

Grass roots rurality

John Macleod

John Macleod was born and brought up on the small Hebridean Island of North Uist, and after mainland schooling, training and experience, returned for 28 years as a general practitioner. He retired from this role in 2000 and is busy leading a group who are trying to establish an Aquatic Education and Research centre on the island. He was a founder member of the WONCA Rural Group in 1992 and has been an active member since then. Some of his reports can be found at www.countrydoctor.co.uk.

Throughout the world, central governments and national organisations place rural areas and rural people well down their agenda. In the early seventies, a mainland local government official was asked what he thought was best for the Outer Hebrides. His response was in some ways quite horrific: 'pull out the plug and let them sink'.

This was exactly how rural doctors felt at local and international levels in the early nineties and across the world, in those countries which had a College of General Practice the rural doctors were breaking away and founding their own.

So it was with WONCA when we met at Vancouver in 1992. There had been a constant central refusal to include rural issues as a mainstream in the triennial conferences. At Vancouver, overlooking the wonderful harbour and looking down on the decks of the luxury cruise liners loading up for their Alaskan trips, a series of Australian-led, lunchtime meetings were held and the Rural Working Party was established. For three years we worked by telephone, fax and paper (before all had email), and by the time we had our first face-to-face meeting (Hong Kong, 1995) we had our first report at the final draft stage. It was accepted by WONCA Council and 'Training for Rural Practice' became a policy document.¹

The Rural Working Party has been one of the most successful in the 30 year history of WONCA and there is excellent New Zealand input from Dr David Whittet. Since then we have gone on and produced other major reports on rural health² and information technology.³

Our work on 'The Policy on Training' had been based on the theme of recruitment and training, but politics required the removal of the word *recruitment* from the title. We felt that the two were indivisible and it is heartening to see the programme for our Fifth World Conference on Rural Health (Melbourne, 30 May 2002) has several sessions on recruitment and retention in rural areas.

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John Macleod in his boat Sula.

by other professions to apply equally to them. It was great to hear, at our Fourth Conference (Calgary 2000), the Canadian Federal Minister of Health quoting directly from it, and in Scotland both the Director of the Scottish Ambulance Service and the Chief Constable of the Highlands have been enthusiastic in their appreciation of it.

We are coming to our Fifth World Conference on Rural Health and, in addition, have now managed to have a Rural Day at the last two Triennial WONCA Conferences and at the annual conferences of the European re-

gion of WONCA where they are usually organised by EURIPA (European Rural and Isolated Practitioners Association).

The first world conference was in Shanghai in 1996 and that was rather thrust upon us as we had only just been formally constituted

and were looking for a bit longer to organise ourselves.

The second was in Durban (1997), the third in Sarawak (1999) and the fourth in Calgary (2000). The sixth will be in Spain (2003). The number of delegates has increased to about

400, but the fascinating thing is that some 28 countries have been represented on each occasion. Local organisation and hospitality have been of the highest standard and the state banquet in Sarawak was a quite unforgettable experience.

The greatest numbers attending have been the loyal, wandering, vociferous Australians; without their contribution at those meetings and their background organisation by hosting the Rural Working Group, I am quite convinced that we would not have reached the high level that we have now achieved. The (largely unsung) background work by Elaine Evans and her team at Monash University has been quite immense.

Professor Roger Strasser (Chairman) has slaved, and controlled raucous members in face-to-face and telephone meetings, in addition to travelling the world. He even took the trouble to participate in WONCA's smallest and most remote meeting⁴ which took place in the small Island of Berneray off the coast of North Uist in the Outer Hebrides of Scotland (see page 127).

Problems for doctors and their patients are fairly similar all over and there are two recent publications from the UK that may be of interest. The first is *Solutions for Rural Health Care in Scotland*⁵ and the second is *Substance Abuse in Rural Wales*⁶.

I was born and brought up on the small island of North Uist where my parents were the general practitioners. After extended training I returned to succeed them and I found that there

was no one else from my primary school class living on the island. Rural depopulation is still increasing all over the world and this is in spite of much effort to counter it.

From the great community involvement of my wife and myself and bringing up three children, it became evident that there is much more to be

done than recruiting doctors. This is where there is a role for the rural doctor whose opinion is still respected around the globe, even if their city counterparts are losing their place as they divert so much of their service to other agencies. It is

pointless trying to coax in doctors without a job for the spouse or, as an alternative, a 'spouse allowance', unless you have high quality in the other local professionals whether they be nurses, accountants, solicitors, teachers or police officers. The existing rural doctor can try and coax children towards a medical career by giving talks in schools or taking the 15-year-olds for sessions in his consulting room and following that up with the sort of pupil/student mentoring scheme as Dr Jim Douglas has initiated in the Scottish Highlands. The doctor can work on other parents and pupil career advisers to try and get young people to consider moving their sights away from the pressurised, city higher earnings and towards a lower

income but better lifestyle in their home or another rural area.

The traditional, sublime career achievement for a rural youth is to succeed in the city environment and this is going to be a difficult concept to change. Nevertheless, I feel that if the rural doctor extends his role in this way, it may also have a

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greater effect on the officials and elected representatives who govern us from the centre. It is now time for the remaining rural people to establish a future for rural areas by working along these lines and, in conjunction with this, there will

be more chance for official rural re-development schemes to function. Recently, one of our island councillors said, on radio, that 'currently people are paying money to come to rural areas to see the birds and other wild life, but in twenty years they will be coming to look at the last of the indigenous people'.

Let us get together with other rural professionals and strive to improve all aspects of the life of rural people. Join up with WONCA as a Direct Member, attend their conferences, involve yourself in those by submitting an abstract for talk and poster illustrating some aspects of your local practice work and promulgate the various reports to those in administrative and organisational positions.

References

1. Policy on training for rural practice. WONCA 1995.
2. Rural practice and rural health. WONCA 1999.
3. Using information to improve rural health. WONCA 1998.
4. Family Doctor No. 16. WONCA 2001.
5. Solutions for the provision of health care in the remote and rural areas of Scotland in the 21st century. RARARI 2002.
6. A cultural and spatial analysis of adolescent substance misuse in rural Wales. Institute of Rural Health 2002.

Some websites – each has links to other rural sites.

WONCA and Rural Working Group:
www.globalfamilydoctor.com/
 Remote and Rural Areas Resource Initiative (Scotland):
www.rarari.org.uk/
 Institute of Rural Health, Wales:
www.rural-health.ac.uk
 UK Rural Health e-Journal:
www.countrydoctor.co.uk