

The rural-urban care divide

Do people from rural Canada lag behind their urban neighbours when it comes to access to medical services? Many Canadians think so, but results from the 2007 National Physician Survey (NPS) show that this view is not shared by physicians, most notably when it comes to emergency care.

The survey, which attracted almost 20,000 respondents, found that access to emergency room care was rated favourably by 80% of rural physicians, compared with only 56% of their urban colleagues. "Hospital in-patient care on an urgent basis" also received a more positive rating from rural doctors (68%) than those practising in cities (50%), as did access to hospital care for elective procedures, in-home nursing services and home-care services.

But not all the news from rural Canada is positive. The 2004 and 2007 NPS surveys asked respondents to rate the availability of specific patient services. Almost two-thirds of family physicians from rural communities (65%) rated access to anesthesia services as good to excellent in 2004, but this fell to 53% in 2007.

Access to long-term care beds also appears to have deteriorated, even though it wasn't rated very highly to begin with. In 2004, for instance, 56% of all rural physicians said access was fair or poor, but by 2007 the proportion had grown to 63%. And even though access to "hospital in-patient care on an urgent basis" was rated favourably by 68% of rural practitioners in 2007, this is a 10 point drop from 2004.

Although rural physicians' assessment of access to psychosocial services has improved since 2004, less than half of respondents (47%) gave it a favourable rating in 2007. Improvements were also seen in access to advanced diagnostic services, which jumped from a 24% good-to-excellent rating in 2004 to more than 43% in 2007.

The NPS is conducted every three years by the CMA, Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada, and is the largest of its type in the country.

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