



President's message. The urbanization of medical care

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As incoming president of the SRPC, I have been tasked with writing the president's message for *CJRM*. It is a privilege to do so. I would be remiss if I did not open my remarks with an expression of gratitude to John Soles, who has led this organization with great distinction and wisdom over the past 2 years. Since joining the board, I have been astonished by the dedication to rural health care that each member brings to the table. John has exemplified this in his leadership, and I can only hope to emulate his example in the coming years.

I will start by stating that I am an imposter. I live and work in Prince Albert, a city of 40 000; however, I have provided clinical services to a First Nations community on a regular basis for more than 25 years. I was born and raised in a small town in Saskatchewan, and my travels throughout the province as a biologist (before I entered medicine) have given me a sound grasp of the meaning of "rural" and the diversity that the term represents.

My work in Prince Albert has allowed me to observe the transition in generalist medicine. I started my practice in a community where the family doctors provided emergency department coverage; attended most deliveries; and assisted in the operating room, with anesthesia and with inpatient care, including intensive

care and pediatrics. We also visited nursing homes and made house calls. It was an extremely busy life, but equally satisfying. As more specialists appeared, they were unfamiliar with the capabilities of their general practitioner colleagues, and our scope of practice began to shrink.

This transition was amplified in the larger cities and has greatly reduced the scope of practice of our urban counterparts. Training has similarly suffered, with fewer preceptors modelling full-scope practices. Many newly minted family physicians have little appreciation for "learning on the job" and have yet to develop clinical courage. The challenge in rural medicine will be to maintain our practice patterns. The patients and the literature are on our side, but enthusiasm from other quarters is not overwhelming.

The task ahead, as I see it, is to combat the impulse to "specialize" and leave care to the "experts" (mostly in the cities). "Country docs" have provided exemplary comprehensive care to their communities for decades. Our opposing forces are strong, and we will need greater numbers to beat the trend. It will be my mission to expand the membership of the SRPC over the coming 2 years so that we have a louder voice in our opposition to the urbanization of medical care. I will charge our current membership to assist me in this task.

I look forward to the years ahead.

Society of Rural Physicians of Canada

Société de la médecine rurale du Canada

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