

Book review: *The Last Plane*



By Robert Hirzer, MD. Servus Books, 2013. ISBN0-992-1-01603. Paperback, 496 pages. \$19.99.

My colleague, Bob Hirzer, is a semi-retired GP living in New Westminster. For the last 7 years he has contributed to global warming by burning the midnight oil. The result of his efforts is the publishing of his debut novel, *The Last Plane*.

What began as a eulogy to his father morphed into a fictionalized account of his family spanning eight decades and four generations. The plot focuses on the Sternat family as they struggle to survive in the post-First World War depression in Herzdorf, Austria. A medical catastrophe fragments the family, casting a sister and four brothers to the winds of fate. The brothers are conscripted into the Nazi war machine and trained as *Gebirgsjäger* (mountain troops). Two brothers assigned to the same unit are exposed to identical theatres of operation—Bergen Norway and the Rus-

sian front. The parallel between the storyline and the author's heritage is uncanny.

The author uses a collection of letters between one of the brothers and a childhood sweetheart to provide continuity and mystery. For dessert, the reader is presented with a series of enological vignettes. Foreshadowing, intrigue, and suspense keep the reader on edge until the last page.

On completion the reader is left in a quandary. What is fact and what is fiction? After interviewing the author and barraging him with a plethora of questions, my estimate is that this work is 90% fact and 10% fiction. The names have been changed to protect the innocent.

I was impressed with the author's ability to use time travel as a literary device. The reader is catapulted between graphic scenes at will. The author's in-depth research provides vivid imagery of combat, obstetrical crises, and intimacy. A significant portion of the novel involves the demise of the German Sixth Army at the siege of Stalingrad—the crucible of war. This leaves the reader with a profound insight of combat from the viewpoint of the other side. A word

of caution—the invoked vivid imagery is not for the faint of heart. Yet, at times the author displays a sense of humor akin to that of John Irving in *A Prayer for Owen Meany*.

The hallmark of an accomplished writer is his or her ability to present intimacy. This work has one such encounter, handled with particular sensitivity and using simple yet profound imagery—very effective.

Throughout this novel the author resorts to his experience as a family physician, husband, and parent to bring credibility to the plot. I found this to be very effective, especially his involvement as mentor.

I have a simple life philosophy: time is too short to squander on TV and bad books. This book does not

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Next Divisions round table date

The GPSC supported the Divisions provincial team in planning the next provincial round table event: mark your calendars for 29 April 2015 to 1 May 2015 at the Marriott Vancouver Pinnacle Downtown.



General Practice Services Committee

Reconnecting Physicians TO PRIMARY MATERNITY CARE

Maternity Care for BC (MC4BC) promotes, supports, and trains BC family physicians to reconnect with low-risk maternity services through mentorship, hands-on experience, and financial support. MC4BC is designed for family physicians to begin, maintain, or reintroduce obstetrical care in their practices.

As a part of its mandate to support full-service family practice, the GPSC, a partnership of the Government of BC and Doctors of BC, is committed to increasing the number of family physicians who do general practice obstetrics.

To apply, or for further details, visit www.gpsc.bc.ca.

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doctors of bc

British Columbia Medical Association



Kimit Rai, MD



Videsh Kapoor, MD

2014 alumni UBC Achievement Award winners

UBC is honoring several inspiring alumni who have created positive change in communities worldwide with an Achievement Award this fall. Two of the award recipients are BC physicians with strong connections to their local communities.

Dr Kimit Rai is being honored with a Faculty Community Service Award for his humanitarian work as the president and founder of Operation Rainbow Canada, a nonprofit organization that provides free cleft lip and palate corrective surgery to children and young adults in developing countries. Dr Rai is also a clinical instructor in UBC’s Department of Surgery and an internationally recognized plastic surgeon with more than 25 years of clinical experience.

Dr Videsh Kapoor is being honored with a Global Citizenship Award for her advocacy work in improving health outcomes in low-income communities and her commitment to global health education. Dr Kapoor is a Vancouver-based family physician, directs the UBC Division of Global Health in the Department of Family Practice, and is co-founder of UBC’s Global Health Initiative.

A dinner and gala will be held at the Four Seasons Hotel Vancouver on 19 November 2014 to celebrate the winners. For more information visit www.alumni.ubc.ca/events/awards.

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waste time or disappoint—highly recommended.

—John Albrecht, MD
New Westminster

Funding available for e-booking system

Canada Health Infoway is offering funding to health care providers who adopt an e-booking system for their practice. An e-booking system allows patients to self-book and manage their appointments through a web-based interface and receive automated appointment reminders. Register to receive \$2000 per clinic and \$750 per clinician. First-come, first-served registration for funding runs until 15 December 2014, or until the initiative’s maximum enrolment is reached. For more information visit business.yocale.com/medical, e-mail info@yocale.com, or call 1-855-996-2253.

BC Coroners Service: Emergency medicine recommendation

The Emergency Services Advisory Committee (ESAC) wishes to make all physicians who practise emergency medicine in British Columbia aware of recommendations from a recent (13 May 2014 [revised 30 June 2014]) BC Coroners Service Preventable Death Bulletin.*

Follow the BC Drug and Poison Information Centre (DPIC) protocol for the treatment of a methadone overdose:

- Asymptomatic patients with suspected [methadone] overdose and children ingesting any amount should be monitored for at least 10 hours.
- Symptomatic patients should be monitored until all symptoms resolve; observe for resedation for at least 6 hours *and, concludes the Coroner,* up to 10 hours after the last dose of naloxone.*

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Taunton inducted into BC Sports Hall of Fame

Dr Jack Taunton, one of North America’s leading sport medicine practitioners, was recently inducted into the BC Sports Hall of Fame. Dr Taunton’s work encompasses over 35 years in the field of sport medicine. Among his many accomplishments, Dr Taunton co-established Vancouver’s first sport medicine clinic, worked as a sport medicine consultant for numerous international sports events, served as chief medical officer for the Vancouver 2010 Olympics, functioned as team physician for a number of Vancouver sports teams, and co-founded both the Vancouver Sun Run and the Vancouver Marathon. Dr Taunton is also an active member of the Doctors of BC Athletics and Recreation Committee, a subcommittee of the Council on Health Promotion.

Through his clinical work, research, and scholarly publishing (including numerous articles in the *BCMJ*) Dr Taunton has pioneered the development of the sport medicine field and helped countless athletes avoid injury and enhance performance. Congratulations Dr Taunton on a well-deserved honor.

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- Call the DPIC when a patient with poison and overdose presents at the ED (24 hours: 604 682-5050 or 1 800 567-8911).

*The full bulletin, including the DPIC protocol for the treatment of a methadone overdose, is posted on the Section of Emergency Medicine website (www.sem-bc.com), the UBC Department of Emergency Medicine website (www.emergency.med.ubc.ca), and the *BCMJ* website (www.bcmj.org).

— Jim Christenson, MD
 Head, UBC Department of
 Emergency Medicine
 — David A. Haughton, MD
 Chair, Doctors of BC Section of
 Emergency Medicine
 — Roy Pursell, MD
 Director of BC Poison Control

Revised CVD guideline

The Guidelines and Protocols Advisory Committee (GPAC) has replaced the 2008 Cardiovascular Disease: Primary Prevention Guideline and it is available to physicians across BC via www.bcguidelines.ca.

This guideline provides recommendations on the primary prevention of cardiovascular disease (CVD) in adults 19 years or older without clini-

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Call for nominations

Dr Don Rix Award for Physician Leadership (D.B. Rix Award)

Established in memory of the late Dr Donald Rix for his many achievements and exemplary physician leadership exhibited throughout his life and career, this award recognizes lifetime achievement so outstanding as to serve as an inspiration and a challenge to the medical profession in British Columbia. Nominees may have achieved distinction in one or more of the following ways:

- Supported lifelong learning opportunities.
- Promoted excellence in medical education.
- Built consensus among physicians and groups of physicians.
- Provided leadership for new initiatives both in business and clinical practice.
- Provided leadership and service to the general community or province either by direct support or through philanthropy.
- Provided service to the medical profession through participation in Doctors of BC.
- Provided leadership to the broader medical community.
- Participated in legislative and other political activities in support of health care.

Doctors of BC members may nominate a member in good standing for the award.

CMA Honorary Membership Award

Honorary membership to the Canadian Medical Association goes to BC doctors who, at the age of 65, have been active members of the association for at least 10 years. Recipients must also have been nominated by their provincial/territorial medical associations and have had their nominations approved unanimously by the Board of Directors of the CMA. The nominees are held in high regard by their colleagues; they are humanitarians who have put into practice the aims and ideals of our profession. They are people who exemplify the words of the CMA Coat of Arms: *Integritate et misericordia* (integrity and compassion).

Doctors of BC Silver Medal of Service

The Doctors of BC Silver Medal of Service is awarded to physicians or nonphysicians who have made outstanding contributions to medicine or improving the welfare of British Columbians. Physician nominees must have 25 years of membership

in good standing with Doctors of BC, the CMA, and the College of Physicians and Surgeons of British Columbia. Nonmedical candidates may be 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 Doctors of BC.
- Outstanding contributions to medicine or medical/political involvement in British Columbia or Canada.
- Outstanding contributions to medicine or to the welfare of the people of British Columbia or Canada.

For more information, including awards criteria and nomination forms, visit the Doctors of BC website (www.doctorsofbc.ca/resource-centre/awards-scholarships), or contact Ms Aria Gray at agray@doctorsofbc.ca.

To nominate someone for an award, submit a completed nomination form along with the nominee's current curriculum vitae and any other supporting documents by 30 November 2014 to the Doctors of BC Awards Committee, c/o Aria Gray, 115–1665 W. Broadway, Vancouver, BC V6J 5A4, or via e-mail to agray@doctorsofbc.ca.

cal CVD. It does not apply to patients with a known history of CVD or who currently have signs or symptoms of CVD, as this would require treatment and secondary prevention. The recommendations include how to assess a patient's risk of CVD and how to manage their CVD risk factors.

Key recommendations are:

- Assess asymptomatic men (40 years or older) and asymptomatic women (50 years or older) for CVD risk.
- Consider lifestyle management (e.g., smoking cessation, healthy diet) as the first-line intervention for all risk

groups in CVD primary prevention.

- Manage other clinical conditions (e.g., diabetes, hypertension, chronic kidney disease) in all risk groups. Diabetes is a major risk factor for CVD, but do not automatically consider a patient with diabetes high risk for CVD.
- Initiate statin therapy as a second-line intervention only after having an individualized discussion with the patient to evaluate the risks and benefits objectively.
- Treatment with a statin is expected to result in a significant reduction (great-

er than 30%) in the elevated baseline lipid levels. Treating to a specific lipid target is not recommended.

For the complete listing of GPAC guidelines please visit www.bcguidelines.ca.

Physicians interested in participating in developing future guidelines and protocols can e-mail GPAC at hlth.guidelines@gov.bc.ca. Physician participation in guidelines and protocols development is compensated at the Doctors of BC sessional rate.