

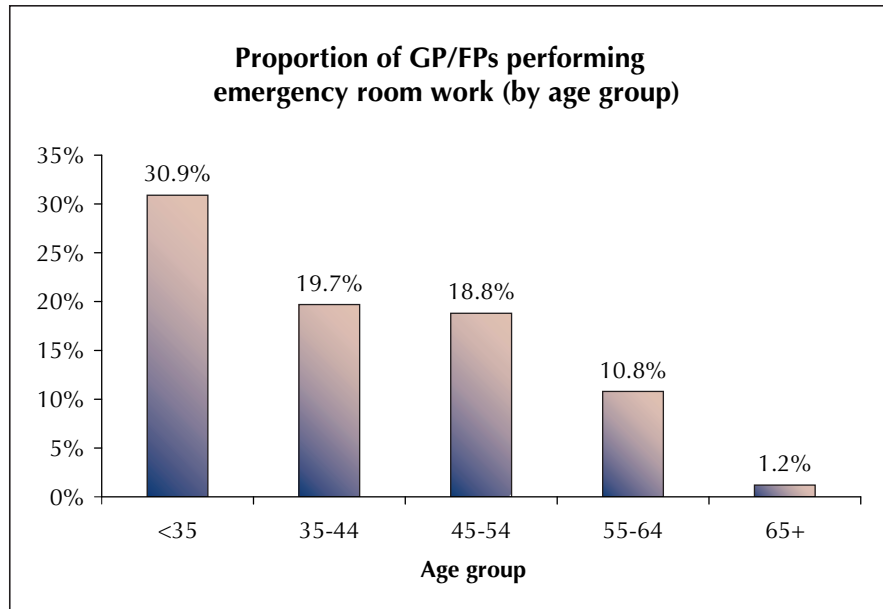
PULSE

The rural and urban realities of family medicine

The CMA's 2000 Physician Resource Questionnaire found that rural general practitioners and family physicians are much more likely than their urban colleagues to do emergency room work and perform other duties outside of their office-based practice responsibilities.

The survey of GP/FP practice patterns found rural GP/FPs were more than twice as likely as their urban counterparts to perform some emergency room work (38% versus 15%). The survey also found that age is a factor in ER work: 31% of all GP/FPs aged 34 and under worked in an ER, compared with less than 20% of GP/FPs in all other age groups. The amount of time spent in the ER decreases with age, dropping from 15.6 hours per week in the under-35 age group to 9.9 hours per week in the 55–64 age group.

About 20% of GP/FPs younger than 65 and 15% of those aged 65 and older spend some time doing surgery or surgical assisting during an average week. Total hours spent on this activity are relatively low, ranging from 2.7 hours per week (GP/FPs 35 and un-



der) to 4.2 hours per week (GP/FPs aged 55–64).

Rural GP/FPs are more likely to do obstetrical work than urban doctors (28% vs. 15%), although urban GP/FPs are involved in more deliveries (46 per year) than rural GP/FPs (25 per

year). Female GP/FPs are as likely to handle deliveries as their male counterparts, but women who provide the service deal with significantly more deliveries per capita than their male colleagues (52 per year v. 34). — *Shelley Martin, martis@cma.ca*

Bush marches to own beat as patient-rights initiative takes off in US

Patient-rights bills have been before both the House of Representatives and Senate recently, but early this spring President George Bush was vowing to reject both versions and come up with his own plan to protect American patients who belong to health maintenance organizations (HMOs).

“I want to sign a patients’ bill of rights this year but I will not sign a bad one,” Bush told the recent annual meeting of the American College of Cardiology. “And I cannot sign any bill that is now before Congress.”

Bush envisions a bill of rights that would cover all Americans, guarantee emergency treatment at the nearest emergency room, provide for an immediate appeals process if an insurance plan

denies care, allow the right to sue (but not “frivolously”), and provide access to affordable health care coverage.

“To make sure health care coverage remains affordable, I will insist any federal bill have reasonable caps on damage awards,” said Bush. “The caps in proposed legislation before Congress are too high and will drive up the costs of health care.”

However, proponents of the bill before the Senate, the Bipartisan Patient Protection Act, disagree with Bush’s stand. “President Bush has to decide whose side he is on — patients and doctors or the HMOs,” said cosponsor John Edwards. “This debate shouldn’t be about personalities. It’s not about who gets the credit — it’s about protecting patients.”

The American Medical Association, which favours the bipartisan bill, has been careful not to alienate Bush. “The president is right — we can enact a patients’ bill of rights this year,” said Dr. Thomas Reardon, the AMA’s immediate past president. “And we agree that the legislation must hold health plans accountable when things go terribly wrong.”

The US is not the only country to grapple with these charters. The Patient’s Charter initiative in the United Kingdom was first discussed in 1991, and in 1995 it resulted in a document setting out the rights and standards of service patients can expect from the National Health Service. Scotland, Wales and Northern Ireland now have their own charters. — *Steve Wharry, CMAJ*