

25 Years of RuralMed

Peter Hutten-Czapowski, MD¹

¹Scientific Editor CJRM,
Haileybury ON, Canada

Correspondance: phc@srpc.ca

“We rarely get to hear that so many other rural

physicians experience similar concerns. We can't meet in the hallways of the big virtual rural hospital to find solutions because the corridors are dozens or hundreds of kilometers in length.” Dr Jim Thompson RuralMed Oct 16, 1995.

Back when E-mail was hyphenated, Dr. John Wootton took a break from a Rural and Remote Medicine Course of the Society of Rural Physicians of Canada: “I hiked up to the McGill Computer store, and noticed on a cork-board an advertisement about an Engineering faculty listserv”. This was a new concept to John and as he read its description of a method to join disparate individuals together, it seemed to him something that rural doctors could use.

“I phoned the McGill Computer department who was in charge of hosting the listservs and set one up”, continues Dr Wootton. “I walked back to the hotel and announced the listserv at the Annual General Meeting, and that was it”.

The RuralMed listserv had its first message on Mother's Day on 11 May, 1995, at 8:29 PM.

While there have been competitors (CaRMEN from the College of Family Physicians of Canada [CFPC], RURALNET-L from Marshall University, RURAL-CARE and RURAL-DOCTORS)¹ only RuralMed survives to this day.

From the first issue of this Journal,² RuralMed topics from then seem both old and new today:

“One of the many topics under debate since the fall of 1995 has been the provision of rural anaesthesia. Several articles in the Canadian Medical Association Journal in November 1995 and subsequent letters sparked a lively discussion on RuralMed.

There was disagreement on whether western Canada needs to train GP anaesthetists. Some sources suggest there are not enough positions even for specialist anaesthetists.”

Since then family practice anaesthesia is now supported by a national curriculum written by rural doctors in conjunction with programmes and fellowship anaesthetists. It is recognised by a certificate of added competence by the CFPC. However, rural challenges, even in anaesthesia, remain.

Paul Mackey wrote in RuralMed December 7, 2019, “There are currently 15 vacancies in B.C. alone and I get locum requests from Port Alberni to St Antony, all from communities that are running short-staffed. I know I'm preaching to the choir when talking about the key role this service plays in rural communities”.

RuralMed and its raison d'être, to connect rural doctors, remains.

REFERENCES

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2. The Society. Can J Rural Med 1996; 1:178.

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