

Letters to the editor

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Self-care during the pandemic

BC's physicians have worked tirelessly to combat the COVID-19 pandemic. Research shows that health care professionals working on the frontlines of the pandemic have reported symptoms of mental health conditions.¹ Treating COVID-19 patients comes with heavy emotional demands, but research about the impact of these demands on our health care professionals' physical, mental, and emotional well-being has only just begun.¹ Mental health should become less taboo; the focus should shift and we all need to understand that it is a shared responsibility between individuals and the system. The health and well-being of our physicians is very important by itself; however, it is essential to recognize the downstream impacts of our physicians' health. Specifically, the well-being of our physicians reflects and impacts the care that their patients receive.² Hence, ensuring the optimal health and well-being of our physicians is of utmost importance for our society as a whole. One of the opportunities available

to support physician health is the practice of self-care.³

Doctors of BC has published a COVID-19 resource page that hosts a variety of in-house physician well-being resources that include counseling support, virtual peer support, and a mental health resource for families with children.⁴ These resources are certainly necessary and will likely provide immediate mental health support for physicians, as they provide the space for physicians to discuss and/or read about mental health concerns. However, there should also be resources allocated for systemic factors that, in addition to COVID-19, are detrimental to the well-being of physicians.³ Some of these systemic factors include lack of work-life balance, challenges with electronic health record systems, and work compression.³ Resources that address systems-level factors that negatively contribute to the health of physicians can provide even more support to help our physicians achieve optimal health and well-being. Teaching individuals resilience is not sufficient, and

promoting health and well-being of health care providers should be treated as very important because it will improve the overall efficiency of our health care system.

The Doctors of BC resource page provides a contact email for the physician health steering committee; physicians can use this email to suggest what supports they truly need for their wellness.⁴ We commend Doctors of BC's efforts and we believe that by listening to physicians in BC, we open up the floor to hear what our care providers need and thus we can take a multifaceted approach in supporting BC's physicians. It should be noted that 81% of physicians and residents surveyed recently said that they were aware of physician health program services available to them, yet only 15% had accessed them.⁵ Therefore, increasing awareness of Doctors of BC's new health and wellness services and making every effort to eliminate cultural and institutional barriers to access these programs is very necessary.

During these challenging times, it is of paramount importance to promote and facilitate hospital environments that enhance physicians' sense of fulfillment and engagement. Promoting values and cultural norms to respect our colleagues' mental health well-being is indeed a shared responsibility, and there is an urgent need to address stigma around physician health and wellness issues within hospital environments. We need to create tools to facilitate help-seeking behavior through promoting positive organization culture. This cannot be achieved unless we are ready to deploy our sincere effort and appropriately reinforce these attitudes with sufficient resources to address the barriers that prevent physicians from seeking help and intervention.

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—Nilanga Aki Bandara, BSFN
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Re: Sometimes we need to think of zebras

I would like to respond to the article in the May 2020 issue, “Sometimes we need to think of zebras: An observational study on delays in the identification of bone tumors in children”

[*BCMJ* 2020;62(4):130-133]. Mr Dhinsa and colleagues are to be commended for this informative article highlighting some of the clinical challenges in diagnosing osteosarcoma or Ewing sarcoma in children. However, I take offence with the statement, “increased awareness could reduce delays.” Every patient I see as a family physician (not a general practitioner, which is not a term that should be used in a *BCMJ* article in 2020) may harbor a life-threatening illness. Is that chest pain unstable angina or a muscle strain? Is that difficulty swallowing reflux or an early esophageal cancer? Is that knee pain growing pains or cancer?

The patient journey illustrated diagnostic and treatment delays partly due to multiple visits to walk-in clinics, not necessarily a lack

of awareness among family physicians. Was the patient’s family physician sent a copy of the patient’s visit after each walk-in clinic visit? Was it the same walk-in clinic that was visited? Was the patient advised to follow up with his or her family physician?

I, along with my family physician colleagues, fear missing significant diagnoses—especially in children. Awareness is important, but what is more critical is longitudinal care and communication between providers to ensure that each patient journey map brings the patient the care he or she needs in the most expeditious fashion possible.

—Tahmeena Ali, MD, CCFP, FCFP
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