President's message: Regionalization woes

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Current regionalization issues across Canada highlight the challenges and frustrations that many of us still have with the concept and practice of government-mandated regionalization of health care delivery. Many regionalization exercises by provincial governments throughout this country continue to disregard local realities such as geography, trade patterns, consultation and referral practices, or the burden of travel on rural patients, to name a few. Too often local communities and their health care providers are not consulted. There is little research being done on the effects of these major changes in the system on the accessibility of health care for rural citizens, the effect on recruitment and retention of health care professionals, and the burden on rural families (economic and psychosocial) because of ill family members being sent hundreds of kilometres away for care.

> **IT IS TIME OUR GOVERNMENTS CONSIDERED A LAW SIMILAR TO THE ONE PASSED IN AUSTRALIA THAT FORBIDS REGIONAL HOSPITALS FROM REFUSING REGIONAL PATIENTS.**

In the context of regions, there is the issue of regional hospitals that close their doors to the region, leaving rural physicians scrambling to find alternative facilities for patients whose problems cannot be dealt with in their home communities. This is a Catch-22. More services are being regionalized and are therefore no longer available closer to home, but then the regional service becomes overloaded and turns down people from the communities that it was meant to serve. It is time our governments considered a law similar to the one passed in Australia that forbids regional hospitals from refusing regional patients. However, provincial governments would then have to take the responsibility to adequately fund regional hospitals so that they can provide these services.

Administrative staff

Doug Hooper started work as the Executive Director of SRPC in January. Welcome, Doug! Our very able Administrative Officer, Lee Teperman, continues on with us as well. With increased administrative support, the Council, Executive and Committees of the SRPC will be able to better fulfill the goals of our organization.

2004 AGM

By the time you read this the 2004 Rural and Remote Medicine Conference in Quebec City will be days away. The theme — "La maitrise de plusieurs competences / Mastering Many Skills" — speaks to the reality of the work of rural physicians. We need generalists with a broad range of skills to meet the needs of our communities. Gordon Brock and his hardworking Annual Conference

planning committee have planned a rural-relevant, practical and informative program for rural doctors.

The Nominating Committee is looking for new recruits. There are many opportunities to be involved. If you are interested, please contact Joshua Tepper, Chair of the Nominations Committee at jtepper@srpc.ca.

Thank you

April 2004 marks the end of my 2-year term as SRPC President. I would like to thank this year's Executive, Council and Committees for their hard work. You have been well served by this group of dedicated people. With the addition of an Executive Director to our administrative team, your Council has laid the groundwork for the next stage of development for the organization. I wish Trina Larsen-Soles all the best as she takes over the Presidency. Finally, I would like to thank you, the members of the Society of Rural Physicians of Canada, for the honour of serving as your President.

Message de la présidente : Les malheurs de la régionalisation

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Les questions entourant actuellement la régionalisation un peu partout au Canada mettent en évidence les difficultés et les frustrations que nombre d'entre nous vivent toujours face à la théorie et à la pratique d'une régionalisation de la prestation des soins de santé imposée par le gouvernement. Beaucoup d'exercices de régionalisation menés par des gouvernements provinciaux d'un bout à l'autre du Canada persistent encore à oublier des réalités locales comme la géographie, les tendances du commerce, les habitudes de consultation et de référence ou le fardeau des déplacements imposé aux patients ruraux, pour n'en nommer que quelques-unes. Trop souvent, on ne consulte pas les communautés locales et leurs prestateurs de soins de santé. Il se fait peu de recherche au sujet des effets de ces changements majeurs du système sur l'accessibilité des soins de santé pour les populations rurales, sur le recrutement de professionnels de la santé et le maintien des effectifs, ni sur le fardeau (économique et psychosocial) imposé aux familles rurales lorsqu'on envoie des membres de la famille malades se faire traiter à des centaines de kilomètres.

Dans le contexte des régions, il y a le problème des hôpitaux régionaux qui ferment leurs portes à la région, laissant les médecins ruraux se débrouiller pour trouver d'autres établissements pour des patients dont la communauté locale ne peut traiter les problèmes. C'est alors l'impasse. De plus en plus de services sont régionalisés et ne sont donc plus disponibles dans la localité, mais le service régional devient alors surchargé et refuse des patients des communautés qu'il devait servir. Le moment est venu

> **Le moment est venu pour les gouvernements d'envisager une loi semblable à celle que l'Australie a adoptée pour interdire aux hôpitaux régionaux de refuser des patients de la région.**