Some time ago we were presented with a simple but interesting question: should it be mandatory for physicians in Canada to practice in a rural location for one year? Other countries, such as South Africa and regions of India, already have a compulsory service implemented. In the case of South Africa, the Community Service Year, or colloquially named the Zuma Year, was established by President Jacob Zuma to combat the shortage of physicians in rural communities. Unfortunately, there are severe misallocations of funds, rendering public hospitals obsolete: there is a lack of sterile equipment, technology, and both physicians and nursing staff are overworked. This has caused many physicians to relocate their practices to private health care, which is typically
located in more urban settings such as Cape Town, Pretoria, and Johannesburg. Although there is no private sector in Canadian medicine, there is a prominent issue with the allocation of doctors in urban and rural settings. The vast majority of the Canadian population lives in large urban centers, and the number of physicians mirrors these proportions. Currently, the Canadian government and partnered medical associations have numerous incentives as part of their effort to recruit physicians to these remote areas. For example, the BC medical association has an initial bonus of providing physicians with $100 000 if they agree to work in a rural town for a minimum of three years, as well as higher salary and other added benefits for individual practices. Despite these enticing offers, the Canadian government still struggles with a shortage of physicians, indicating that there is still more to be done to satisfy the needs of rural residents. The current question on whether or not it should be mandatory for physicians to be stationed for a year and practice in a rural location could solve the issue of lack of physicians in remote locations; however, we need to take into account these effects on physicians, not just the patients.

Although physicians would be more than capable of providing adequate health care services to patients in small towns, we want to advocate for the physician and the effects this would have on their mental health and well-being. Simply put, it takes a certain personality to be content in a town that isn’t as progressive as other urban areas. For example, in cases such as Stewart BC where there is currently no cell service, the internet, or clothing stores, people often occupy their time with outdoor recreational activities such as fishing and
hunting. If individuals are not satisfied with these recreational activities, it can become depressing and take a toll on your mental health. By forcing physicians to relocate to a rural area that typically doesn’t accommodate the work of a potential spouse or the education of children, we would be compromising the happiness of the physician and his or her family in general. This would either prohibit the family from joining, thus eliminating the physicians support system, or deter people from wanting to study or practice medicine in Canada.

If the physician felt that they were being forced to endure a year of isolation in a small community, this could negatively impact how they treat their patients. Underlying resentment, discomfort, and unhappiness with their situation could negatively shape how they perceive physician-patient interactions. Furthermore, patients would sense the discontent, which in turn, could make them feel uncomfortable to open up to their physician and disclose potentially critical information that would aid their medical treatment.

Also, we need to step back and look at the big picture of whether or not mandating physicians to work in rural locations would have any improvement on patient care. The hospitals in these rural areas are small with limited resources. In theory, adding more physicians should increase the number of patients able to be treated, but this all depends on how many patients the hospital can accommodate. A hospital is restricted based on how many beds and operating rooms it has; therefore, as long as a hospital is at capacity, adding more physicians will have no effect. However, adding more physicians, such as general practitioners, who can use non-invasive measures and
predominantly work with out-patients, could make a difference by allowing more patients to be seen, thus reducing wait-list times.

Taking all of these factors into consideration, we are against the implementation of authorizing physician placements in rural areas. The government cannot mandate physicians to care about a cause or environment that has no importance to them. Forcing physicians to live in a community that they do not want to can have negative consequences on both their mental health and the treatment of their patients. These placements should be the physician’s choice, and it should continue that those who choose these roles should be compensated fairly. Depending on the type of physician that is recruited to a rural area will determine whether or not the community is benefited: without an increase in patient beds or operating rooms, certain specializations will have no impact on a number of patients treated. We believe that instead of spending money to recruit more physicians, those funds should be used to expand and modernize the current medical facilities. This would allow for more patients to be accommodated and would be a step in the right direction to providing better healthcare to the citizens of these rural areas without forcing physicians to relocate.