

BCM^J

BC Medical Journal

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Re: Forms

Colleague Dr C., while trying to clear his desk before going on vacation, got frustrated with the endless requests for more information about a Special Authority request and jotted, "Quit wasting my time!" on the paper. His MOA faxed the form. The civil servant at the Ministry of Health forwarded the note to the College, with a cover letter asking, "Is this professional behavior?" The College sent the correspondence to Dr C., asking for an explanation. On his return from vacation, Dr C. was greeted with the letter on yellow paper from the College. The letter was dated 2 weeks prior to Dr C.'s return to the office. The College demanded a reply within 2 weeks. Dr C., an astute and well-liked family practitioner, retired at age 52.

Older GPs are retiring, and young graduates are not competing to take over their practices. Society might get doctors to provide more medical care if committee members and office clerks sent fewer forms. For now, to fill out a form, I charge the fees suggested by the Society of General Practitioners of BC.

—Robert Shepherd, MD
Victoria

Cardiac adverse complication/ prevention and cancer risk in the risk-benefit paradox of exercise

The article by Warburton and colleagues [*BCM^J* 2016;58:210-218] reports on the risk-benefit paradox of exercise. There is a transient increase in short-term risk for an adverse cardiac event with vigorous exercise

and a reduction in long-term risk for chronic disease and premature mortality with relatively small amounts of exercise.

The recently published pooled analysis by Moore and colleagues¹ on leisure-time physical activity in the risk of cancer development provides a different paradox. Leisure-time physical activity is found to be associated with lower risks of approximately half (13) of the cancer types regardless of BMI or smoking status. They include esophageal adenocarcinoma, liver, lung, kidney, gastric cardia, endometrial, myeloid leukaemia (20% or more lower risk), and others. In contrast, there is an increased risk in prostate cancer (5% higher risk) and melanoma (up to

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27% higher risk), although the former may be related to screening bias and the latter to UV exposure.

The invited commentary on the Moore article by McCullough and colleagues² suggests further research is needed to assess the critical timing of physical activity needed for optimal cancer risk reduction. Clarification is also needed on the types and amount of leisure-time activity (e.g., running, cycling, or walking).

There is a risk-benefit paradox of exercise in cardiac adverse complication/prevention and cancer risk.

—H.C. George Wong, MD
Vancouver

References

1. Moore SC, Lee IM, Weiderpass E, et al. Association of leisure-time physical activity with risk of 26 types of cancer in 1.44 million adults. *JAMA Intern Med* 2016; doi:10.1001/jamainternmed.2016.1548 [e-pub ahead of print].

2. McCullough LE, McClain KM, Gammon MD. The promise of leisure-time physical activity to reduce risk of cancer development. *JAMA Intern Med* 2016;176:826-827.

Election results

In the recent Doctors of BC 2016–17 election for president-elect, less than 30% of our membership voted, with the winner receiving 53% of that vote. In the last federal election, which required voters to visit a polling station rather than push a button on a computer, voter turnout was 68%. The other two positions on the executive, and all but 1 of 11 positions on the Board, were filled by acclamation. What has happened to our profession? Why is there such apathy? We had a highly respected candidate for president-elect who ran on the platform of engaging the membership in real change. Two Board members of the Canadian Doctors for Medicare widely circulated e-mails against Dr Day

that did not fairly represent his platform. Many colleagues were shocked that such behavior was tolerated. This behavior causes members to disengage. I respectfully ask the Board to review their election policy guidelines for members endorsing candidates. It is time that the Board enforce an attitude of professionalism. Only then can the association expect to earn the respect, engagement, and support of the membership.

—Anne Wachsmuth, MD
Vancouver

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