



# A lemming's view of rural practice

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**H**ave you ever felt like a lemming? — behaving in such a predictable way that when you reflect on it from a distance it seems to abolish the concept of free will, and is no more logical than the famous head-long rush over the cliff of our distant rodent relative? I used to feel that way in university days when I would pick up a copy of *Psychology Today*, and find in it neat and tidy explanations for my angst-ridden student self. I learned to stop reading that stuff.

It has, however, caught up with me.

It should perhaps not have come as a complete surprise that favourite concepts, which rural physicians everywhere have been struggling with, actually have a name (well known at that) in the social sciences literature. Listen up:

Take one of the most famous dilemmas in social theory: the problem of 'free riding' with public goods — enjoying things like clean air or national defence, whether or not you have helped create them. Individuals face a temptation to cheat — to save energy or money by not contributing, while still enjoying the benefits. All too frequently, the outcome is social disaster.<sup>1</sup>

The interesting twist on this story is that solving this dilemma does not depend on altruism. It is either accomplished by "a government with the power and authority to force individuals to contribute,"<sup>1</sup> or it is solved by finding a mechanism that convinces individuals that cooperation will actually produce a better outcome for them in the long run, than cheating.

What has this to do with rural medicine? Medical services in rural areas are a public good (at least in Canada — at least for now), and those who provide them are acutely conscious within their own environments of the extent to which the tension between the demands of service, and the self-interest of lifestyle pushes them toward or

away from a decision to cooperate. When new graduates on a large scale choose not to provide rural services, they are manifesting a collective decision to not cooperate with an expressed social need. Clearly in Canada governments have not been strong enough to force this cooperation, perhaps wisely.

What seems to be missing are the ingredients to successfully navigate the other pathway toward a solution. Namely to provide a mechanism by which the virtues of cooperation, i.e., sharing in the provision of rural services, is actually seen to be in the best long-term interests of all individuals.

How might this long-term interest be described? Those rural physicians who work in functional environments would have no difficulty describing such a situation. It might go something like this:

"My practice is interesting, but sometimes difficult, occasionally more difficult than I think is tolerable, but I look around and my colleagues are sharing the load, and so I do not feel unfairly singled out. At the same time I realize that if I stop what I am doing, my colleagues will in their turn feel that they are unfairly shouldering the load, and will also stop, and the eventual consequence is that there will be no one to do the work, and my patients will suffer. It is better all around for me to cooperate, and perhaps look for ways to reduce the burden on us all, than to turn my back on the work." (Can anyone say "Geraldton"?)

You can insert into this illustration any rural service that you like, whether it be teaching, emergency call, obstetrics, in-patient care, or any other service that benefits from being widely shared. The fact remains that we are mired in a short-sighted perspective, the consequences of which we only dimly perceive. We need to look farther down the road, and perhaps it will rise to meet us.

### REFERENCE

1. Buchanan M. Mind games. *New Scientist* 2004;Dec 4-10:34.