



### Size matters!

*John Wootton, MD*  
*Shawville, Que.*

*Scientific editor, CJRM*

*Correspondence to:*  
*Dr. John Wootton,*  
*Box 1086, Shawville*  
*QC J0X 2Y0*

Unspoken within this oft-repeated witticism is the assumption: “the bigger the better!” Unfortunately in health care this conclusion, although just as hidden, is also present and pervasive. By size is also meant volume, and that elusive quantity “critical mass.”

Size of course does matter, if only in the sense of there being a right size and a wrong size, or, like two shoes picked at random out of a shoe closet, mismatched sizes.

For example, McGill has been in mega hospital dreamin’ mode for some years now, and it is at least debatable whether the benefits of amalgamating all its multiple clinical units will outweigh the disadvantages of loss of flexibility and intimacy of separate individual institutes and services.

Can anyone agree on the right size? In shoes we can tell that if the shoe pinches or is too sloppy, we won’t get very far. In health care institutions it is not so obvious. It probably makes sense to have centralized spinal units, one per province or even region, but it is not reasonable to deprive rural women of basic surgical services. Yet I still hear provincial surgical associations muse about the number of cesareans required to keep their member surgeons skilled (assuming they were trained in the first place — but that is another story), and that threshold hovers dangerously close to the number that describes rural surgical practice.

At a recent job fair I had the opportunity to wander among the competition, sampling their wares and savouring their spin, looking for inspiration. One place comes close to providing it. Les îles de la Madelaine lie approxi-

mately 120 nautical miles from Gaspé and 80 nautical miles off the northern tip of PEI, and to a Martian could just as logically be a part of Newfoundland as of Quebec. The numbers tell a story. 13 000 inhabitants, 23 GPs, all of whom participate in ED call, hospitalizations and primary care, 2 internists, 2 surgeons, 2 psychiatrists, 1 ob/gyn, 1 radiologist, and 1 anesthetist (the one admitted weakness). With an extra anesthetist, and with stability ensured by the unassailable logic imposed by the surrounding Atlantic, they might be described as the model of rural self-sufficiency.

This is not just my analysis. In the brutally fair-minded way Quebec draws up its regulations, and in spite of their remoteness, the islands’ relatively flush staffing prevents them from offering the same incentives to locum GPs as other more desperate corners of Quebec. This is as it should be and is bureaucratic validation that something close to the “right” size exists there.

Can it sustain itself? In the mid ‘90s there was a lemming-like crash when 7 to 8 physicians all left within a short space of time, and clearly their anesthesia shortage puts many of their services at considerable risk, but for the most part they have been successful at replacing those who left with a similar product. Their example is worth noting, and every critical element worth underlining: sufficient numbers to share the load, sufficiently differentiated GPs to cover multiple bases, sufficient back-up to support confidence, and sufficient money (and time off) to support stability. And it doesn’t hurt that it’s also a cool place to live...