

Book review: *Surviving and Thriving in Stepfamily Relationships: What Works and What Doesn't*



By Patricia L. Papernow. Routledge, 2013. ISBN 978-0-415-89438-8. Paperback, 229 pages. \$35.14.

This book covers the gamut of issues faced by stepfamilies as they forge new relationships. It dispels the many myths that abound about how to help new spouses and children forge changed connections. The author outlines the five challenges faced by almost all stepfamilies—insider/outsider positions, children and their losses, polarizing parenting tasks, creating new family culture, and ex-spouses. Using examples from her own clinical practice, Dr Papernow explores how stepfamilies can approach the predictable roadblocks and conflicts when creating their new household. Full of excellent information, practical advice, and suggestions for solving problems, it is a rich resource for family physicians, counselors, and social workers alike.

—AIC

Disability claims refresher

The Doctors of BC disability insurance plans are designed to help members replace a portion of their lost income should a serious illness or injury prevent them from working. Claims submitted under the Doctors of BC plans have a high approval rate (fewer than 5% of disability claims are declined). There are specific reasons why our provider, Sun Life, declines a claim.

If you are faced with a disability, here are a few things to keep in mind:

- This is your time to switch roles from doctor to patient. You must be under appropriate medical care

and the period of your absence from work must be authorized by the doctor treating you. Physicians often do not make the best patients, but not seeing a doctor can result in the denial of your claim or a portion of your claim not being approved.

- Not following a recommended treatment plan can result in the termination of your benefits or the denial of your claim. Treatment compliance is often an issue with substance abuse-related claims where the very nature of the illness can lead to non-compliance. It's not uncommon for substance abusers to refuse to enter a recommended treatment program, which can result in the termination of benefits.
- If you're off work due to a sickness or injury or have had to reduce your workload due to a disability, report your claim right away. Claims that are submitted late can present challenges for Sun Life as they are then required to go back in time and try to determine if you qualify. Long delays in submitting documents can result in it being impossible for your case manager to reach a decision.
- When a disability strikes it can be a very stressful time; however, you don't have to deal with the claim process on your own. Sun Life will assign an experienced case manager to work closely with you. When the case manager receives your completed forms, he or she will:
 - Call you early on in the process to answer your questions.
 - Review your claim to determine its eligibility.
 - Monitor the progress of your claim.
 - Communicate with you regularly on the status of your claim and with your attending physician as necessary.
- If your claim is not accepted or if your benefits are terminated, you

have the right to appeal the decision. Sun Life will advise you in writing that your claim has been denied and they'll give you details of what information is needed to appeal the decision.

If at any time during the claim management process you feel you have been dealt with unfairly or you have a complaint about a service provided by Sun Life, contact a Doctors of BC insurance administrator who will help you work with Sun Life, or put you in contact with the Sun Life Ombudsman's Office.

Three helpful tips:

1. Be timely. Submit your claim immediately.
2. Be thorough. Provide as much information as possible upfront.
3. Be complete. Ensure you fill out all the information and fields on the claim form. Make sure you sign and date the forms. The most common missing information is:
 - Physician contact information. Make sure you include the full address, including the postal code and phone number, of all the physicians you have consulted. Include the names of all regular attending physicians and specialists.
 - Signatures. If you are unable to sign the claim form due to your illness, make sure it is signed by your power of attorney for property. Submit the form appointing the power of attorney along with the signed claim form.

Breast cancer screening for BC women low

The BC Cancer Agency is reminding women between the ages of 50 and 74 to get a mammogram every 2 years to screen for breast cancer. Research shows a 25% reduction in breast cancer deaths among BC women who have a mammogram every 2 years. Despite

the benefits of regular breast cancer screening, only 50% of eligible women in BC are getting mammograms. A health care provider's referral is not required to book an appointment and women can book their mammograms directly by calling 1 800 663-9203. For more information on screening mammograms and clinic locations, visit www.screeningbc.ca. If women are unsure about the risks and benefits of screening mammograms they can use the BC Cancer Agency's Breast Cancer Screening Decision Aid (<http://decisionaid.screeningbc.ca>) to determine if screening is right for them.

Breast cancer screening recommendations for women who received mantle radiation for Hodgkin lymphoma

A key component of treatment for Hodgkin lymphoma is often radiation therapy. In recent decades, however, it has become clear that by integrating chemotherapy with radiation the radiation field can be reduced or even eliminated. The primary reason to do so is to minimize the risk of secondary cancer as a complication of radiation.

Between the late-1960s and the mid-1990s, mantle field radiotherapy (or mantle radiation) was used for some patients because it was the most effective method known at that time to employ radiation. We now know that patients who received mantle radiation have an increased risk of developing breast cancer many years after the radiation was given. Specialists at the BC Cancer Agency, working with diagnostic imaging specialists across BC, have initiated a special monitoring program for patients who received mantle radiation for Hodgkin lymphoma.

In October 2014, the BC Cancer Agency mailed letters to former Hodgkin lymphoma patients who had received mantle radiation to invite them to participate in this higher level

Dr Evan Adams new chief medical officer

The First Nations Health Authority (FNHA) has selected Dr Evan Adams as chief medical officer following a Canada-wide search. Dr Adams was born and raised in BC and is a member of the Tla'amin (Sliammon) First Nation.

Effective 1 December 2014, Dr Adams will provide leadership representing the FNHA while working alongside government partners on health matters in population and public health that affect First Nations and all British Columbians. Dr Adams will lead a team of FNHA physicians—health and wellness partners to BC First Nations—who will continue to focus on First Nations health and wellness to create and shape a unique health care model. In the role, Dr Adams will contribute to the continued transformation of health care and improving access and quality of health care services while responding to the wellness directives provided by First Nations communities.



Evan Adams, MD

of screening. Letters were also mailed to these women's family physicians. We are encouraging women to bring the letters to their doctors to discuss screening options and arrange for appropriate recommended tests.

For more information on these breast screening recommendations or to discuss your patient's treatment history with a health care professional from the BC Cancer Agency, please visit www.screeningbc.ca/breast/mantleradiation or call 604 877-6292, toll free 1 800 663-3333, ext. 676292. Additional information is also provided in a related blog published on bcmj.org.

—Christine Wilson, MD

—Stephen Chia, MD

—Laurie Sehn, MD

—Joseph Connors, MD

—Scott Tyldesley, MD

—Karen Goddard, MD

On behalf of the Breast and Lymphoma Tumor Groups at the BC Cancer Agency

Reduce breast-cancer risk: Five steps plus two actions

The new Five Plus website (www.fiveplusbc.ca) encourages women to take five steps that may help to prevent breast cancer, plus two actions for possible early detection. The website also contains information about how these five risk factors affect breast health and how best to detect breast cancer early.

Five steps:

1. Maintain a healthy body weight.
2. Maintain an active lifestyle.
3. Limit alcohol consumption.
4. Breastfeed if possible.
5. Weigh the risks and benefits of hormone therapy.

Plus:

1. Be aware of the look and feel of your breasts so you notice any changes.
2. Book a mammogram every 2 years if you are between the ages of 50 to 74. Mammograms for women

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age 40 to 49 or over 74 can also be considered.

The Five Plus actions are based on current research and were developed by a team of BC experts in breast health. Led by the BC Cancer Agency, the Five Plus initiative is a part of the Provincial Breast Health Strategy, which unites various health agencies and partners to improve breast cancer screening, diagnosis, and prevention across BC.

Colon Screening Program anniversary

The population-based Colon Screening Program started with the fecal immunochemical test (FIT) being made available through MSP funding on 1 April 2013. The full program

pathway was phased into all regional health authorities in November 2013.

The program pathway is primary-care based, with primary-care providers referring asymptomatic individuals between the ages of 50 and 74 for a screening test—either the FIT or colonoscopy, depending on the patient’s risk of developing colon cancer.

Over the past year we have received a number of questions from primary-care providers across BC about the program. The following frequently asked questions are answered in a blog published on bcmj.org, along with a breakdown of program statistics:

- Why don’t we repeat FIT in 2 years if a patient has a positive FIT and a negative (or normal) colonoscopy?
- Why does the program only screen 50- to 74-year-olds?

- What is the value of referring patients to this program?

For more information on the Colon Screening Program, or to access program materials including the colonoscopy referral form, educational materials, and program standards, please visit www.screeningbc.ca/colon.

—Jennifer Telford, MD

CPS mobile app

The Canadian Pharmacists Association (CPhA) will no longer be distributing a free print edition of the *Compendium of Pharmaceuticals and Specialties (CPS)* to Canadian physicians. To ensure members continue to have access to this clinical tool, the CMA is providing residents and practising physicians free access to the RxTx Mobile App, which includes

Two BC doctors to be inducted into Canadian Medical Hall of Fame

Drs Judith G. Hall and Julio Montaner have been selected for induction into the Canadian Medical Hall of Fame (along with four other doctors from across Canada) for their national and international contributions to patient care, health systems, education, and research.



Dr Hall is a pediatrician and geneticist specializing in the genetic factors that affect children’s growth. With more than 325 publications,

Dr Hall has been at the international forefront of genetics and pediatrics for more than 4 decades. Her particular interests include human congenital anomalies including neural tube defects, connective tissue disorders such as arthrogyrosis and dwarfism, and disorders resulting in short stature. Data from her research are available in the *Handbook of Physical Measurements*. As head of pediatrics at UBC and BC Children’s Hospital, Dr Hall worked

with physicians to develop guidelines for care of common disorders, and with lay groups to explain genetic disease that helped parents choose from among the care options available.



Dr Montaner led an international consortium of investigators to test the viability of a triple drug combination called highly active antiretroviral therapy (HAART) to suppress HIV replication, thereby sending the disease into full and lasting remission. In 2000, the World Health Organization and the UNAIDS program adopted HAART

as the global standard of therapy. Dr Montaner pioneered the notion of treatment as prevention (TasP), an expansion of HAART coverage, to decrease both the progression of HIV to AIDS and death and HIV transmission. He is the architect of the proposed UN 90-90-90 strategy aimed at ending the AIDS pandemic by 2030. His focus includes HAART access in hard-to-reach populations, including injection drug users, and the treatment of multiple-drug-resistant HIV infection. Dr Montaner is a professor of medicine at UBC, founding co-director of the Canadian HIV Trials Network, and director of the BC Centre for Excellence in HIV/AIDS at St. Paul’s Hospital.

The induction ceremony will be held on 23 April 2015 at the Metropolitan Entertainment Centre in Winnipeg, Manitoba.

the *CPS (Rx)* as well as a bonus subscription to *Drug Choices (Tx)*, the electronic version of the drug tables drawn from CPhA's *Compendium of Therapeutic Choices* content. To learn more about the app, read the related blog on bcmj.org. To download the app onto your mobile device, look for your invitation e-mail from the CMA, which will include a link to a registration form. Once you receive the e-mail, click the link to register and download the app to your iOS or Android device.

If you have questions, e-mail the CMA's member service centre at memberservicecentre@cma.ca or call 1 844 748-8017 (weekdays 8 a.m. to 8 p.m. ET).

Guidelines on inherited high cholesterol

Canada is establishing a national registry and family screening program for familial hypercholesterolemia (FH), or inherited high cholesterol, to assist in recognition and early treatment of a genetic disorder that leads to premature heart disease and cardiac death. People with FH have substantially increased risk of cardiovascular disease early in life, but generally don't know about it. If undetected and untreated, it can result in major or fatal cardiovascular events in people as young as their 20s. If FH is detected early, current treatments are effective at lowering a patient's risk to normal levels. The goal of the new recommendations is to increase awareness of inherited high cholesterol and in turn improve early detection and treatment. Suspicions should be aroused when a patient has a personal or family history of premature cardiovascular disease, significant high cholesterol, or both, particularly at a young age. Diagnosis of FH can then be confirmed by genetic testing. The new national registry of FH patients will also help track known families with the disorder and identify others potentially at risk.

Advocacy for Victoria-area children subjected to abuse

ORCA Children's Advocacy Centre Society is a nonprofit, charitable organization established in 2009 to meet the needs of children subjected to sexual and physical abuse.

ORCA's overall objective is to establish the first integrated Children's Advocacy Centre on Vancouver Island based on an integrated model that has been implemented over the past 3 decades to reduce trauma to children, support families, increase conviction rates, and make efficient use of resources such as reducing prosecution and court time.

ORCA's immediate objective is to address critical gaps in current services to Victoria-area children. Our first action is to create a child-friendly and child-centred space where children can be interviewed for the purposes of child protection and criminal justice proceedings. Currently, children are interviewed at police stations or in adult environments that do not adequately meet their needs of comfort, confidentiality, and safety.

Such a space must be suited to the child and based on good practice; for example, using soft furnishings that help the child feel secure. It can also dramatically improve the quality of a child's interview as it can be conducted by a fully trained professional confidentially, without interruption, and ideally one time to minimize the child's trauma. The child interview space would be available for use by

police and other child-serving professionals involved in a child's case.

For further information about ORCA, visit www.orcacentre.ca or contact me at serena.bedwal@orcacentre.ca.

—Serena Bedwel
Project Assistant, ORCA Children's Advocacy Centre Society

Vernon doctors' hockey tournament

A doctors' hockey tournament will be held on 27 and 28 February 2015 in Vernon. Registration opens 10 December 2014. New teams at all skill levels are welcome. Should you be considering organizing a new team, the process is simple: find a doctor goalie, then 15 doctors you like who want to come to the Vernon tournament. Love of hockey is suggested; skill level is not important. Players must be doctors, the majority of whom practise in BC. Registration and more information is available at <http://vernondoctors.hockey.ca>

Correction: New oral anticoagulants for nonvalvular atrial fibrillation

The author of the article "It's time to pull the plug on the new oral anticoagulants for nonvalvular atrial fibrillation" (*BCMJ* 2014;56:391-394) has corrected an error that appeared in Table 1 (edoxaban 60 mg was in the ENGAGE trial, not the RE-LY trial). The corrected version of the article is available online at bcmj.org.

Season's Greetings from the BCMJ Editorial Board and staff. Wishing you a safe holiday season and a happy 2015.

