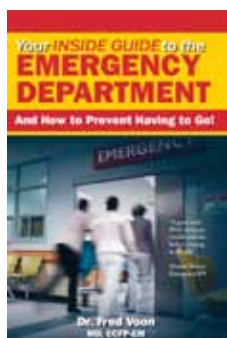


News

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: *Your inside guide to the emergency department: And how to prevent having to go!*



By Dr Fred Voon. FriesenPress, 2021. ISBN: 978-1-7776034-0-3. Paperback, 142 pages.

This 142-page book with a self-explanatory title has been written with Canadian patients in mind. The author is an emergency physician in Victoria, BC. Part 1 lays out what patients should expect to encounter if they've decided to attend the emergency department. Part 2 outlines frequent patient frustrations, including wait times, and offers guidance about when to visit the emergency department and how to decide if a visit is required. Part 3 delves into an emergency department's physical layout and describes the professionals who work there. Part 4, the bulk of the book, is devoted to home remedies for common symptoms and conditions. Appendices and glossaries define terms

used in the book, and references are included.

Dr Voon, using easily understood language in conversational form, has done a commendable job of advising patients how a Canadian emergency department functions and what to expect, and not expect, when visiting. While the book's title suggests that readers may discover strategies to prevent a visit, less than three pages are devoted to a discussion of alternatives to an emergency-department visit, and while health information phone lines (e.g., 811) are discussed, there is no discussion of common alternatives such as walk-in or urgent care clinics, or telemedicine. Additionally, undermining the hopeful tenor of the title is the following disclaimer in the foreword: "Even if the information in this book suggests medical attention is not needed, readers who think they have an emergency medical concern can and should go their nearest Emergency Department (ED) or call an ambulance. If in doubt, get checked out!" This medicolegal disclaimer reflects an important truth understood by all emergency-department personnel: it is tough to know which patients really need the services of the emergency department prior to workup.

Of course, a 142-page paperback cannot be exhaustive; authors of concise guides must make the hard choice to exclude certain material if critical topics are to receive adequate treatment. In this regard, it is intriguing to note that while two pages are devoted to the home diagnosis and reduction of nursemaid's elbow, there is no discussion of the critical role of the emergency department in assisting patients with mental-health crises. Nor is there guidance as to how patients living in proximity to more than one hospital should decide which one to visit, or a discussion of the charges facing uninsured or out-of-province patients.

Setting those concerns aside, Dr Voon has written a book that is fun to read and offers an insider's perspective that patients will appreciate. In particular, I see it as a useful addition to clinic or emergency-department waiting rooms, where our long-suffering patients wait their turn and ponder why it is taking so long.

—David Esler, MD, CCFP(EM)

Dr Esler has practised emergency medicine in and around Vancouver for 34 years. He is a clinical associate professor of emergency medicine at the University of British Columbia and a member of the BCMJ Editorial Board.

Updates to the *BCMJ's* student writing prizes

The *British Columbia Medical Journal* welcomes article submissions from BC medical students and offers two writing prizes for the best submissions accepted for publication. Recently, the prizes have been updated to distinguish between student articles written with and without physician coauthors. The blog-post prize has been discontinued.

The J.H. MacDermot Prize for Excellence in Medical Journalism (Independent) recognizes a BC medical student's significant

achievement in writing an article without any physician coauthors. The J.H. MacDermot Prize for Excellence in Medical Journalism (Mentored) recognizes a BC medical student's significant achievement in medical writing as part of an author team that includes physicians.

A winning article for each prize is selected from all eligible articles published in the *BCMJ* in a calendar year. There is no need to apply or be nominated. Each winner receives

\$750 and recognition in the *BCMJ* and at the Doctors of BC annual awards ceremony.

If a winning entry in either category is written by more than one student, the prize is divided equally among the student authors.

For more information about the prizes, visit <https://bcmj.org/submit-article-award>.

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BC Cancer Lung Screening Program—first of its kind in Canada

BC Cancer has launched the Lung Screening Program, the first organized province-wide lung-screening program for high-risk individuals in the country. Lung cancer is the leading cause of cancer death in Canada and worldwide. In BC, seven people die of lung cancer every day. With 70% of all cases currently diagnosed at an advanced stage, the Lung Screening Program aims to detect lung cancer at an earlier stage, when treatment is more effective.

Lung screening involves a low-dose computed tomography (LDCT) scan of the lungs. A network of lung-screening sites has been established across BC within each health authority using existing CT equipment within hospitals. The scan takes less than 10 seconds and is not painful. Patients do not need to take any medications or receive any needles for this test. After a patient's LDCT scan, a radiologist with expertise in early diagnosis will review the images taken at a designated reading site located within the patient's health authority. A computer-assisted diagnostic tool and standardized reporting format will be used to improve consistency and accuracy of reading and recommendation. Results of the patient's lung scan will be sent to the patient and their primary care provider.

Who is eligible for lung screening?

Lung screening is best for those who are at high risk for lung cancer and who are not experiencing any symptoms. This includes people who:

- Are 55 to 74 years of age.
- Currently smoke or have previously smoked.
- Have a smoking history of 20 years or more.

Interested individuals can self-refer directly to the screening program. Primary care providers can encourage eligible patients to call the Lung Screening Program (1 877 717-5864) to complete a risk assessment over the phone to confirm their screening eligibility. A fax referral option is also available (referral form accessible through the Health Professionals link below).

Role of primary care providers

Primary care providers play an important role in the Lung Screening Program, including:

- Supporting patients with their decision making and recommending lung screening when appropriate.
- Providing smoking cessation pharmacotherapy support.
- Providing follow-up for additional findings and support for abnormal results.

To learn more about the Lung Screening Program and to access helpful program resources, visit the Health Professionals page on BC Cancer's website: www.screeningbc.ca/health-professionals.

—Sandy Zhang, MPH

Promotion Specialist, Prevention, Screening, Hereditary Cancer Program, BC Cancer

New season of DocTalks: A Doctors of BC podcast production

On the first episode of DocTalks season 2, we speak with experts Julie Jones and Carl Prophet about how doctors can optimize their physical and online safety (www.doctorsofbc.ca/news/doctalks-podcast-physical-and-online-violence-how-protect-yourself). We're hearing more and more reports of violent threats—either physical, verbal, or digital—directed toward physicians, triggered specifically by tension created by the COVID-19 pandemic.

Guests Jones and Prophet speak to the current political climate and its effect on violence for BC doctors. They share how, through prevention planning and informed response strategies, doctors can equip themselves with a plan and the tools to increase personal and cyber security.

Jones and Prophet also lead live webinars, hosted by Doctors of BC's new Business Pathways program (www.doctorsofbc.ca/managing-your-practice/business-pathways), where doctors can learn even more about this topic and participate in live Q&A sessions. More webinar dates will be announced soon. For now, a recording of a past webinar and a downloadable tip sheet, which summarizes the key takeaways, are available online (webinar recording: www.youtube.com/watch?v=YAu3Akxs7yQ; tip sheet: www.doctorsofbc.ca/sites/default/files/human_safety_optimization_tip_sheet.pdf).

BC College of Family Physicians 2022 award recipients

Congratulations to this year's BC College of Family Physicians award winners.

My Family Doctor Award (patient nominated)

The My Family Doctor Award is a way for patients to recognize their own family physician. The following five family doctors, one from each health region, received this year's award:

- Dr Anis Lakha (Vancouver Coastal)
- Dr Marylu Loewen (Fraser Health)
- Dr Allison Ferg (Island Health)
- Dr Linda O'Neill (Interior Health)
- Dr Jaco Strydom (Northern Health)

Peer-nominated awards of excellence

BC Family Physician of the Year:

Dr Karin Kausky (Whistler)

This award recognizes a family physician who provides exemplary care and contributes to excellence in family medicine.

First Five Years of Practice Award:

Dr Sasha Langille-Rowe (Terrace)

This award is designed to recognize an exceptional family physician in the early stage of their career.

R2 Resident Award:

Dr Kimberley Chang (Nanaimo), Dr Romina Moradi (North Vancouver), and Dr Ramita Verma (Victoria)

This award is given to three R2s graduating from the UBC Family Practice Residency Program.

Dr Manoo and Jean Gurjar Resident Award:

Dr Emma Jackson (Victoria) and Dr Hannah Gibson (Kelowna)

This award is given to two resident physicians in the UBC Family Practice Residency Program.

For more information about the recipients, visit <https://bccfp.bc.ca/bccfp-awards/2022-award-recipients>.

Monkeypox: Information for health care providers and the public

The BCCDC has developed online information about monkeypox for health care professionals as well as the public. The information includes an update on the current situation, clinical presentation of cases, transmission, management of suspected cases, infection prevention and control measures, and prevention and vaccination.

Information for health care providers: www.bccdc.ca/health-professionals/clinical-resources/monkeypox.

Information for the public (including translated content): www.bccdc.ca/monkeypox.

Communication products and services

As a Doctors of BC member, you are eligible for substantial savings compared with consumer pricing on current mobility devices and data plans, as well as home and business services.

Mobility services

Through our partnership with Telus's Exclusive Partner Program, Doctors of BC members are offered special savings on mobile devices and cellphone rate plans. We are able to provide member-only discounts of up to 30%. Best of all, Doctors of BC's "unlimited" mobility plans include unlimited nationwide talk and text, including picture and video messaging, meaning no more overage fees! Choose your monthly allotment of full-speed data, with reduced-speed access for the rest of your billing cycle at no additional cost. Alternatively, if you're frequently calling or traveling to the United States, we offer unlimited Canada-US talk and text plans.

Interested in devices and data for your family? Doctors of BC's mobility plan allows users to add up to nine family members under your own account. Data is shareable between devices on your account, meaning even more data for your entire family.

Home and business services

You can access potential cost savings on home services, including home Internet, Optik TV, and security. After a few years' hiatus, we are pleased to have member offers available for office phone and Internet services such as Business Connect and Voice over Internet Protocol.

All of the above services are available via your Telus account, meaning you can access and amend the services as required 24/7. Our friendly team is also here to assist along the way. Contact the Doctors of BC office to learn more at telusinfo@doctorsofbc.ca, 604 638-2898, or www.doctorsofbc.ca/telus (login required).

—Chris Bankonin

Member Services Manager, Members' Products & Services

Considerations for insurance at retirement

Many members have entrusted Doctors of BC with their insurance needs over their careers. If you are nearing retirement, there are some things to know about your Doctors of BC insurance.

Physicians' Disability Insurance (PDI): PDI remains in effect as long as you have more than \$10 000 of eligible income in a calendar year; however, it terminates at age 70 regardless of

your income. Cancel your coverage once you retire. If you forget, PDI automatically cancels after a period of no income.

Member Disability (INCOMEprotect): INCOMEprotect expires the 1st of May following your 70th birthday, regardless of your working status. Disability benefits replace your earned income if you cannot work due to illness or injury. Cancel your coverage once you retire, as the plan is no longer applicable. Changes in membership status or reported earned income will not trigger an automatic cancellation.

Professional Expense Insurance (PEI): PEI expires the 1st of May following your 80th birthday. Benefits are payable only if you are incurring business or professional expenses. Cancel your coverage once you retire, as the plan is no longer applicable.

Accidental Death and Dismemberment (AD&D): AD&D expires the 1st of May following your 75th birthday. Since premiums remain level and are relatively inexpensive, we encourage keeping coverage until expiry.

Life insurance: Life insurance expires the 1st of May following your 75th birthday. Generally, you can consider reducing or canceling term life insurance if you have no debts or financial dependants and are in good health. Evaluate your life insurance needs before canceling or reducing coverage.

Health Benefits Trust Fund (HBTf): HBTf can cover you and your family for life. Currently, there is no expiry age, although the plan benefits change after your 70th birthday. Contact us if you are winding up your corporation or if you are retiring and you have the Core Plus plan. If you have the Cost-Plus feature on your plan, speak to your accountant about whether it is useful to maintain in retirement.

Critical Illness Insurance (CI): CI expires the 1st of May following your 75th birthday. Premiums tend to rise substantially in older ages. You may reduce or cancel coverage if your retirement is well funded and you no longer require additional financial support during a critical illness event.

Contact insurance@doctorsofbc.ca for more information.

—Julie Kwan

Business Development Manager, Insurance

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Correction: Sexually transmitted infections in British Columbia

The authors of “Sexually transmitted infections in British Columbia: An update” [*BCMJ* 2022;64:174-178] have provided a postpublication revision to the following sentence, as marked: “In on-demand PrEP, patients take ~~one~~ two emtricitabine/tenofovir disoproxil fumarate combination pills 2 hours prior to sexual intercourse, a ~~second~~ third pill 24 hours later, and a ~~third~~ fourth pill 48 hours after the first dose.” The article has been revised online.

Update to *BCMJ* July/August online pdf issue

3 August 2022

We have removed an article by MD Financial that some readers found inappropriate for the journal. We appreciate receiving feedback about the content we publish.

Attn: BC Doctors

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