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Should clinical research be curtailed?

The amount of clinical research taking place is excessive.[1] Out of the 6 million articles published in a year, half are never cited and a good percentage of the cited articles are self-cited.[2] Would medicine be just as effective, and not as expensive, if clinical research was replaced with quality improvement?[3] Somewhat cynically, this could be called trial and error based on doctors' coffee room chat.

As a counterpoint, the world has just benefited from a truly amazing public health research project on COVID-19. Initial vaccine trials involved 75 000 patients, with the results saying, "go ahead, it is safe," and data are now being collected on the hundreds of millions of people who are vaccinated, saying it is safe. When one considers that vaccines in the not-too-distant past took years to come online, the mRNA rollout is an unbelievable triumph.

However, regardless of what modern monetary theory says, money is finite, so perhaps research should be limited to really serious problems of a public health nature. Quality improvement would be cheaper and less bureaucratic than conducting clinical trials as there is no self-serving demand for people to publish in order to get tenure. A nice way to think about quality improvement is trial and error, which is how the Silicon Valley brings technology products to market. So assuming funding is finite, the question becomes which 1000 small studies of 10 patients each should be defunded to allow the money to be redirected to a big public health issue study of 10 000 patients?

—Mark Elliott, MD
Vancouver

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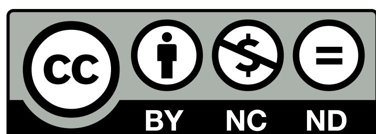

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Doctors of BC scholarship winners

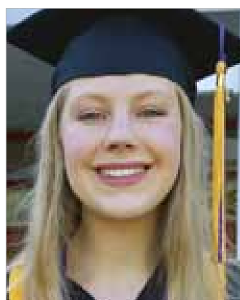
Doctors of BC awarded its annual $1000 scholarships for 2021 to Ms Maren Longman of Port Alberni, Ms Anna Myllyniemi of Victoria, and Ms Annalise Wong of Richmond. The commendable recipients were chosen from an abundance of highly impressive applicants.

Ms Maren Longman

Ms Longman represented her graduating class of 2021 as valedictorian. During high school, her greatest passions were giving back to her community and building relationships with people in her town. She worked with Alberni Drug and Alcohol Prevention to create a safe space for local youth and made many connections while working as a lifeguard and swimming instructor at her local pool. In her free time, Maren enjoys reading *Game of Thrones*. In fall 2021, she began a bachelor of science degree at the University of Guelph in Ontario. She has a passion for science and plans to attend medical school and train to become a children's psychiatrist.

Ms Annalise Wong

Ms Wong has been playing high-level hockey for the past 14 years and feels privileged to have represented BC for Team BC at the U18 Women's Hockey Nationals. She now plays university-level hockey on the UBC's varsity women's hockey team. Along with hockey, she also played basketball and volleyball. Annalise is studying in the Faculty of Science at the University of British Columbia, and plans to pursue a career in health sciences. She also volunteers regularly in her community and has coached young girls hockey teams to help lead and to be a mentor for them. Throughout high school, Annalise was on the principal's honor roll for all 5 years while participating in clubs and playing numerous high school sports.



Ms Anna Myllyniemi

Ms Myllyniemi is currently a first-year student at the University of Toronto, St. George Campus at Trinity College. She is in the computer science program, and is also interested in cognitive science and robotics. During high school, Anna was very involved in her school dance program, while also being a competitive figure skater. In university, she uses dance and skating to stay active and balance her studies. In her spare time, she also likes to do photography, read novels, and explore Toronto with her friends. Anna doesn't yet have specific plans for her future, but in general would like to make a positive impact in the lives of others, and sees computer science as a pathway to accomplish that.

For more than 15 years, Doctors of BC has presented the scholarship award to children of members in good standing who are completing high school and planning to continue studies at a recognized postsecondary institution. For more information about the award, visit www.doctorsofbc.ca/about-us/awards-scholarships/doctors-bc-scholarship-awards.

Recent health trust legislation changes and the impact on the Doctors of BC Health Benefits Trust Fund

A major legislative change regarding health trusts was introduced in the summer of 2021. Health trusts are used to offer employee health benefits in a manner that is tax effective for the employer and employee.

Prior to the change, the type of trust used depended on the employee demographics of a business (i.e., employer). Businesses with a large percentage of key employees, that is employees who are highly paid and/or involved in the ownership of the business, used health and welfare trusts (HWTs) to set up group health insurance benefits, whereas larger corporations with many employees established employee life and health trusts (ELHTs).

As part of Budget 2018, the federal Department of Finance proposed new legislation that would streamline the use of trusts in sourcing and administering group benefits for employees. This legislation would eliminate the health and welfare trust structure and broaden the definition of the ELHT structure to accommodate existing HWTs. The 2021 Budget Implementation Act (Bill C-30) received royal assent on 29 June 2021, and the revisions pertaining to ELHTs went into effect. It required all existing HWTs be converted to ELHTs by the end of 2021.

The Doctors of BC Health Benefits Trust Fund (HBTF) was established in 2005 as a health and welfare trust to provide health and dental insurance benefits to physician members, their families, and their employees. The HBTF was affected by the revised legislation and, as a result, it was converted to an ELHT as of 1 January 2022. In October 2021, Doctors of BC contacted members of the HBTF plan and advised them of the pending changes. While these changes do not affect the insured benefits that members currently enjoy under the plan (i.e., health, dental, and travel insurance benefits), they do impact the self-funded Cost-Plus feature that approximately 1600 of our incorporated physicians use.

The Cost-Plus feature allows an employer to convert an employee's personal health expenses into self-funded health plan premiums. This is a tax-effective way to pay for medical expenses, and previously under HWT administrative rules there was no certainty of the premium limit. As a result, physicians could elect a Cost-Plus annual entitlement limit that they and their tax advisors felt was reasonable. The change

to ELHT brings certainty to the premium limit as there is a defined formula for calculating the limit that is used for all participants under the HBTF plan.

For many physicians, the defined formula results in a premium limit that is lower than their 2021 Cost-Plus entitlement. However, there is an advantage for unincorporated physicians: the defined formula results in a higher premium limit and it may now be appropriate to add a Cost-Plus entitlement.

The formula that is calculated for the premium limit is as follows: $2500 for the employee + $2500 for each of the employee's dependants (as defined by Canada Revenue Agency). Since the premium limit includes both insurance premiums and self-funded Cost-Plus entitlement, members participating in the HBTF plan must deduct the annual premiums for the insured benefits to determine the appropriate Cost-Plus entitlement.

As with any legislative change, it may take time for all tax advisors to become well versed in the impacts on clients. Doctors of BC will endeavor to keep members updated on the changes and on any actions members must take.

—Erin Connors
Advisory Services Manager
Members' Products and Services, Doctors of BC

Community-based specialists: No-cost access to UpToDate

Community-based specialists with no active hospital privileges now have free access to UpToDate, a subscription-based online clinical decision support resource that provides physicians with clear clinical guidance to complex questions with the latest evidence and best practices.

Available for desktop or mobile, the award-winning platform offers more than 10 000 peer-reviewed topics in 21 specialties from international and Canadian authors, as well as drug information, medical calculators, and patient information sheets.

Interested, eligible specialists can get their free subscription to UpToDate by emailing the Specialist Services Committee (SSC) at sscbc@doctorsofbc.ca and stating they do not have access to the resource through a health authority. Within 2 weeks, they will receive an email with details on how to log in and register to get started with UpToDate.

Funding for these subscriptions is being provided by the SSC, which is partnering with the General Practice Services Committee (GPSC) to expand access to UpToDate in January 2022. Until now, free subscriptions to UpToDate have been made available by health authorities to specialists with active admitting privileges and by the GPSC to family doctors through their local division of family practice.

The GPSC and SSC are two of four Joint Collaborative Committees that represent a partnership of Doctors of BC and the BC government.

Pr DAYVIGO™
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INDICATION AND CLINICAL USE:

Sleep disturbance may be the presenting manifestation of a physical and/or psychiatric disorder. Consequently, a decision to initiate symptomatic treatment of insomnia should only be made after the patient has been carefully evaluated.

DAYVIGO™ (lemborexant) is indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

DAYVIGO is not recommended for patients under the age of 18 years.

DAYVIGO is not recommended in patients with severe hepatic impairment.

CONTRAINDICATIONS:

- Hypersensitivity to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.
- Patients with narcolepsy.

RELEVANT WARNINGS AND PRECAUTIONS:

- Abnormal thinking and behavioural changes
- CNS depressant effects (including alcohol) and daytime impairment and risk of falls
- Complex sleep behaviours
- Sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms
- Worsening of depression/suicidal ideation
- Co-morbid diagnoses
- Drug interactions - inhibitors and inducers of CYP3A
- Patients with galactose intolerance
- Driving and operating machinery
- Patients with dependence/tolerance and abuse liability
- Rebound insomnia
- Patients with hepatic impairment
- Patients with compromised respiratory function
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FOR MORE INFORMATION:

Please see the Product Monograph at https://ca.eisai.com/en-CA/our-products for important information on adverse reactions, drug interactions, and dosing not discussed in this piece. The Product Monograph is also available by calling 1-877-873-4724.

† Based on a 1-month global, randomized, double-blind, parallel-group, placebo- and active-controlled, phase 3 study (SUNRISE 1) in 743 participants with insomnia disorder (age ≥55 years). Participants received placebo (N=208) or DAYVIGO 5 mg (N=266) or 10 mg (N=269) at bedtime. Latency to persistent sleep baselines: placebo, 44 mins; DAYVIGO 5 mg, 45 mins; DAYVIGO 10 mg, 45 mins. Wake after sleep onset baselines: placebo, 112 mins; DAYVIGO 5 mg, 113 mins; DAYVIGO 10 mg, 115 mins.[2]

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