

## **GENERAL RURAL SURGERY**

**Armstrong RA. Securing the future of general surgery: A rural surgeon's perspective. *Bulletin of the American College of Surgeons* 2004;89(8):21-25.**

This article offers the author's thoughts and observations regarding issues facing general surgery and their implications specifically for rural surgeons. He addresses topics including reimbursement, coding and billing, education and training, quality and outcomes, and critical care hospitals.

**Finlayson S. Surgery in rural America. *Surgical Innovation* 2005;12(4):299-305.**

The author of this article reviews several areas of interest related to rural surgery including surgical workforce, preparation for rural practice, professional isolation, the interplay between rural surgery and local systems of care, and rural surgical quality.

**Galandiuk S, Mahid SS, Polk HC, et al. Differences and similarities between rural and urban operations. *Surgery* 2006;140(4):589-596.**

The purpose of this project was to examine the nature of rural and urban practice of general operations in Kentucky as a representative state in mid-America. The authors concluded that operative practices reached high standards in both settings, indications for operations varied, and rural practice was broader than urban practice. They also found that rural surgeons exceeded their urban colleagues on some quality process measures.

**Heneghan S, Bordley J, Dietz PA, Gold MS, Jenkins PJ, Zuckerman RJ. Comparison of urban and rural general surgeons: Motivations for practice location, practice patterns and education requirements. *The Journal of the American College of Surgeons* 2005;201(5):732-736.**

The objective of this study was to examine factors leading a surgeon to practice in a rural area, define the practice experience of rural general surgeons, and identify potential training needs of surgeons anticipating practicing in a rural location. The data confirm that the practice patterns of rural general surgeons are more varied than their urban counterparts and that current training programs do not provide graduates with the skills needed for the breadth of practice

necessary to provide surgical care in rural America. The authors suggest that additional understanding of the challenges of a rural surgical practice is needed to develop solutions to address this problem.

**Kane RL, Olsen DM, Newman J, Manson J. Giving and getting surgery in Utah: An urban-rural comparison. *Surgery* 1978;83(4):375-381.**

The purpose of this project was to get a better idea of the current surgical practices in one state (Utah). The authors found that the utilization of surgical services by rural and urban residents was remarkably similar. For most procedures more rural residents were treated in a rural hospital than were treated in an urban hospital. However, in a third of the procedures over half of the patients were willing to travel and, in another seven, between a third and a half of patients were willing to travel to an urban hospital for the procedure. The authors conclude that the problem of access may be less acute than imagined by many health planners. Rural people may be better able to cope with a lack of services in their immediate environs than has been previously assumed.

**McVay CB. Surgery in the rural Midwest: The need, the problem, and the opportunity. *Archives of Surgery* 1962;85:531-539.**

This paper contains the text of an address given to the 19<sup>th</sup> Annual Meeting of the Central Surgical Association in 1962. The author discusses the need for general surgeons to practice in rural areas, the decision-making process surgeons go through in choosing a practice location, and the realities of practicing rurally including both challenges and benefits. Some of the topics covered include distribution of general surgeons in rural areas, practice patterns and case-mix, training, need for services such as consultations and facilities, relationship between rural hospitals and general surgeons, financial concerns, isolation, and the relative convenience of practice and home locations in the same community.

**Phillips RB. Analysis of a rural general surgical practice. *American Journal of Surgery* 1968;115(6):795-798.**

This article was written to provide an analysis and give the author's impressions of a rural general surgical practice. The author describes his case mix and volume of surgeries. He states that the rural surgeon will be called upon to perform a considerably larger volume of more varied surgeries. The article also examines the number of referring doctors necessary to sustain a surgeon and the disadvantages of a rural practice such as: lack of facilities, consultations, and

academic contact. The author also discusses the benefits of rural practice including: closer contact with patients, having all patients in one hospital near office and home, and recreational opportunities.

**Shively E, Shively SA. Threats to rural surgery. *The American Journal of Surgery* 2005;190:200-205.**

This article describes threats to rural surgery including a lack of broad-based training, increased specialization, lifestyle issues, decreased interest in general surgery, increased technology, the aging rural surgeon, decreased reimbursement, increased expenses, increased expectations by the general public, and malpractice costs. The authors conclude that the general surgeon is an absolute necessity to the viability of healthcare, not only in performing surgeries but also in evaluating surgical problems and knowing when to perform surgery and when not to perform surgery, and when to transfer and when not to transfer.

**Stevick J, Mullis EN, Connally SR, et al. Perspectives of rural surgical practice in Georgia. *The American Surgeon* 1994;60(9):703-706.**

The purpose of this study was to better understand the causes for and potential solutions to the decreasing number of surgeons practicing in rural Georgia communities. Based upon their findings, the authors believe that one principal solution for the maldistribution problem lies in the acceptance of a rural general surgical practice as a suitable and satisfying lifestyle. This will require incentives to promote a rural lifestyle and decrease the trend of an urban practice migration pattern.