The Society of Rural Physicians of Canada: An Appreciation
An Interview by Dr. John Wootton

John Wootton, MD

President, Society of Rural Physicians of Canada

Correspondence
John Wootton, jwootton@srpc.ca

We believe that the University has an obligation to give back to the rural communities of British Columbia in the form of new knowledge and partnerships.

REFERENCES
they disperse, so too the internet allows physicians in small towns across the country to communicate, almost in real time, about real issues with colleagues in adjacent and distant places. The Internet has created a family of rural physicians.

From the beginning of civilization, obtaining the recognition of one’s peers has been acknowledged as the most important type of recognition that one can obtain. The stereotype of the “country doc” who simply does the best he can with whatever he has at hand is receding into history and being replaced by well-trained, well-equipped and multi-skilled physicians who act at the “coal face” of rural care and bring these skills to bear in the training of successive cohorts of modern rural physicians. Rural physicians now recognize the need to train and be trained by their peers because within this family of physicians are the critical attitudes and aptitudes which form the backbone of rural medicine. The conferences that the SRPC organizes, and the peer reviewed journal that it distributes, are based on this understanding: rural physicians learn best from their peers.

The history of the SRPC is linked to a job action in the emergency department of a rural hospital in the small town of Mount Forest, Ontario where rural physicians sought recognition for the unique challenges they were facing, challenges shared to a greater or lesser degree amongst all rural physicians across Canada. The recognition of these unique challenges has evolved into the more general statement that “geography is a determinant of health.” By this, it is meant that rural Canadians face greater risks to their health on the basis of their demographics (older, poorer, sicker), the nature of rural employment (farming, fishing, logging), and limited access to care. And without the backdrop of the Canadian commitment to equity and accessibility in health care, the SRPC could not exist or enjoy the influence that it does. Every discussion about access to care begins with the reaffirmation of the principle that every Canadian, wherever he/she may live, deserves equitable access to care. This has never meant “equal” access, but it does require that policy makers examine what is possible and apply a “rural lens” to their decision-making.

Thus, the SRPC lobbies for change at the federal, provincial, regional, and local level. Without it, the trend toward centralization, specialization, and concentration of resources could not be seen for the dangerous and insidious process that it is. The SRPC embraces issues that concern infrastructure, human resources, training, working conditions, access to services, and relationships with other organizations. More important, perhaps, is an understanding of why the SRPC exists.

Every rural physician has a story. Mine goes way back to the emergency department of a rural hospital in the small town of Mount Forest, Ontario where rural physicians sought recognition for the unique challenges they were facing, challenges shared to a greater or lesser degree amongst all rural physicians across Canada. The recognition of these unique challenges has evolved into the more general statement that “geography is a determinant of health.” By this, it is meant that rural Canadians face greater risks to their health on the basis of their demographics (older, poorer, sicker), the nature of rural employment (farming, fishing, logging), and limited access to care. And without the backdrop of the Canadian commitment to equity and accessibility in health care, the SRPC could not exist or enjoy the influence that it does.

Every discussion about access to care begins with the reaffirmation of the principle that every Canadian, wherever he/she may live, deserves equitable access to care. This has never meant “equal” access, but it does require that policy makers examine what is possible and apply a “rural lens” to their decision-making.

Thus, the SRPC lobbies for change at the federal, provincial, regional, and local level. Without it, the trend toward centralization, specialization, and concentration of resources could not be seen for the dangerous and insidious process that it is. The SRPC embraces issues that concern infrastructure, human resources, training, working conditions, access to services, and relationships with other organizations. More important, perhaps, is an understanding of why the SRPC exists.

Every rural physician has a story. Mine goes way back to the emergency department of a rural hospital in the small town of Mount Forest, Ontario where rural physicians sought recognition for the unique challenges they were facing, challenges shared to a greater or lesser degree amongst all rural physicians across Canada. The recognition of these unique challenges has evolved into the more general statement that “geography is a determinant of health.” By this, it is meant that rural Canadians face greater risks to their health on the basis of their demographics (older, poorer, sicker), the nature of rural employment (farming, fishing, logging), and limited access to care. And without the backdrop of the Canadian commitment to equity and accessibility in health care, the SRPC could not exist or enjoy the influence that it does.

Every discussion about access to care begins with the reaffirmation of the principle that every Canadian, wherever he/she may live, deserves equitable access to care. This has never meant “equal” access, but it does require that policy makers examine what is possible and apply a “rural lens” to their decision-making.

Referring to the SRPC, the task of rural physicians is to do what I can to make sure the communities of rural Canada continue to have access to care which is equitable in scope, provided as close to home as possible, and delivered by a properly equipped healthcare team trained to rise to the challenges of rural practice.

As current president of the SRPC, my role is to do what I can to make sure the communities of rural Canada continue to have access to care which is equitable in scope, provided as close to home as possible, and delivered by a properly equipped healthcare team trained to rise to the challenges of rural practice.

That is my message. My hope is that there is a receptive audience to hear it.

REFERENCES