



### President's message. A better world?

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I love the RuralMed Listserv. Lately there have been some fascinating exchanges on laboratory testing, public versus private medicine and family medicine efficiency. I particularly liked Paul Mackey's response on Aug. 10 to an article describing some of the inadequacies of family practice in British Columbia.<sup>1</sup> Paul outlines the frustrations he encountered during a somewhat typical day, which we all can relate to. Both Paul's response and the article that he addressed carry a very serious message that, in my curmudgeonly interpretation, points to a trend in the general population toward a lack of caring about others.

It had long been my understanding that part of the responsibility of owning a business was not only to provide a service or commodity to your customers but also to provide employment to a portion of the population. The major banks in Canada, which are earning profits in the billion-dollar range per quarter, are still reducing their workforces to increase their bottom lines. Sears is currently going through bankruptcy, which has allowed them to not only terminate their employees without the usual benefits but also deprive them of their retirement benefits. At the same time, the company's decision-makers get hefty bonuses. Even on the medical side, we are guilty of the same thinking. We feel success if we can eliminate a \$30 000 employee so that we can increase our 6-figure incomes. My

daughter works at a large radiography clinic in a major urban centre, where recently there were a number of layoffs to increase profitability. The resulting shortage of technical staff led to an inability to clean the equipment for the recommended time period. The response of the management: "Don't spend so much time cleaning it."

In our family practices, continuity of care is sacrificed for "work-life balance." This has led to emergentologists, hospitalists, minor emergency clinics and a raft of other episodic care arrangements (including in obstetrics and palliative care). I don't think it has improved care for patients.

Society in general seems to have lost the desire to serve others, and, instead, there is a tendency to attend to our own desires first. For me, and I suspect for many of my rural physician colleagues, serving others is where my personal and professional satisfaction was rooted. I mourn the loss of this perspective when I go to a bank, shop at a department store or need to deal with the myriad of clerks/colleagues who insist on having the patient's height and weight on the orders for an IV or the CT done before they will see the patient.

A better world?

#### REFERENCE

1. Family medicine must improve [editorial]. *Times Colonist* [Victoria]; 2017 July 29. Available: [www.timescolonist.com/opinion/editorials/editorial-family-medicine-must-improve-1.21455710](http://www.timescolonist.com/opinion/editorials/editorial-family-medicine-must-improve-1.21455710) (accessed 2017 Aug. 28).

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