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which suggests incapacity, existing legislation does not address forcing individuals to abstain from substances alone if they are incapable of making a decision to use them. Instead, it is best to focus on whether an individual meets criteria for the AGA, or in some cases, the Mental Health Act.

Regarding the case of Ms Safe, she had communicated that she thought her health would remain unchanged or stable without IV antibiotics. Therefore, Ms Safe failed to appreciate the foreseeable negative consequences and risk of death if she refused treatment, rendering her incapable of making a decision to decline medical treatment. In reply to another of your examples, such as if the patient said she wished to die from her illness, that suggests she understands the foreseeable consequences of declining treatment, which is one of several important criteria of capacity. In our experience, that kind of response could signal a potential desire for hastened death, which would trigger a psychiatric consult to rule out an underlying mood disorder. For the other examples, capable patients may have spiritual beliefs or preferences for nonconventional treatments. The test of capacity would be whether the patient understands the nature and anticipated effects of the proposed investigation or treatment and available alternatives, including the consequences of refusing.[3,4]

—Jennifer Laidlaw, MD, FRCPC

—Leanne Lange, MPA

—Erin Henthorne, MSW, RSW

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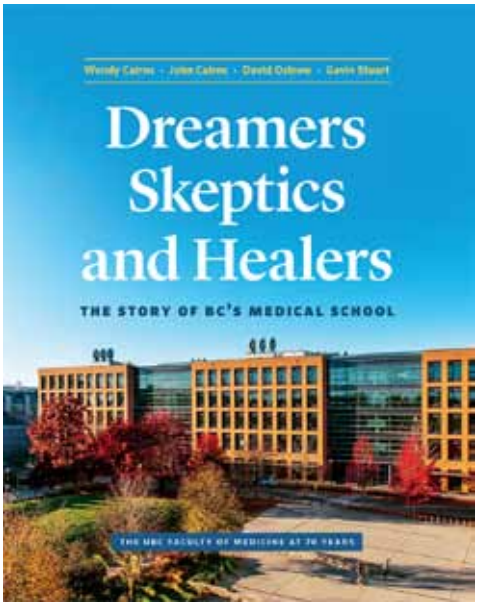
News

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 and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.



Book review: *Dreamers, Skeptics, and Healers: The story of BC's medical school*

By Wendy Cairns; John Cairns, MD; David Ostrow, MD; Gavin Stuart, MD. Vancouver: Page Two Books, 2021. ISBN 978-1-989603-89-5. Hardcover, 224 pages.

The mastermind behind this history of UBC Medical School was UBC graduate Wendy Elizabeth Cairns. After her premature death in 2018, her husband and former dean of the medical school, Dr John Cairns, along with Dr David Ostrow and Dr Gavin Stuart, took up the pen to expand on and complete the process of turning Wendy's rich research materials into this book. The title, *Dreamers, Skeptics, and Healers,* accurately reflects the history of a medical school that admitted its first class in 1950 after years of controversy and is now counted among the largest and most respected medical schools in North America.

I arrived in Vancouver in 1947 as an 18-year-old immigrant, full of hope that I might be able to enter medical school here. I learned with considerable anxiety that there was no medical school in BC, and that the likelihood of one opening soon was not very good. Only 4 years later, I was in UBC Medicine's second graduating class of 60 students, when the school was still located in former army barracks. Skeptics were abundant from before the school opened and throughout its early years; it was the dedicated deans, scientists, and healing practitioners who brought the dreams to reality.

This very handsome, easy-to-read book includes wonderful pictures of many of the doctors, healers, scientists, and administrators who made the school what it is today. The book is divided into seven parts. It starts with Dr John Sebastian Helmke's ideas for a health service, for a then fledgling population, in the 1870s. And it ends with a proud celebration of the research and innovation that has taken place over the past 70 years, with ideas for the future.

In between are accounts of how the school took off after years of arguments and disappointments, the unavoidable growing pains, and how it came into a respected early maturity, with some unexpected turnarounds, to become a world famous medical school (the Faculty of Medicine is now home to more than 4500 undergraduate, graduate, and postgraduate students), with students learning the art and science of medicine in almost every district of BC.

I had the feeling of reliving my student days as I read the sections on how Dr Kerr and Dr Walters conducted our oral exams at the bedside, how Dr Friedman, the head and professor of anatomy drew his diagrams on the blackboard with two hands at the same

time, or how Dr John William Boyd, head and professor of pathology, entertained us with his witty lectures.

Each dean's vision and legacy for the school over 70 years is sensitively explained. Some have come to life; some have not. For example, Dr McCreary's vision for an "if they learn together, they will work together" teaching program for all health professionals, for the purpose of strengthening integrated patient care by health sciences teams, is still not a reality.

Each section also introduces the leading figures in the various basic science and clinical faculties. The pictures of Dr Copp of physiology, Dr Williams of dermatology, Dr Bryans of obstetrics and gynecology, Dr Slade of family practice, and many others will evoke warm memories in former students. And, of course, there is the politics. I was at the tense locked-door meeting described in the book with Dr Pat McGeer, a graduate of the school, accomplished neuroscientist, UBC faculty member, and BC's Minister of Education at the time. He issued an ultimatum to the university: come up with a plan for increasing the number of medical students and a plan for a campus hospital or lose out on an unclaimed federal fund that was about to be closed. Student numbers were increased.

The book will rekindle memories for some and bring an understanding to nonmedical readers of the extreme complexity of gathering and maintaining the enthusiasm of dedicated practitioners, scientists, students, and other health-related professionals with the goal of understanding nature and serving mankind.

—George Szasz, CM, MD

What is critical illness insurance?

As one of the licensed, noncommissioned insurance advisors with Doctors of BC, I meet with physicians every day to talk about member-exclusive insurance offerings. Critical illness insurance is now part of every discussion, though it is less understood than life or disability insurance.

Critical illness insurance was introduced to the insurance industry on 6 October 1983. The founder, South African cardiac surgeon, Dr Marius Barnard, identified a gap in the insurance industry through the care of his patients. Since then, critical illness insurance has been accepted into insurance markets around the world. These policies provide the insured with a tax-free, one-time predetermined lump-sum payment in the event you are diagnosed with one of the 25 illnesses covered under the policy.

You may wonder how this is different from disability insurance. While disability insurance is designed to replace your income, critical illness insurance is designed to help with costs so you can focus on your health. These costs may include medical treatment not covered by MSP or your extended health benefits policy, in-home care, modifications to your home, equipment to assist with mobility, or replacement of income from a spouse who is caring for you. If you are fortunate to have a speedy recovery, you can use the money to pay down debt or top up savings.

Doctors of BC offers a group term plan that is available to members, their spouses, and dependent children. In addition, our insurance advisors can offer policies from major Canadian insurers, should you want additional features beyond what the group plan offers, such as premium refund upon cancellation.

Critical illness insurance provides protection against expenses that can come with a serious illness, and it can give you peace of mind that, if you are diagnosed with one of the covered conditions, you will not derail your retirement savings plan or be faced with increasing debt to assist with recovering. Proof of good health is required at time of application to determine eligibility. Doctors of BC advisors are available to discuss coverage options that best suit your needs.

—Hali Stus
Insurance Advisor, Members' Products and Services

Grant to offset costs of recruiting into team-based care practices

A new team-based care grant provides $15 000 to eligible family practices that have onboarded interprofessional team (IPT) members. The grant will help to address the costs of recruiting and onboarding into a practice, and it is just one of the resources provided by the GPSC to help break down barriers and provide supports for practices to implement team-based care.

How does it work?

The grant provides a lump sum payment of $15 000 for each FTE of net new eligible IPT positions filled by the family practice applying for the grant. An eligible IPT position may be filled by a staff member employed by the family practice or another organization, such as a health authority. Eligible family practices may apply for the grant for net new eligible IPT positions filled on or after 1 April 2019. An end date has not yet been established for this grant.

What are the requirements?

A minimum of 0.5 FTE of IPT position is required to apply for this grant. To claim this grant, a group of family doctors must submit an online application form together after an IPT position has been filled. Doctors and clinic owners may agree on how the funding is distributed among the parties.

What does it cover?

These are some examples of what family doctors can do with the grant:

- Cover the cost of setting up and upgrading EMR software and licensing and office hardware to enable interprofessional care.
- Compensate physicians or clinic staff for time spent:
  - Reviewing and implementing changes to office capacity to accommodate new IPT members.
  - Recruiting, interviewing, hiring, and onboarding new IPT members.
  - Reviewing medicolegal requirements relevant for particular IPT members.

Are you eligible?

To be eligible, family doctors of the group practice applying for the grant must:

- Work within a group practice consisting of two or more physicians that has added an eligible IPT member to the group practice. The physicians working together in a group practice may or may not be co-located and may have an arrangement to jointly fund an IPT position.
- Meet the definition of a community longitudinal family physician as per the GPSC preamble.
- Have completed phase two of the GPSC phases of panel management.
- Commit to participating in quality improvement activities related to team-based care such as services offered through the GPSC Practice Support Program, including team-based care coaches. Quality improvement activities should be aligned with the National Interprofessional Competencies Framework.
- Agree to work collaboratively with the Ministry of Health, the primary care network (if applicable), and other partners toward implementing the attributes of the patient medical home and primary care network.

For more information, visit https://gpscbc.ca/news/news/grant-announced-gpsc-offset-costs-of-recruiting-team-based-care-practices.

Preventing symptom escalation among mild COVID-19 patients

With several treatments available to care for the most urgent and severe cases of COVID-19, researchers are now investigating whether a common anti-inflammatory drug, ciclesonide, could help speed recovery in mild cases and put a stop to disease progression and potential hospitalization. When inhaled, the medication is directed to the nose and airways, the areas of the body most affected by the COVID-19 virus. While the long-term effects of the virus are not fully understood, studies have found that any level of disease severity can result in persistent physical and psychological symptoms. Ciclesonide has been shown to prevent viral activity against SARS-CoV-2 in some lab-based studies, and researchers hypothesize that giving it to patients early in the course of the disease could prevent the virus from replicating further and causing an increased inflammatory response.

Ciclesonide was approved by the US Food and Drug Administration in January 2008 for use in humans to treat asthma, rhinitis, and other nasal and airway conditions. The CONTAIN study team selected ciclesonide as a possible treatment option because of its low rate of side effects and drug interactions, as well as evidence linking this particular steroid with antiviral effects.

Dr Sara Belga, a clinical assistant professor in the Division of Infectious Diseases at the University of British Columbia, is the principal investigator in the province of the CONTAIN study, headed by Dr Nicole Ezer from the McGill University Centre for Health Outcomes Research. The study is recruiting individuals living in Quebec, Ontario, or British Columbia. Adults 18 years and older can qualify to participate if they apply via the CONTAIN study's online portal within 5 days of being diagnosed with COVID-19. Eligible participants must also be recovering at home with a mild fever, shortness of breath, and/or symptomatic cough. Visit www.contain-covid19.com for more information about the study and how to participate.