

A call for rural generalist surgeons

Peter Hutten-Czapski,
MD
Scientific editor, CJRM
Haileybury, Ont.

Correspondence to:
Peter Hutten-Czapski;
phc@srpc.ca

Whereas access to rural generalist physicians remains a problem, an increasing problem is access to rural generalist surgeons. Patients living outside the metropolitan centres must increasingly travel long distances to receive surgical care. When surgery is elective, this causes substantial financial and emotional costs that at times can cause delay or even forgoing of the procedure. When surgery is needed for an emergency or trauma, this lack of access adds to poorer outcomes for rural patients.

Traditionally, the rural generalist surgeon has provided these important services in a timely fashion for rural communities. If we use the restrictive definition of “rural” offered by Statistics Canada, these communities comprised 19% of the population at the time of the 2011 Census. There are only 280 specialist surgeons in rural Canada, representing 3.2% of the total number of surgical specialists in the country (Lynda Buske, Director, Workforce Research, Canadian Medical Association, Ottawa, Ont.: personal communication, 2012).

Despite the decade that has passed since this issue was raised by the Canadian Association of Surgical Chairs,¹ the skills needed by rural generalist surgeons are no longer being taught. Many common and essential obstetric, gynecologic, urologic and orthopedic procedures are no longer seen by surgical trainees, whose training is increasingly less general.

This has 2 unfortunate side effects.

First, a more focused general surgical practice requires a greater population to sustain it. Second, access to these procedures might then require travelling farther to centres large enough to sustain call groups in all those subspecialties (i.e., large metropolitan centres that serve populations of more than 100 000).

But it doesn't have to be this way. Much of this essential surgical work can be done by rural family physicians using the full extent of their training. Family physicians in Canada are trained in a number of residency programs in the third year to do procedures such as cesarean deliveries, tubal ligations, vasectomies, common orthopedic surgeries and, at least in 2 programs, appendectomies.

It is also time that rural-orientated medical schools take control of their general surgical training programs to train for the needs of rural generalist surgery. Such training is already available in Northern Scotland² and in the United States in places such as the Mithoefer Center for Rural Surgery in New York (www.centreforruralsurgery.org). It should be available in a country as rural as Canada. It is not time — we are overdue.

REFERENCES

1. Pollet WG, Harris KA. The future of rural surgical care in Canada: a time for action. *Can J Surg* 2002; 45:88-9.
2. Grant AJ, Prince S, Walker KG, et al. Rural surgery: A new specialty? *BMJ Careers* 2011 Aug 12. Available: <http://careers.bmj.com/careers/advice/view-article.html?id=20004202> (accessed 2012 Nov. 29).