

## Book review

*Facing Death, Embracing Life: Understanding what dying people want* by David Kuhl, MD. Doubleday Canada, 2006. ISBN-10: 0385660669. Paperback, 336 pp. \$25.

This book builds upon the author's previous, highly successful book *What Dying People Want*. In this volume Dr Kuhl expands upon the various themes of time, death anxiety, the legacy we each will leave, and the experience of spirituality at the end of life. Other topics include the interpersonal gap experienced in communications, family meetings, the role of touch, and practicalities such as pain control and advanced directives. He brings these seemingly disparate topics together by posing questions, providing exercises, and integrating the work of well-known psychologists and philosophers. In addition, Dr Kuhl also reflects further on his personal experiences with death and lessons learned. Topics here include grief, anger, and forgiveness. This book is both an excellent stand-alone volume as well as a companion to the earlier work.

Who should read this book? I would argue that *everyone* should read this book. All of us will die. All those we care for will die. While the focus of this book appears to be for and about those facing the end of life, it really is about ensuring that we all live our lives to the fullest and continue to connect with those we care about most.

Am I biased? Probably. I have long admired the work of my Providence Health Care colleague. I have had the privilege of watching his journey through family medicine, palliative care, and now as the director of the Centre for Practitioner Renewal. The latter is jointly funded by Providence Health Care and the University of British Columbia and seeks to better understand how to support healthcare providers in their work.

The additional good news is that each of the book's chapters can be read on its own. Those not facing a terminal illness may wish to focus on the introduction as well as the sections concerned with death anxiety, the interpersonal gap, and the lifeline and life review exercises. However, I would

encourage all health care providers to read the entire book. Not only will we be better informed of the issues our patients might face, but we will be challenged to face our own fears. Dr Kuhl has argued that unless we do so, we can unconsciously visit our anxieties on our patients—creating what he calls “iatrogenic suffering.”

Written in a respectful, compassionate style, this book is provocative. This leads me to a caution: I expect that some health care providers might find themselves becoming defensive when reading certain passages. I would encourage readers who might wish to throw the book across the room to persevere. Who was it that pointed out that it is in facing these challenges we learn the most about ourselves?

I hope I have convinced you to read this book—no matter your age, stage, or circumstance in life. I suspect in doing so you will come to even better understand yourself and those you care for and about.

—Eva Knell, MD  
Vancouver

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## Fall insurance tour

Once again, the Insurance Department will be holding information sessions throughout British Columbia in September, giving you an opportunity to find out more about your insurance options through the BCMA and answering your questions. Planning is underway, so watch for your personalized invitation providing you with details about the presentation in your area.

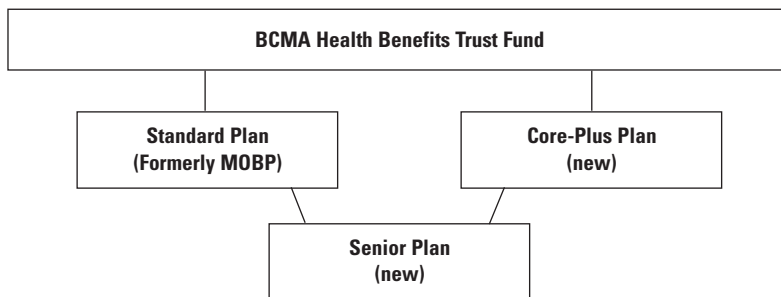
## HBTF, MOBP: What does it all mean?

We have received calls from members who are understandably confused about all the new acronyms and names they are hearing from the Insurance Department at the BCMA, and wondering what has become of the Medical Office Benefit Plan (MOBP). Here is the explanation that will, hopefully, clear up any questions you may have in this regard.

On 1 July 2006, the BCMA introduced two new plans for members:

- The Core-Plus Plan gives members the flexibility to cover a broad range of medical and dental expenses not covered under the provincial medicare plan. It is particularly useful to incorporated physicians because of the tax-savings opportunities it offers.
- The Senior Plan was introduced to provide continuation of medical and dental insurance for members who lose coverage under one of our plans due to age or retirement.

As a result of adding these new plans, the BCMA created the Health Benefits Trust Fund, or HBTF, and renamed the Medical Office Benefit Plan to the Standard Plan (no other changes were made to this plan). All three plans—Standard, Core-Plus, and Senior—are administered by the BCMA under the HBTF. So the structure looks like this:



Note that to participate in the Senior Plan, a member must be losing coverage under either the Standard or the Core-Plus Plan due to age or retirement.

Participation in the Standard or the Core-Plus Plan is open to members who are working more than 20 hours per week; however, there are different participation requirements under each plan. We will be holding an Open Enrollment under the Core-Plus Plan from 1 September to 31 October. Stay tuned—more details about the Open Enrollment will be coming your way in the September issue of the *BCMJ*.

—Sandie Braid, CEBS  
Assistant Director, BCMA Insurance

## Vancouver Home Hospice Palliative Care

The Vancouver Home Hospice Palliative Care Service, VCH, is available 24/7 to support family physicians caring for their palliative patients living at home in Vancouver. Please call our new number, 604 742-4010, for help with symptom management, psychosocial issues, and difficult end-of-life or ethical decision-making.

—Bev Spring, MD, Medical Leader  
Vancouver Home Hospice  
Palliative Care Service

## Early childhood mental health service

To expand on the table of provincial infant mental health resources printed in the May issue (*BCMJ* 2007;49:181), Richmond now has an early childhood mental health service, with contact information as follows:

Richmond Early Childhood Mental Health Program  
Richmond Hospital,  
Dept. of Psychiatry  
7000 Westminister Highway  
Richmond BC, V6X 1A2  
Phone 604 278-9711, ext. 4055  
Carolyn.Steinberg@vch.ca

This service has been running since September 2006 and has a multi-disciplinary staff serving these children and their families and liaising with community providers.

—Carolyn Steinberg, MD  
Vancouver

### Correction: Dr Derek Royle

Author and editors alike sincerely apologize for the misspelling of Dr Derek Royle's name in Dr J.L. Benedet's article saluting Dr Royle and colleagues in the June issue of the *BCMJ*.

## Health worker shortage in southern Africa

The dire lack of health care workers in southern Africa is threatening efforts to expand access to HIV/AIDS treatment, warned Médecins Sans Frontières (MSF) in a report issued in May. The report covers four southern African countries—Lesotho, Malawi, Mozambique, and South Africa—where more than 1 million people still need life-saving antiretroviral treatment but do not have access to it.

Severe shortages of health staff are compromising the quality and availability of HIV/AIDS care across southern Africa. MSF workers in the Thyolo district of Malawi are treating 7000 people with HIV/AIDS. However, they need to increase this number to 10 000 by the end of the year, but cannot do so because there are not enough nurses, doctors, or medical assistants. There, a medical assistant can see up to 200 patients per day.

In the Mavalane district of Mozambique, patients are forced to wait for up to 2 months to start treatment because of the lack of doctors and nurses, and many have died during the wait.

In Lesotho there are only 89 doctors in the whole country. Providing HIV care in rural clinics depends on nurses, but they are overwhelmed by the number of patients. Consultation times are too short, and sick patients suffer needlessly.

MSF is urging governments to develop and implement emergency plans to retain and recruit health care workers that include measures to raise pay and improve working conditions. In most countries this will only happen if donors change their policies and start providing financial support for recurrent costs such as salaries. Ministries of finance and the International Mon-

etary Fund (IMF) will need to find solutions to overcome caps on the number of health workers and level of salaries. Otherwise, governments will not be able to respond adequately to the unmet need for treatment.

Even in South Africa, which has more health care workers who are better paid compared to other southern African countries, unequal distribution and inadequate numbers of staff are causing delays to expanding treatment.

Donors provide funds for life-long AIDS treatment and the building of new clinics, but support is also needed for health care worker salaries. People living with HIV/AIDS do not only need drugs and clinics; they need trained, motivated health care workers to diagnose, monitor, and treat them.

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## Agreement news update

### GPSC

#### Practice support program

The workshops held earlier this summer were extremely successful; in fact, many were filled to capacity with GPs and MOAs lining up at the door. Interest was high in the opportunities being made available to GPs.

At the workshops, physicians heard about ways to make their time with patients more effective and how to make their professional lives more manageable and, therefore, more satisfying.

Some ways in which physicians will be making changes to their offices in the months and years to come include:

- Allowing patients same-day access for faster service and less stress on the physician.
- Creating a patient registry to more efficiently manage their practice and provide better care for patients.
- Using the CDM toolkit—a web-based clinical-quality improvement application used to provide better and more consistent care for chronic disease patients.
- Starting group visits so they and other providers can offer care, education, and advice in a group setting that is efficient for their practice and provide patients with the support needed to manage their chronic conditions.

#### Physician support

Physicians attending the workshops throughout the province repeatedly stated that this program provided the type of support they needed and made them feel more committed to continuing to be a GP rather than moving on to something else.

One physician mentioned that given the seemingly never-ending negative commentary about health care, this program offered a sense of hope

that physicians can actually do something positive for their patients and for themselves.

One presenter recalled how physicians would talk to her after the workshops and spoke of how impressed she was by their enthusiasm about what they had heard and how they were going to start adapting some of the practices discussed.

#### Regional teams: next phase

Workshops were only the first phase of this program. The next phase will see hundreds of GPs having signed up with their health authority and starting to implement the practice changes learned about at the workshops. Acting as technical and collegial support are teams of physicians, MOAs, and information technology specialists, collectively known as the Regional Practice Support Teams. Each health authority has its own team, and some have already started working with physicians to make the practice changes.

Also, the physicians and MOAs will be encouraged to form their own groups to provide a forum for exchanging ideas and experiences and to learn from each other. There will be financial compensation for GPs and MOAs as they integrate these changes into their practices.

Contact information about the Regional Practice Support Teams can be found on the members' web site at [www.bcma.org](http://www.bcma.org)—click on the “Practice Support Program” button.

#### FPS4BC

Attracting and keeping family physicians in areas of need is always a challenge. A new program designed to encourage new doctors and residents to these urban and rural areas has just started.

Called the FPS4BC (Family Physicians for BC) Program, it provides eligible physicians with access to as much as \$100 000 in a mix of options, such as up to \$40 000 for student debt repayment, up to \$40 000 to set up or

join a group practice, and a New Practice Supplement of \$2000 per week for the first 26 weeks of practice.

Eligible physicians will be required to commit to a three-year Return of Service Agreement to provide full-service family practice in a designated community.

The application deadline is 31 March 2010 or until all available funding has been allocated—whichever comes first.

For more information and an application form, please go to [www.bcma.org](http://www.bcma.org) and click on the “FPS4BC” button.

### PITO

#### Vendor evaluation

It has been a busy time for the vendor evaluation team. It received three times the number of applications than was originally expected. Despite the tripling of the workload, the team has remained on schedule for completing the evaluation and testing the software by the end of June. A list of the successful vendors will be announced in July 2007.

#### Pilot projects

The launch of the pilot project is still planned for August 2007. Although the criteria for selecting the pilot physician groups have not yet been finalized, the BCMA is maintaining a list of interested practices.

### Specialist Services Committee

#### \$30 million income disparity fund

The Specialist Services Committee (SSC) reached a decision on the allocation of the \$30 million specialist income disparity fund that was provided in the 2006 Letter of Agreement. The BCMA Board approved the allocation on 13 April 2007.

The first \$10 million was distributed based on the 2005 Recruitment and Retention proposal that was developed by the BCMA and Society of

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IVF Pregnancy, Induction of Labor, Hypertension in BC, Teaching in the OR, Timing of Chemotherapy in Ovarian Cancer: What's the Rush?, Local Implementation of HPV Vaccine: Challenges and Strategies, Diminishing Role of Lymphadenectomy in Endometrial Cancer, In situ Fallopian Tube Cancer: Research Update. For more information, visit [www.cpdkt.ubc.ca](http://www.cpdkt.ubc.ca) or call 604 875-5101.

### CANCER CONFERENCE

**Vancouver, 29 Nov–1 Dec  
(Thur–Sat)**

Come learn about BC's Family Practice Oncology Network at the BC Cancer Agency Annual Conference. Join family practitioners, oncologists, and specialists, and learn how the BC Family Practice Oncology Network can be useful to you and your patients. A full-day session on Saturday, 1 December will provide insight into the offerings and resources of the network and build an understanding of the critical issues of caring for patients at risk of getting cancer, living with cancer, or recovering from cancer. Register online at [www.bccancer.bc.ca/HPI/AnnualConference2007/Registration](http://www.bccancer.bc.ca/HPI/AnnualConference2007/Registration) or by calling Gail Compton at the Family Practice Oncology Network at 604 707-6367.

### 3 WINTER/SPRING CME CRUISES 2008

(1) Western Caribbean (26 Jan–2 Feb), **Obesity Management**. This course is designed for family physicians and specialists with a focus on cardiology (Dr Andy Ignaszewski), endocrinology (Dr Irving Gottesman), and sleep apnea (Dr Al Gerretsen). Conference provided by the Ontario Medical Association. (2) Eastern Caribbean (24 Feb–2 Mar), **Palliative Care**. Course designed for physicians and allied health care professionals. Keynote faculty: Dr Doris Barwich and Dr Michael Downing. (3) Eastern Caribbean (28 Mar–6 Apr). Nine-day cruise

departing from New York City; visit the Big Apple then sail on this exciting cruise to the Caribbean. This conference includes two courses: (a) **Practice Management** by the Canadian Medical Association and (b) **Sexual Medicine Review**. All Sea Courses CME cruises offer preferred cruise rates and companion cruises free. Complete list of Sea Courses CME cruises at [www.seacourses.com](http://www.seacourses.com). Phone 1 888 647-7327, e-mail [cruises@seacourses.com](mailto:cruises@seacourses.com).

### 2 EXOTIC CME CRUISES (2008)

(1) New Zealand (16 Feb–1 Mar), **Women's Health**, with additional ports in Australia and Tasmania. (2) Asia (26 Mar–9 Apr), **Gastroenterology**. Cruising from Japan to Hong Kong. Both cruises are onboard Holland America Line. Space is very limited so early booking is highly recommended. All Sea Courses CME cruises offer preferred cruise rates and companion cruises free. Complete list of Sea Courses CME cruises at [www.seacourses.com](http://www.seacourses.com). Phone 1 888 647-7327, e-mail [cruises@seacourses.com](mailto:cruises@seacourses.com).

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Specialist Physicians and Surgeons (SSPS). Some of these funds apply to existing fee items and, therefore, will be implemented right away by the Medical Services Plan (MSP). The details of the remaining Recruitment and Retention proposals are being worked on by the MSP and the sections involved. It is anticipated that these funds will be implemented this fall.

The remaining \$20 million was allocated using the Modified Adjusted Net Daily Income model that was developed by the SSPS. We anticipate that these funds will be implemented at the same time as the general fee increase.

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between ICBC and the physicians of British Columbia. This was achieved thanks to the response of many physicians who have corresponded with me over the past year. I enjoyed and appreciated the opportunity to deal with many interesting and challenging issues regarding the treatment and management of ICBC claimants. I wish ICBC's new medical community liaison all the best and the continued support of the profession. In the interim, if you have any questions for ICBC relating to the care of injured claimants, please contact [medinquiries@icbc.com](mailto:medinquiries@icbc.com).

—Martin Ray, MD

### References

1. Stiell IG, Wells GA, Vandemheen K, et al. The Canadian CT head rule for patients with minor head injury. *Lancet* 2001;5:1391-1396.
2. Stiell IG, Wells GA, Vandemheen KL, et al. The Canadian C-spine rule for radiography in alert and stable trauma patients. *JAMA* 2001;286:1841-1848.

### Rural programs

The Joint Standing Committee on Rural Issues will conduct a review of its programs between July and December 2007. The review will evaluate the effectiveness of each program and make recommendations on future funding and additional programs.

If you would like to comment or make a submission on any or all of the programs or to suggest new ones, please send your information to the BCMA committee co-chair. For contact details and more information, please go to [www.bcma.org](http://www.bcma.org), and click on "Joint Standing Committee on Rural Programs" under Agreement News.

—Fiona Youatt  
BCMA Communications  
Department