

Why Rural Areas Cannot Attract Family Physicians

Despite the efforts of the Nova Scotia Medical Society, the Government of Nova Scotia and numerous local community committees, many if not most rural areas in Nova Scotia remain underserved by family doctors. This unfortunate situation is the result of many factors. The editors have had the opportunity to discuss this problem with current medical students as well as practicing rural physicians in Nova Scotia. Although there are many factors at work, four specific reasons why new doctors are not practicing in rural areas came up time and again.

Reason #1. Many medical students are in a different financial situation than they were a generation ago. Medical students are now burdened with a staggering debt load on graduating from medical school. Student loans and personal lines of credit totalling \$50,000 to \$75,000 are not uncommon. For such students, rural family practice is a difficult option. Not only is there a draw from the higher-earning specialties, but the higher earning potential in other geographic regions would allow faster repayment of student loans.

Reason #2. Medical training no longer includes a rotating internship. In days gone by, all new physicians had the opportunity to "try out" family practice after a rotating internship. Some physicians then went back to specialize, while some remained in family practice. Today, medical students are forced to choose a career path in the fourth year of their undergraduate medical training (actually for many "competitive" residency positions, the decision really needs to be made in first or second year). The net result is that medical students who are unsure of their suitability for family practice may instead take their only chance for specialty training rather than risk being "stuck" in a career they do not like. The flipside of the elimination of rotating internships is that the lives of practicing rural physicians are also more difficult because the supply of physicians willing to do locums has all but disappeared.

Reason #3. Incomes for rural family physicians are declining. Although figures vary among individuals, several rural family physicians have recently told us that they have had to increase their workload by 30% over the past 10 years just to maintain a stable income. With future cuts in health care funding inevitable, it is difficult to imagine that this situation will improve.

Reason #4. There has been a change in the demographics of medical students, such that there are now more two career couples graduating from medical school. If both members of the couple are family physicians, then rural practice means the disruption in personal life of being on call on different nights. If one person is a family physician and the other is a professional non-family physician is often problematic in a rural area.


It would appear axiomatic that if the physician supply situation in rural areas of Nova Scotia is to improve, then the Nova Scotia Medical Society, the Provincial Government, and Dalhousie Medical School will need to work together to alter the modifiable factors currently dissuading new graduates from entering rural family practice.

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Comments and letters, addressed to the editor at the publication office, are welcome.

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