



Who are the rural doctors?

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[The true medical generalist] physicians are common, indeed essential, to rural areas. — Dr. Keith MacLellan, SRPC past president: personal communication, 2001.

Since 1994 Australia has had 5 levels of “rural” that have been defined for purposes of policy planning. In Canada we don’t even have a single level. Statistics Canada has arbitrarily defined urban as a population of 10 000 or more,¹ leaving those who care about rural with what’s left. But is less than 10 000 a useful acid test for rural medicine? Do the doctors in Whitehorse, YT, (population about 22 000) practise urban medicine?

There is no argument that areas with populations of less than 10 000 are the “rural small.” Our head office is located in Shawville, Que., population 1587. It’s so rural that the nearest Tim Hortons is a summer camp 20 km away at Quyon.

The “rural medium” communities have about 25 000 people. Without question, they are rural too. Williams Lake, BC, (population 18 760) even has Tim Hortons. But the presence of the eponymously named donut emporium is not why it is or isn’t rural. It’s also not about the presence or absence of specialists. Williams Lake has about 6 specialists, balanced by more than 3 times as many general practitioners (GPs). Ultimately, rural is all about what the doctors do.

In Williams Lake all the doctors are generalists. All the anesthetics are given by GPs and most of the 400 annual births are attended by GPs. Even the specialists in Williams Lake are generalists, with surgeons who are not limited to working between the pelvis and diaphragm, but who are truly “general” surgeons who do bits of other specialties.

How about those hospitals in larger

regional towns, say with about 50 000 people? Is Timmins, Ont., (population 42 997) rural? They have 3 Tim Hortons and a fair number of specialists there, even a couple of psychiatrists and a radiologist. However, in communities with populations between 10 000 and 100 000, the majority of GPs treat inpatients.² In fact, GP involvement is essential not only to the care of inpatients and outpatients, but also to emergency departments and nursing homes.

When you think about it, it’s only in communities with populations of around 100 000 where the subspecialists start getting good toe holds and large numbers of GPs subspecialize themselves into their offices. In Peterborough, Ont., (population 116 570) there are 3 gastroenterologists. The specialists outnumber the GPs. A population of 100 000 is, more or less, where Australians have traditionally drawn the line for the large regional centre meeting the metropolis.

In Canada, if we defined rural as a population of less than 50 000 or even 100 000, most of the communities would still have less than 10 000 people. Yet by defining rural in such a fashion there would be room for the inclusion of a number of practitioners involved in a spectrum of generalist medical and surgical service that binds rural doctors together.

What do you say?

REFERENCES

1. Statistics Canada. Urban core, urban fringe and rural fringe. Available: www12.statcan.ca/english/census06/reference/dictionary/geo050.cfm (accessed 2009 Sept 11).
2. Hutten-Czapowski P, Pitblado R, Slade S. Short report: scope of family practice in rural and urban settings. *Can Fam Physician* 2004;50:1548-50. Available: www.cfp.ca/cfp/2004/Nov/vol50-nov-research-1.asp (accessed 2009 Sept 4).