

Move over Sir William Osler! The ascent of rural and remote medicine in Canada

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Sir William Osler (1849–1919), icon and father of academic medicine, was deemed one of the most renowned physicians in the British Empire. Globally, his influence concerning the protocols of academic medicine was not only profound, but also vast, and is still felt today.

Osler taught at McGill University and was the first director of medicine at Johns Hopkins University School of Medicine. He went on to the University of Oxford in 1905, where he held a coveted royal professorship. Like all founders of a new academic discipline, Osler did work that reflected the values and attitudes of his time — for better or for worse.

Osler's presidential address to the Canadian Medical Association (CMA), "On the Growth of a Profession," was published in 1885. Addressing an all-male audience, Osler pronounced,

In some parts of the Dominion we may study the profession in its simplest form; in the Northwest Territories for example, it has not advanced beyond the amoeba stage. The doctors there are so many unicellular creatures — masses of undifferentiated professional protoplasm, without organization or special functional activities.¹

Speaking of his colleagues in the "older provinces" Osler declared,

the professional units have combined for the general good into a sort of polypidom — the organized profession — a great advance on the amoeba stage; there are special organs of reproduction known as the medical schools, and there are signs of a nervous system — medical societies.¹

How the world of medicine has changed in the last 128 years! Indeed,

the Society of Rural Physicians of Canada's (SRPC's) conference in Victoria, BC, was a celebration of rural medicine in Canada. Osler would have been amazed, if not astounded. More than 200 workshops and lectures were convened in a most collegial and "co-educational" environment. Indeed, the rural physician amoeba of the northwestern frontier convoked stellar sessions, including general practice (GP) obstetrics, with streams for GP anesthesia, GP surgery, ultrasonography, emergency medicine and First Nations health. Practical and interactive workshops included internal medicine, mentoring and professionalism, wilderness medicine and other topics.

I expect Osler would have been genuinely surprised that the conference chair was Dr. Braam de Klerk, an Inuvik practitioner who hailed from another former colony. Osler would have been even more surprised, indeed astounded, to learn that the current president of the CMA is a female physician from Yellowknife, NWT — not an amoeba per se but rather an articulate, passionate, professional physician, Dr. Anna Reid.

Reid spoke about health equity and the social determinants of health, the social imperative for a patient-centred charter and the advocacy role of physicians to work with, and reach out to, patient groups. She chastised her audience with a reminder that the tuberculosis rates in Nunavut are similar to those in developing countries such as Nepal and that nearly 900 000 Canadians are using food banks on a regular basis. Reid's strategic vision for the

CMA provides priority to build relationships and social compacts with communities. This represents a new accountability and will bode well for the future of rural and remote medicine.

Another profound keynote speaker, Dr. Dennis Kendel from Saskatchewan, spoke critically about what is and isn't working well in academic medicine. He asserted that physicians have been stuck in the old model of academic medicine. Kendel spoke about lost leadership and the critical challenges physicians face as the burden of care shifts from acute to chronic care. According to Kendel, physicians aren't being trained to be team players. Physicians today are still caught in the medical paradigm of Osler's century, the guild era, in which they operate independent practices and are not sufficiently connected to partners in health care and communities. Kendel praised family medicine in rural Saskatchewan as "team based, community designed, and patient centred." Osler, himself the father of patient-centred care, would have enjoyed the talk.

Guest speaker Dr. Richard Murray, from Australia, spoke about the challenges of recruitment and the selection of physicians. According to Murray, medical education is a "blunt instrument," and selection/recruitment into medicine is only half the game. He warned that if you recruit the sons and daughters of the urban elite and train them only in tertiary care centres dominated by key specialties, you can expect a narrowing scope of practice.

The second day of the conference would have surprised, if not impressed, Osler. First, the keynote speaker, Dr. Darlene Kitty, from the University of Ottawa, is female and second, she is Aboriginal. I'm quite sure there were no First Nations, Inuit or Metis physicians in the Canadian medical schools of his day.

In describing the early medical schools, Osler wrote in 1883,

... as the outcome of an unfortunate contretemps at Kingston, a School of Medicine for Women was started in that city, and followed by the establishment of another for the same purpose in Toronto. Of this latest development, there cannot be a feeling of regret that our friends in these cities should have entered upon

undertakings so needless in this country. It is useless manufacturing articles for which there is no market, and in Canada, the people have not yet reached the condition in which the lady doctor finds a suitable environment. ... We can but hope that at the expiration of the five years for which kind friends have guaranteed the expenses, the promoters of these institutions will be in a position to place their energies and funds at the disposal of the schools devoted to the sterner sex.¹

Osler further added,

Do not understand from these remarks that I am in any way hostile to the admission of women to our ranks; on the contrary, my sympathies are entirely with them in the attempt to work out the problem as to how far they can succeed in such an arduous profession as that of medicine.¹

Kitty, director of the Aboriginal Program at the University of Ottawa's Faculty of Medicine, gave an inspirational, heartfelt talk. She discussed the Journey of Nishiyuu in March 2013 and the Idle No More movement, which were inspired by Attawapiskat Chief Theresa Spence. Kitty spoke of the thousands of Canadians, Aboriginal and non-Aboriginal, who supported the young walkers on their 1600-km trek from the northern-most Cree community in James Bay, Que., to Ottawa, Ont. She passionately described how community supporters set up food support, foot clinics and accommodation. The walk represented a truly significant moment in Canadian history.

The SRPC's 21st Annual Rural and Remote Medicine Course was simply outstanding.

Let me thank the conference organizers and speakers, as they have renewed my faith and confidence in the medical profession. Their principles and values show promise for the future of rural and remote medicine in Canada.

Competing interests: None declared.

REFERENCE

1. Roland CG, editor. *Sir William Osler 1840–1919: a selection for medical students*. Toronto (ON): The Hannah Institute for the History of Medicine; 1999.