



President's message. The perpetual challenge

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Macleans' magazine produced a retrospective issue last fall that included a reprint of "The Future of Medicine" by Bengé Atlee, published in 1933. A hypothetical discussion between a new graduate physician and Aesculapis touched briefly on rural issues. The new doctor states: "As to rural medicine, I am a young, ambitious university graduate. I don't want to spend the rest of my days in the sticks, where I shall surely deteriorate professionally and intellectually."

That article was published 73 years ago. Is the attitude the same today? A recent Canadian Institute for Health Information report suggested that only 9% of the physicians in Canada care for the 20% of the population that is rural. However, a closer look at the data reveals that 16% of the family doctors care for that same 20%, and this number is increasing. A number of rural programs are fully matched on the first round of the CaRMS (Canadian Resident Matching Service) match this year, also an improvement over recent years.

Rural practice is the last bastion of true generalism. Not all of us do everything, but each community offers the opportunity to have a varied and challenging practice. As access to specialists becomes more problematic, being self sufficient is an advantage. Access is enhanced when the rural GP can do the exam and the biopsy, or the prenatal care and the delivery — without needing endless referrals for basic primary and secondary medical services. The reputation of rural practice is becoming stronger within the academic community, as the benefits of rural programs for

training medical students and residents are becoming evident and as distributed learning models become more prevalent.

Rural advocacy groups are a solid part of the medical landscape. The Society of Rural Physicians of Canada (SRPC), the Rural Doctors Association of Australia, and WONCA Rural are respected medical organizations. SRPC continues to participate in numerous meetings on the national level. Our challenge is finding members to represent us in all the arenas where our input is requested. It is particularly interesting to receive requests from outside Canada, as organizations in other countries struggle with the same issues.

Canada has a number of strengths with regard to rural medicine. Our geography has forced each province to develop innovative solutions to delivery of rural health care and incentives to recruit and retain rural health care professionals. We are a small enough country in terms of population that there is opportunity for us to coordinate some of these initiatives. We have some very successful programs that could serve as models to the rest of the world. I strongly believe Canada has the potential to become an international leader in rural health. However, we need the cooperation of government to accomplish this. We need to support the hospitals and professionals who are already doing such an excellent job. We need to do on a political level what we are doing educationally — influencing programs and continuing medical education to positively affect rural health care delivery. The SRPC must continue to grow and be a strong advocate in order to meet the challenge.