

Australian named dean of Canada's first rural medical school

Canada's rural-medicine crisis is not unique to this country, and Dr. Roger Strasser says the solution isn't either. His answer? Build it, and they will come.

In this case, "it" is the new medical school that is supposed to open in Sudbury, Ont., in 2004, and "they" are the medical students and teachers who are supposed to start solving Canada's shortage of rural MDs. Strasser, an Australian, was named founding dean of Canada's 17th medical school in April.

"This is the best possible solution to help solve Ontario's and Canada's rural and remote workforce problems," he says. "It is a long-term investment. The payoff [will come in] 10 to 15 years — and it isn't just going to be in the physicians who graduate and then stay. We've shown this in Australia ... and it will work here."

Critics have challenged the need for a new school (see *CMAJ* 2002;166[4]:488), but Strasser heard the same arguments when — as Australia's first professor of

rural health — he helped establish the School of Rural Health at Monash University 10 years ago. "I've had to confront and deal with those sorts of attitudes ... so I haven't been surprised to find them in Ontario as well. [But] giving medical students' positive clinical experiences in rural settings at the undergrad level translates into improved numbers returning to rural practice. The evidence is clear on that." — *Michael O'Reilly, Marathon, Ont.*

HEART AND SOUL

Women, heal thyself

This month Jerilynn Prior, a Vancouver endocrinologist, will give UBC's Distinguished Medical Research Lecture. For Prior, 59, the occasion is a profound marker of how far women have come in medicine. "I've earned a reputation as a scientist," she says, "and [today] people are less quick to judge someone negatively just because she is a woman."

Her research has broken new ground in areas such as the link between osteoporosis and menopause, and prepubescent girls' eating attitudes and bone density. And she has also launched the Centre for Menstrual Cycle and Ovulation Research, which will interpret scientific knowledge of the menstrual cycle and ovulation in a woman-centred context. "Most of the knowledge we have was created in an era when women were thought to be disadvantaged by biology," she says.

Prior grew up in Alaska. A missionary's daughter, she earned a scholarship to study nursing, but she decided to pursue a medical career.

She graduated from Boston University in 1969, and quickly learned that private hospitals "asked for insurance first and then decided if the person was living or dying. It became clear that given my conscience I wouldn't be able to turn patients down because they couldn't pay." This conflict led to her move to Canada, where she became

chief resident in medicine at the Vancouver Hospital.

She specialized in endocrinology — "it was less focused on diseases than many specialties" — and pressed ahead on another front, too. Because she is conscientiously opposed to military spending and war and believes that the Charter grants her freedom of conscience and religion, she refused to pay the portion of her income tax that would be devoted to defence spending after she became a Canadian citizen in 1984. Instead, she paid this portion of her taxes owing to the Peace Trust Fund. She was eventually ordered to pay, and her appeal of that decision, which eventually reached the Supreme Court, was unsuccessful.

When it comes to medicine, her drive probably comes from her different perspective on women's reproduction. "Early on, I began to see that ovulation was an important aspect that had been virtually ignored."

Prior also became involved in research that challenged another dogma — that menopause causes osteoporosis. "I want to know what is really going on and not just [be affected by] a cultural prejudice," she says.

She attributes the cultural prejudice surrounding menopause to the traditional positioning of women's reproduction in a surgical specialty instead



Dr. Jerilynn Prior: A cultural prejudice surrounding menopause?

of a medical one. "I would like to totally rewrite the medical school curriculum on this — they are still learning that dropping estrogen levels causes perimenopausal misery."

Prior says one of the next frontiers in women's health will be crossed by socio-cultural experts who can "talk a language that is understood by the biologists. At the moment there is a big rift, and unfortunately I sit right in the middle of it. I've worked long and hard to get collaborators from these other fields, and it has been almost as hard a struggle as it has been to make my way in the medical world." — *Heather Kent, Vancouver*