

COPD: 10 years drowning

March and April's issues of the *BCMJ* contain a group of articles on one of the most costly of chronic diseases: chronic obstructive pulmonary disease (COPD). COPD costs society money and scarce hospital beds, but costs the patient far more in terms of quality of life. If one is going to suffer a complication of smoking, better it be lung cancer or coronary artery disease. The former is either quickly fatal or cured and the latter also either kills quickly or allows one to live with reasonably controlled symptoms. COPD is like "spending 10 years drowning," to quote one of my patients; progressive dyspnea gradually erodes the patient's quality of life and, thus, their independence. An excellent patient information book written by Dr Rick Hodder of Ottawa in conjunction with a number of his patients is entitled *Every Breath I Take*, a very fitting name.

All of us are aware of the huge impact that exacerbations of COPD have on hospital resources, being one of the most frequent reasons for admission during the winter months. The average admission lasts 10 days and costs approximately \$8000. Of

100 patients admitted to hospital for a COPD exacerbation, around 20 will never go home again, and a significant proportion of the others will be dead within a year. We have yet to see the full impact on the health system of smoking-induced illnesses in all those baby boomers, men and women alike, who vigorously supported the tobacco industry in the 30 to 40 years following the Second World War. The tsunami is rapidly approaching so we had better be prepared. (Many of the soldiers, by the way, got started on the free cigarettes supplied to the armed forces, but that's another story!)

The patient's top priority is relief of symptoms. It used to be that all we could offer in this regard was the advice to quit smoking and supplemental oxygen in a few patients. Getting rid of the cigarettes is still the most important thing the patient can do, but finally we are getting some better drugs to help with the dyspnea. I hope the information provided in these two issues will help you, and thereby, your patients, battle this disease.

—LML

50 and counting

Continued from page 54

NEJM's yearly profit is in the \$20 million range, and although the *BCMJ* considers itself to be financially prudent, our bottom line falls a little short of that. In fact, each of your 10 issues in 2007 costs you less than \$1 of your BCMA dues, which to my mind is pretty good value; I hope you agree.

Ever since the *BCMJ's* inception, the BCMA has acted as a responsible steward. The BCMA leadership has studiously avoided any serious attempt to influence the editorial content or the scientific content of this publication. The members of the *BCMJ* Editorial Board have been left to publish what they feel are properly written, educationally useful, and scientifically valid articles. The editor and members of the Editorial Board have never felt pressured to conform to any directives from the Association, and this freedom to write about what we want has resulted in what I believe is a sense of trust between the *BCMJ* and its owners... you.

Finally, it is important for all of us to remember that this publication has always been about the readers and not the writers. I believe that all of us here at the *BCMJ* clearly understand that and, at the end of the day, we have all been the benefactors of what is to my mind the best medical publication in this country.

Happy 50th.

—JAW

Pregnancy Leave Program: Make your 2008–09 application for benefits

Are you a physician practising medicine in British Columbia and having a baby or planning a pregnancy in the period of 1 April 2008 to 31 March 2009?

If you are, then it is important to take advantage of the Pregnancy Leave Program (PLP) that was negotiated for you in the 2001 Working Agreement between the BCMA and the government of British Columbia and continued

under the 2006 LOA. The PLP provides a benefit to assist new mothers to recover from pregnancy and delivery. Application for benefits must be made no later than 8 weeks after the birth of your baby.

For more information, contact:
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