

David C. Borgstrom

It is estimated that 60 million Americans live in rural areas far removed from urban and suburban health care. Health care and surgical care for rural America is at a crisis. Rural Americans are, in general, older, sicker, poorer, and less educated than their urban and suburban counterparts. Infant mortality and injury-related mortality is greater, there is less insurance and fewer physicians per capita, and it is estimated that there is 20–30% less overall medical service for rural and remote Americans. As the economics of health care evolve, the constraints on rural America become even greater. Many rural hospitals are closing at a time when it is more and more clear that the general surgeon is the economic engine that drives the rural hospital and the rural hospital is quite often the economic engine of the rural community.

To compound this problem, the number of surgeons per capita in rural America indicates this population is underserved and it is estimated there will continue to be a significant shortage of surgeons needed to practice in rural areas.

Further, with the aging of the baby boomer population, the segment of America growing the fastest is those aged 65 and over. In this group of patients, it is estimated the general surgery workload is three times greater than in those of a younger age.

As health care evolves, fewer and fewer surgeons in general surgery training programs are electing to remain in general surgery. Currently, only about 35–40% of residents completing US general surgery education

programs elect to go into practice where general surgery is part of their practice and of those, only 13% are electing to go into rural surgery locations. Student interest in these opportunities has declined, and there are fewer female students interested.

General surgeons in rural America are by and large male, over 50 years of age; they are much more likely to be international medical graduates and are seeking earlier retirement than their urban/suburban counterparts. Where the estimated age of retirement used to be near 70, it is now around 62 years of age.

Economic issues of lower reimbursement, technology advances, increased liability costs and culture diversity concerns of family make this a problem that is getting worse.

The crisis is further compromised because of the fact that most Americans who live in rural America do not like the big city and would much prefer to get their health care away from urban areas.

Fortunately, there is increasing recognition of this crisis, not only in the lay press, but also in organizations such as the Association of Program Directors in Surgery and the American College of Surgeons.

There is now a recognized need to refocus efforts to not only train surgeons to feel qualified to care for this broad diversity of surgical need, but also to make it appealing both from an economic standpoint and an academic standpoint. The American Association for the Surgery Trauma has developed an acute care surgical fellowship in conjunction with a surgical critical care fellowship. While the intent of this at first glance is to develop mechanisms to care for the acute presentation of surgical disease in large academic medical centers, the diversity of experience is well designed for surgeons who are interested in providing surgical care for rural America.

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Finally, there are several institutions that have recognized the need to not only provide an experience in rural surgery practice, but also diversity training. The Oregon Health and Science University's Department of Surgery has a program to introduce residents to a rural surgery practice as an alternative to spending time in a research lab. The University of North Dakota program also facilitates experiences for its residents to spend considerable time in a rural setting. Bassett Healthcare, in Cooperstown, New York, through the Mithoefer Center for Rural Surgery, provides fellowship opportunities for surgeons who have completed

their traditional general surgery curriculum who have interest in additional training that will allow them better to care for rural America.

Surgical care for rural America is at a crossroads. There is declining interest and increasing need. Fortunately, there are organizations that have recognized the critical nature of the concern and are attempting to develop programs that will not only make it appealing for newly trained surgeons, but to also provide them the training necessary to feel qualified to provide the broad array of surgical expertise necessary to care for rural America.

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