



President's message. Rural and Remote 2018 – the art and soul of rural medicine

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Rural doctors from across the country gathered in St. John's in early April for the 26th Annual Rural and Remote Conference. Reminiscent of challenges that rural doctors often face in their home communities, there were delays to arrival because of gale-force winds in St. John's, then delays on departure because of an ice storm that hit southern Ontario.

The theme of the conference was "The Art and Soul of Rural Medicine." The art of medicine describes how we apply medical knowledge to the individual patient or community, taking into account their values and unique characteristics as well as our clinical skills. The soul of medicine can be thought of as that which gives our medical practice purpose and meaning.

In contrast, medical recommendations and guidelines are based on the science of medicine, which is considered to be more consistent and reproducible. However, as we become more aware of issues such as publication bias, we are more wary of accepting research at face value.¹ David Sackett, the father of evidence-based medicine, recognized that implementing medical recommendations in a particular community or for an individual patient is more of an art than a science. It is influenced by beliefs and values of individual patients or communities, cost and other barriers, such as geographic, organizational or behavioural.²

At conference workshops, our rural colleagues were able to help us use the art of medicine to apply guidelines and medical recommendations to our patients and communities in rural Canada.

Many of us who attend R&R do so to nurture our souls. We listen to inspirational plenary speakers, meet with friends and colleagues, and support each other. Speakers described how they used the art of writing, the art of the narrative and their community involvement to give their work meaning and purpose.

Family support is very important to rural physicians. R&R has always been a conference that welcomes spouses and children. Rural spouses are supporting each other and offering sessions that are of broader interest. The conference provides child care and welcomes children to most of the evening entertainment events. We all enjoyed watching the little ones dancing at the Newfoundland kitchen party at the Irish pub.

Next year, we will gather in Halifax for the Rural and Remote Conference. Although the conference will have a different theme, it will once again give us the opportunity to meet with rural colleagues and help each other experience the art and soul of rural medicine.

REFERENCES

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