

# Manual offers guidance to rural doctors

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SPECIAL TO THE GLOBE AND MAIL

VICTORIA -- A B.C. doctor has helped to create a prescription of sorts for MDs who work in the hinterlands.

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

Several years in the making, the 40-chapter guidebook had its genesis after Dr. Magee realized that B.C. 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 Dr. Magee, 66, who worked for 35 years in the north-central town of Burns Lake.

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

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, handling a breech birth, preparing a dressing for a burn or removing a fish hook are examples of the content.

Dr. Magee, who shared editing duties with doctors John Wootton from Quebec and Peter Hutten-Czapski from Ontario, wrote one chapter about facial lacerations and one dealing with testicular torsion or twisting.

Canadian doctors with at least 20 years in small-town trenches 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 also in how they adapt to a lack of specialized equipment.

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

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.

For another emergency, the doctor tracked down hospital custodians so that he could borrow their maintenance tools.

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

"This isn't hocus-pocus," Dr. Magee said with a chuckle.

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 closely approximates human flesh. The chapter closes with a tongue-in-cheek recipe for the hocks.

It's a "how-to cookbook for doctors," said Dr. 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 Keith MacLellan wrote that rural patients are older, sicker, poorer and more prone to accidents than their urban counterparts.

And 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.

Dr. Magee agrees.

"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 per cent of people who live in rural Canada."

Last year, the Society of Rural Physicians of Canada reported that B.C. had 640 rural

physicians. "Rural" is defined as an area of less than 10,000 people.

Burns Lake has 3,000 residents and a sizable aboriginal population.

Dr. Magee settled there in 1968, two years after graduating from the University of Toronto.

He wanted to live 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 the 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.

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