Rural Hospitals

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Ireland

- Canada
    - Lewisporte Clinic, Lewisporte, Newfoundland
    - Corner Brook, Newfoundland
    - Thompson, Manitoba
    - Thunder Bay, Ontario
- United Arab Emirates
    - Al Ain
- Uganda
    - Mulago Hospital
    - Mbarara Medical School
- New Zealand
    - Timaru
- Australia
    - Mount Isa

The Future

- More acute medicine
- More knowledge needed
- Harder work

therefore

- better people needed
- hard working people needed

Are there less of them around?

Will medicine split in two?

- Office-based sub-specialists for the worried-well
- Hospital-based service for the acutely ill that requires 24/7:

Anesthesia
A&E
ICU
Hospitalists

What about a rural hospital?

Common Errors #1

- Muddled thinking about ***wants*** and ***needs***
    - ***not for chronically sick***
    - ***no choice - even for the rich***
- ***Severity of illness***
    - ***the same as anywhere else***
- ***Expertise in chronic disease not needed***
    - ***expertise in rare diseases is!***

Common Errors #2

- Rural medicine is easy and can be left to worst doctors
    - punitive
        - criminals, misfits, perverts, addicts

Rural medicine is difficult

- brings out best and worst in doctors
    - no mediocrity
- beware lack of insight and ability to learn from mistakes
    - ***failure in calling for help!***

Common Errors #3

- Transferring patients is easy
  - limits of what can be done in an ambulance
  - fixed wing planes are even worse
  - helicopters have limitations
- Stabilisation is often the same as curing
  - getting home
  - death a long way from home

Common Errors #4

- Unhelpful referral centres
  - central units support peripheral units
    - not vice versa
- Rural practice changes receiving doctors ***forever***

without it they are

- arrogant
- condescending
- incompetent
- **divorced from reality**

Common Errors #5

- Rural units can be run by protocols and staffed by nurse practitioners alone
  - *in 27 years of rural practice a week has not gone by that I have not encountered something that I have never seen before*
- Nurse practitioners are:
  - "one disease doctors"
  - work 40 hour weeks

cf one or two well paid workaholic doctors

Common Errors #6

- Hospitals can be partially open
  - once the lights are on it is impossible to turn patients away

Only solution

rapid, safe, efficient ambulance retrieval service

Medical Emergency Teams?

- ***Pro***
  - staff training
  - are there any others in a small hospital?
- ***Con***
  - de-skills staff
  - increases staffing levels
  - increases expense
  - limits flexibility

Are protocols for experts or novices?

Opportunities from Modern Technology

- Military expertise
  - stabilisation and transfer
  - helicopters
- Electronics
  - e-icu
  - telephone
- Decision-support
  - requires a change in medical education

Opportunities from Modern Technology

- Diagnostic imaging
  - CT getting cheaper
  - PACS
  - Remote radiology
- Point-of-care medicine
  - Tropinins
  - BNP
  - novel markers

Opportunities from Modern Technology

- Non-invasive monitoring
  - impedance cardiography
- Handheld ultrasound
- Non-invasive ventilation

Will doctors improve at the same rate as technology?

Recruitment Problems

- Feminisation of medicine
  - Two career relationships
- Prolonged periods of on-call
  - Personal responsibility
- Professional and social status
  - Professional isolation
  - Professional development

apply to doctors, nurses and paramedical staff

How to attract the best doctors to rural medicine.

- Reward good performance
- Properly structured and evolving teaching program that innovates new technology
- Promote a research base
  - clinical
    - epidemiology
  - IT
    - decision support
  - hospital management
    - service delivery
  - new technology

Pros and Cons

- Large range of clinical exposure
  - rural practice will improve any physican’s future competence
- Stressful and onerous
  - “young man’s” game

energy of youth versus skill and cunning of old age

- ***role models***

Turkish model?

Who to recruit?

- Young inexperienced graduate needs
  - supervision
  - training
  - ongoing assessment
  - exit opportunities
  - social support
  - competent selection and assessment of suitability

Who to recruit?

- Experienced clinician
  - skill and cunning and love of medicine essential
    - charisma helpful
- contract tailored to individual needs
  - **sex, money or power?**
  - biologically realistic schedule
  - teaching
  - travel
  - recognition, prestige, power

Do not assume incompetence or sinister ulterior motive

- **Do do your background checks**

What's needed

- Flexible contracts
  - Compatible colleagues
  - control over "hiring and firing"

Can any government bureaucracy staff a rural hospital?