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Rurally eclectic

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Rural medicine is by its nature eclectic. Rural physicians must be flexible, imaginative and open to new ideas, such as working cooperatively with nurse practitioners, something that rural doctors have been more willing to champion than their urban counterparts. In this issue the Northwest Territories (NWT) Medical Association and the Northwest Territories Nurses Association have collaborated on a position paper on just how to deliver medical care cooperatively to rural residents in the NWT (page 12).

Without the back-up of big city hospitals and specialists, rural doctors must practise a type of medicine distinct from that of their urban colleagues and must deal with the constant threat of being unable to transfer a patient due to distance or weather. Often they must deal with patients who need specialized care immediately. An update on the SRPC's Rural Critical Care course takes a look at some of these issues (page 30). As well, a diverse working group of people, under the chairmanship of James Rourke, who put together the executive summary "Postgraduate education for rural family practice: vision and recommendations for the new millennium," have written 4 difficult case scenarios. The first one is described in this issue (page 21). Our regular Country Cardiogram column looks at 2 different patients and asks which one had the MI (page 26) and the "Occasional suprapubic catheter" (page 24) walks you through the procedure.

One of the issues of great difficulty to rural medicine is finding a definition of rural that works for everyone. More and more there are small cities and large towns calling themselves rural when, in reality, they have numerous doctors and specialists. Rumour has it that even some southwestern Ontario cities have been feeling remote as they face physician shortages. And there are many doctors out there living in the suburbs of big cities who feel they are rural when they are not. But exactly what is rural and thus what is the definition of a rural doctor? In the summer 1997 issue of this journal, Eugene Leduc attempted to come up with a rurality index to answer these questions, and in this issue George Magee gives it another shot (page 18).

Canada's rural docs are not alone in their fight to be recognized and have rural medicine be more than just a subcommittee or footnote on an urban medical board's agenda. Australia has been down this path, and Peter Hutten-Czapski, who took a 6-month locum there last year, speaks out on the road Australia took and the problems they encountered (page 28).

Our new column, by Barrie McCombs, "Out Behind the Barn," which first appeared in our last issue has lots of information on using the Internet and CD-ROMs for researching medical topics, something that can instantly bring medical information to the desks of rural docs (page 38).

May I remind our readers that we welcome submissions to the Canadian Journal of Rural Medicine be they original research papers, case studies, clinical procedures, off-call travel articles, artwork with a rural theme for our front cover, opinion pieces on any aspect of rural medicine and anything else you might want to suggest that our readers might find fascinating and rurally eclectic.