



President's message. "Who do I get next?"

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When I started practice in Beamsville in 1985 I was assigned the office of a physician who had recently retired. He was one of the founders of the College of Family Physicians of Canada, an early president of that organization. Always available to his patients, his cottage was 30 minutes away from town, which allowed him to respond to his patients' needs when vacationing with his family. A typical rural doc, his practice included obstetrics, hospital care, emergency medicine, house calls, and so on. He was well known and respected in town and in the medical community. After he devoted his life to his patients' health care, upon his retirement, I would have expected his patients to say things such as, "I'm so sad he's retiring," "Please thank him for all he's done" or "He was a wonderful doctor; no one could ever replace him."

Most commonly heard from his patients was, "Who do I get next?" As a young doctor, I felt some bitterness. Don't they appreciate us? They seem incredibly ungrateful.

Of course, his patients were right. My patients will have the same concern, as will yours. We physicians are very important to our patients as long as we're looking after their needs. Once we stop providing care, the appropriate question for them to ask is, "Who do I get next?" Our patients are at the centre; their health and their health care is most important.

Since our inception in 1992, the Society of Rural Physicians of Canada has worked for sustainable health care for rural Canadians. To date, our focus has been to promote sustainable conditions

and an adequate supply of appropriately trained physicians. Although each of us cares for patients together with nurses, nurse practitioners, pharmacists and other health care professionals, as an organization our collaboration with these professions has been occasional at best.

If we really want to improve the health and health care of rural Canadians, we need to work with all health care workers in rural Canada. In addition, we need health research focused on this population, which has been largely ignored by the research community yet has different patterns of illness and perhaps also different indicators of health. We also need to include the community — the people we serve.

Our society has grown and matured. With over 2000 members, one of the biggest annual meetings of rural physicians in the world, many health ministers interested in our opinions, and regular interaction with the other national medical organizations, we are in a position to lead the formation of a national rural health coalition. This could be composed of national organizations representing rural and remote health care workers, rural health researchers, training programs for rural health workers, and rural communities. We can learn from and educate each other and we can find common ground, so we can speak with a common voice for rural health. Each group will be stronger and rural Canadians' voices will be better heard.

We've started a movement. Let's broaden it to include the colleagues we work with every day, and the people we all serve, in order to answer the important question, "Who do I get next?"