



Associate Editor's Message

Rural medicine

In 2002, West Virginia doctors had had enough—malpractice insurance for some specialties was running upwards of \$75,000 per year and physicians in that mostly rural state were receiving no assistance, either in the form of new tort legislation or renegotiating of contracts.

Some doctors who lived close enough to another's state border moved their practices across state lines where the medicolegal climate was more physician-friendly. Others simply chose to retire early, finding the costs of closing their practices less prohibitive than staying open. Surgeons in Wheeling, however, chose a strategy associated more commonly with West Virginia miners than with West Virginia doctors: they went on strike.

When the doctors who chose to strike attended a physician caucus at the state capital a few months later, they were greeted with a standing ovation from their similarly frustrated peers throughout the state.

Almost 10 years later, despite many temporary fixes, our nation has yet to enact definitive tort reform or establish coherent policies on high-risk areas such as opiate prescribing. This hits rural doctors particularly hard because of the resultant shortages of specialists in regions that already have a paucity of providers. For family physicians in these areas, this brings both challenge and opportunity, because more and more of the patient care load shifts to our already well-loaded shoulders. This is particularly true for osteopathic family physicians who are disproportionately represented in rural practice settings.¹

In this issue of *OFP*, we review the scope of rural medicine concerns from a review of spider bites by John Ashurst, DO, and associates, to a comprehensive discussion of physician liability insurance and tort reform by Sonia Rivera-Martinez, DO. Original research by Erin Remster, DO, and Tracy L. Marx, DO, CMD, explore the particular

barriers Appalachian physicians face when managing pain in the rural population, and Bernadette Riley, DO, examines some of these barriers in a discussion of public health policy pertaining to pain management. Peter Zajac, DO, brings us a patient education handout dealing with low back pain, a tremendous resource for any physician who practices in a setting in which many of the patients perform physical labor.

Most clinicians realize that the United States is suffering from an epidemic of obesity, which is particularly prevalent in the states of Mississippi, Alabama, and Tennessee.² Fewer people realize that despite the elevation in national body mass index, many Americans are actually suffering from food insecurity. In our cover story, David H. Holbern, PhD, RD, LD, explores the roots of food insecurity and the consequences to patient wellness, public health, and American families.

The physician in a rural setting has a great opportunity to practice osteopathic family medicine at its most complex and diverse. We are the pain specialists, the policy advocates, the wilderness experts, and the public servants, and we need to remain involved and educated on all of this and more; we cannot outsource these responsibilities to specialists or lobbyists, and our patients cannot afford either indifference or incompetence on our parts. Please enjoy this "rural issue" of the *Osteopathic Family Physician*.

Merideth Norris, DO, FACP
Associate Editor

References

1. Bowman, RC: Sources of the Current US Physician Workforce: 1987-2000 Graduates. Available at: http://01f21cf.netsolhost.com/sources_of_us_docs.htm
2. Galuska DA, Gillespie C, Kuester SA, et al: CDC, State-Specific Prevalence of Obesity Among Adults — United States, 2007. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5728a1.htm>

Corresponding author: Dr Merideth Norris, 16 Winter Street, Kennebunk, ME 04043.

E-mail address: Witchdr910@aol.com.