Beyond the slogan: It's all about sharing the load

John Wootton, MD

Shawville, Que.

Scientific editor, CJRM

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

When it was founded the SRPC coined a slogan that read: "To make rural medicine something someone would want to do." The subtext was that rural medicine was too poorly taught, too poorly paid, and too tough all around to be attractive. This proposition supposed that if a shopping list of items were improved, physicians would follow.

Some of these goals have been achieved. Some rural practices have benefited from alternate payment plans, and in most places call is remunerated. Some teams are sufficiently large that on-call frequency is acceptable. The image of rural medicine has been burnished even if it is not yet shining brightly. There have been positive developments.

IF THEY CHOOSE NOT TO BE ACCOUNTABLE TO THE PUBLIC SYSTEM, ARE THEY NOT BACKING INTO ACCOUNTABILITY TO A PRIVATE ONE?

Has this brought about a sea change in the choices new graduates are making? Recent figures would suggest not. A review in *The Medical Post* is instructive. When discussing the benefits of a practice limited to the emergency department, one physician notes: "You are not tied down to a patient population; you don't wear a pager. You show up for your shift and then you sign over at the end of the shift, and you leave your work at the hospital, instead of taking it home with you."[1]

This desire to achieve a better balance of personal and practice life (a result some say of the "humanization" of the profession) is by no means to be condemned. On the contrary it has been embraced by those long into their practices who also want to "wake up and smell the roses."

Rural populations need care. Rural physicians need a life. Is it impossible to have it both ways? Individual avoidance of practice that is too intrusive of personal space is an illusory solution that is only socially viable if an equivalent number of practitioners make an opposite choice. Since health services are a government responsibility, are funded by government, and since citizens have equal rights wherever they live, the sum of such choices, if unbalanced, leads to inevitable tension and can provoke draconian responses. In Quebec we have lived through such an event.[2]

If physicians make decisions without regard to these realities they are in fact making a statement about accountability. If they choose not to be accountable to the public system, are they not backing into accountability to a private one? The laws of supply and demand are unencumbered by a social conscience, but create a far different system than the one we know today.

Perhaps it is time to look beyond the slogan. Rural medicine will never fully succeed in meeting the personal "want" test. (Who "wants" to be on-call?) It is, however, a collective responsibility, and by being shared can be both fulfilling and sustainable, and, in the end, truly Canadian.

References

1. Sylvain M. Medicine's generational shift. *Med Post* 2005;41:47.
2. Wootton J. If it's Québec, it must be Bill 114 [editorial]. *Can J Rural Med* 2002;7(4):251-2