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EDITORIAL / ÉDITORIAL

President's message. What if somebody cared?

Imagine if the following article were to appear in *The New England Journal of Medicine*: "Mortality in Canadian university hospitals higher than in their US counterparts." It would be news! Questions would be asked of the minister of health in the House of Commons. *As it Happens* would interview hospital CEOs. In short, people would care. Excuses would be made. Investments would follow.

This past summer, US rural hospitals were the target of an article published in the *Journal of the American Medical Association (JAMA)* with a similar message.¹ Although no comparison between countries was made or implied, the Canadian media quickly made the facile assumption that the findings must also hold true here. The research was done in another country and context of funding and resources, but the findings were extrapolated without scrutiny by Canadian commentators.²

Briefly, the study showed that for a number of common conditions (i.e., acute myocardial infarction, pneumonia and congestive heart failure) patients who received treatment at rural critical access hospitals did worse than those who received treatment in a comparison group of hospitals, many of which were larger, urban hospitals with better resources. Critical access hospitals are small hospitals (< 25 acute care beds) that are given this designation to allow them to access cost-based funding rather than diagnosis-related group-based funding. This designation has allowed many such rural hospitals to remain open that otherwise would have been headed for insolvency. The statistical analysis in the *JAMA* article is complex, and critical assessment of its validity is beyond the skills of this writer, but that is not the point.

The point is that the Canadian media assumed the research to be true and, furthermore, assumed it to apply equally to Canadian rural hospitals. The SRPC's staff wondered if we should issue a press release on the issue. We waited for a reaction ... but there was none. There was no outcry from the press or politicians. Why did it seem that nobody cared? Was it perhaps because the quality of care enjoyed by rural Canadians is no one's priority?

Even though an identical study has not been done in Canada, we should care, and we should be asking the hard questions. What research there is in Canada seems to show the opposite: that maternity care, for example, if appropriately organized, is as safe or safer than the same service provided in more centralized settings.³ But the picture is fragmented and the research in need of updating.

So let's ask the tough questions and challenge the research community to give us some answers. If we don't, we will be the victims of knee-jerk stereotyping, and we will miss an opportunity to advocate for improved resources (if they are found to be needed) or to demonstrate objectively the quality of care that we and our communities know we provide.

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