

**News** We welcome news items of less than 300 words; we may edit them for clarity and length. News items should be emailed to [journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca) and must include your mailing address, telephone number, and email address. Writers should disclose any competing interests.

## Doctors of BC COVID-19 resource page

Doctors of BC has developed a physician resource web page to keep members updated on the COVID-19 work happening at Doctors of BC, the Ministry of Health, the BCCDC, and other organizations. The latest information relating to virtual care, member insurance and benefits during the outbreak, CMPA protections, data from the BCCDC, and more are provided: [www.doctorsofbc.ca/working-change/advocating-physicians/coronavirus-covid-19-updates](http://www.doctorsofbc.ca/working-change/advocating-physicians/coronavirus-covid-19-updates).

Additionally, members are encouraged to send any COVID-19 related questions and feedback to [covid19@doctorsofbc.ca](mailto:covid19@doctorsofbc.ca).

## Follow-up of living kidney donors: A call for collaboration

Kidney donation in British Columbia is on the rise,<sup>1</sup> and that means the number of kidney donors in the province who require routine or specialized follow-up is becoming increasingly prevalent. While donors are chosen because of their excellent health status, after kidney donation, these individuals require medical vigilance to keep them in optimal health.

According to a recent environmental scan, the majority of kidney transplant programs in Canada do not have standardized donor follow-up. In BC, the current informal model relies heavily on family physicians to follow kidney donors on an annual basis to ensure that their basic kidney health parameters are satisfactory. If health concerns arise, the family physician will either manage the condition or, if necessary, refer the donor to a specialist.

The Vancouver Transplant Nephrologists and Canadian Blood Services have teamed up to

improve and standardize the care and follow-up of people who donate a kidney. Our strategy to have the best possible medical care for kidney donors in the months and years after donation will be achieved through education and collaboration. Our collaborative efforts include stakeholder engagement with family physicians, kidney donors, and the care teams involved in living kidney donation.

We are seeking input from and partnership with physicians who either have kidney donors under their care, or have an interest in the care of kidney donors. Your involvement in the initiative can range from singular input to continuous participation. If interested, please email us at [shawna.mann3@vch.ca](mailto:shawna.mann3@vch.ca).

—**Shawna Mann, MD, FRCPC**  
**Transplant Nephrology Locum, Vancouver General Hospital**

### Reference

1. BC Transplant. 2019 organ donation and transplantation. Accessed 23 March 2020. [www.transplant.bc.ca/Documents/Statistics/BCT-2019-Stats-FINAL.pdf](http://www.transplant.bc.ca/Documents/Statistics/BCT-2019-Stats-FINAL.pdf).

## News from the Doctors Technology Office

### Guide to using dictation software in medical practices

A new resource from the Doctors Technology Office provides support for physicians who are in the process of adopting dictation software or are considering making the transition. The guide, *Using Dictation Software in Medical Practices*, is a collaboration of the Doctors Technology Office and the College of Physicians and Surgeons of BC's Physician Practice Enhancement Program. It outlines:

- Benefits of dictation software (with journal references).
- Types of dictation software.

- Implementation planning for practices transitioning from a manual system.
- Questions to ask dictation software vendors when deciding which dictation offering best suits your practice.

Many practices have found the initial setup and ongoing subscription expenses outweighed by both improved patient care stemming from more accurate documentation and a more efficient documentation process leading to long-term savings. Those who would like assistance with planning dictation software implementation, improving usage of their current system, or engaging with vendors are invited to contact the Doctors Technology Office at [dtoinfo@doctorsofbc.ca](mailto:dtoinfo@doctorsofbc.ca). The guide is available online at [www.doctorsofbc.ca/sites/default/files/dto-guide-using\\_dictation\\_software\\_in\\_medical\\_practices.pdf](http://www.doctorsofbc.ca/sites/default/files/dto-guide-using_dictation_software_in_medical_practices.pdf). <https://divisionsoffamilypractice.cmail20.com/t/i-1-xjljtd-jldujxt-u/>.

### New forms guidelines and best practices

Creating new forms and updating forms has been a longstanding pain point for physicians, clinic staff, EMR vendors, and form creators. While a provincial e-forms project is underway to help address frustrations, the Doctors Technology Office has developed an interim guide, *Forms Guidelines and Best Practices*, to assist with creating, editing, and distributing forms. The guide offers recommendations for creating and updating forms, how to determine whether a form is needed, and how to support the updating process. The Doctors of Technology Office is available to provide ongoing support for forms development and can help connect form producers with the e-forms project team and EMR vendors as needed. For questions, guidance, or help on engagement, contact the Doctors Technology Office at [dtoinfo@doctorsofbc.ca](mailto:dtoinfo@doctorsofbc.ca). View the guide online at [www.doctorsofbc.ca/sites/default/files/dto-guide-forms\\_guidelines\\_best\\_practices.pdf](http://www.doctorsofbc.ca/sites/default/files/dto-guide-forms_guidelines_best_practices.pdf).

### Virtual care support

To assist physicians in employing virtual care within their practice, the Doctors Technology Office has developed a variety of virtual care resources. To accommodate increasing requests for immediate support, the office will also be

holding seminars and implementing interim measures.

Detailed information and links to online resources is available at [www.doctorsofbc.ca/news/doctors-technology-office-virtual-care-support-response](http://www.doctorsofbc.ca/news/doctors-technology-office-virtual-care-support-response).

For information and direct one-on-one support with implementing virtual care or health technology, contact the Doctors Technology Office at: 604 638-5841 (1 800 665 2262), [dto info@doctorsofbc.ca](mailto:info@doctorsofbc.ca), or visit [www.doctorsofbc.ca/dto](http://www.doctorsofbc.ca/dto).

## Digestive symptoms present in mild COVID-19 disease, sometimes without fever

A preprint study published in the *American Journal of Gastroenterology* suggests patients with new-onset digestive symptoms after a possible COVID-19 contact should be suspected for the illness, even in the absence of cough, shortness of breath, sore throat, or fever.

This is the first analysis of gastrointestinal symptoms reported by COVID-19 patients with mild disease rather than those with moderate or critical illness and finds a unique subgroup with low-severity disease marked by presence of digestive symptoms, most notably diarrhea. The authors from Union Hospital and Tongji Medical College in Wuhan, China, report that among some of the patients included in the study, these digestive symptoms, particularly diarrhea, were the presentation of COVID-19, and were only later, or never, present with respiratory symptoms or fever. The study represents the 80% or more of patients who do not have severe or critical disease. This is about people in the community struggling to determine if they might have COVID-19 because of new-onset diarrhea, nausea, or vomiting.

The analysis included 206 patients with low-severity COVID-19, including 48 presenting with a digestive symptom alone, 69 with both digestive and respiratory symptoms, and 89 with respiratory symptoms alone. Between the two groups with digestive symptoms, 67 presented with diarrhea, of whom about one in five experienced diarrhea as the first symptom in their illness course. The diarrhea lasted from 1 to 14

## Psychological PPE: Peer support beyond COVID-19

In response to physicians' growing concerns amid the COVID-19 pandemic, the Physician Health Program (PHP) has launched a virtual peer-support group available to all BC physicians. Peer-to-peer connections promote shared learning, resiliency, and hope. Weekly sessions are co-facilitated by psychiatrist Dr Jennifer Russel and manager of clinical services Roxanne Joyce.

To be as accessible and physician-centred as possible, the sessions are drop-in with no commitment required. The focus is peer support, not psychiatric care, and all participants have the option to join anonymously. Conversations so far have explored wellness, work-life balance, pressures of working within COVID-19, acknowledging feelings of helplessness and anger, mindfulness, breathing strategies, working with limited PPE, and more. Many have also shared moments of joy and inspiration.

The PHP program of BC helps physicians, resident doctors, and medical students, as well as their families. When doctors and their families reach out for support, we are there to understand their situation, to support, and to advocate, both individually and collectively, as they strive to improve their mental and physical health.

We take confidentiality seriously. Your identity, personal information, and the fact you contacted us will be held in full confidence. Information pertaining to you and/or your family will be released to third parties only with your explicit consent or as required by law.

PHP is pleased to offer the weekly peer-support sessions as a permanent service. Email [peersupport@physicianhealth.com](mailto:peersupport@physicianhealth.com) for details. We also offer prompt, personalized, confidential counseling, life coaching, support, and referral services. Our intake line is open 24/7 (1 800 663-6729). Our general office line is 604 398-4300 (8:30 a.m. to 4:30 p.m. M-F). Website: [www.physicianhealth.com](http://www.physicianhealth.com).

—Roxanne Joyce  
Manager, Clinical Services, Physician Health Program.



days, with an average duration of over 5 days and a frequency around four bowel movements per day. Concurrent fever was found in 62% of patients with a digestive symptom, meaning that nearly one-third did not have a fever. Patients with digestive symptoms presented for care later than those with respiratory symptoms (16 day vs 11 day delay,  $P < 0.001$ ).

Authors concluded:

- Digestive symptoms are common in the community, and most instances of new-onset diarrhea, nausea, vomiting, or low appetite are not from COVID-19.
- Nonetheless, clinicians should recognize that new-onset, acute digestive symptoms

in a patient with a possible COVID-19 contact should at least prompt consideration of the illness, particularly during times of high COVID-19 incidence and prevalence.

- Failure to recognize these patients early and often may lead to unwitting spread of the disease among outpatients with mild illness who remain undiagnosed and unaware of their potential to infect others.
- The data in this study highlight the presence and features of this subgroup of COVID-19 patients and should be confirmed in larger international studies.

The preprint study, "Digestive symptoms in COVID-19 patients with mild disease severity:

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).

## LETTERS

Continued from page 128

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

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

—Helen Novak Lauscher, MD

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