The country doctor's lament

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Many strategies have been put forth to attract physicians to work in rural areas. Yet the lament of the rural physician seems unchanged except that the chorus is getting louder: it is getting more difficult to attract new graduates to country medicine. Established rural physicians are getting tired, and there often seems to be little prospect of summer locum relief, let alone long-term help.

Barriers to recruitment of rural physicians are well known: fear of practice without back-up, expectation of long hours with no relief, lack of private time in a small community, and variable rates of financial remuneration. A perceived or real lack of respect emanating from the tertiary care centres is a factor as well. Consultants accepting referrals from "out of town" have generally never practised in remote settings and have therefore never experienced the myriad pressures on a rural physician to transfer patients in. Many patients and their families perceive that the specialist in the big hospital must, by definition, provide better care than their poor country cousins down the road. This may be very far from the truth but that is often impossible to convey to patients, moreso their families who just want the best opinion for their loved ones. Country doctors may feel uncomfortable with adhering to standards of care felt mandatory by consultants in the city. An occasional rapid sequence intubation is not enough to maintain proficiency in the procedure. Yet rural physicians working in under-staffed settings cannot easily maintain their skills because they can't leave their communities.

A newer stanza in the lament of the rural physician is that "they don't make them like they used to." Country doctors who have been at work for a decade or more have noticed that new graduates have lifestyle concerns. There is a reluctance to do obstetrics and emergency medicine, and there is an expectation of some time off after a night at the hospital. One-in-two call is not an option. This concept is foreign to the "last generation" of country doctors. When they started practice they accepted responsibility for providing continuous medical care to their communities no matter how many other physicians were around to share the load. One might ask legitimately who is in fact responsible for providing a community with medical care. The responsibility has by default fallen to a given communities' available medical practitioner(s), who feel obliged to provide uninterrupted care regardless of the number of sequential sleepless nights they may be taking upon themselves.

New graduates are generally unwilling to accept this responsibility. At the risk of incurring the wrath of my rural colleagues, I would argue that the new generation has the right attitude. Unfortunately, a side-effect of looking for practice opportunities with a good lifestyle is that, as country medicine often can't provide it, rural communities are left searching for doctors. Those physicians who have been shouldering the load over a decade or more of fiscal restraint are still shouldering the load. What will happen when they retire?

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There are many features of the country doctor's job that appeal to medical students: they like rural rotations because "they get to do everything." They often have a great deal of independence. Memorial University of Newfoundland's Family Medicine residents compete for the chance to do 7 months of their training in Labrador. Similarly, Memorial has pioneered a program of Emergency Medicine and Enhanced Skills, a combination of 1 year of EM training and 6 months of further skills acquisition in preparation for rural practice. Alberta has a program of skills maintenance for rural physicians that has attracted more applicants than they can take.

What appears to attract some potential generalists to train in rural areas is the same thing that keeps them from practising country medicine for a lifetime. "Getting to do everything" while having a preceptor is a far cry from "having to do everything" without back-up. Yet the paradox suggests a path for recruiting rural doctors. Advertising bulletins sent out by recruiters in Australia and New Zealand, as well as remote Canadian areas, appeal to a sense of adventure. The phrase "Would you like to take a helicopter to work?" always catches my eye in the blue pages of *CMAJ*. More physicians might be drawn to rural and remote work, with the promise of variety and challenge, if their lifestyle needs were met. Providing good financial remuneration is critical, but just as important is attention to time off and a reasonable call schedule. This is what the new grads seem to be saying.

A challenging country practice with abundant, flexible time off, both for personal enrichment and CME. would be irresistible to many. It could produce a generation of country doctors who are well rounded, well rested and rich in skills. This is a combination that could become a state of life and work that many of our residents, casting around for a career, would want to have. Someone other than the sleepless country physician looking for relief needs to organize and implement this. They're too busy. Perhaps the politicians have the time. With "new money for health care" as an oft-repeated refrain from our federal government, perhaps we can change the lyrics of the country doctor's lament.

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