

Linked, tagged, or poked: What's your status?

I guess I shouldn't have been surprised when the earnest reporter called. With all the attention our revised and updated web site had been garnering it made sense that the *Globe and Mail* would want to run an article.¹ However, I'd never been interviewed before and this made me a little nervous.

G&M Is it true that your web site now has new interactive features?

DRR Yes. [Gee, this is easier than I thought.]

G&M And that the *New England Journal of Medicine* and *Lancet* have been copying some of your web site features?

DRR No comment.

G&M How did you come up with the brilliant idea of online story commenting, allowing for physician feedback and conversations?

DRR No idea.

G&M Is there any way I can get myself in to the "People" section, which features current physician-related content, In Memoriam, and presidential interviews? I can't believe it also contains author profiles and video interviews so that BC physicians can learn more about their colleagues, get more information about how articles are written, and read

BCMJ author biographies.

DRR I can't believe it either, and no you can't get in as you are a pathetic little reporter and not an incredibly good-looking physician like I am.

G&M What an excellent idea to include video content linked to clinical stories, such as surgical videos and author interviews. This will be a huge draw to readers of the print issue. I hear you've got content available on YouTube, making your videos searchable by keyword, adding yet another valuable source of referral traffic to the *BCMJ* site.

DRR Of course. [I really think I am getting a handle on this interview thing.]

G&M Here at the *Globe and Mail* we are amazed by the brilliance of the *BCMJ.org* Health Notes.

DRR Aw, shucks.

G&M I see that the Health Notes section of the web site provides physicians with reliable information that they can pass along to their patients. I think it's mind blowing that the public will be able to access these resources.

DRR If you think this is mind blowing then maybe you should get out more. Have you heard of sex?

G&M Would you like to comment on your use of social media?

DRR I'm certain I'm in favor of it.

G&M Do you think social media will be helpful in building web site traffic, thereby enhancing awareness of *BCMJ* content? It appears your new web site has been designed with these strategies in mind; incorporating RSS feed capability, a *BCMJ* blog, and links to the *BCMJ's* Twitter and Facebook pages.

DRR Yes, it has. [Did I just get called a twit?]

G&M You must be excited that with the launch of your new site, physicians can come to *bcmj.org* to weigh in on hot issues, creating a community that will attract new and repeat visits to see what people are saying on the site.

DRR How do you know all this stuff?

G&M I read your news release.

DRR We did a news release?

—DRR

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Note

1. Apart from the facts about our rad web site, my editorial has no basis in reality.

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Geriatric denial

Never before has our society included in its ranks so many individuals over the age of 65; being in your 90s is no longer a feat—over 100 is the new prize. This shift in demographics is partly due to better preventive measures such as improved nutrition and decreased smoking, and partly to better management of chronic diseases, especially cardiovascular disease. Many seniors are keeping fit and managing to live by the mantra, “age is just a number.”

However, physiologically age is not just a number but a very reliable predictor of future health problems. For example, many of us forget that one of the biggest risk factors for cancer is age itself. The same can be said for hip fracture. In spite of this, seniors continue to challenge previously held notions of appropriate behavior for their age, and seniors’ increased levels of activity and involvement are the beneficial result of the belief that age is just a number.

Balanced against this benefit is the risk of geriatric denial—denying risks to the extent that this denial has negative effects on health and lifestyle. Let me give some examples.

- A retiree opting for a pension plan with higher income but no spousal sur-

vivor benefit; good idea until sudden death several years into retirement.

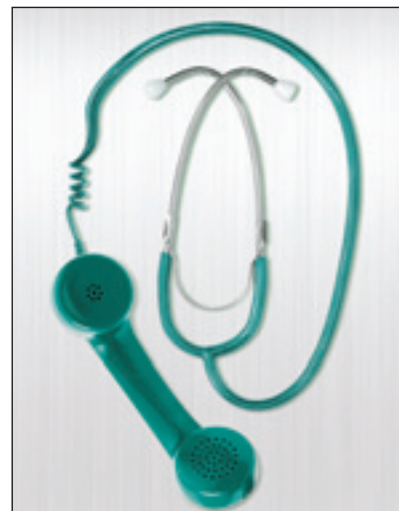
- An individual with severe osteoporosis ignoring advice to remove obstacles in the home known to increase the risk of falls with the comment, “I just won’t fall.”
- A senior with dizziness and several falls refusing to use a walker out of the home because “it makes me look old.”
- Another senior who, upon losing a driver’s licence because arthritis prevents looking over either shoulder, declares, “I just won’t back up.”

Denial and ignoring the age factor can be beneficial, and somehow we all will need to work out where on the continuum we balance these factors against the reality of getting older. As I approach becoming eligible for my Old Age Pension, I find myself increasingly aware of being caught in this optimism/pessimism conundrum. Maybe that’s because the balance point differs among individuals and shifts with time.

Use your body and use your brain for as long as you can. Acknowledge that running today may have to switch over the years to cycling or walking, but that the important thing is remaining active. The Sudoku puzzle may

take longer to solve, but keep at it. And remember, maybe the best mantra is, “Plan for the worst and hope for the best.”

—LML



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