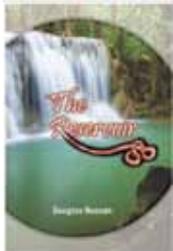


## Book review: *The Reservoir*



By Douglas Hassan, MD. New York, NY: Page Publishing, 2015. ISBN 978-1-68139-655-2. Paperback.

Dr Hassan was in several of my classes while working toward his medical degree at UBC in 1987, and then went on to study orthopaedics and hand surgery. He currently works with Puget Sound Orthopaedics. I have also known his father, Dr Leslie Hassan, a retired North Vancouver physician for many years, so it was a very pleasant surprise to read Dr Hassan's thriller, *The Reservoir*, the first volume of a planned trilogy.

Several stories are intertwined in this fiction with bioterrorism as the underlying theme. A report of an Ebola-like virus that is devastating the populations of small villages in the Virunga area of the Congo, and the suspicion that an unidentified species of highly evolved apes might be the reservoir of the virus, prompts a scientific expedition. A small team sets out from Seattle—an anthropologist expert in apes, his friend, an orthopaedic surgeon, an adventurer familiar with the area, and a security person.

In Paris they are joined by a virologist from the Pasteur Institute. After an arduous journey down the Congo River the group encounters the new species of ape and obtains blood samples for further study, but unknown to them a Pakistani doctor turned terrorist hoping to create a biological weapon is also on his way to find a sample of the same virus. When the CIA becomes aware of the potential bioterrorism threat, agents join the race to intercept the plan.

It would be unfair to readers to reveal the dangers and conflicts that the group runs into, and the CIA's wild pursuit of the terrorist across several continents. As for more about the viral sample held in the Pasteur Institute in Paris, you'll have to wait for the second installment of this trilogy. I am looking forward to it.

—George Szasz, CM, MD  
West Vancouver

## GPAC guideline: Asthma in Children—Diagnosis and Management

A new BC Guideline developed by Child Health BC in collaboration with the Guidelines and Protocols Advisory Committee provides recommendations for diagnosis and management of asthma in patients aged 1 to 18 years presenting in a

primary care setting. The guideline is available to physicians across British Columbia at [www.BCGuidelines.ca](http://www.BCGuidelines.ca) and includes new action plans and flow sheets.

### Key recommendations

- Send children aged 6 years and older for spirometry when they are symptomatic to improve accuracy.
- Send patients for spirometry regularly as part of the assessment of asthma control.
- Prescribe controller medication daily and not intermittently.
- Controller medication does not need to be increased with an acute loss of asthma control in children.
- At each visit, assess for proper use of asthma medication devices and medication compliance as these are common reasons for poor asthma control.
- Prescribe an age-appropriate spacer device for patients using metred dose inhalers (MDI).
- Send all patients and families to an asthma education centre to learn self-management (where available).
- Given that many children less than 6 years of age outgrow their asthma symptoms, reassess the persistence of symptoms every 6 months in this age group.
- There is insufficient evidence to recommend one inhaled corticosteroids molecule over another with respect to efficacy or safety.
- Ensure children have normal activity levels and do not limit physical activity to control asthma symptoms.
- Complete a written asthma action plan with each patient and reassess this plan with the patient on a regular basis.



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### Resident Doctors of BC: 2015 award winners

The annual Awards of Excellence recognize members of the health care community for their contributions to creating an optimal training environment for residents in BC. Congratulations to this year's winners.

#### Award of Merit: Dr Meghan Ho

The Award of Merit recognizes a resident who has shown outstanding initiative in resident health and well-being, promotion of the role of residents in the health care system, or advocacy and representation of residents that leads to improved work or learning environments.

Dr Meghan Ho, an internal medicine resident, advocated for a program to improve the training that junior residents receive so that the transition to senior resident is smoother. The resulting transition program has become a formal part of

the internal medicine residency program with the full support of program administration.

#### Dr Patricia Clugston Memorial Award for Excellence in Teaching: Dr Jagdeep Ubhi

The Dr Patricia Clugston Memorial Award for Excellence in Teaching recognizes a physician clinical educator for his or her contributions to residents' medical education. The recipient will have created a safe learning environment that encourages self-inquiry, supports adult learning, and fosters within learners a desire to achieve their highest potential.

Dr Jagdeep Ubhi is program director of the UBC Obstetrics and Gynaecology Residency Program and the resident site director at Royal Columbian Hospital. His nominators noted that he is an excellent teacher who is calm and encouraging when teaching integral skills, and is always looking for innovative and effective

ways to help residents learn. Additionally, he is timely and effective in his feedback, offering residents semi-annual "fireside chats" to highlight their strengths and suggest improvements.

#### Residents' Advocate Award: Dr Andrew Campbell

The Residents' Advocate Award recognizes an individual who advocates for the personal, professional, or educational advancement of residents.

Dr Andrew Campbell is the program director of cardiac surgery and a staff congenital cardiac surgeon at BC Children's Hospital and St. Paul's Hospital. He has advocated for simulation training for residents since becoming program director 5 years ago, and the simulations he developed have provided residents with invaluable experience to practise emergency scenarios and complex situations in a low-risk environment. He is a

*Continued on page 278*

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Continued from page 277

staunch ally of resident well-being and provides support on a personal level by sharing meals with residents, accommodating illness and family needs, and adding physical health into academic sessions to promoting personal well-being.

Each award winner receives

\$1000 to donate to a charity of their choice and a personalized memento to recognize the achievement.

**Correction: Abusive head trauma**

The author of the article “Abusive head trauma: Evolution of a diagnosis” (*BCMJ* 2015;57:331-335) has cor-

rected an error that appeared on pages 331, 332, and 334. The sentence that read “... the leading cause of traumatic death in children under 2 years of age ...” should have read “... a leading cause. ...” The corrected article is available at [www.bcmj.org/articles/abusive-head-trauma-evolution-diagnosis](http://www.bcmj.org/articles/abusive-head-trauma-evolution-diagnosis).



**CFMS national blood drive: The need is constant**

One in ten Canadian patients admitted to hospital receives blood products and, in most cases, from more than one donor. That’s one reason why the Canadian Federation of Medical Students (CFMS) entered into a partnership with the Canadian Blood Services 39 years ago.

The CFMS represents over 8400 medical students across Canada who are committed to helping others in every way possible. The CFMS is a Canadian Blood Services Partners for Life organization and pledges an annual goal for blood donations because the need is ongoing. Less than 4% of eligible Canadians give blood, yet half of Canadians have

either needed blood or know someone who has. In 2015 we collected 1326 units of blood, surpassing our goal of 1225 units. Therefore, our 2016 goal is to reach 1350 units.

**Annual Phlebotomy Bowl**

To encourage blood donations and to raise awareness, the CFMS runs a friendly 6-month-long (September through February) competition between medical schools to track which school accumulates the most donations and first-time blood donors. This competition, appropriately named the Phlebotomy Bowl, pits medical schools against one another. Students register as donors through their school’s Partners for Life number, and donations are tracked by Canadian Blood Services at local blood clinics. Results are then converted from absolute numbers into a per capita rate, and the winning schools receive engraved plaques from Canadian Blood Services at the end of the competition.

Our 2015–16 Phlebotomy Bowl was a great success, resulting in 754 lifesaving donations and 98 new blood donors. McMaster University placed first in the Most Donations Per Capita category, followed by Queen’s University and the University of Saskatchewan. McMaster University took first again in Most New Donors, followed by the University of Ottawa and Queen’s University. The next Phlebotomy Bowl will start in September 2016. That

being said, don’t wait to donate. The need is constant.

The CFMS sincerely thanks the junior and senior blood champions at each medical school across Canada for their volunteered time and dedication to this important cause. Blood champions are medical students who work hand in hand with their local territory managers to plan blood drives at their schools year round. They go above and beyond in encouraging their peers to donate blood, while helping at blood-typing events (called What’s Your Type?) and stem-cell cheek swabbing events held on campus.

CFMS is also looking into actively participating in stem-cell registration events. The national stem-cell network matches donors to patients who need stem-cell transplants. Stem cells are used to treat more than 80 blood-related diseases and disorders, and less than 25% of patients who need transplants will find a match in their family. If you are between 17 and 35 years old, you can contribute to the Give Life campaign by donating stem cells. Please register today at [www.blood.ca/stem-cells](http://www.blood.ca/stem-cells).

To find out how you can help your medical school win the coveted Phlebotomy Bowl while Giving Life, contact me at [salima.abdulla89@gmail.com](mailto:salima.abdulla89@gmail.com).

—Salima Abdulla, BSc  
CFMS National Blood Drive Officer  
UBC Medicine, Class of 2017



**Doctors of BC annual report: This is leadership**

The 2015–16 annual report celebrates a few of your colleagues who are pioneers in their respective fields—BC physicians offering forward-thinking innovation and medical leadership in a diversity of practice areas.

- Dr Arun Jagdeo: Shaping and improving residents’ experiences and residency education, and expanding the scope of Resident Doctors of BC.

- Dr Davidicus Wong: Inspiring patients to embrace health education, and bringing evidence-based health information to the public.
- Dr Ahmer Karimuddin: Fostering a collaborative, comprehensive approach to Enhanced Recovery programs for patients undergoing surgery.
- Dr Fiona Duncan: Supporting local, regional, and provincial initiatives to lead primary care.
- Dr Sandy Whitehouse: Transform-

ing care for youth growing up with complex health conditions.

The core elements, which scan the association’s work in supporting members, are also represented: the message from the CEO, reports from the president and the chair of the Board, financial highlights, and reports from all Doctors of BC committees in the *White Report*.

Explore this year’s report at [www.doctorsofbc.ca/who-we-are/annual-report](http://www.doctorsofbc.ca/who-we-are/annual-report).

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**Doctors:**  
 Caitlin Dunne Jon Havelock Jeffrey Roberts Ken Seethram Tim Rowe Victor Chow

**Disability insurance:  
Your financial safety net**

In the pursuit of practising medicine, you have made many sacrifices. Following your perseverance throughout medical school and residency, your most valuable asset is the ability to work. If your circumstances changed due to a disability and you found yourself unable to practise medicine, would your family be financially secure?

Data from Statistics Canada indicate that 18.3% of working Canadians in the 45 to 64 age bracket identify as having a physical, mental, or other health-related limitation to their daily activities. The top five reasons for claims among physicians are accidents, musculoskeletal disorders, psychological disorders, cancer, and circulatory disorders.

These categories span a broad range of potential disabilities. A physician would likely recommend that a

patient with one of these conditions take time away from work, as needed, to further their recovery and increase their quality of life. If you were to find yourself with a limitation, would you have the freedom to follow your own advice?

**The provincial government funds the Physician's Disability Insurance (PDI), but coverage is not automatic: you must apply and provide proof of good health.**

Your health circumstances may change when you least expect it. While you decrease your workload due to illness or injury, you may find your savings diminishing or your line of credit ballooning as you care for personal and professional expenses out of pocket.

Many assume that there are government-funded programs in place to assist you in the event that you become disabled. The Canada Pension Plan Disability Benefits may be available to you if you have paid into CPP for 4 of the last 6 years. However, the maximum monthly disability benefit is \$1264.59. This amounts to only \$15 175.08 annually, well below both the minimum wage and the living wage in British Columbia. To ensure your financial well-being, supplemental disability insurance is a necessity.

**Physicians' Disability Insurance and Disability Income Insurance** Disability insurance helps you plan for your family's needs in the event that you are no longer able to work or your workload is significantly decreased due to a disability. The provincial government funds the Physician's Disability Insurance (PDI), but coverage is not automatic: you

must apply and provide proof of good health. The PDI plan provides a maximum \$6100 monthly benefit, based on your income. Additional disability insurance is also available to increase your benefit amount and fill any gaps in coverage.

**Residents' Disability Insurance**

BC's medical residents are provided with health coverage through Resident Doctors of BC. Due to recent collective bargaining outcomes, Resident Doctors of BC is no longer able to provide disability insurance for residents, and has, instead, instated a requirement for residents to hold disability insurance independently.

In order to fill this need in the resident community, Doctors of BC has enhanced the Resident Disability Insurance plan. Residents transitioning into practice have 90 days from the end of residency to convert their resident coverage to the Member Disability Insurance plan without having to provide proof of good health.

Newly practising physicians are also eligible to enroll in the provincially funded Physicians Disability Insurance plan without proof of good health provided that, as residents, they held a minimum \$2000 monthly benefit in the Doctors of BC Resident Disability plan for at least 12 months.

**Planning for the unplannable**

If you were faced with a disability, with an appropriate disability insurance plan in place, you would be able to take time off work and focus on your health and well-being while ensuring that your hard-earned savings and your family were protected.

Doctors of BC has noncommissioned insurance advisors available to help you find the best plan for your career stage and financial situation. To arrange a complimentary insurance review, contact insurance@doctorsofbc.ca or 604 638-7914.

— Caleb Bernabe  
Insurance Administrator

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