Out of bounds

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Although most Canadians are what some would call "fringe-dwellers," living within 100 km of the US border, a substantial number of them are not. Statistics Canada defines the term *rural* as communities with a population of under 10 000 people. Although this definition has come under some criticism, by its count about 20% of us live in rural areas.[1] Dr Michael Jong, past president of the Society of Rural Physicians of Canada and one of the College's "Family Physicians of the Year" for 2005, tells me that the best identification is self-identification—if you think you are in rural family practice, you are.

Rural often seems to be a misnomer for the non-urban communities in Canada, conjuring the image of a pastoral, agricultural, and settled small town. My experience of "rural" practice includes 4 years in a Newfoundland mining community, 6 years in a base hospital of the fly-in reserves in Sioux Lookout, northwestern Ontario, and stints in Moose Factory, Ont, Iqaluit, NU, and Bella Coola, BC.

I am convinced that one of the reasons family medicine is so strong in Canada compared with other countries is the geographic necessity to have well-trained generalists to fill the needs of smaller communities. Small or remote settlements simply cannot sustain a plethora of specialists, for economic and workload reasons. Yet skilled generalist physicians are a vital resource to such communities. In spite of this, only about 10% of the physician population practises in rural areas.[2]

Hard truths

Many citizens living in rural and remote communities are First Nations, Inuit, or Metis. Their health status is a national scandal. There are major disparities between these populations and the rest of Canada regarding important health indicators, which seem to be intractable to the efforts of doctors and nurses. For example, life expectancy of First Nations citizens is about 6 years less than that of Canadians as a whole.[3] Until fundamental issues of justice (including outstanding land claims and governance issues) are resolved, it appears that our best efforts as health care professionals will have only a minor impact on these overall statistics. But the care we provide should never be underestimated for the individual patients involved.

The Society of Rural Physicians of Canada has called for a rural health strategy, and the College of Family Physicians of Canada agrees that such plans are important. Funding for infrastructure, retention of health care providers, and education—especially important—is urgently needed.

Support from the inside

Many family physicians in small communities are struggling to keep the emergency departments open, the hospitals staffed, and their practices alive during this time of physician shortages. They are tired; the staffing needs of their communities are precariously balanced, and the loss of even 1 or 2 physicians has severe consequences. Medical education is being distributed across the country, demanding more of physicians in their role as teachers. Moreover, they are asked to mentor new physicians—the knowledge that one can call a colleague at any time is very reassuring and an important retention strategy.

Several years ago, the College imposed a mandatory 2-month rotation in a rural site as part of core family medicine training. Every residency-trained family physician in Canada, therefore, has the opportunity to experience rural practice. In addition, our third-year programs offer the opportunity to acquire additional skills, such as anesthesia, which I enjoyed exercising during my time up North. Our training programs can be improved even further to help interested residents acquire skills necessary for rural practice, particularly on-site, so that confidence—aptly named "clinical courage"—can also be nurtured.

Last words

Although there is room for improvement, opportunities exist for Canadians to obtain the technical skills they need to practise in rural areas. However, education, site-specific training, retention initiatives, and admissions policies that attract students from rural hometowns are necessary but insufficient. More policies are needed to improve rural health human resources. Canada's "true North" is part of our national identity. Whether we live on the fringe or the centre of the country, we must work together to strengthen health care for citizens who live in rural Canada and to support their health care providers.

Cet article se trouve aussi en français à la **page 1070.**

References

1. Statistics Canada. *Population urban and rural, by province and territory (Canada).* Ottawa, ON: Statistic Canada; 2005. Available from **www40.statcan.ca/l01/cst01/demo62a.htm.** Accessed 2008 May 27.
2. Society of Rural Physicians of Canada [homepage on the Internet]. Shawville, QC: Society of Rural Physicians of Canada; 2008. Available from: **www.srpc.ca.** Accessed 2008 May 8.
3. First Nations and Inuit Health. *Statistical profile on the First Nations in Canada.* Ottawa, ON: Health Canada; 2005. Available from: **www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_e.html.** Accessed 2008 May 5.