# Correspondance

## Put out the welcome mat for locums

For many years the recruitment and retention of physicians has been a growing problem in rural areas. In BC it appears to have reached crisis proportions.

Three articles in the Feb. 10 issue of CMA7 indicate that the problem is intensifying. "A warm place to practise: meeting the challenges of medicine in the North" (CMA7 1998; 158[3]:337-8), by Dr. Allon Reddoch, is an enthusiastic, first-person testimonial. "Alberta's Rural Physician Action Plan: an integrated approach to education, recruitment and retention" (CMA7 1998;158[3]:351-5), by Dr. Douglas Wilson and colleagues, is impeccably researched and concisely written, which reflects its academic origins. "Desperately seeking doctors" (CMA7 1998;158[3]:377-8), by Barbara Sibbald, is equally cogent.

Having made a hobby of doing rural locums while in urban practice and having done many more since my "retirement" 11 years ago, I was struck that these articles did not mention living accommodations or the other services that locums need.

In one town I was given a pager by the office staff, but no charger or spare batteries. I had no means of knowing that the instrument would give out in the middle of the night. Although I took the precaution of leaving the name of my motel with hospital staff, I was still censured for failing to answer a 3 am emergency room call. I had to drive 80 km and back a while later to receive a reprimand from the chief of staff, who was merely doing his job—the records had to be neat and tidy for accreditation purposes.

Occasionally the doctor being relieved is kind enough to provide sleeping accommodations, but on at least 2 of my jobs the rooms had no windows. Once I had to go through the master bedroom to get to the facilities — while the doctor and his wife were still at home. The alternative was to step out the back door, but one can't always see the cowpats!

As a rule, the accommodations are clean and comfortable in church-run hospitals, such as those of the United Church at Hazelton, Bella Bella and Bella Coola in BC. They are among the very few that encourage the spouse to accompany the locum, an arrangement that often allows for an enjoyable working holiday.

For many years I felt sorry for rural doctors who could not attract visiting locums, but at the moment I feel that the rural communities themselves, and especially the medical groups, do not do enough to make visiting physicians welcome. If it were not for the kind physicians and their families who do so, the problems would be a lot worse.

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### Physician workload: the rural perspective

The article "Needs-based planning: the case of Manitoba" (CMAJ 1997;157[9]:1215-21), by Dr. Noralou P. Roos and colleagues, suggests an interesting alternative to doctor–patient population ratios in determining requirements for physician supply. It fails, however, to recognize rural medicine as a distinct discipline and makes unwarranted assumptions about the interchangeability of rural and urban family physicians.

The first problem concerns use of the ambulatory visit, defined as a visit to an office, walk-in clinic, home or emergency department, as a unit of

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