The *Canadian Journal of Non-Urban Medicine*?

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This edition of the Journal contains 3 related articles pertaining to the conduct of surgery in rural Canada.[1–3]

The first article tackles the controversial issue of defining "rural" and by *default* adopts everything ***non-urban***.[1]

The *Concise Oxford Dictionary* defines "default" as ***a pre-selected option when no alternative is specified***.[4] This meaning is familiar to any modern computer user. "Default," however, is also defined as ***a failure to fulfill an obligation***. The word comes from Old French *defaut*, from *defaillir* meaning ***to fail*** — itself based on the Latin *fallere*, ***to disappoint*** or ***to deceive***.

Considering surgical services rural Canadians have every right to be disappointed, for the system *has* failed them. They have been deceived when it comes to the promise of universal, accessible, comprehensive health care — 3 of the 5 pillars of medicare.

Residents in training have little exposure to rural/community surgery role models and, having trained largely in a tertiary care setting, are poorly suited to confront the eclectic challenges of rural practice.

The authors[1] go on to describe a system whereby catchment areas and populations may be defined for any given surgical service as determined by travel times and incorporating referral data, postal codes and census information.

The second article applies the methodology of the first in a comparison of the non-urban surgical services in Alberta and Northern Ontario.[2] The study focuses on 4 procedures — carpal tunnel decompression, inguinal hernia repair, appendectomy and cholecystectomy. Because of differences in geography and hence road structure, lifestyle, resource base, regulatory provisions and workforce, this is very much a comparison of apples with oranges. It does, however reflect the Canadian reality. Services are centralized in Northern Ontario and significantly decentralized in Alberta, where a larger number of international medical graduates (IMGs) and some FP-surgeons are employed. Notwithstanding, 70%–90% of the index procedures performed on non-urban residents of Alberta were performed by Canadian-certified general surgeons working in urban centres. In rural Northern Ontario, regional centres staffed mainly by Canadian-certified general surgeons tend to retain most of their cases. In Alberta, IMG general surgeons and FP-surgeons play a larger role in complementing Canadian-trained general surgeons in the more sophisticated non-urban sites.

The third article in this series compares utilization rates for 8 surgical procedures between urban and non-urban residents living in Alberta and Northern Ontario.[3] The procedures considered include appendectomy, carpal tunnel decompression, hip fracture repair, surgery for cancer of the rectum, joint replacement, thyroid surgery, inguinal hernia repair and cholecystectomy. The authors found higher utilization rates among rural residents in both Alberta and Northern Ontario for cholecystectomy, carpal tunnel decompression and appendectomy. Furthermore, this rate was independent of the sophistication of local surgical services. For the other procedures the utilization rates between rural and urban dwellers were similar. Only the rate of carpal tunnel decompression, a highly discretionary procedure, was found to be negatively influ-

enced by a travel time requirement of greater than one hour. Such data may have relevance to the planning of surgical services into the future. It is intriguing to speculate that the demand for more physical activity among rural Albertans lead to the greater requirement for joint replacement in that province. However, this finding may reflect sampling artifact over a relatively short study period or simply a *well-oiled* referral pattern!

I commend the authors in their attempts to bring science to bear on rural surgical practice in Canada, a country rife with regional diversity. I commend as well the collaborative nature or this research. Certainly more such collaboration among *family physicians and other specialists*, other health care professionals, governments, regulatory bodies, medical schools and the rural public — to name a few — is essential if the legitimate demands of our rural populations are to be addressed. In such collaboration the emphasis should be on maximizing ability and competence and, given the circumstances, on how we can best support one another to the ultimate benefit of the public we serve. The importance of surgical expertise in the support of other services such as obstetrics and family practice is acknowledged. The aging of rural general surgeons, who are killing themselves with overwork, the feminization of the profession and the rightful insistence of the upcoming generation of doctors on a balanced lifestyle are only some of the many factors that will have to be taken into account.

Unlike others, I do not believe the ***rural problem*** is simply going to go away as populations drift toward the cities. Rural Canada supplies many of the resources that are the wealth of this country which, along with our long-neglected farms and fisheries, hold the key to our self-sufficiency. Given current geopolitical realities, rising oil prices, a looming pandemic and global warming, self-sufficiency should be forefront in the mind of every Canadian. Enlightened self-interest too means producing enough health care professionals that we stop poaching the best and brightest from other, often less fortunate, nations and extend the helping hand of friendship in a troubled, interdependent world.

For me the definition of rural Canada has no negative connotation. I did not end up here by default. Rural Canada is simply and positively the place I choose to live!

References

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2. Iglesias S, Tepper J, Ellehoj E, et al. Rural surgical services in two Canadian provinces. *Can J Rural Med* 2006;11(3):207-17.

3. Tepper J, Pollett W, Jin Y, et al. Utilization rates for surgical procedures in rural and urban Canada. *Can J Rural Med* 2006;11(3):195-203.

4. *The Concise Oxford Dictionary*. 10th ed. Oxford: Oxford University Press; 1999.