

Book review: *Refire! Don't Retire. Making the rest of your life the best of your life*



By Ken Blanchard and Morton Shaevitz. San Francisco, CA: Berrett-Koehler Publishers, 2015. ISBN 9781626563339.

This book addresses the conundrum faced by many new retirees: Now what? What am I going to do with the rest of my life to make it healthy, joyful, and rewarding?

Refire! provides much practical advice on matters such as building and rekindling relationships, mental stimulation and challenge, maintaining health, and dealing with adversity. The authors divide the book into four keys: refiring emotionally, intellectually, physically, and spiritually.

I found particularly inspiring the section on venturing out of established comfort zones and being more spontaneous. Physician readers might find *Refire!* too clinically unsophisticated with the health advice. However, that makes it all the more recommendable to our retiring patients.

Few of us have well-grounded retirement plans, and we tend to venture into retirement by providing the occasional locums, surgical assists, or working a few shifts in a walk-in clinic. This book might give some inspiration and focus for making retirement a more exciting opportunity. The publisher has provided a free sample chapter at <http://refirebook.com>.

—WRV

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BC at GC: Why care? (So long and thanks for the fish)

The members of your Doctors of BC delegation to the Canadian Medical Association General Council have just come back from Halifax and I want to make two clarifications:

First, I am vegetarian and did not personally partake in the true Atlantic cuisine (although my 10-month-old daughter ate her weight in lobster and mussels).

Second, although there were plenty of opportunities for socializing, the delegation from BC was hard at work.

Why care?

The CMA GC is the parliament of Canada's doctors and sets policy for issues that matter most to its over 80 000 members. Your voice is carried by the delegates in the motions they raise and the opinions they express. This year was precedent-setting in that a Doctors of BC board motion allowed us to bring Mr Nitai Gelber and Drs Alexander Frame, Arun Jagdeo, Jessica Otte, and Raj Bhui, who represented BC medical students, residents, international medical graduates, and doctors in early practice.

Doctors of BC usually punches far above its weight, and this year saw us bring motions that passed on telehealth, obesity, polypharmacy, palliative care, electronic health records, genetic testing, and precision medicine.

Your views were also represented on ongoing issues such as seniors' care, physician-assisted dying, innovation, opioid overprescribing, vaccination, climate change, and health human resources (also known as Why Aren't There Enough Jobs for Surgical Specialists?). You should also know that your delegates represented various views; for example, some felt that physicians should be able to consciously object to helping patients who request assistance in dying while others felt that a physician's duty is first to the patient and that, at minimum, a doctor should refer such patients if they cannot provide the care themselves. Indeed, 79% of all delegates voted against a motion proposing that physicians who consciously object to assisted dying would not have to refer patients to a colleague for further assessment.

What next?

If you have ideas for motions for next year, please contact your local Doctors of BC board members; their information is found on the Doctors of BC website.

Also, next year's CMA GC will be in Vancouver as our own Dr Granger Avery will be installed as CMA president. We hope to have a record number of attendees from BC, so if you are a student, resident, or practising physician, watch for announcements in the new year. Just don't expect lobster.

—Eric Cadesky, MD, CM, CCFP
Honorary Secretary Treasurer, Doctors of BC

Saskatoon street named after BC doc



Dr Aruna Thakur

In recognition of her exceptional dedication to providing services to disadvantaged people who require psychiatric attention in Saskatoon, Saskatchewan, the City of Saskatoon has named a street after Dr Aruna Thakur of Burnaby, BC.

Dr Thakur's patients organized a campaign to have a street named in her honor to acknowledge the contributions she's made to the mental health of the people of Saskatoon. Dr Thakur came to Saskatchewan via England from her native India in 1967 and practised with her late husband, Dr Kripa Thakur, in a clinical psychiatry practice for close to 30 years. Dr Thakur also joined the University of Saskatchewan's Department of Psychiatry as a clinical professor in 1994 while maintaining an active role in the community as a volunteer for numerous mental health and mental illness initiatives.

As president of the Canadian Psychiatric Association in 2003–04, Dr Thakur became aware of how much responsibility family doctors were taking for their patients' psychiatric health. When Dr Thakur moved to BC in 2012 she chose to practise at the Central Park Medical Clinic in Burnaby. Having worked mostly in a hospital setting and in a psychiatry clinic in Saskatoon, she saw the move to BC as an opportunity to put some good ideas into practice: to work more closely with GPs and to offer herself as a resource—providing rapid-access appointments for their patients, as well as corridor consults about their own psychiatric cases, medical-legal issues, and available resources.

Thakur Street will be located in the Aspen Ridge neighborhood of Saskatoon.

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Members of local divisions of family practice can access the clinical resource tool UpToDate at no cost to themselves through the Divisions of Family Practice group subscription, funded by the General Practice Services Committee (a joint committee of Doctors of BC and the Ministry of Health). Access to UpToDate is also available to residents and medical students in BC through the Divisions subscription.

Division members who register for UpToDate through their local division of family practice website are able to use all of the resource's clinical tools and articles on their home and office computer, as well as via the UpToDate mobile app, UpToDate Anywhere.

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To register for access to UpToDate or to learn more about becoming a member of your local division and accessing this resource, visit www.divisionsbc.ca.

Residents and students can access UpToDate by completing the user profile form found on the Divisions of Family Practice Student/Resident site: www.divisionsbc.ca/studentresident.

Study: Life expectancy of people living with HIV in Canada reaches 65

A new study from the Canadian Observational Cohort (CANOC) Collaboration, housed at the BC Centre for Excellence in HIV/AIDS (BC-CfE), has found the overall life expectancy of people living with HIV who have initiated antiretroviral therapy (ART) to be 65 years of age. Findings from the study demonstrate a notable improvement since the early years of the HIV epidemic, but life expectancy for those with HIV remains below that of the general Canadian population.

In the study, decreased life expectancy was observed for women, participants with a history of injection drug use, individuals with Aboriginal ancestry, and those initiating ART in earlier time periods. The gender-based differences observed in this analysis reflect previous CANOC findings identifying poorer HIV-related treatment outcomes among women, compared with men.

This study also observed decreased life expectancy among participants initiating ART with CD4 counts lower than 350 cells/μl. This finding reinforces current BC-CfE treatment guidelines, which recommend that ART should be initiated for all people living with HIV regardless of CD4 count, to ensure the best long-term clinical response.

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Self-insurance: When is it the right choice?

Clients often consider self-insuring. That is, they choose to take on a level of financial risk for uncontrollable life events by relying on their personal assets or access to credit. Most individuals choose to self-insure on some level, usually driven by their budget, risk tolerance, and assessment of the possible impact. Examples include declining the extended warranty on a smart phone or choosing a longer wait period before benefits pay out on a disability plan. When life progresses as planned, not paying for unnecessary insurance allows individuals to maximize savings and quality of life. However, life has a strange way of not quite working out as planned, and many of us are impacted by unforeseen events. Consequently, insurance comes in many different forms to protect us from relying on hard-earned savings when life happens.

For many, the risk of funding an unforeseen event by selling assets would significantly affect quality of life, now or in retirement. You may decide to transfer that risk to an in-

surer at a fraction of the cost. Putting adequate insurance in place to protect against costly uncontrollable events has a minor financial impact compared to the alternative. If you or your family can't afford to financially absorb an uncontrollable life event, such as a death or significant injury, then you are likely not in a position to self-insure.

Individuals well positioned to self-insure have accumulated significant liquid assets or have meaningful passive income unrelated to their capacity to work. Even then, many individuals with significant disposable assets often consider insurance because many insurance products can be designed to provide both an insurance and investment benefit. Combining insurance and wealth planning can provide protection and investment growth potential within an alternate asset class.

It can be a challenge to set aside the funds required to properly self-insure. Some individuals are forced to self-insure if they are declined for insurance coverage due to health or lifestyle issues. High-net worth individuals who want to consider self-

insuring should gauge the risk based on the degree of probability against the degree of impact.

Risk analysis considers probability versus the degree of impact. Where the risk impact is low regardless of the probability, such as buying that extended insurance for your smart phone, a wait-and-see strategy may be acceptable. When probability of risk and degree of impact are high, insurance is likely unavailable. However, where the risk impact is high and the probability is low, such as with an unexpected death or illness, transferring the risk to a third party through insurance is recommended.

Regardless of an individual's financial ability to self-insure, there are a number of insurance options that can offer attractive benefits beyond just insurance. To book a complimentary in-person or phone appointment with our licensed, noncommissioned insurance advisors, contact insurance@doctorsofbc.ca or call 1 800 665-2262.

—Renee Bricker
Insurance Advisor, Doctors of BC

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