

## Reflecting on the past year, a screening tip, and passing on the baton

“A leader is someone who steps back from the entire system and tries to build a more collaborative, more innovative system that will work over the long term.”

—Robert Reich

It has truly been a privilege and an honor serving all of the physician members this past year. As I write this last of 10 regular *BCMJ* columns, I thank the BCMA editorial staff for their advice and for allowing me the freedom to write on a range of topics. Sometimes these themes were drawn from current medical-political issues, including summaries of BCMA involvement in the CMA General Council, the outcome of visioning exercises by the Board, GPSC, and SSC, and an overview of the clinical forums. At other times I chose to highlight health

topics that do not receive all the consideration they deserve. And that will be the main focus of this issue’s column.

### Screening tool for partner violence

We hear little about an easy-to-use and evidence-based screening tool for identifying patients who are experiencing intimate partner violence. Developed by Denver emergency physician Dr Kim Feldhaus and originally published by *JAMA* in 1997, the *Partner Violence Screen* takes less time to administer than a blood pressure check, and there is no reason it should not be used routinely in emergency departments, primary practice, and psychiatry.<sup>1</sup>

The screening tool involves three brief questions:

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
- Do you feel safe in your current relationship? (In discussing this with the author, she would now favor putting this question first and substituting the word “respected” for “safe.”)
- Is there a partner from a previous relationship who is making you feel unsafe now? (To pick up on stalking behavior.)<sup>2</sup>

Intimate partner violence (IPV) is described by the American Medical Association as “a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation.” The long-term consequences of IPV include health risks, posttraumatic stress disorder, depression, and staggering economic costs for health care of victims.

Intimate partner violence is often underreported among patients who seek medical attention. Women with injuries sustained from IPV who present in US emergency departments statistically have nine ER encounters before the cause of the injuries is correctly identified. While it is a politically polarizing debate, there are clinical grounds to also apply this screening tool universally to men and

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to gay and lesbian patients. Sometimes borderline personality disorder in one or both of the couple may be a contributing factor to the unregulated expression of emotional intensity. Borderline personality disorder is increasingly recognized as treatable by a number of evidence-based outpatient approaches.

### Passing the baton

Being your president has been a highlight of my career—I’ve always found it satisfying to work with multidisciplinary teams in patient care and this was a special chance to engage in strategic planning with a wide variety of participants within and beyond the BCMA—another way of improving the care of our patients. Thank you to each of you who has provided the encouragement and support to make this possible and so satisfying.

*Continued on page 219*

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viders using mobile technology is not intended to replace health services; instead it should enhance health service delivery. Technology that is fun, fast, easy to use, and makes people feel engaged has the best chance to make measurable improvements in population health. Scientific evaluation, including cost-effectiveness analysis, is essential to ensure the best and most appropriate interventions are brought forward.<sup>6</sup> BC, with its clinical and public health institutions, academic leaders, solid technology private sector, and vision of equitable health services delivery, is well situated to move the province's health systems forward to lead the way in m-health.

#### Acknowledgments

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*Continued from page 214*

I am writing this column 6 weeks before our annual general meeting. I sincerely hope that this year's AGM takes some further steps forward in healing old conflicts, allowing our association to move forward with greater strength and unity.

This is the time that feels like passing on the baton in a running relay. You do your best on your lap, and try not to drop the baton as you pass it on to your teammate. Dr Nasir Jetha is looking forward to his term as president and the responsibilities that come with it. Along with the rest of the Executive Committee, I wish Dr Jetha all the best during his year and look forward to celebrating his installation on 11 June 2011 as our next president.

—Ian Gillespie, MD  
BCMA President

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