President’s message. Partnering with communities

Increasingly, it is recognized that medicine must partner with other disciplines if it is to have any hope of delivering quality services of increasing complexity. Indeed, the concept of treating the “whole patient” is recognition that people cannot be described in terms of one disease or one organ or one problem. Similarly, the knowledge base required to fully address all these issues is not the property of one discipline but is shared by many.

Difficult as the practical implementation of the above may sometimes be in practice, it is the path that we are on, and is in fact the path on which rural medicine has arguably always been. It has always been necessary for service providers in rural communities to extend their reach — for the home care nurse to be both nurse and mental health worker, for the ward nurse to manage both obstetrics and palliative care.

As we gain more experience with the roles of all of our partners, is there one we are forgetting? Where is the community in our discussions? Do we adequately understand that voice or engage its energy and spirit?

When the SRPC connects with community leaders, it hears distressing stories: communities that lose physicians they are unable to replace; facilities that are closed or downsized, causing patients to travel longer distances for basic or emergency care. Incentive upon incentive is lavished on prospective recruits to entice them to a community in competition with their neighbour down the road, using resources that may have been needed for other things. Beneath this distress can be heard the voice of need but also a history of respect and collaboration. Communities in rural Canada need us to be part of their communities and shouldn’t have to beg us to be there for them.

Many of the things that need to happen for the trickle of physicians who choose to practise in rural Canada to become a stream, even a river, have to do with admission practices, or undergraduate and postgraduate education, or local or regional infrastructure. Although these things may not, strictly speaking, be community issues, we need the support of rural communities to impress on policy-makers the importance of taking the needed steps in this direction. We need the support of communities if we are to effectively advocate for the change at every level that is needed to reverse the trends toward centralization and specialization. In this sense, we need them more than they need us. Let’s be good partners. Together, I have the feeling we can make a difference.

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Can J Rural Med 2011;16(1)