letters to the editor

We welcome original letters of less than 300 words; they may be edited for clarity and length. Letters may be emailed to journal@doctorsofbc.ca, submitted online at bcmj.org/submit-letter, or sent through the post and must include your mailing address, telephone number, and email address. All letter writers will be required to disclose any competing interests.

Re: Spot-on studies

We enjoyed Dr Richardson's editorial in the September *BCMJ* about the validity of studies [*BCMJ* 2018;60:341]. We were dismayed to read the results of a survey on the Doctors of BC website reporting on a survey of doctors, "Transparency around drug payments to physicians." Out of over 10 000 physicians in BC, 532 responded, so the only meaningful conclusion that can be drawn is: 5% of physicians in BC have these views on drug payments. We have no idea what the other 95% think. It is time for us to all insist that people who publish results of studies clearly state what the limitations are so we can put the results in a meaningful context.

—Geoffrey Ainsworth, MD
Vancouver
—Patrice Dunn, MD
Vancouver

Incentive to immunize

With the flu season upon us again, will someone please remind us why the government is failing to fund opportunistic influenza immunization in general practice?

As things stand, GPs receive no additional remuneration if they choose to immunize vulnerable patients when the service is provided in addition to a consult (i.e., only the consult fee can be claimed).

Why is that? It seems eminently sensible to us that vulnerable patients should be immunized when they present, but that means our time, our needles, our syringes, and our sharps boxes are all funded at our expense.

Where is the incentive in that?

—Shaun Humphreys, MD, CCFP
—Neil Crofton, MD
Victoria

Re: Innovation is everywhere. Why isn't it here?

It was a pleasure to read Dr Cadesky's article [*BCMJ* 2018;60:389]—succinct, and things that needed to be said. To paraphrase Bill Clinton, "It's all about the patient, stupid." If change starts with what will benefit the patient and not what is perceived to benefit the system, better health care will ensue. And the monolithic, inflexible system redesigns are antithetical to how medicine evolves. We need flexibility and readiness to change as we try out any system. Indeed, that's how we practise patient care.

—Barry Koehler, MD, FRCPC
Delta

It was interesting to read Dr Cadesky's comments about the failure of innovation in health care [*BCMJ* 2018;60:389]. One of the remarkable and potentially game-changing functions is physicians' use of computers to keep records. This is something I have been involved with for over 30 years and observed on many committees and projects in British Columbia, Canada, and internationally. It has been frustrating to see ideas that were put forward 20 or 30 years ago still not come to fruition. British Columbia has been a world leader in a number of areas related to the use of computers, including the innovation of high-speed Internet and the development of PharmaNet.

The current crop of EMR products cause a lot of frustrations among users, and it has been reported that EMR difficulties contribute to physician burnout. There is, thankfully, finally an awareness of the importance of being able to exchange data between different providers and organizations. Over the years work has been done in British Columbia to define the requirements for facilitating the exchange of clinical data. There is continued frustration that movement toward incorporating these requirements into EMRs has been very slow. EMR vendors do not seem to be willing to accept that their products are in need of a lot of remediation. Organizations that generate data like hospitals and laboratories are also slow to replace aging systems that are not capable of generating reports in a manner that could be easily consumed by systems in our offices. Finally, physician organizations have not been willing to support physicians who are willing to work on defining the EMR requirements to the level of detail that is needed to achieve interoperability.

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Various projects in BC and elsewhere in Canada, including Infoway, have repeatedly defined important elements as being "out of scope," and there was an unwillingness to "get into the weeds." As a result we have to deal with EMR vendors that have a rudimentary understanding of clinical workflows, what data we need, and how it should be presented. It would be nice if there was support for a small group of physicians to work on the details that would make things operate at the high-performance level that we are all hoping for. This group could be either at the provincial or national level.

—Raymond Simkus, MD
Langley

Re: Innovation is everywhere. Author replies

Thank you for the comments. Doctors of BC is actively supporting doctors through the Doctors Technology Office and our refreshed IM/IT policy: www.doctorsofbc.ca/sites/default/files/2017-07updated_from_2010-healthinformationmanagementandtechnologyprinciplesid_115905_1.pdf [log in required].

—Eric Cadesky, MDCM, CCFP, FCFP
Doctors of BC President

Re: Sale of MD Financial Management

The questions posed by Dr Ken Markel [*BCMJ* 2018;60:345] are shared by many of us, including me. The answers provided by Dr Brian Brodie [*BCMJ* 2018;60;345-346] do not address my concerns, which are:

1. What were the concerns that prompted the need to look for a buyer? The response from Dr Brodie that, "At the end of the day, it would have been very difficult for MD to remain relevant and stay competitive," is vague and explains nothing. What was the crisis we were facing and why were we in that dire situation? What alternatives had been considered and dismissed? And by whom? Was this a unanimous decision?
2. Where is the money now (all of it)? Who was paid to arrange the sale and how much? How many buyers were considered?

—Jose Zanbilowicz, MDCM, FRCPC
Comox

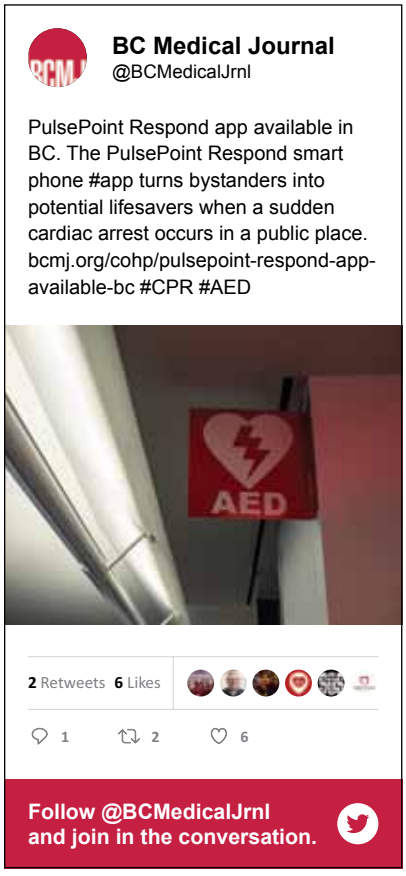
Re: Sale of MD Financial Management. CMA Replies

Our decision to sell MD Financial Management (MD) was made after much deliberation and discussion with leading financial experts. We heard how new technologies like bitcoin and cryptocurrency are rapidly changing the face of the industry, and how clients are asking for more and more tailored and specialized services. Understanding this context,

and reviewing MD's prospects within this market, helped us come to the decision to work with Scotiabank. We're now able to ensure that MD can serve many future generations of doctors and their families, and offer new products and services to better meet their needs, including for early-career physicians.

The CMA Board of Directors will be establishing separate boards to invest and steward the proceeds of the sale. We plan to work closely with our members to decide how these funds—in addition to the $115 million that Scotiabank is investing as part of our affinity agreement—can be used to support the medical profession and better health.

—Brian Brodie, MD
Chair, CMA Board of Directors



Dr King Chiu Kwong 1921–2018

Dr Kwong passed away peacefully at age 97. She was predeceased by her spouse, Dr Kwok King Yue, and all 10 siblings, all of whom were medical doctors. She is survived by her son, Kevin Yue; daughter-in-law, Jeannie Chow; grandson, Jonathan Yue; and many nephews, nieces, grandnephews, and grandnieces. Dr Kwong was born in Guangzhou, China. She graduated from Dr Sun Yet San Memorial University. She survived the Second World War, riots, and revolution. She immigrated twice and requalified to practise in both Hong Kong and Canada. In Canada she completed her clerkship at St. Vincent's Hospital in Vancouver, and internship at Misericordia Hospital in Edmonton, well before establishment of the International Medical Graduate Program. She was the first female Chinese general practitioner in Vancouver and practised from 1972 to 1992. Known for personal, comprehensive, and compassionate care, she was loved by many patients.

—Kevin Yue, MD
Vancouver

Dr Robert "Bob" Purkis 1925–2018

Early this year a great mentor and friend passed away peacefully at his beloved St. Paul's Hospital.

Bob was born in Ashcroft to a pioneering family and lived most of his early years in Salmon Arm. There he was an avid sportsman, playing lacrosse and basketball on provincial championship teams. As he completed high school the country was at war and, like so many others, he signed up before his 18th birthday. After initial flight training in Canada, he was posted to transport command in England flying DC3s. Bob was active in the Battle of Arnhem and was awarded the Distinguished Flying Cross as well as the NATO Bar Special Service Medal of Honour.

Post-war he continued in the Air Force reserve while he pursued his bachelor of arts degree in English at UBC. A new medical school at UBC was announced, and after submitting his application, Bob drove to Central America with Peter Postuk (UBC MD '55) and Steve King. Their adventures in Costa Rica were written up in the *Vancouver Sun* as they unknowingly found themselves in the

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