



# President's message: Donut-defined rurality

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**A**pril saw a very successful 13th Annual Rural and Remote Medicine Conference in Quebec City. “Mastering Many Skills / La maîtrise de plusieurs compétences” brought 300 rural doctors together to experience rural-specific CME. I met doctors from across Canada, from a wide variety of practice situations, and wondered about what we have in common. What exactly makes us rural doctors?

One of the challenges for those of us working in rural medicine is trying to explain to people what rural really means. If we can't tell bureaucrats and governments what rural is, then how can we convince them to give us the resources we need? *Webster's* defines “rural” as “having to do with the country.” Canada Post defines rural as having a zero as the second digit of your postal code. Some define rural as having a core population of less than 10 000. Others define it as an area where the population served is larger in the outlying area around a community than within the community itself.

An added layer of complexity is generated by the term “remote.” Remote is easier to define and usually means a place 3 or 4 hours from the next largest community or higher level of care. Our Canadian terrain and climate mean access times for one community may vary greatly with the season and the weather, which may further complicate the issue.

I have found the extremes easy to define. The problem lies with the in-betweens. My personal rating scale is

influenced by retail opportunities. If your community has a Costco you are not rural. You may be northern, or isolated, but you cannot be rural. Canadian Tire is usually okay — you can still be rural. Home Hardware? Definitely rural. In the past a McDonald's meant urban, but new mini McDonald's have sprung up in smaller towns, competing with the ubiquitous Dairy Queen and A&W, which were the mainstay of small town fast food. Tim Hortons is more problematic. You can probably still be rural with a Tim Hortons coffee and donut franchise, but definitely not if you have Starbucks!

In reality, “rural” is a continuum. Rural is not just where you practise, but how you practise. It is an attitude about how you do medicine. In rural medicine it is important to do the best you can, with the tools and skills present in your community. Rural is knowing what you can't do, and how to access care for your patients who need more than you can provide. Rural medicine is dynamic and challenging and has the potential to be the best job in the world. The only real challenge is to convince governments and universities to give us the tools and the people we need to do our job.

That is why it is important to define rural. We must be able to articulate who we are in order to convince the bureaucrats to provide the resources — both human and material — to effectively perform our job. This is why we have the SRPC. Our challenge is to work together to accomplish this goal.