

Farewell, Kash

As I write this editorial, COVID-19 is rapidly spreading across the globe and drastically changing the daily lives of its inhabitants. It is a time of anxiety and fear, leading to many a grim thought. During this period of negativity and darkness, I would like to celebrate a positive source of light. After 36 years of dedicated service, Kashmira Suraliwalla, senior editorial and production coordinator at the *BCMJ*, has announced her retirement.

Kash, as she is affectionately known, grew up in Bombay, India, and immigrated to Vancouver as a young adult. An avid traveler and global citizen she's an active member of the Zoroastrian community here on the West Coast. She started as an editorial assistant at the BCMA, as *Doctors of BC* was formerly known, in 1983. As the journal grew, she became the production coordinator, and then started her current position, which sees her working in such diverse areas as Editorial Board wrangling, finance, ad sales, and article submissions (to name a few). She has adjusted

The physicians of BC owe her a debt of gratitude.

to many changes in journal publishing and our organization over the years, not to mention being a line of continuity for four editors and six managing editors.

In addition to her excellent work at the *BCMJ*, she is also the production coordinator of the *Report to Members* (formerly the *White Report*). She is well known around *Doctors of BC* because of her help with many social and charitable projects, such as the annual staff summer picnic and the Canadian Cancer Society's Daffodil Campaign. Kash is always ready to contribute to other people's efforts, and is often the instigating force behind a fundraiser or charitable endeavor, whether for earthquake relief, hurricane relief, a humanitarian crisis, or other worthwhile cause.

To my mind, the *BCMJ* and Kash are forever linked as she has been serving our journal with patience and humor since long before I arrived on the scene. The physicians of BC owe her a debt of gratitude, and I would personally like to thank her for her years of dedicated service.



Ms Kashmira Suraliwalla, 2018




I will miss her insightful suggestions and observations on both our organization and the provincial medical system. We wish Kash the very best in the next chapter of her life. ■

—Dave Richardson, MD



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My pandemic fears

31 March 2020

By the time this editorial, written at the end of March, makes it to print, it will be hopelessly out of date. I hope that my fears today do not become our reality when this is read in the May issue of the *BCMJ*. Thanks to the COVID-19 pandemic, today's reality for many front-line physicians consists of virtual office visits, virtual meetings, virtual contact with friends and loved ones, and virtually being on the edge of panic every day.

We physicians in this province have been told to keep our heads down, to keep calm, and to not publicly disagree with the official statements coming from the various levels of government and the medical profession's representative and regulatory bodies with regard to the COVID-19 pandemic. I understand the logic behind this message; they don't want the public to panic. The unintended consequence is that many health care providers are currently in a state of panic. Those of us who are exposing ourselves daily to people who could potentially make us very sick or even kill us are feeling very stressed. It doesn't help when we know that things are worse than they are being made out to be. It doesn't help when the news from Italy is of civil unrest and the news from New York is that refrigeration trucks are being used to store bodies. It doesn't help when the news from our

international colleagues is that even though they took all the necessary protective measures, they too are getting sick with COVID-19. It doesn't help that we feel as though we may run out of personal protective equipment. It doesn't help when the published statistics of confirmed cases of COVID-19 do not take into account that we stopped testing the general population 2 weeks ago. Of course, the number of confirmed cases will appear to be fewer if you change your testing criteria.

In my opinion—shared by epidemiologists and infectious disease specialists throughout the world, and annunciated by the World Health Organization—the keys to containing this disease are rigorous testing and contact tracing, strict controls on people's movement (border controls and social distancing), and enforced quarantine of high-risk individuals. Unfortunately, we stopped testing widely, and the controls on people's movement were perhaps 1 or 2 weeks too late, and they are too weak.

During the early stages of the pandemic in BC, the physicians with whom I work were aware of community spread of the disease several days before it was announced officially.

During the early stages of the pandemic in BC, some staff were wearing masks at all times in the hospital (not only during patient contact), but they were reprimanded by hospital administration for doing so. A couple of weeks later, we were told by the same people that it was advisable to wear a mask at all times in the hospital. Last week, I had hospital rounds for my group. My

daily ritual after hospital rounds was to shower and change clothes and shoes before going to my office. I now wear a mask and eye protection all the time when I am in public or at work. Many physicians in our hospital had to buy eye protection for themselves, as I did. I clean my hands multiple times a day. Yet, I fear that is not enough to avoid getting the virus. Today, without any obvious stimulus, my fear ramped up to such a high level that I imagined this editorial to also be my obituary.

If this pandemic can be likened to a war, and health care workers are the army, then it feels as if we are being sent into battle without bullets and without adequate body armor.

I apologize to readers for the gloomy nature of this editorial, and I apologize to those trying to keep everyone calm. The only mitigating factor, perhaps, is that by the time you read this my words will either seem hopelessly pessimistic and overdramatic, or the situation will be much worse and these words will seem calm compared with how everyone is actually feeling. I hope it's the former. ■

—David B. Chapman, MBChB

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