

News

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Book review: *Service on the Skeena: Horace Wrinch, Frontier Physician*

By Geoff Mynett. Ronsdale Press, 2019. Paperback.

The achievements of physicians working in remote areas in the early days of this country are legendary. In his book *Service on the Skeena*, Mynett does us great service by telling the story of one of those legendary pioneers. It is a fascinating story of Harold Wrinch, a man motivated by service, dedicated to the people of a remote region, working through tremendous challenges to provide care to Indigenous communities as well as to isolated and sometimes

fractious settlers. A true generalist, Wrinch's name deserves wide recognition as one of the outstanding medical pioneers of the country.

Horace Wrinch arrived with his wife in the Upper Skeena in 1900 to serve the people of the region and was responsible, as the only physician, for providing care over hundreds of miles in every direction. In the days when churches in Canada took considerable responsibility for providing hospital care, Wrinch brought a deep faith as well as remarkable medical skill to his work.

This doctor, with early training in agriculture, not only provided essential medical services, but built two hospitals, established a nursing school, and created a farm that supplied the hospitals. He also provided an early practical example of medical insurance, years before it became a topic of wide concern, in

order to better provide for the people of the Upper Skeena.

This biography—well researched and well written—provides in-depth local history, wonderful stories of early medicine in the Upper Skeena, and anecdotes of the challenges Wrinch faced. For instance, not long after arriving in the Upper Skeena, he was required to write examinations in order to qualify for a licence to practise in British Columbia. This involved a 125-mile winter hike from Hazelton to Stewart, boat travel to Victoria, and then a return journey, all of which took over a month.

Mynett not only tells the story of Wrinch's remarkable medical achievements, including his lockdown of Northern BC during the Spanish flu epidemic, but also of his involvement in the famous Simon Gunanoot case. He also details Wrinch's work as a member of the provincial

2020 Family Physicians' Awards

The BC College of Family Physicians' (BCCFP) awards and honors program recognizes BC's exceptional family physicians, residents, and medical students, and highlights the value of family medicine. Winners of the 2020 awards are listed below. For more information about the winners and the awards, visit <https://bccfp.bc.ca/2020-award-recipients>.

BC Family Physician of the Year Award

The BC Family Physician of the Year Award recognizes a family physician who provides exemplary care to patients and takes part in activities that contribute to excellence in family medicine.

Dr Tahmeena Ali

Family Medicine Advocate Award

The Family Medicine Advocate Award recognizes a BCCFP member who has demonstrated a strong commitment to advocating for the value of family medicine.

Dr Lawrence Yang

My Family Doctor Award

The My Family Doctor Award is the BCCFP's patient-nominated award that honors the patient-doctor relationship. Nominations are accepted from patients or family members.

Dr Rachel Collins (Fraser Health)

Dr Kalen Geddes (Northern Health)

Dr Peter Lutsky (Vancouver Coastal Health)

Dr Patricia Olsen (Island Health)

Dr Mark Szykaruk (Interior Health)

Dr Manoo and Jean Gurjar Award

Dr Jessica Briggs

Dr Anmol Lamba

First Five Years of Practice Award

The First Five Years of Practice Award recognizes an exceptional family physician in the early stage of their career.

Dr Alyssa Cantarutti

Resident Leadership Award

The BCCFP offers financial awards for residents in the UBC Family Practice Residency Program, including this leadership award.

Dr Rebekah Eatmon

2020 Rural Awards, BC recipients

The Society of Rural Physicians of Canada (SRPC) has named the recipients of its 2020 Rural Awards. The SRPC recognizes physicians and organizations that have made a significant contribution to rural medicine in Canada. Nominees must be members of the SRPC, with the exception of the Keith Award, Rural Education Award, and the Rural Health Champion Award. BC physicians have been recognized in the following categories. The complete list of 2020 award recipients is available at https://srpc.ca/srpc_awards_2020.

Rural Service Award

The Rural Service Award recognizes SRPC physician members of 5 years or longer who live and work in rural Canada, and who have served their rural communities for 10 years or longer.

Dr Bret Batchelor, Revelstoke

Dr Pamela Frazee, Tofino

Dr Joshua Greggain, Hope

Dr Courtney Rennie, Revelstoke

Rural Long Service Award

The Rural Long Service Award recognizes SRPC physician members of 5 years or longer who live and work in rural Canada, and who have served their rural communities for a minimum of 20 years. Individuals must be a previous recipient of the Rural Service Award.

Dr Bruce Mohr, Whistler

Dr Leah Seaman, Kaslo

Dr Tandi Wilkinson, Nelson

Fellowship of Rural and Remote Medicine of the SRPC

The Fellowship of Rural and Remote Medicine of the SRPC recognizes expertise in the practice of rural medicine in Canada. The Fellowship award is presented to SRPC physician members who are previous recipients of the Rural Service Award and who have acquired a minimum of 10 points. Points are accumulated as follows:

- Each year serving as a rural preceptor for students and residents.
- Each SRPC sanctioned event attended.
- Each full year serving on an SRPC committee.
- Each skill: GP surgery, GP anesthesia, GP obstetrics.
- One point for having published in the *Canadian Journal of Rural Medicine*.

Dr Stephen Arif, Invermere

Dr Karen Forgie, Halfmoon Bay

Dr Marius Mostert, Fort Nelson

Lifetime Membership Award

The SRPC Lifetime Membership Award recognizes longstanding members (10 years or more), who have reached age 65.

Dr Gord Hutchinson, Victoria

Dr Michael Wright, Fort St. John

Rural Community Impact Award

This award, new for 2020, recognizes a physician who has had a significant impact on their community through clinical services, teaching, research, volunteer work, or other community involvement continually advocating for the best health care available.

Dr Onuora Odoh, Houston

Rural Health Champion Award

This award, new for 2020, is presented to a nonphysician who has had a significant impact on rural health care delivery, either through clinical care or system-level impact in a community, province, or nationally.

Ms Brenda Fowler, Gabriola Island

legislature in trying to create a form of provincial health insurance in the 1930s.

This book will greatly appeal to those interested in the history of medicine, the local history of early British Columbia and the people who built it, and the history of the church's work in medicine.

I highly recommend this excellent biography of an outstanding pioneer doctor.

—Peter Newbery, MDiv, MD
Hazelton

MSP coverage relating to COVID-19

Patients who are not eligible for coverage under MSP will be provided provincially insured health coverage for services relating to suspected

or confirmed cases of COVID-19. Services for unrelated conditions that are performed on MSP non-eligible patients will remain uninsured. Physicians and other health care providers are responsible for determining if a patient meets the criteria for coverage. Services related to COVID-19 for non-MSP eligible patients should be billed using the following Personal Health Number (PHN): **9703740703**.

Providers may also notice an increase in patients presenting to them with confirmation of coverage letters. These letters have been issued in response to access to care during the COVID-19 pandemic. For more information on billing this general PHN, contact MSP: Vancouver: 604 456-6950, other areas of BC: (toll-free): 1 866 456-6950.

Health data coalition expands data-sharing application

The Health Data Coalition (HDC) has expanded HDC Discover, a data-sharing application that allows family doctors to compare electronic medical record (EMR) data from their clinic to provincial averages. Doctors can then share the information with their colleagues and work together to improve their practices in order to improve patient care and inform strategic decision making.

Dr Kathleen Ross, president of Doctors of BC, emphasizes that as more physicians enroll, HDC will be able to generate a more robust picture of population health, helping physicians identify and develop ways to improve patient care.

This physician-governed not-for-profit has worked closely with government and led the negotiation with technology companies to provide access to information that will change the way health care is delivered in the province. The application was created to provide a community view of primary care data across BC, which had been unavailable until now.

Dr Shirley Sze, chair of the HDC board of directors, points out that this tool creates the opportunity for family doctors to use data to learn about their individual and collective workloads and complexity of diseases, and begin to build strategies.

HDC signed an adaptor development agreement with Intrahealth and Telus in 2018 to expand the original application, which previously allowed sharing only by Medical Office Information System (MOIS) and OSCAR users. The Intrahealth adaptor has gone live and WELL Health has signed an agreement to ensure continuity for OSCAR EMR users. Now that all adaptors are complete, the majority of primary care physicians across the province can access HDC Discover.

Contributing data to HDC is a sign of a doctor's professional commitment to improving clinical practice improvement and providing valuable data for the overall goal of resource planning. Pressures to improve the quality of services delivered to patients are increasing, and these pressures underscore the need for physicians and organizations to engage in measurable quality improvement processes. Using insights from the data results in a professionally satisfying practice and leads to improved patient outcomes. Physicians can access this data through a secure, simple-to-use program that maintains patient and provider confidentiality.

The application was recently certified by the Privacy by Design framework. This project is supported and funded by the General Practice Services Committee, a partnership of Doctors of BC and the Ministry of Health. HDC was established in April 2016 through a merger of two previous initiatives, Aggregated Metrics for Clinical Analytics and Research and the Physician's Data Collaborative, to support a network of physicians for the collaborative use of clinical data. Learn more about HDC and enroll at <https://hdcbc.ca>.

Website for Canadians to ask COVID-19 questions and get answers

The Canadian Medical Association, alongside the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, has partnered with spark*advocacy to launch a campaign that provides a way for Canadians to ask Canada's doctors COVID-19 questions that are top of mind. The website www.covidquestions.ca lists questions submitted by Canadians and answers sourced from reputable organizations, with the option for anyone to submit new questions that have not yet been addressed.

BC PharmaCare COVID-19 information for prescribers

BC PharmaCare has developed online resources for issues related to COVID-19 about drug supply, anticoagulant/antiplatelet coverage and testing, special authority extensions, care for people who use drugs, and limited coverage inhalers for asthma and chronic obstructive pulmonary disorder. The COVID-19 Information for Prescribers page is online at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/covid-19-prescribers.

Research to address impact of COVID-19 on medication use and mental health for people with arthritis

Arthritis Research Canada's research scientist Dr Mary De Vera and her team have launched a study, UNIFIED, which seeks to better understand the experiences of individuals with rheumatic diseases and immunosuppressive conditions during the COVID-19 pandemic.

During the pandemic, people living with arthritis, such as rheumatoid arthritis, gout, and lupus, are more vulnerable to infection because of their arthritis and the medications used for their treatment. What is not known is how the pandemic has impacted people with arthritis and how to better support arthritis patients.

Through surveys and interviews, the UNIFIED study will ask people living with arthritis

how COVID-19 has affected access to and use of their arthritis medications, and how it has impacted their mental health. The study will also assess patients' experiences with care and access to their physician. This includes telehealth, treatment decisions, and mental health checkups.

Patient input is needed so decisions made by doctors and health care systems can be informed and optimized during the pandemic and beyond. For more information about the study, visit www.arthritisresearch.ca/participants-needed-understanding-the-experiences-of-individuals-with-immunosuppressive-conditions-during-the-covid-19-pandemic-unified.

Research to better diagnose COVID-19

Radiologists at Vancouver General Hospital, the University of British Columbia, and Vancouver Coastal Health Research Institute are leading an international study to better predict the presence of COVID-19 based on CT scans. Radiologists, fellows, residents, and UBC medical students are collecting, analyzing, and labeling thousands of CT scans, and in some cases chest X-rays, from COVID-19 patients around the globe. Information gleaned from the scans will form the basis for an open source artificial-intelligence model to predict the presence, severity, and complications of COVID-19 on CT scans. The model will integrate clinical data to help support and supplement existing tools to improve patient care. For example, it could help physicians determine whether individuals are best treated at home or whether they may require hospitalization/ventilation. It will not replace current testing. The model will also assist in detecting similarities and differences in variations of patterns across different cultural and ethnic groups, and help researchers understand early and late stages of patterns of disease. It could also help flag those who may ultimately develop permanent lung damage/fibrosis. Researchers are confident this new tool will help them predict disease severity and its clinical impact in different patient populations.

Once developed, the new artificial-intelligence model will be piloted at Vancouver General Hospital with an aim to embed it in

routine diagnostic procedures to improve the accuracy of COVID-19 diagnostics.

Funding for this project is provided by the UBC Community Health and Wellbeing Cloud Innovation Centre (UBC CIC), opened in January 2020 and powered by Amazon Web Services (AWS), as well as the AWS Diagnostic Development Initiative (DDI).

For more information about the project, visit <https://cic.ubc.ca/covid-19-ct-scans>.

Virtual stroke-recovery sessions

The Stroke Recovery Association of BC is offering virtual stroke-recovery programs. Physicians are encouraged to tell their patients about this service. No referral necessary; everyone is welcome. For more information and to register, visit <https://strokerecoverybc.ca/programs-locations/virtual-programs>. Email any questions to office@strokerecoverybc.ca.

Ontario researchers join global initiative to study loss of smell in COVID-19 patients

As part of an initiative called the Global Consortium for Chemosensory Research (GCCR), scientists at Lawson Health Research Institute and Western University are studying the sudden loss of smell (anosmia) in COVID-19 patients. They are asking individuals with confirmed or presumptive cases of COVID-19 worldwide to participate in a survey to better understand this symptom.

A sudden loss of smell has been widely reported as a marker of COVID-19. More research is needed but emerging evidence suggests that more than 60% of COVID-19 patients experience anosmia and that it is often the first symptom of the disease.

In the new study, patients with loss of smell will answer questions through a publicly accessible survey. They will be asked about their experiences with COVID-19 and other respiratory illnesses. An immediate goal is to better understand the association between anosmia and COVID-19, and determine if loss of smell is the same in symptomatic and asymptomatic patients. The team also hopes to determine if loss of smell happens before other symptoms

of COVID-19 as it could allow for earlier self-isolation advice.

While there are existing therapies that can aid in regaining a sense of smell, it's currently unknown whether they are effective for COVID-19 patients. The long-term consequences of anosmia in COVID-19 patients are also unknown. Researchers encourage anyone who has been diagnosed with COVID-19 or another respiratory illness to complete the survey if they are able. The survey is currently available in 10 languages at www.covidandsmell.com.

How to embed AI and digital technology into physicians' training and practices

The Royal College of Physicians and Surgeons of Canada's Task Force on Artificial Intelligence (AI) and Emerging Digital Technologies unveiled 12 foundational recommendations on how to prepare physicians for the technological changes coming to their practices.

While not the focus of the report, the importance of AI and emerging digital technologies for supporting and responding to unprecedented shifts in health care become even more pronounced as physicians adhere to expectations of physical distancing while treating patients (e.g., telehealth, robotics), and challenge organizations to rethink how they prepare residents and fellows for rapid deployment of new and emerging AI technologies.

Members of the task force include fellows of the Royal College and AI experts who consulted with stakeholders, interviewed experts, and reviewed survey responses from over 4000 fellows and resident affiliates to inform the findings. The recommendations aim to inform the future of care and physician training in Canada.

The report is available at www.royalcollege.ca/rcsite/health-policy/initiatives/ai-task-force-e.

Remote surgery: Exploring emergency care at a distance

Could remote robotic surgery play a role in improving health outcomes for residents in remote and northern communities? The Conference Board of Canada explores the use of this

technology in a newly released report, "Cool Ideas: Remote Surgery." This paper aims to spark a conversation on whether remote robotic surgery could reduce costs, expand access, and improve surgical services in the North, in the near term or distance future.

Looking to remote robotic surgery to help residents in Canada's North and other remote regions access important surgical needs requires addressing many issues, including technological, cultural, logistical, and social concerns. But first, northerners need to determine if remote surgery is something they want to consider.

"Cool Ideas: Remote Surgery" is the second report in the Cool Ideas series. This series aims to raise awareness about emerging opportunities while weighing the costs and benefits of new systems against the risks and challenges. The first report of the series was titled "Revolutionary Building for the North: 3D Printing Construction." Both reports are available from www.conferenceboard.ca/e-library.



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Read the article: bcmj.org/presidents-comment-covid-19-covid-19-reflections



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