So much done — so much to do

Jim Rourke, MD, CCFP(EM), MClSc(FM), FCFP, a rural physician for 25 years

Dean of Medicine, Faculty of Medicine, Memorial University of Newfoundland, Health Sciences Centre, St. John's, Nfld.

Assistant editor, CJRM

Correspondence to: Dr. Jim Rourke, Dean of Medicine, Faculty of Medicine, Memorial University of Newfoundland, Health Sciences Centre, St. John's NL A1B 3V6

The problems faced by rural medicine remain very much alive across the country." In the first issue, in June of 1996, of the *Canadian Journal of Rural Medicine*, the official journal of the Society of Rural Physicians of Canada, founding scientific editor Dr. John Wootton went on to write:

> The *Canadian Journal of Rural Medicine* (*CJRM*) is one manifestation of a new determination by rural physicians in every province to address [rural medical] issues.

The first editorial was aptly titled "A new venture: *CJRM*, a voice for rural medicine."[1]

The first president's message was "Why have a society of rural physicians?" by Dr. Keith MacLellan, who noted that

> as rural doctors we practise a distinct form of medicine and have many challenges in common. ... It has been difficult to bring the interests and concerns of rural medicine to the attention of Canadian decision-makers.[2]

The SRPC has become a major Canadian force for change and improvement for rural health care, including education, working conditions and support for rural physicians toward the goal of improving the health of Canada's rural people.

"The occasional chest tube" and "Country cardiograms: case 1" marked the beginning of the practitioner series of practical approaches to serious patient care challenges. So many of us kept these for quick reference in our emergency departments that it eventually was developed into the *Manual of Rural Practice,* which complements the SRPC's popular and vital rural critical care courses.

The first original article, "Ambulatory epidural analgesia in obstetrics: a proposal for rural Canada," was the start of the *CJRM*'s peer-reviewed scientific approach to rural medicine. This stimulated and dramatically broadened research and publication of a scientific evidence–based approach, focused on clinical rural medicine. Part of the recognition of rural medicine as a discipline has included acceptance of *CJRM* by Index Medicus. In 2008 it is hard to imagine Canadian rural medicine without the SRPC and the *CJRM*.

So much to do

Despite the advances over the past 12 years, rural Canadians, especially Aboriginal peoples, still have poorer health status, outcomes and access than their urban counterparts. There is so much yet to do. Here are 12 goals:

For every rural community we should aim for

- Clean water and sanitary waste disposal;
- Appropriate public health and social services;
- Modern and well-supported health care facilities.

For every rural Canadian we should aim for

- Access to a well-trained rural family physician and nurse for primary health team care;
- Access to emergency and other general hospital services within a reasonable time and distance;
- Access to specialized diagnosis and treatment within an integrated system with outcomes comparable to patients who live in cities.

For Canadian medical schools we should aim for

- A representative proportion of rural/urban students;

- Rural learning experiences for all students and residents to increase interest and understanding of rural practice;
- Rural streams for interested students and residents;
- Procedural and other advanced training for rural physicians to enhance provision of local services.

For Canadian health research we should aim for

- Development and support of a rural health research network infrastructure;
- Development and support of community-based rural health research involving rural physicians and other health care providers.

References

1. Wootton J. A new venture: *CJRM*, a voice for rural medicine. *Can J Rural Med* 1996;1:5.
2. MacLellan K. Why have a society of rural physicians? *Can J Rural Med* 1996;1:11.

Beaucoup de réalisations et encore énormément à faire

Jim Rourke, MD, CCMF(EM), MClSc(FM), FCMF, médecin rural pendant 25 ans

Doyen, Faculté de médecine, Université Memorial de Terre-Neuve, Centre des sciences de la santé, St. John's (T.-N.-L.)

Rédacteur adjoint, JCMR

Correspondance : Dr Jim Rourke, doyen, Faculté de médecine, Université Memorial de Terre-Neuve, Centre des sciences de la santé, St. John's NL A1B 3V6

La médecine rurale est toujours aux prises avec des problèmes, partout au Canada.» En juin 1996, dans le premier numéro du *Journal canadien de la médecine rurale*, le journal officiel de la Société de la médecine rurale du Canada, le Dr John Wootton, rédacteur scientifique fondateur, poursuivait :

> L'avènement du *Journal canadien de la médecine rurale* démontre que les médecins ruraux de toutes les provinces sont déterminés plus que jamais à relever ces défis.

Le premier éditorial était coiffé de ce titre bien choisi : «Une nouvelle aventure : le *JCMR*, une voix pour la médecine rurale[1].»

Dans son premier message du président, intitulé «Pourquoi une société des médecins ruraux?», le Dr Keith MacLellan signalait que

> comme médecins ruraux, nous pratiquons une médecine distincte et nous avons de nombreux défis communs à relever. (…) Il a été difficile d'attirer l'attention des décideurs du Canada sur les intérêts et les préoccupations de la médecine rurale[2].

Or, la SMRC est devenue un important agent de changement et d'amélioration pour les soins de santé en milieu rural au Canada, y compris l'éducation, les conditions de travail et l'appui accordé aux médecins ruraux pour atteindre leur but, soit l'amélioration de la santé de la population rurale du Canada.

Les articles «The occasional chest tube» et «Country cardiograms: case 1» ont marqué le début d'une série sur les moyens pratiques pour les médecins de relever certains des défis épineux du soin des patients. Nous étions si nombreux à avoir conservé ces textes pour pouvoir les consulter rapidement à l'urgence qu'on a fini par les compiler dans le *Manual of Rural Practice* qui complète les cours populaires et essentiels sur les soins critiques offerts par la SMRC.

Le premier article original, «Ambulatory epidural analgesia in obstetrics: a proposal for rural Canada», marquait le début de l'approche scientifique avec examen par les pairs qui est celle du *JCMR*. Cette pratique a stimulé et élargi de façon spectaculaire la recherche et la diffusion d'une approche scientifique factuelle axée sur la médecine rurale clinique. L'acceptation du *JCMR* par Index Medicus a aidé à reconnaître la médecine rurale comme discipline.