

Contemplating legacies

I remember once asking one of my retired patients what he had done for a living. When I found out he had been a college professor, I asked him what he taught. After a pensive pause, where he reflected on his teaching life, he looked at me sadly and answered, "In retrospect, not a heck of a lot."

After some 30 years as a family doctor, I often wonder what my legacy will be. Have I made a difference in my patients' lives? I must admit that I am often rushed and spend less time with patients than I would like. This is complicated by my incessant need to be on time, which is one symptom of my obsessive-compulsive personality. I also get irritable at times and have a hard time hiding this fact. So, do I help people, or do they stay with me because they don't really have another choice? Is there some way of measuring a career as a family physician?

There are websites such as Rate Your MD, but most individuals only post there if they have strong feelings one way or the other. As a rule, since there is no court of appeal, I don't visit these sites. However, my patients and family members will tell me what people have posted: one guy gave me terrible scores in all categories except for punctuality. He had to admit that even though I am a terrible physician I am usually on time.

So back to my question: how do most of my patients feel about me and the service I provide? I have taken care of many of them and their families for decades, but maybe they don't have another choice due to the shortage of family

physicians. I think of many of them as my friends and care deeply about their health and happiness, but I wonder if this shows? Do they realize how much their life issues affect me? Is this caring reciprocated?

The answers to these questions came to light recently due to my wife's illness and my sudden absence from my practice. Initially my patients were told I was away for personal reasons, but as

time went on, I gave the okay for my staff to let them know that my wife is unwell. My colleagues have been exceptional and have covered most of my office shifts, but I have had to work some days because vacations were scheduled and locums already spoken for.

Is there some way of measuring a career as a family physician?

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The outpouring of support and genuine caring that I received during these times has brought me to tears on more than one occasion. Some of my patients have also had tears in their eyes while relating how sorry they are to hear about my wife's situation. Cards, flowers, and casseroles have appeared on a regular basis. The love and caring I have felt has filled and sustained me when I have been close to empty and overcome by sadness.

Many of my patients shared that they've never forgotten how much my caring meant to them when they were faced with adversity and life's challenges. They wanted to give a little something back as a sign of appreciation for the job I have done and the relationship we have built. This is a legacy I can live with. ■

—David R. Richardson, MD

Passport to post-pandemia

(2 August 2021)

At this moment in time, it feels like we are over the worst of it. I say that with more than a modicum of caution. It feels that way, at least, as we enjoy the brief but beautiful summer that we are experiencing in BC this year. (You will be reading this as the rain and wind howl at your window, with the summer of 2021 in your proverbial rearview mirror.) This summer felt better to me than the one we had last year. It wasn't only the blue skies and warm temperatures, or the absence of rain (a side note: emigrating to Canada from a warmer climate precludes me from ever complaining about the heat here). It wasn't only my recently found insouciance (another side note: I recently discovered that word; you francophones will know that it means free from worry). It isn't only thanks to having some special people in my life. I believe that many of us are starting to feel that we have more freedom.

Following our *Annus* (and a half) *horribilis*, we are carefully making social contact with one another again and starting to do the things that we used to take for granted. This weekend, my family, friends, and I attended a beautiful wedding, which is something I have not done in a long time. My partner and I have booked tickets to see a Broadway show toward the middle of next year. I am looking forward to seeing my brother and his wife, both of whom are double vaccinated, who are visiting this month from outside of Canada.

Therein lies the crux of the issue. Double vaccination. It would be preferable for everyone on the planet to be double vaccinated sooner rather than later. I ask all my patients about their vaccination status and debate the

issue patiently with those who have chosen to remain unvaccinated. I accept that vaccination remains a choice but am nevertheless frustrated, like the rest of you, that some people are choosing to remain unvaccinated. We have all heard the made-up fearmongering myths that they choose to believe. Eye roll, please. While working at a vaccine clinic

recently, I reassured some people, tongue in cheek, that the vaccine they were receiving did not in fact have microchips in it.

I firmly believe that all governments need to agree on the concept of vaccine passports. It would be preferable for people who wish to travel across

provincial and national borders to be required to show proof of their double vaccination status. The only exception to that would be children who are too young to be vaccinated, and the very few people who have a valid medical reason to remain unvaccinated. The vaccine passports need to be secure in order to prevent fraud, and private to prevent tracking. I have heard the argument from the privacy camp, who believe that a vaccine passport is an invasion of their privacy. I assume those same people use cellphones, which already track everything about them. The cellphone companies, Internet providers, and smartphone app providers already know a lot about us. Although we don't like it, that is the reality of the world in which we live.

And privacy is not absolute. Many of us have had calls from Public Health after a patient tested positive for a reportable communicable disease. The appropriate people are mobilized to gather that patient's private information in order to protect others from

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PRESIDENT'S COMMENT

were physicians who contracted COVID-19 in the line of duty. The factors contributing to these losses are complex, but I would like to think they also galvanize us to make things better. I am bolstered by the news that we have welcomed many new colleagues into our profession; the number of BC doctors has actually grown during the pandemic. People have joined us from different provinces and different countries; they are from different backgrounds and have many different experiences. They bring with them valuable ideas, innovations, and an abundance of energy that can only contribute to the value of our BC physician community. ■

—Matthew C. Chow, MD
Doctors of BC President

EDITORIALS

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the spread of that communicable disease. When other people's lives and health are at stake, personal privacy needs to take second place to public safety.

A person can choose to live off the grid and lose out on the conveniences afforded to those of us who choose to use cellphones and the Internet. Likewise, a person can choose to remain unvaccinated, but then they should lose out on certain freedoms (such as cross-border travel) that should be afforded only to those of us who have chosen to be vaccinated. ■

—David B. Chapman, MBChB



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#COVID19Vaccine registry for **#pregnant** and **#breastfeeding** individuals in Canada. While **#COVID19** clinical trials with pregnant and breastfeeding individuals are now underway, initial trials did not include these populations.

Read the article: bcmj.org/news-covid-19/covid-19-vaccine-registry-pregnant-and-breastfeeding-individuals-canada



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e-Prescribing is just what the doctor ordered to streamline the prescription process and improve quality of care for Canadians

Dr. Rashaad Bhyat, Clinician Leader at Canada Health Infoway, shares his perspective on how e-prescribing modernizes the prescription process and enhances patient safety, benefiting patients, physicians and pharmacists alike.

What is one of the most common issues brought on by handwritten prescriptions that can hinder the prescription process?

One of the main challenges with handwritten prescriptions is a notion that many physicians, pharmacists and patients will be familiar with, given it is firmly embedded in popular culture: handwritten prescriptions can lend themselves to misinterpretations due to illegible handwriting. Given their demanding schedules, physicians have to write prescriptions as swiftly as possible, which can sometimes lead to an indecipherable scrawl. This can result in considerable back and forth between physicians and pharmacists to determine the intent of the prescription, culminating in delays for patients to receive the medication and care they need.

How can e-prescribing factor into improving quality of care for patients?

In our daily lives, we benefit from doing so many

things digitally, be it our shopping, our banking or our work. Meanwhile, interacting with the health care system in a digital way has not always been so straightforward for patients, physicians and pharmacists alike. e-Prescribing services like PrescribeIT® modernize the prescription process by enabling physicians to electronically transmit a prescription directly from an Electronic Medical Record (EMR) to the pharmacy management system of a patient's pharmacy of choice. This reduces the risk of illegible prescriptions, transcription errors, and back and forth between physicians and pharmacists, streamlining the prescription process and making medication available to patients in a safer and more timely manner.

What role does e-prescribing play in improving efficiencies for physicians and pharmacists to enhance patient safety?

The biggest risk to patient safety as it relates to prescriptions often comes down to communication. Streamlining communications within a patient's circle of care is vital to ensure patient safety and also creates efficiencies for both physicians and pharmacists. PrescribeIT® offers the ability for physicians and pharmacists to send secure clinical communication to each other

through an integrated messaging tool, permitting them to quickly align on an appropriate course of action and provide the best medication options for their patients.

For instance, during a recent interaction with one of my patients, I created a prescription that was sent to a pharmacy without PrescribeIT®. The pharmacy subsequently left me a voicemail flagging a drug-drug interaction: a conflict between the medication I had prescribed and another one of the patients' prescriptions, that could cause the medication to be less effective. By the time I had listened to the voicemail, the pharmacy had closed for the evening. While I was able to connect with the pharmacy the following morning and adjust the prescription in time, this back and forth could have been avoided with the simple push of a button using PrescribeIT®'s integrated messaging tool, allowing the patient to receive the medication they needed even sooner.

What value does e-prescribing with services like PrescribeIT® offer during COVID-19?

With in-person interactions carrying a much higher risk over the course of the pandemic, e-prescribing has proved itself not only to be convenient, but essential. e-Prescribing can be a significant asset when in-person visits with health care professionals are not possible or not recommended. e-Prescribing enables vulnerable populations to limit their time outside, thereby reducing their risk of infection, and prescribers who have been working remotely throughout the pandemic have also seen the value of e-prescribing, as many don't have fax machines in their homes.

Beyond the pandemic, do you think e-prescribing is here to stay for the long-term?

Absolutely. Over the course of the pandemic, we have seen a rapid and essential shift towards digital health solutions and virtual care, which constitutes any interaction between a patient and a health care provider that doesn't involve direct contact, such as video or phone appointments. According to a Canada Health Infoway survey, 51 per cent of patient-reported visits are now virtual, which is over double pre-pandemic levels. In tandem, we have passed an adoption tipping point for e-prescribing, with a critical mass of Canadian pharmacies and EMRs now on board, laying the foundation for a vast increase in use of the service. In Canada, PrescribeIT® now serves an estimated nine million patients across the country, with exciting plans to expand into British Columbia.

The digital transformation occurring in the realm of health care is focused on improving safety, efficiency, convenience and quality of care for patients and physicians, and e-prescribing is a great example of exactly this. As we look beyond the pandemic, I think that this e-prescribing service will continue to play an essential role in modernizing how Canadians give and receive care. You might even say it is just what the doctor ordered.

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Visit prescribeit.ca to learn more about Canada's only national, not-for-profit e-prescribing service.

