

MEDICAL CAREERS**Securing a Sustainable Future for Rural Medicine**

Pamela Aird, BHSc

In Canada, where 22% of the population is rural, a formidable proportion of the health care system is managed by rural family physicians.¹ Rural doctors provide a wider range of services than their urban counterparts,² and need to be prepared to handle a different spectrum of illness. The term 'rural family physician' often conjures up nostalgic notions of a kind older doctor, working tirelessly, who knows the whole family, has delivered several generations of babies, and made late night house calls for older family members. Through the hard work and dedication of physicians and researchers, rural medicine in Canada also has academic representation, respected training programs and unique research and literature that are leading to international debate about whether rural medicine is in fact a distinct discipline.² However the mid nineties saw a 10% decline in the number of doctors serving rural Ontario. Despite the fact that rural physicians are such a vital resource, are they becoming a dying breed? How can rural physicians change this trend and transform their profession into one of growth and sustainability?

Policy makers have attempted to address the disparity in distribution of physicians through financial incentives, free tuition with return of service and dedicated recruitment officers. Medical schools have weighed in as well by creating mandatory rural rotations for all students after studies have shown a correlation between the length of rural learning experience and the likelihood of returning to rural practice.³ Although these programs have been able to keep the distribution of physicians stable, there has been no significant change in the level of service in rural areas.⁴ It seems that new graduates cannot be persuaded by monetary gain alone, or that they are only temporarily working in rural areas. Perhaps it has been a disservice to the rural population to try to persuade urban students who are not familiar with the rural social and psychological milieu to move out of the cities. Rural students are two times more likely to practice and stay in rural areas.³ They have similar grades to urban students and are just as likely to be accepted to medical school, however their application rate is significantly lower than expected.⁵ Strategies have been developed to target rural students from high school through university in an effort to foster interest and enthusiasm in medicine.⁶ These

recommendations now need the support of current doctors and administrators to put them into action and start the ball rolling towards more rural minded medical students.

It will not be sufficient to simply find more students who would like to enter rural practice. Residents from across the country have weighed in over the past few years with messages of where the health care system needs reform in order to meet their needs. The 1998 PAIRO Blueprint highlighted issues such as spiraling education costs, limiting on call service (previously addressed by the Scott Report⁷), advanced skills training, improving dialogue between the health professions for a more cooperative working relationship and establishing group clinic facilities to reduce management and fiscal burdens.⁸ These policy recommendations were echoed in the 2001 CAIR submission to the Commission on the Future of Health Care in Canada.⁹ The CAIR submission also touched on the fact that new physicians are seeking facilitation in practicing the evidence based care that they learn in school, and that they are open to alternate payment systems.⁹ However, these recommendations will remain on paper and never truly be enacted if there are no champions in the field to support and promote their adoption. In Australia the number of rural doctors was increased from 7,500 in 1996 to 8,300 in 2001 not by offering financial incentives, but by reforming the healthcare system to reduce barriers for doctors who want to practice outside the big cities.¹⁰

The sentiment among medical students is one of cautious optimism. Students are excited about the possibilities of a broad varied practice, experiencing a sense of community and being afforded the opportunity to be responsible for a population at risk of becoming neglected. Debates continue about lifestyle and balance, but they seem to occur in a congenial atmosphere. Long-time physicians and new physicians appear open to discussing the different aspects of life that they enjoy most, and where they have found their personal balance. The true concerns of current students lie in the domains of skepticism, litigation and respect. Specialists can, on occasion, seem poorly informed in regards to the services required and feasible in a rural or remote setting. Students interested in family medicine, and particularly rural practice, are still bombarded with comments from supervi-

sors, and fellow students, such as “you *just* want to be a family doctor?” or “you are too smart to go into family practice and waste that on a small town”. This is easily interpreted as a lack of respect for family physicians. With concerns of perceived equity and the increasing propensity in society for lawsuits, students are concerned that in a rural setting with little backup they are going to find themselves taking on responsibilities they are not comfortable with, resulting in poor outcomes or even litigations. The key to addressing all of these perceived barriers is of course – support. Students and young physicians desperately need the support and guidance of seasoned family physicians. They need not only personal support and mentorship as they embark on an exciting new career, but also a public demand for the respect that rural medicine deserves.

Rural physicians need to become proactive through strategies to increase rural enrolment in medical school, policy reform to reduce barriers to medical practice, and open dialogue with new physicians. Current physicians can facilitate ongoing growth and transformation in rural medicine by continuing to advocate for recognition from outside the discipline, and by fostering enthusiasm in the next generation. Together, multiple generations of physicians can maintain the national resource of rural medicine and shape the future into a vibrant and growing profession. †

REFERENCES

1. Hutten-Czapski, P. (2002) Rural Healthcare – The chasm not crossed. Retrieved February 4, 2006, from SRPC Web site: <http://srpc.ca/librarydocs/RomanowSudbury.pdf>
2. Smith, J. & Hays, R. (2004). Is rural medicine a separate discipline? *Australian Journal of Rural Health*, 12:67-72.
3. Easterbrook M. Godwin M. Wilson R. Hodgetts G. Brown G. Pong R. Najgebauer E. (1999). Rural background and clinical rural rotations during medical training: effect on practice location. *Canadian Medical Association Journal*. 160(8):1159-63.
4. Canadian Institute for Health Information. (2005). *Geographic distribution of physicians in Canada: Beyond how many and where*. Retrieved February 6, 2006, from CIHI Web site: http://secure.cihi.ca/cihiweb/disPage.jsp?cw_page=PG_529_E&cw_topic=529&cw_rel=AR_1346_E.
5. Hutten-Czapski, P., Pitbaldo, R., and Rourke, J. (2005). Who gets into medical school? Comparison of students from rural and urban backgrounds. *Canadian Family Physician*, 51: 1240-1241.
6. Rourke, J. (2005). Strategies to increase the enrolment of students of rural origin in medical school: recommendations from the Society of Rural Physicians of Canada. *Canadian Medical Association Journal*, 172(1):62-65.
7. Scott, G.W.S. (1995). *Report of the Fact Finder on the issue of: Small/Rural Hospital Emergency Department Physician Service*.
8. Professional Association of Internes and Residents of Ontario. (1998). *From education to sustainability: A blueprint for addressing physician recruitment and retention in rural and remote Ontario*. Retrieved February 4, 2006, from PAIRO Web site: <http://www.pairo.org/Content/Default.aspx?pg=1241>.
9. Canadian Association of Internes and Residents. (2001). *The New Face of Medicine: Sustaining and Enhancing Medicare*. Retrieved February 4, 2006, from CAIR Web site: http://www.cair.ca/document_library/library_view.cfm?intCategoryID=1.
10. Australian Government, Department of Health and Ageing. (2000). *More Doctors Better Services*. Retrieved February 4, 2006, from Australian Government Web site: <http://www.health.gov.au/budget2000/ruralcov.htm>.

Author Biography

Pamela Aird is a third year medical student at McMaster University who previously studied Health Sciences at McMaster. She plans to pursue a career in Rural Family Medicine.