

# Letters to the editor

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## Is our health system ready for digital health today? Exploring the way forward

Asking “Is our society ready to go digital?” may seem absurd considering that digital technologies are core to almost every aspect of our daily

lives. Yet, asking “Is our health system ready for digital health?” is not farfetched, reflecting the relative lack of digital uptake in health care

delivery today. We must prepare to integrate digital health into mainstream health care.

On 1 November 2019, a panel at the Technologies in Emergency Care Vancouver Conference (TEC Vancouver) discussed how to prepare our health workforce for digital innovations. Fifty leaders representing health, government, private sector, patients, and academia tackled the problem. We highlight some take-home messages from the discussion here.

We need to stop making things hoping they get used. Without guidance from health leaders and front-line clinicians, private sector solutions can miss the mark. Research, education, and

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Clinical presentation, stool viral RNA testing, and outcomes,” is available at [https://journals.lww.com/ajg/Documents/COVID19\\_Han\\_et\\_al\\_AJG\\_Preproof.pdf](https://journals.lww.com/ajg/Documents/COVID19_Han_et_al_AJG_Preproof.pdf).

## Heart disease, stroke, and diabetes all at once: A triple threat

Living with a cardiometabolic condition such as heart disease, stroke, or diabetes is difficult, but having two or all three of these conditions (cardiometabolic multimorbidity) comes with an exponential increase in the risk of premature death. Researcher Dr Brodie Sakakibara, who is affiliated with the Rehabilitation Research Program at the GF Strong Rehabilitation Centre, sought to discover possible connections between lifestyle and the development of cardiometabolic multimorbidity. Ultimately, individuals with little-to-no physical activity and high stress levels have greater odds of acquiring two or three cardiometabolic conditions.

The research is published in *BMC Public Health* and highlights the critical need to better understand how individuals progress from

having one to two or all three conditions and how to prevent such a decline in health.

The study, “The prevalence of cardiometabolic multimorbidity and its association with physical activity, diet, and stress in Canada: Evidence from a population-based cross-sectional study,” is available online at <https://link.springer.com/article/10.1186/s12889-019-7682-4>.

## Possible role for voice analysis in telemed and patient care

The need for telemedicine has grown amid the coronavirus pandemic for cardiac patients suffering from congestive heart failure who want to avoid contracting the highly contagious virus. Published recently in the *Journal of the American Heart Association*, a study led by Dr Elad Maor of Sheba Medical Center in Israel, in collaboration with the Mayo Clinic, uses telemedicine voice recognition technology to assess patients’ risk for heart failure from the comfort of their own homes. Using voice-processing techniques, audio recordings can identify high-risk patients, allowing telemedicine centres to allocate more resources to these individuals. Dr Maor expects the technology to be available for use in

the near future and suggests that it may have other applications as well. The Sheba Medical Center will begin a clinical trial based on this technology, involving patients with and without COVID-19. Patients will have their voice recorded to test the hypothesis that the voice can be used to identify respiratory disease. The article, “Vocal biomarker is associated with hospitalization and mortality among heart failure patients,” is available online at [www.ahajournals.org/doi/full/10.1161/JAHA.119.013359](http://www.ahajournals.org/doi/full/10.1161/JAHA.119.013359).

## Arthritis research education series launches with knee osteoarthritis and running

Arthritis Research Canada presents the new Arthritis Research Education Series. By taking an in-depth look at specific research studies through the use of video and other tools, the education series shares expert knowledge from leading arthritis scientists on the latest findings in arthritis research. The series kicks off with the topic of knee osteoarthritis and running. More details are available at [www.arthritisresearch.ca/arthritis-research-education-series](http://www.arthritisresearch.ca/arthritis-research-education-series).

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knowledge translation are vital for scalability and positive societal impact of technology solutions. Multisectoral collaboration is essential to address gaps and choose digital health solutions wisely.

In the digital age, health professionals are more than knowledge purveyors; they are interpreters of information. Let’s use this opportunity to build relationships with our patients and not sacrifice the humanity in health care in favor of medical technocracy. Health professional training must emphasize digital health and how to use it to build relationships with patients. Patients and family caregivers need to bring their lived experience to all aspects of digital health transformation.

The Hippocratic Oath exhorts, “Do no harm.” Disruptive innovations can bring positive outcomes, but they can also introduce unforeseen harm. How do we take calculated

risks without inhibiting progress? When do we choose evolution and when do we choose revolution to address persistent problems through disruption? We must ask ourselves: Can we be more nimble and less risk adverse? How do we open the door to culture change in health care? What’s stopping us?

TEC Vancouver was organized by the UBC Department of Emergency Medicine Digital Emergency Medicine Unit and Vancouver General Hospital Emergency Department in partnership with Vancouver Coastal Health and VGH and UBC Hospital Foundation. The conference explored how innovative technologies influence health care delivery today and emerging trends that can shape the future of health care. We welcome readers to join us in the conversation in Vancouver on 7 November 2020 for the second TEC Vancouver conference.

—Kendall Ho, MD

Professor, UBC Faculty of Medicine  
Department of Emergency Medicine  
Lead of Digital Emergency Medicine Unit  
Co-chair, TEC Vancouver Conference

—Helen Novak Lauscher, MD

Associate Lead of Digital Emergency Medicine Unit, UBC Department of Emergency Medicine

—Chad Kim Sing, MD

Associate Vice President of Medicine, Quality and Safety at Vancouver Coastal Health Authority

Clinical Associate Professor, UBC Faculty of Medicine Department of Emergency Medicine  
Co-chair, TEC Vancouver Conference

—Maryam Matean, MPH

Research Portfolio Coordinator at UBC Faculty of Medicine, Department of Emergency Medicine, Digital Emergency Medicine Unit