



President's message. Summertime and the livin' ain't easy

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The lazy days of summer are often not a holiday for those of us practising in rural Canada. Summer is the time when many urban residents head to the cottage or the back-country for recreation. Rural populations dramatically increase around the time we start having our own thoughts about time off to enjoy the brief warm weather. However the days of locum abundance have faded with the increasing physician shortage, and so we work the summers as best we can with the docs we have. Our community hosts a mountain bike race aptly named the "Mount 7 Psychosis." This adds an interesting degree of orthopedic trauma to the usual emergency department mix! Other rural locations have equally challenging summer medicine. Problems occur when we have unexpected staffing issues. Doctors get sick. Doctors have families who get sick and occasionally die. Most rural communities are thinly enough staffed that having one or 2 doctors unexpectedly out of commission tips us into completely unsustainable working conditions. The lack of adequate numbers of physicians and nurses is still the biggest challenge facing rural Canada.

So, what is being done to address the shortage of health care providers in Canada? Health human resources was one of the issues addressed nationally at the Canadian Medical Association's annual meeting in Edmonton this year. I attended CMA General Council as the SRPC delegate. Motions supported the need for more medical student positions, more residency positions and more general and family practitioners. GP Forum, another CMA group we participate in, had successful motions supporting general practice as a corner-

stone of primary health care delivery. General Council motions are used as tools to influence the federal budget process and for focused lobbying by the CMA and member organizations.

SRPC is providing rural input at other meetings and projects dealing with physician supply issues. Dr. Michael Jong, President-elect, will attend a national conference, Mainstreaming Health Human Resources Innovations, in Halifax in September. He will present SRPC initiatives and policies that have a positive impact on physician supply in rural areas. SRPC will send 2 representatives to the National Conference on Physician Human Resources in Ottawa in January 2006. This is sponsored by Task Force Two: a Physician Human Resource Strategy for Canada, a project of the Canadian Medical Forum. Our own Health Canada-funded project, Enhancement of Physician Health Human Resources in Rural Canada, is ongoing.

The other hot topic at the CMA's General Council was the level of support for possible private delivery of publicly funded health care services. It is interesting to speculate how potential changes might affect rural communities. We already wait longer and travel further to access basic services. Centralization of services has pillaged many small towns. Perhaps the advent of privately owned health care facilities would allow rural communities to own and operate facilities that could deliver a whole range of services to rural Canada. Rural centres of excellence and innovation already exist. Providing adequate human resources with appropriate infrastructure support could make Canada an international leader in rural health.