck. Canadians will know what I mean.

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REFERENCE

1. Wootton J. President's message. Clinical courage. *Can J Rural Med* 2011;16:45.