## MDs move from old liquor store to new clinic built by NS residents

For more than a decade, family physicians in Caledonia, NS, operated out of a double trailer that once served as the community's liquor store. Now, the town has built its doctors, nurses, technicians and receptionists a 4500-square-foot health centre that comes complete with examining rooms, a small emergency room and a facility for local programs such as diabetes clinics. The North Queen's Community Medical Centre cost \$450 000, and residents proudly point out that "not a nickel" came from the federal or provincial governments.

For Dr. Jim Rafferty, one of the com-

munity's 2 family physicians, the new centre represents more than a place to work. "I don't know if this is a unique community," he says, "but it is unique in this sense—residents directly involve themselves in their own care. They see a bigger picture."

This bigger picture was painted with a number of small steps. In one fundraising effort, nearly 350 residents and businesses — the town has 3400 residents — contributed \$100 each to buy a square foot of the new centre. They also sold pies and poinsettias and raffled off a vintage Volkswagen. Bowater Mersey Paper Company, a major employer, contributed

more than \$80 000, and a neighbouring county donated money because some of its residents use Caledonia's facilities.

The entire building was painted by volunteers — it received 3 coats — and one local resident took responsibility for all the paperwork related to the construction and another coordinated all the electrical work.

The end result, says Rafferty, is a health care centre that belongs to everyone. "Sometimes we define our team as 'us' — the medical staff," he says, "but we don't have that feeling here." — Donalee Moulton, Halifax

## PULSE

## Fewer Canadians have their own doctor

The proportion of adult Canadians who have a "regular doctor" to provide routine care dropped from 90% in 1999 to 71% in 2001, a recent HealthInsiders survey by PricewaterhouseCoopers indicates.

[This issue is significant because the absence of a regular doctor results in the "orphan patient" phenomenon, in which patients arriving in hospital have no one to assume responsibility for their care. This has already led to the relatively recent creation of a new specialty, hospitalists. It also creates concerns about continuity of care, because

many of these patients rely on walk-in clinics and emergency departments for their routine care. — Ed.]

Although 81% of Canadians with a chronic illness reported having a regular doctor, only 62% of those with no chronic illness reported having one in 2001.

Income also seems to play a role, because only 64% of people with incomes under \$20 000 reported having a regular doctor, compared with 76% of those with incomes of \$50 000 and higher. Quebec residents were least likely to report having

a regular doctor (60%), while Ontario residents were most likely (79%).

Males were less likely than females to have a regular doctor (63% versus 79%), and males who do have a doctor were also slightly less likely than females to have seen their doctor within the previous 12 months (85% versus 91%).

Among adult respondents who had seen their physician in the past year, three-quarters reported discussing some type of disease prevention with the doctor. In many cases the discussion was initiated by the patient — 50% of respondents reported that they had asked their doctor about a prevention topic or topics. Exercise was the most frequently discussed prevention topic discussed with a physician (46%), followed by stress (38%) and diet or nutrition (34%).

Fifty-six percent of respondents (irrespective of whether or not they had a regular doctor) reported having a routine physical examination in the 12 months before the survey; females (66%) were much more likely than males (47%) to have had the exam. More than two-thirds of respondents (69%) had their blood pressure checked in the year before the survey, and 34% had a cholesterol test. The survey involved telephone interviews with 2594 adult Canadians from across the country. — Shelley Martin, Senior Analyst, Research, Policy and Planning Directorate, CMA

