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The Joy of Rural Medicine

What drew and kept me here.

Ken Babey (McMaster 76) loves being a rural generalist physician. From his first day trying his hand as a medical orderly in the summer of 1968 to his final rotation as a rural locum doc in Cambridge Bay, NU (Nov 2020), his professional life has been one of fulfillment, stimulation and adventure (and hope).

Growing up in rural Southern Ontario Ken never doubted that medicine would be his calling. Never a great academic, afflicted with the dreaded “Attention Surplus Disorder”, he finished med school with two leading passions; Pediatric Surgery and Neurology. A brief career in the Canadian Armed Forces introduced him to medicine in the back of a “deuce and a half” (a canvas covered 2 1/2 ton truck) and the importance of leadership skills. Now, as a civilian having acquired the budding skills of a rural generalist, he realized he had to look for a situation far enough away from urban centres where his augmented skills would benefit an underserved community.. In 1984 he settled with his family in Mount Forest, a small farming community in Southern Ontario.

For a few years all seemed idyllic. The practice group, loosely affiliated, was fertile ground in which to explore the advancement and relevance of the discipline of Rural (Generalist) Medicine which seemed to be rapidly weakening by the growth of the new discipline of Family Medicine. Then, as now, it was realized that “ There is no plan to destroy Rural Medicine, there is simply no plan to save it” In the 1990’s many scattered groups in Canada were attempting to make headway on rural issues with educational, government and other institutions. At first they were confronted with the difficulty that the people with power to affect their professional lives “couldn’t even spell RURAL”. They were confronted with the reality that their disparate and scattered voices were not suitable stimulus for change. “The Pathos of need...is that need is powerless to enforce its right” (Ignatiev, The Needs of Strangers)

An unintended result of those efforts was that rural voices did have an effect, but not always the right one. Many medical organizations, educational institutions and political bodies discovered currency in having a Rural committee. Though mostly well intentioned these remain a token and not an effective voice for the essential discipline of Rural Generalism.

So, there you have it! The raison d'être of the Society of Rural Physicians. Everything that impacts your professional lives and the health of your patients needs a rural voice.

Just because you can't fix everything doesn't mean you should do nothing. Choose a cause that matters to you and get involved...with a warning. Everything has to be done in duplicate. You need to refine your "stand" on issues through your home at the SRPC then take that message to those many Rural Committee's in the "Hallways of Power" to enforce your "right". That is how a strong discipline of Rural Generalist Medicine can be grown and sustained.

Make no mistake. No one else is going to do it.

In closing, Ken offers an admonition and a pearl. Practising rural medicine requires passion to do the best with the least. To sustain and strengthen it as a discipline takes effort & passion. In that equation I urge you to find balance. Your family needs you as much as your community.

The visioning question is often asked, "...on a desert island what three things would you want and why?" No "things" needed. A well-honed set of senses and the ability to think laterally will suffice, thank you. After all we are rural doctors.