

have no right or reason to do.

The first oncologist was medically correct—there was no cure. But what the patient hears in these circumstances is, “There is no hope, no chance, no reason to try or go on.”

That may have been factual, but it was also cruel. We can have the discussion about getting one’s affairs in order, DNR orders, and so on, pragmatically, as part of the patient’s visits. We can do this without removing all hope.

Is being less than factual in these circumstances giving false hope? Is it wrong to not say in so many words, “No matter what we do you’re going to die?” I don’t think so.

I think hope, any hope, is something we can and should give the patient while we do our best to care, comfort, and, if possible, cure. We’re not gods. In case we haven’t noticed, miracles do happen. Sometimes we’re even wrong. Why not give the patient the benefit of our expertise and some hope so he or she can go on—right up to the end?

—Stephen Shore, MD  
Langley

## Book reviews



**The Wrong Side of an Illness.** By Owen Stanley Surman, MD. Online: iUniverse, 2007. ISBN: 978-0595477524. Paperback, 216 pages. \$20.90.

The secondary title of this book is *A Doctor’s Love Story*; it follows the life and death (from ovarian cancer) of the wife of a transplant psychiatrist in New England. Theirs is a happy and successful family, with a past and future familiar to many *BCM/J* readers. A dire diagnosis out of the blue changes the perspectives and observations from the other “wrong” side of the medical team. Although the deeper philosophies are only touched upon, and the story is told in a voice that somehow seems a bit more detached than it could be, the book is well written and overall a good read. Through the illness, the characters change their relationships with colleagues who become caregivers, patients who become partners in shared grief, and knowledge of prognosis and expectation that become damning. Some conflicts and disagreements with caregivers, mostly related to ego and fear, surface throughout the story, and fam-

ily relationships predictably are both tested and appreciated. There are several British Columbia connections that brought this story closer to home, and the medical and surgical descriptions would not be overwhelming to non-medical readers.

—CV



**Still Alice.** By Lisa Genova. Toronto: Pocket Books (Simon and Schuster Inc.), 2007. ISBN: 978-1439102817. Paperback, 320 pages. \$17.50.

This book haunts me. It is the realistic fictional account of a brilliant cognitive psychologist and Harvard researcher who has an international reputation in her study of the acquisition and mechanisms of language. At the age of 50, after episodes of forgetfulness (some uncomfortably familiar to me), she is diagnosed with early-onset Alzheimer disease. The story is written mainly from her perspective as she descends into her dementia from a life dependent on the superiority of her brain function. Its effect on her career, her spouse, her children, and her own perception of who she really is are beautifully and

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poignantly documented. The writing is excellent; the author is herself a PhD in neuroscience at Harvard; she has since been lauded by many Alzheimer groups for giving dementia a true and unvarnished portrayal. Reading the book has also opened my eyes to clinical facts of early dementia that I might otherwise have ignored, and by reading this story from Alice's perspective, my compassion for those with dementia has increased manyfold.

—CV



**Do I Need to See the Doctor?** By Brian Murat, MD, Greg Stewart, MD, and John Rea, MD. Toronto: John Wiley & Sons, 2009. ISBN 978-0-470-15972-9. Paperback,

218 pages. \$21.95.

Three physicians from Huntsville, Ontario (a family doctor, an internist/gastroenterologist, and an emergency medicine specialist) have combined forces to write a handbook encyclopedia of home treatments. Although I think it contains what might be more properly called practical advice than treatment, this book nonetheless seems to be a relatively complete, safe, and well-researched document for families. It is written in an algorithm-based format, separated into sections easily identified by colored page borders, and frequently illustrated with photos and tables. At first glance the pages are pretty busy, but the directives are clear, and signs and symptoms or particular problems that require care outside the home are clearly stated. The home suggestions themselves are for the most part pragmatic and straightforward—it is telling that this book is dedicated to the authors' mothers.

—CV

## Sugar, sugar

The American Heart Association released a new guideline on dietary sugar intake in August 2009. Since 1970 dietary sugar intake has increased by 19%, adding about 76 calories per day. Soft drinks and other sugar-sweetened beverages are the prime source of these added sugars. Excessive consumption of added sugars is contributing to the overconsumption of discretionary calories and contributing in part to the obesity epidemic we are facing. This amount of extra calories per day (76 calories) can lead to a gain of 3.4 kg (7.5 lbs.) of weight over 1 year if nothing else were to change. In view of these considerations, the American Heart Association recommends a reduction in the intake of added sugars.

A prudent upper limit of added sugar intake is half of the discretionary calorie allowance, which is no more than 100 calories per day for women and 150 calories per day for men. One 355 mL (12 ounce) can of pop is roughly 130 calories. So as it has been said, set your limit of one can per day and stay within it, or better yet, avoid sugar-added drinks altogether.

The guideline is available in *Circulation* 2009;120:1011-1020 or online at [circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.109.192627](http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.109.192627).

—Ron Wilson, MD  
Vancouver

## Rapid access breast cancer diagnostic clinic

In May, Providence Health Care opened the Rapid Access Breast Clinic at Mount Saint Joseph Hospital (MSJ) in Vancouver. The clinic follows European Society of Mastology standards and serves as a single point of intake where diagnostic testing for breast cancer is coordinated and organized. The clinic will provide expedited access to diagnostic evaluation for

patients with either of the following:

- An abnormality detected through routine annual screening mammogram (only if performed at MSJ's Screening Mammography Centre).
- A physical breast abnormality as determined by a Vancouver Coastal Health Area physician.

The Rapid Access Breast Clinic uses imaging techniques such as digital diagnostic mammography and breast ultrasound followed by tissue sampling modalities such as ultrasound-guided core biopsy, fine-needle aspiration, and stereotactic core biopsy (outsourced) in a streamlined pathway to diagnosis. The goal of the clinic is to obtain a definite diagnosis within 21 calendar days from the time of referral. Since the clinic's opening, the average wait time for diagnosis has been 7 days.

The clinic's multidisciplinary team is composed of breast imaging radiologists, breast surgeons, a nurse navigator, a nurse practitioner, and a general practitioner. Pathology services are also an integral part of the diagnostic process.

The clinic also coordinates further diagnostics (such as breast MRI), medical oncology consults, radiation oncology consults, BC Cancer Agency consults, and referrals for other breast services (radiation and chemotherapy), avoiding the need for patients to go back to their primary care physician for the referral. The clinic also provides direct referrals to MSJ's breast reconstruction program, providing immediate or postsurgical breast reconstruction by a plastic surgeon.

Referrals can be made by the following methods:

- Direct phone call (604 877-8511) or fax referral to the clinic (604 877-8506). All subsequent appointments will be coordinated by the Clinic staff).
- Direct phone call to fax referral to

the Radiology Department. Patients referred for diagnostic investigation will be automatically identified and tracked by the Breast Clinic.

Call 604 877-8511 with questions or referrals.

## UBCMJ launch event

On 8 September 2009 at the beautiful Life Sciences Centre, UBC celebrated the release of the first issue of the *UBC Medical Journal*, the official student peer-reviewed publication of the Faculty of Medicine. Dean Gavin Stuart and Dr Timothy Rowe of the *BCMJ* gave guest speeches. In attendance were members of all four years and three distributed sites of UBC medical students, as well as faculty members and special guests from the BC medical community.

The *UBCMJ* landed in the national spotlight when it was awarded the CMA Leadership Innovation Award in June. The first edition features student-generated research, case reports, and opinion pieces. Articles are peer reviewed by teams of medical students and professionals and undergo a rigorous editing process.

With the support of the CMA, BCMA, *BCMJ*, UBC Faculty of Medicine, and Medical Undergraduate Society, the *UBCMJ* is having a first print run of 700 in addition to its online version. Copies of the first issue are being distributed free of charge to all first- and second-year UBC medical students across the province. The journal will be published twice annually; the recruitment of articles and reviewers for the second edition is already underway. Clinicians can support the publication by volunteering as faculty reviewers, sponsors, or advertisers.

Please e-mail [med.journal@ubc.ca](mailto:med.journal@ubc.ca) if you are interested in submitting an article, becoming a reviewer, subscribing to the journal, or placing an advertisement. Check out our web

page at [ubcmj.com](http://ubcmj.com) for information on how to get involved with our second edition, or to download our first edition.

—Ciara Chamberlain, MSc  
—Pamela Verma, BSc (Hons)  
—Diane Wu, BSc (Hons)

## Physicians receive Order of BC

In September three BC physicians received the Order of BC in Victoria.

Geneticist and health researcher **Dr Michael Hayden** has made outstanding contributions in the areas of genetics, Huntington disease, and other neurodegenerative diseases. With his colleagues, Dr Hayden identified seven causal genes for disabling and devastating diseases. He has built a leading centre for genetics research in Canada, cofounded three biotech companies, and founded the first summer camp for Huntington disease patients in North America.



*Dr Ray Markham*

Rural physician **Dr Ray Markham** is dedicated to serving his hometown and its surrounding small communities despite the many challenges faced by rural medical caregivers. He has championed computerized medical records, opened his clinic in the evening for working people, and performed surgery during his lunch hour, and he makes house calls and provides palliative care so people can die at home.



*Dr Linda Warren*

BC's chief provincial screening radiologist and UBC professor **Dr Linda Warren** is a driving force behind the founding and continued excellence of the Screening Mammography Program of BC. This world-class screening program—North America's first—serves as a model for jurisdictions around the world and has contributed to British Columbia's breast cancer mortality becoming the lowest in Canada.

## Pregnancy Leave Program

If you a female physician practising medicine in British Columbia and having a baby or planning a pregnancy in the period of 1 April 2009 to 31 March 2010, it is important to take advantage of the Pregnancy Leave Program (PLP). The PLP 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 Lorie Arlitt at 604 638-2882, 1 800 665-2262 (ext. 2882), or [larlitt@bcma.bc.ca](mailto:larlitt@bcma.bc.ca).

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### New COPD bonuses effective now

Effective 15 September 2009, GPs may bill for an annual bonus amount of \$125 for clinical guidelines-based management of patients with chronic pulmonary disease (COPD). In addition to the COPD CDM incentive (G14053), physicians may also bill for up to four telephone/e-mail follow-up management fees (G14073) for these patients over the following 12 months. Eligible GPs include those physicians:

- With a valid BC MSP practitioner number (registered specialty 00), except those who have billed any specialty consultation fee in the previous 12 months.
- Whose majority professional activity is in full-service family practice as described in the introduction.
- Who have provided the patient the

majority of their longitudinal general practice care over the preceding year, and have provided the requisite level of guideline-based care.

Visit [www.bcma.org/gpsc-gp-services-committee-incentive-update](http://www.bcma.org/gpsc-gp-services-committee-incentive-update) for more information.

### EHR disclosure system

British Columbians can direct the disclosure of their provincial electronic health record (EHR) through a system using a keyword. When the patient gives the keyword to a health professional, the patient is giving permission to that person to access their records on a temporary basis. Health providers in emergency, diagnostic, and transfer of care settings may be able to override the keyword.

More information on disclosure directives and how to obtain a keyword is

available at [health.gov.bc.ca/ehealth/dd.html](http://health.gov.bc.ca/ehealth/dd.html) or at Health Insurance BC, 604 683-7151 in the Lower Mainland and 1 800 663-7100 elsewhere in BC.

The lab results delivery element of the provincial EHR system is expected to go live in a phased approach in BC starting in the fall of 2009. Over the next few years, other health information banks will be added. For more information, visit [health.gov.bc.ca/ehealth/index.html](http://health.gov.bc.ca/ehealth/index.html).

### Repatriating BC-raised IMGs

The BC Initiative to Repatriate BC-raised IMGs is calling on all BC-raised medical students studying abroad, BC-raised international medical graduates (IMGs), and their parents to join in a campaign to immediately change the current provincial

Continued on page 363

### CALENDAR ON THE WEB

The *BCMJ* Calendar section is available on the BCMA web site at [www.bcma.org](http://www.bcma.org). CME listings on the web are updated once a week (on Fridays), and once a month all listings that will be timely are gathered and printed in the *Journal*.

**Rates:** \$75 for up to 150 words (maximum), plus GST, for 1 to 30 days; there is no partial rate. VISA and MasterCard accepted.

**Deadlines:** Online: Every Thursday (listings are posted every Friday). Print: The first of the month 1 month prior to the issue in which you want your notice to appear, e.g., 1 February for the March issue. We prefer that you send material by e-mail to [journal@bcma.bc.ca](mailto:journal@bcma.bc.ca), but we also accept paper listings at *BC Medical Journal*, #115-1665 West Broadway, Vancouver, BC V6J 5A4, Canada. Tel: (604) 638-2815; fax: 604 638-2917. Please provide the billing address and your complete contact information.

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created. Sea Courses has chartered the Avalon Tapestry **6–13 October 2010** for a leisurely cruise down the Danube River with an optional 3-day pre-cruise tour in Prague. CME topics include geriatric psychiatry, cardiology, and physician health. This program is accredited, interactive, and sponsorship free. At our courses you will learn practical tips and pearls from renowned faculty. Companion cruises free. We have several customized activities onboard and onshore. Physician owned and operated with more than 150 cruise conferences since 1995. Phone 604 684-7327, toll free 1 888 647-7327, or e-mail [cruises@seacourses.com](mailto:cruises@seacourses.com). Visit [www.seacourses.com](http://www.seacourses.com).

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requirements facing BC-raised IMGs wishing to obtain postgraduate residency positions in BC and other parts of Canada.

In addition to passing the Medical Council of Canada Evaluating Examination, BC-raised IMGs must also:

- Participate in a 3-month superfluous training process at St Paul's Hospital from March to June during which time these students must be overseas to pass final exams. This results in a 1-year delay in these students continuing their residency.
- Be limited to the 6 specialty and 12 family medicine programs available through the BC-IMG program.
- Be forced into signing a return-of-service contract, having already funded their own medical studies abroad.

The initiative aims to have BC join other provinces, such as Manitoba and Quebec, in allowing Canadian-raised IMGs to be treated as Canadian-trained students in order to meet present and future medical service demands. For complete details of the campaign see [bcma.org/initiative-repatriate-bcraised-international-medical-graduates-imgs](http://bcma.org/initiative-repatriate-bcraised-international-medical-graduates-imgs).

### Call for nominations – 2010 BCMA and CMA special awards

#### BCMA Silver Medal of Service

BCMA members are encouraged to nominate physicians or laypersons for the BCMA Silver Medal of Service award. The medal will be presented at the BCMA's Annual General Meeting in June 2010. Physician nominees must have 25 years of membership in good standing in the BCMA, the CMA, and the BC College of Physicians and Surgeons of British Columbia. Nonmedical candidates may be laypersons of Canadian or foreign citizenship. To be eligible for the award, nominees must meet

at least one of the following criteria:

- Long and distinguished service to the BCMA.
- Outstanding contributions to medicine and/or medical/political involvement in British Columbia or Canada.
- Outstanding contributions by a layperson to medicine and/or to the welfare of the people of British Columbia or Canada.

Nominations for the BCMA Silver Medal of Service may be made by any BCMA member in good standing. Submit the candidate's curriculum vitae and your reasons for nominating the individual to the BCMA Membership Committee, #115–1665 West Broadway, Vancouver, BC V6J 5A4 by **26 November 2009**.

#### CMA Honorary Membership

The BCMA is able to submit nominations to the CMA for individuals to receive the honor of becoming a CMA Honorary Member (previously called "CMA Senior Member Award"). Candidates must be age 65 or over and a member of both the BCMA and the CMA for the immediately preceding 10 consecutive years, including the forthcoming year 2010. They must have distinguished themselves in their medical careers by making a significant contribution to the community and to the medical profession. To nominate a candidate for the CMA Senior Member Award, send a letter outlining the reasons for your nomination along with the individual's curriculum vitae to the BCMA Membership Committee, #115–1665 West Broadway, Vancouver, BC V6J 5A4 by **26 November 2009**.

#### Dr David M. Bachop Gold Medal for Distinguished Medical Service

The award may be made annually to a British Columbia doctor who is judged by the selection committee to have made

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## miscellaneous

### CURRENT ADS ONLINE

Seeking readers to find what they're looking for in the *BCM/J* online classified ads. All ads from this issue are available online in an easily searchable format at [www.bcmj.org/classified/list](http://www.bcmj.org/classified/list).

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## pulsimeter

*Continued from page 363*

an extraordinary contribution in the field of organized medicine and/or community service. Achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession in British Columbia. Only one award will be made in any 1 year and there shall be no obligation on the fund to make the award annually. A letter of nomination including a current curriculum vitae of the candidate should be sent to Ms Lorie Janzen at BCMA, #115 – 1665 West Broadway, Vancouver, BC V6J 5A4 by **2 April 2010**.

### 2010 CMA Special Awards

Further information on criteria, including nomination forms for the CMA Special Awards, can be obtained from [cma.ca/index.cfm/ci\\_id/1368/la\\_id/1.htm](http://cma.ca/index.cfm/ci_id/1368/la_id/1.htm) (select "About CMA" and "Awards from CMA"). Alternatively, contact the CMA Committee on Archives, 1867 Alta Vista Drive, Ottawa, ON K1G 3Y6 for award criteria; to obtain a nomination form for the CMA Special Awards contact the com-

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mittee coordinator at 800 663-7336 extension 2280. Nominations and the individual's curriculum vitae must be sent to the CMA by **30 November 2009**.

**F.N.G. Starr Award** Awarded to a CMA member who has achieved distinction in one of the following ways: making an outstanding contribution to science, the fine arts, or literature (non-medical); serving humanity under conditions calling for courage or the endurance of hardship in the promotion of health or the saving of life; or advancing the humanitarian or cultural life of his or her community or in improving medical service in Canada.

**CMA Medal of Service** Presented to a CMA member for excellence in at least two of the following areas: service to the profession in the field of medical organization; service to the people of Canada in raising the standards of medical practice in Canada; personal contributions to the advancement of the art and science of medicine.

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**CMA Medal of Honour** Bestowed upon an individual who is not a member of the medical profession who has achieved excellence in one of the following areas: personal contributions to the advancement of medical research, medical education, health care organization, or health education of the public; service to the people of Canada in raising the standards of health care delivery in Canada; service to the profession in the field of medical organization.

**Sir Charles Tupper Award for Political Action** Awarded to a member of the CMA's MD-MP Contact Program who has demonstrated exemplary leadership, commitment, and dedication to the cause of advancing the policies, views, and goals of the CMA at the federal level through grassroots advocacy efforts.

**May Cohen Award for Women Mentors** Submitted by the mentee and presented to a woman physician who has

demonstrated outstanding mentoring abilities.

**CMA Award for Excellence in Health Promotion** Awarded for individual efforts or a non-health sector organization to promote the health of Canadians at the national level or with a national positive impact.

**CMA Award for Young Leaders** The CMA will present the Award for Young Leaders to one student, one resident, and one early career physician (5 years post-residency) member who has demonstrated exemplary dedication, commitment, and leadership in one of the following domains: political, clinical, education, research, or community service.

**Dr William Marsden Award in Medical Ethics** Recognizes a CMA member who has demonstrated exemplary leadership, commitment, and dedication to the cause of advancing and promoting excellence in the field of medical ethics in Canada.

## Online classified ads more accessible

The *BCMJ* web site keeps improving. Classified ads from the current issue of the *BCMJ* are now online in an easily searchable format similar to that of the CME listings.

Classified ads placed in the *BCMJ* are automatically posted online monthly, along with all the content from the paper issue. And with the improved online format, the benefits of placing a classified ad now go even further. Non-BCMA members have access to all *BCMJ* online content, and any e-mail addresses or web sites listed in the ads will be linked to directly. Visit [bcmj.org/classified/list](http://bcmj.org/classified/list) to view ads online. To advertise positions available, practices for sale, office space for sale or lease, vacation properties, equipment for sale, etc., e-mail [journal@bcmj.org](mailto:journal@bcmj.org) or call 604 638-2815.


### MEDICAL ONCOLOGIST – Richmond, BC.

Vancouver Coastal Health seeks a Medical Oncologist to join the Department of Medicine at Richmond Health Services (The Richmond Hospital). The successful applicant is interested in establishing a Community Oncology practice, liaising with the BC Cancer Agency and working with an interdisciplinary team in Community Oncology. We have recently opened new clinic space to accommodate a second Medical Oncologist.

One Medical Oncologist currently provides oncology consultations, supervises chemotherapy and liaises with the palliative care, community and acute care teams. The successful candidate must be licensed or eligible for licensure to practice in BC and have Royal College certification.

The Richmond Hospital is a 559 bed (177 acute and 382 extended care) fully accredited facility serving a local population of 188,000 with an additional catchment area of about 75,000.

Please send a CV and letter of intent to Medical Administration, Richmond Health Services, 7000 Westminster Hwy, Richmond, BC, V6X 1A2. Fax: 604-244-5552. Contact Dr. John Yun at 604-808-3153 for more information. Closing date for applications is October 15/09. Please note, only short listed candidates will be contacted.



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