



President's message. Cradle to grave

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As a regular reader (and sometimes contributor) of the SRPC listserv RuralMed, I was struck by a recent posting about “Community appreciation from a rural perspective.” The commentary resonated with me because I have just resigned from my clinical practice after 25 years of caring for patients and their families. It was time to say goodbye (and I hate goodbyes).

The common message that I read in RuralMed is that not only do we care for our patients, they also care for us, and in a way that is unique to general practice. It seems cliché to say that we become part of the family, but in a sense we do. We are not only caregivers, but often serve as counsel for some of their very difficult challenges. I am sure that we all have stories of making a significant difference in a family's life — not just in delivering their babies, helping them through an illness or providing palliative care at the end of life, but providing an impartial and hopefully “wise” bit of guidance that helped them to deal with a troubling issue.

This all-inclusive aspect of care is common to rural medicine but is becoming much less common to family medicine in general. It does not exist in the emergency departments or walk-in

clinics of our world, nor in most specialists' offices. Generalist medicine is a concept that is largely foreign to the big-city hospitals, even though it is a role that patients would seek from their doctors if they had the opportunity to establish meaningful relationships. Degner and Sloan¹ found that 59% of patients wanted their physicians to make decisions about treatment of their serious illnesses, and 46% wanted their physicians and families involved in such decisions.

This sort of trust does not come from an incidental visit, nor from a once-a-year follow-up for a heart condition. It is built through repeated encounters, personal exchanges and a common sense of caring.

It is this sort of relationship that is reflected in the contributions to RuralMed, and it is these relationships that are difficult to say goodbye to when retiring from practice. It makes me wonder, would there be such a demand for medical assistance in dying if more of our population had the benefits of rural medicine?

REFERENCE

1. Degner LF, Sloan JA. Decision making during serious illness: What role do patients really want to play? *J Clin Epidemiol* 1992;45:941-50.

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