

psychiatric consultation. The fee for providing this service should be high enough to ensure proper assessment and documentation.

All physician-assisted dying programs should track and follow the patients who have applied to the program, rather than relying on voluntary reporting of physician-assisted deaths. Physicians need processes in place that will hold them accountable to the law. Reliance on physicians to report a physician-assisted death after it has happened has led to elaborate retrospective studies in the Netherlands that have serious limitations that compromise the ability to rule out abuse.⁹

In the US, barbiturates are the only medications used for physician-

assisted dying and they can be tracked. Tracking is necessary because many patients who request hastened death may receive a prescription after their assessment and then not use it. An oversight committee of physicians, lawyers, and other appropriate public and professionals should review all requests and completed cases, similar to what is required in other jurisdictions. This committee could also examine cases of conflicting assessments of a patient's appropriateness for physician-assisted dying. In existing programs the agreement of two physicians is needed for a person to qualify for physician-assisted dying, but there is no provision for what to do if conflicting assessments arise and no limit on the number of physicians

a patient may request an assessment from.

The new regulations should also allow physicians and other health care providers to exempt themselves from participating in an assessment or managing a request for physician-assisted dying due to conscientious objection. We are a nation of diverse values and beliefs, which must be respected. The integrity of our society is discernible in how we treat vulnerable people.

—**Romayne Gallagher, MD,**
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References

Available at www.bcmj.org.

college library

Better decision making with library search services

As high-quality medical information becomes more readily available online, straightforward clinical questions can often be addressed quickly. Point-of-care tools offer simple interfaces to current, evidence-based guidance for clinical decision making. The College Library offers two tools, BMJ Best Practice and First Consult, while another tool, UpToDate, is available from most BC health authority libraries and the provincial Divisions of Family Practice office. The utility of these tools, however, can be exhausted by clinical questions arising from care of patients with complex comorbidities and contexts. Whether an ensuing search for evidence to support a chal-

lenging question is conducted is often determined by whether clinicians have enough time and whether they feel efficient in selecting an information source.¹

Literature search services by librarians at either the College Library or BC health authority libraries offer timeliness and expertise in locating high-quality evidence. Librarians have the knowledge to efficiently select resources and can devote the time needed for comprehensive information searches. Librarians use careful question analysis and controlled vocabularies to develop logical search strategies. Studies demonstrate that librarian-supported literature searching changes physicians' approaches to patient care and results in better-informed clinical decisions and fewer adverse events.²

Literature search services for physicians are offered by librarians in six

of the BC health authorities and for the entire province by the College Library. No annual limits are placed on the number of search requests made to the College Library, and every effort is made to respond within the requestor's deadline. Contact the College Library at 604 733-6671 or medlib@cpsbc.ca, or your local health authority library.

—**Karen MacDonell, PhD**
Director, Library Services

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