



President's message. Need for a national rural health strategy

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In his speech to the Canadian Medical Association (CMA) General Council on August 20, 2007, the Honourable Tony Clement highlighted the desire to address accessibility as enshrined in the Canada Health Act. It appears that the federal effort is focused on wait time guarantees that apply only to 5 highly specialized areas. The federal government is using the promise of wait time guarantees as a strategy to allay public concern about accessibility to medical service; however, the current focus on wait time guarantees is not addressing the needs of rural Canada.

If Canada is to be truly proud of its health care system, the benchmark on how well we are doing with health care in Canada must be how well we are doing in rural Canada. Rural Canadians have a higher burden of illness and a shorter life span. Rural Canada has 19% of the population and only 9.4% of the doctors.¹ The Honourable Tony Clement represents a rural riding and many of his Conservative colleagues are in parliament because of the rural vote. We need to remind our politicians in our rural ridings that Canadians are as concerned with health care as with the environment and that we need a national rural health strategy.

Recent rural statistics show marginal improvements in physician numbers in rural and remote communities, with 5214 physicians in 2007 compared with 5163 physicians in 2005. The population per rural general practitioner was 1130 in 2007 and 1214 in 2005. In 2007, rural

Canada accounts for 19% of the population, 16% of the family physicians (FPs) or general practitioners (GPs), and 2% of non-FP/GP specialists.¹ We realize that small communities cannot sustain narrowly focused specialists. We need more generalists and more rural doctors with broad and enhanced skills.

Through our membership in the CMA GP Forum, the CMA National Medical Organizations (CNMO), and the Canadian Medical Forum and our seat on the CMA General Medical Council, the SRPC continues to work with other national medical organizations to address rural health issues. Our colleagues, GPs, FPs and other specialists, and other national medical organizations are supportive of our needs. This year, the CMA Board of Directors endorsed a resolution to take the lead with other national medical organizations to lobby the federal government for a national rural health strategy. In August 2007, the CMA General Council passed motions for the CMA to address the scarcity of generalist FP/GPs and generalist specialists and to improve access to enhanced skill sets training.

We can enhance political awareness and support for a national rural health strategy by bringing rural health care needs to the attention of our politicians. It is time for all rural doctors to speak to their members of parliament.

REFERENCE

1. Hutten-Czapski P. SRPS rural statistics. 2007. Available: www.srpc.ca (accessed 2007 Aug 1).