the 1936 heat wave in Ontario and Manitoba, during which at least 780 people died.[5] In more recent years, the 2010 heat wave in Quebec was associated with 280 excess deaths.[6] Together, these are three of the most deadly weather events in Canadian history. We have ample evidence that heat waves cause mass casualties in Canada and that they will become more frequent and more intense as the climate changes.[7] We must develop and resource the systems necessary to recognize and respond to extreme heat events as public health emergencies. ■

—Sarah B. Henderson, PhD, Scientific Director

—Kathleen E. McLean, MPH, Environmental Health Scientist

—Michael Lee, MSc, Epidemiologist

—Tom Kosatsky, MD, Medical Director

Environmental Health Services, BC Centre for Disease Control

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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.

Life insurance: How much do I really need?

When speaking with our members about life insurance, I am often asked, "How much do I *really* need?" That depends on a few key areas of consideration, and there is no one-size-fits-all approach. An experienced advisor can walk you through your specific situation and will generally look at the following areas:

Primary capital needs

These are outstanding debts such as a mortgage and/or line of credit. Many of our members are the primary income earner for their family. If they pass away, they want all debt paid in full to ensure their surviving family can remain in the family home and not be forced to sell or deplete retirement savings to maintain mortgage payments.

Secondary capital needs

These include money to cover the cost of dependants' postsecondary education, charitable bequests, and final expenses, including burial, final tax filings, and legal fees to settle your estate.

Income replacement

This discussion is highly individualized, based a person's situation and comfort level with risk. If your spouse works outside the family home, is their income enough to cover living expenses for the surviving family after all debts are paid off? The amount needed will vary based on their lifestyle and the age of any children. If there are no dependants, then the income replacement need may be minimal.

Once the appropriate coverage has been determined, Doctors of BC offers our physician members up to $5 million of group term life insurance at highly competitive rates. We are also able to offer individual policies through several major Canadian insurers.

How often should you review your life insurance? If it has been several years since you last reviewed or made changes to your insurance, please review your beneficiary details to ensure they accurately reflect your intentions. It's an unhappy surprise for your heirs to find out after your death that your list of beneficiaries is out of date.

If you have questions and want to discuss your personal life insurance requirements, please speak with a noncommissioned, licensed

Doctors of BC insurance advisor to get a full assessment. Email insurance@doctorsofbc.ca or call 604 638-7914 for a complimentary appointment.

—Hali Stus
Insurance Advisor, Members' Products and Services

Recently published BC guidelines

Suspected Lung Cancer in Primary Care

Suspected Lung Cancer in Primary Care (2021), available at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/lung-cancer, provides recommendations for primary care providers for the investigation and management of adult patients (19 years of age and older) who present with signs or symptoms suggestive of lung cancer. Recommendations include the clinical assessment and appropriate referral of patients to a specialist. This guideline was developed in collaboration with the BC Cancer Primary Care Program (Family Practice Oncology Network) and was based on a guideline adaptation approach, including a recent systematic search of the evidence.

Highlights and key recommendations include:

- Tobacco remains the most significant cause of lung cancer.
- Smoking after a cancer diagnosis increases the risk of all-cause and cancer-specific mortality, adverse effects on treatment outcomes, and recurrence or secondary cancers. Efforts should be focused on supporting patients to quit smoking and to reduce exposure to secondhand smoke.
- Although smoking represents the largest risk factor, there is increasing recognition of the rise in cases of lung cancer in people who have never smoked.
- When communicating with patients with lung cancer, health care providers should avoid bias based on assumptions about smoking history.
- Regardless of smoking history, patients with persistent, atypical, or otherwise unexplained cough or chest infection should be sent for a chest X-ray. If the chest X-ray is negative but symptoms persist, additional investigations, including contrast-enhanced CT scan of chest to include adrenals, should be ordered.
- Long-term exposure to high concentrations of radon is a risk factor for lung cancer, particularly in smokers. Radon is found in outdoor air in low concentrations. In indoor environments, radon levels can be much higher. Radon levels in BC are variable but may be higher in some communities east of the Coast Mountains.
- The following require an urgent referral to the emergency department: stridor, massive hemoptysis, new neurological signs suggestive of brain metastases or cord compression, superior vena cava syndrome or obstruction, or a large unilateral pleural effusion.

Cataract—Treatment of Adults

The scope of the guideline *Cataract—Treatment of Adults* (2021), available at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cataract, is to provide recommendations for primary care providers in the prevention, diagnosis, management, and postoperative care of cataracts in adults (19 years of age and older).

Highlights and key recommendations include:

- The following are recommended to delay the onset and progression of cataracts: smoking cessation, reduced UVB exposure (hats, sunglasses with UVB protection), and safety eyeglasses during high-risk activities to avoid eye trauma.
- Patients who are long-term users of corticosteroids (by any route) should be informed of the increased risk of cataract formation.
- Indications for cataract surgery are not limited to Snellen visual acuity alone, and referral for cataract surgery consultation is indicated in the setting of glare, monocular diplopia, and other nonvisual functional impairment.
- Cataract surgery may be indicated in other ocular diseases for reasons independent of vision rehabilitation.
- When a cataract lens is surgically removed, it is replaced with a synthetic intraocular lens (IOL). There are many types of IOLs available. IOL technologies and choices continually evolve, as does MSP coverage of IOLs. Patients can be reassured that MSP-covered monofocal lenses provide fully satisfactory visual correction in the vast majority of patients. Glasses are usually required after surgery for near and sometimes also distance vision. Non-MSP-covered lenses may lessen dependency on glasses postsurgery but may not be appropriate for all patients due to individual suitability or side effects. IOL selection evolves out of a comprehensive discussion with the surgeon.
- Primary care practitioners should be aware of postoperative red flags. Postoperative patients should be urgently assessed (within 24 hours) by their surgeon or an on-call ophthalmologist in the case of increasing eye redness, pain, or a decrease in vision (see Table 4 at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cataract for more details).

Fall Prevention: Risk Assessment and Management for Community-Dwelling Older Adults

The scope of the guideline *Fall Prevention: Risk Assessment and Management for Community-Dwelling Older Adults* (2021), available at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/fall-prevention, is to address the identification and management of adults aged 65 years and older living in the community with risk factors for falls. It is intended for primary care practitioners. The guideline facilitates individualized assessment and provides a framework and tools to manage risk factors for falls and fall-related injuries. Hospital, facility-based care settings, and acute fall management are outside the scope of this guideline, although some of the principles may be useful in those settings.

Highlights and key recommendations include:

- Annually, or with a significant change in clinical status, ask patients 65 years of age and older about their fall risk using simple

1-minute screening tools:
  – Three-question approach.
  – Staying independent checklist.
- Recommend exercise to improve strength, balance, and safe mobility. This is the most effective fall-prevention intervention. See the "Exercise Prescription and Programs" section for more information.
- For those evaluated as "at risk" or who have had a fall, a multifactorial risk assessment is recommended over multiple visits (see the "Multifactorial Risk Assessment, Fall History and Intervention" section) to review:
  – Medications.
  – Medical conditions (including common geriatric conditions).
  – Mobility (endurance, strength, balance, and flexibility).
  – The home environment.
  – Osteoporosis risk and risk management (increases the risk of a fracture from a fall).
- After a fall, interdisciplinary assessment and care planning can reduce the risk of future falls. A team-based approach, when available, is recommended (see the "Referral Options" section).

Other updates

To stay up to date with BC guidelines, visit the "What's New" section of the home page at www.bcguidelines.ca and subscribe to the e-bulletin.

Chemotherapy drug puts young children with cancer at high risk of hearing loss

A chemotherapy drug known to cause hearing loss in children is more likely to do so the earlier in life children receive it. New UBC research has found that 75% of patients 5 years old and younger had experienced cisplatin-related hearing loss 3 years after starting therapy.

Cisplatin is a lifesaving treatment for many children with cancer, but a study published in *Cancer* shows that the hearing of very young children is impacted early during treatment and is affected to a greater extent than that of older children.

"This is significant as even a moderate loss of hearing can impact social development in children, particularly when it occurs during a peak time of language acquisition," said the study's senior author, Dr. Bruce Carleton, professor at UBC's Faculty of Medicine's Department of Pediatrics and an investigator and director of the Pharmaceutical Outcomes Programme at BC Children's Hospital.

Previous studies have shown up to 60% of children treated with cisplatin suffer from hearing loss, and 40% of those children will need hearing aids.

To understand the course of cisplatin-related hearing loss, Dr. Carleton and his colleagues examined data from 368 Canadian childhood cancer patients who received cisplatin and underwent a total of 2052 audiological assessments. All of the patients had completed cisplatin therapy.

Three years after starting therapy, 75% of patients 5 years old and younger and 48% of patients older than 5 had experienced cisplatin-related hearing loss.

One year after initiating therapy, 61% of patients age 5 and younger had experienced cisplatin-related hearing loss. At 3 months, 27% of the same age group had experienced hearing loss.

A higher total dose of cisplatin at 3 months, co-prescriptions of the chemotherapy drug vincristine, and a longer duration of antibiotics administered at the same time exacerbated cisplatin-related hearing loss over time.

The underlying mechanism explaining the higher occurrence of cisplatin-related hearing loss in young children remains unclear, but maturing structures within the inner ear might be more vulnerable to the toxic effects of cisplatin.

"These results emphasize the need for audiological monitoring with each cycle of cisplatin treatment," said Dr. Carleton. "Further investigation is needed to illuminate why younger children are more vulnerable to hearing loss and how best to protect hearing while administering this lifesaving therapy."

Spoken interpretation services available to community specialists

When working in their community offices, specialists can access free spoken language interpreting services as part of a 1-year pilot project, funded by the Specialist Services Committee (SSC)—a partnership of Doctors of BC and the BC government.

SSC is providing $50 000 for this pilot project in response to physicians' feedback about supporting the delivery of safe and equitable patient care to diverse populations. Previously, this service was available to specialists who chose to pay privately or who work within the boundaries of health authority sites.

Accessible through the Provincial Language Service, professional interpreters offer services that are available:

- Via telephone.
- 24 hours a day, 7 days a week.
- On demand.
- In roughly 240 languages.

How specialists can connect with an interpreter:

1. Call 1 833 718-2154 (toll free).
2. Select a language.
3. Enter your access code, which was emailed to you by your section head, or contact SSC at sscbc@doctorsofbc.ca.
4. Indicate you are a member of Doctors of BC.
5. Wait 30 to 60 seconds to connect with an interpreter.

For more information, visit www.phsa.ca/health-professionals/professional-resources/interpreting-services.