

Rural medicine and the College Library

Internet access and online resources have come a long way to providing additional support for rural physicians. While using online databases, point-of-care tools, textbooks, and journals has never been easier, rural physicians still face high-stakes challenges in isolated settings. Emergency medicine, geriatrics, and obstetrics/gynecology are all possible parts of a rural physician's day, and the College Library

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has numerous ways for doctors to access the information they need.

Most of the College Library's resources are online and available throughout the province 24 hours a day—use your CPSID and password to log in. A list of rural health journals that the College Library subscribes to is available at <https://bit.ly/2u9J1o9>. Additionally, the Library can send you any journal's table of contents, and source and deliver articles from almost any journal at no cost.

First Nations patients may feature in your practice, and we have books to help you provide your patients with informed and culturally sensitive care (visit <https://bit.ly/3bOL9m7>).

Current online and print titles regarding rural health are available at <https://bit.ly/39LQysu>.

Most print books can be mailed to you anywhere in the province at no cost. We provide return, postage paid mailing labels; save the envelope that your book arrived in, and when you're done with it, affix the new labels, reseal the envelope, and mail it back to the Library.

The College Library is expanding its book collection in rural health. If you have suggestions, questions, or require assistance, contact the Library at medlib@cpsbc.ca or 604 733-6671. ■

—Paula Osachoff
Librarian

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the effect of this virus on our community will be limited. However, as of late February, community transmission is occurring in multiple locations globally including South Korea, Japan, Singapore, Iran, and Italy. This raises the probability of sustained community transmission in BC.

If sustained local transmission occurs, the focus of the intervention will shift. Testing for COVID-19 will decrease even as community cases increase, as we shift from containment to mitigation. People with mild symptoms consistent with COVID-19 (or with other respiratory illnesses), in whom knowledge of the infectious agent would not change management, will be asked to self-isolate without testing. Testing capacity will focus on severe cases and on sentinel surveillance, which will allow us to estimate the total disease burden and monitor trends in disease activity in our communities. In this scenario, clinicians will be asked to support patients by educating them on basic self-care measures at home when symptomatic; reinforcing messaging about hand hygiene, respiratory etiquette and the importance of self-isolation

during illness to prevent transmission; and identifying patients experiencing severe symptoms or at risk of severe disease who will need more intensive management and support. Additional social distancing strategies, such as telecommuting or discouraging mass gatherings, will be recommended by public health only if the epidemiology of the disease suggests significant transmission in these settings. Once mitigation is the goal, it will remain essential that measures to prevent health care-associated transmission, including adherence to personal protective equipment guidelines, be maintained. Some nonessential services may need to be paused to meet demand and maintain continuity of care for urgent medical needs.

A novel disease such as COVID-19 is a challenge to our health care system, but also an opportunity to strengthen our relationships in service of patient needs. It remains essential to have a rational and measured response to COVID-19 while ensuring that uncertainty and fear do not lead to undue disruption and delay of care. On behalf of public health

physicians in British Columbia, we thank you for your partnership. ■

—Alexis Crabtree, MD, MPH, PhD
Resident Physician, Public Health and Preventive Medicine, University of British Columbia

—Alexandra Choi, MD, MHSC, CCFP
Medical Health Officer, Fraser Health

—Althea Hayden, MDCM, MPH, FRCPC
Medical Health Officer, Vancouver Coastal Health

—Réka Gustafson, MD, CCFPC
Vice President Public Health and Wellness, Provincial Health Services Authority, Deputy Provincial Health Officer

—Bonnie Henry, MD, MPH, FRCPC
Provincial Health Officer

Information on COVID-19 from Doctors of BC, updated regularly:
www.doctorsofbc.ca/covid-19