



President's message. Fear, safety and scope of practice

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There have been several well-publicized cases recently of children being apprehended by social welfare services, or their parents being charged because the children walked to school unaccompanied or played in a park without a responsible adult present. This reduction in the free roaming of children over the past decades seems related to concerns about safety. I suspect my childhood experiences of boating, swimming and even hitchhiking with siblings, but no adults, before I was in high school might now prompt a visit from social services. Why is it that as the lives of Canadians become safer than they have ever been, as crime rates have dropped rapidly, and life expectancy and other health indicators have continued to improve, we have become increasingly concerned about safety?

It seems clear that our perception of risk is not a reflection of reality. Examples of where our non-evidence-based fears have led us include legislation that sacrifices some of our freedom of speech and privacy to “protect” us from terrorism, punitive approaches to drug use and addiction, and the return of vaccine-preventable disease to Canada.

Our profession has not been immune to the rise of safety concerns. Students, residents and newly practising physicians often express their fear about the situations that they may find themselves in (commonly the emergency department or the delivery room). Their fear

leads to an increased perception of risk and concerns about safety that often are not supported by evidence and may lead these physicians to limit their scope of practice to that with which they feel comfortable. This process can be aggravated by the attempts of regulatory bodies to achieve perfect safety, and by the inability of training programs (or the unwillingness of preceptors) to train physicians to the fullest and widest possible scope of practice. An example is a resident of mine who, while working in a city emergency department, was told that she didn't need to know how to reduce a dislocated shoulder because she was just going to be a family doctor.

Programs, such as British Columbia's Privileging Project, have the potential to aggravate concerns about safety that are unsupported by evidence, leading to the potential for reductions of rural physicians' scope of practice and limiting services to rural Canadians. The “Joint Position Paper on Rural Surgery and Operative Delivery” (page 129) shows a more appropriate approach to fears about medical safety. We need to use evidence to support procedures that are safe and effective in rural communities. We need to train rural physicians to deliver this care, support them in the communities to which they go (throughout the duration of their careers), give them the opportunity to improve their skills and learn new ones, and use rigorous quality improvement to ensure safety.

What are we afraid of?