



President's message. Where to now?

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Sherlock Holmes used logic to arrive at the conclusion that if, in solving a problem, all impossible solutions have been eliminated, leaving only the improbable, then the improbable must be the truth.

Rural medicine appears to be in this kind of quandary. In spite of more than 10 years of lobbying by the SRPC; in spite of the thoughtful recommendations of the multiple federal and provincial commissions; in spite of the fact that the problem is patently national in scope; in spite of incentives that are increasingly generous from both provincial and municipal sources — rural Canada continues to find itself in a crisis of human resources for health. Provincial deputy ministers of health might be excused to find that their hair is thinning, as little has changed in spite of their best efforts.

What other solutions might there be? Where might “thinking outside the box” get us? Clearly, we must continue to do some of the things that show promise. We must continue to organize care around teams, even though these teams risk being more expensive (both in dollars and in bodies required) than the alternative of no teams, because there is evidence that better care is provided this way. We must also continue to stress prevention strategies, but remain cognizant of the fact that the benefits of this strategy will take many years, if not decades, to realize. We must continue to decentralize medical education and recruit our future rural physicians increasingly from rural areas. We must support a differential fee structure, however this is implemented in different

jurisdictions, to acknowledge the increased level of responsibility taken on by rural physicians.

All of these are good things, but they are clearly not enough. There is a significant cohort of rural physicians in their 50s and 60s who are having difficulty finding replacements for themselves, let alone for their workloads.

Looking beyond our own sandbox involves looking beyond our shores. There are few useful models to be found in the United States, which seems to be more interested in finding alternate professionals (nurse practitioners, physician assistants) than in training and deploying more rural physicians. About the only model truly with lessons to guide us is Australia, a continent with similar geography, and similar urban concentrations and scattered rural communities.

Australia has been traditionally about 10 years ahead of Canada in the development of structures to support rural practice. They had the first full professor of rural health — Roger Strasser (whom we have since poached to be the Northern Ontario School of Medicine's founding dean), and they are far ahead of us in having rural training streams leading to licensure and accredited by a college mandated to the task — the Australian College of Rural and Remote Medicine. Canada lags behind in the development of autonomous structures dedicated to education in and promotion and support of rural medicine, and this may explain some of the difficulty we are having in making real progress.

Is it time to have this debate?

Society of Rural Physicians of Canada

Société de la médecine rurale du Canada

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