

Letters to the editor We welcome original letters of less than 300 words; we may edit them for clarity and length.

Letters may be emailed to journal@doctorsofbc.ca, submitted online at bcmj.org/submit-letter, or sent through the post and must include your mailing address, telephone number, and email address. Please disclose any competing interests.

Re: Where have all the family doctors gone?

It is with sadness and frustration that I reply to Dr Suzanne Montemuro's letter in the *BCMJ* [2022;64:105-106], "Where have all the family doctors gone?"

She chose to bring up the issue of physician remuneration as one reason there is a shortage of family doctors. On this issue I agree. However, her letter implies that specialists, in particular ophthalmologists, are overpaid. On this issue I completely disagree. I argue that family doctors are underpaid. I don't know of any Canadian physician who feels overpaid. Ever.

Unless Dr Montemuro has experience with a successful application to a specialty residency program, successful completion of a Royal College of Physicians and Surgeons of Canada program, and experience practising as a surgical specialist, then I feel she is in no way qualified to imply that specialists are overpaid. I would be happy to have Dr Montemuro visit my office and surgery day so I may demonstrate to her some of the challenges and stressors, as well as the costs of my equipment and overhead, which are also 40% like hers. If

she then still feels that I am overpaid, so be it.

I acquired my licence to perform family practice during my training and worked walk-in clinic shifts during residency to help pay my way through ophthalmology training. I feel I have enough experience to fairly state that family doctors are underpaid. Period. There is no need to imply that specialists are overpaid. This creates animosity among physicians. Exactly what some politicians want. Instead, we need to support the areas of family practice that require help, including remuneration.

—Robert Semeniuk, MD, FRCSC
Ophthalmologist, Penticton

Re: The subspecialty of adult infectious diseases

It was a pleasure to read Dr Chow's perspective on the subspecialty of adult infectious diseases in British Columbia [*BCMJ* 2022;64:155-159]. I met him as a trainee in 1986 and I can attest to the fact that he is one of the founding fathers of our specialty in Canada and a mentor to many of us.

In his Table 2, I would like to point out an omission to his summary of the geographic

distribution of adult infectious diseases services in BC. I am the medical director of the Vancouver Infectious Diseases Centre in downtown Vancouver. Our three physicians and three nurses (and other support staff) are dedicated to the development and evaluation of systems of care for inner-city residents living with HIV, HCV, and other chronic medical conditions, including cellulitis, endocarditis, and osteomyelitis, to name a few. We offer services in both French and English. We also have a novel "community pop-up clinic" model, conducted once a week at selected single-room-occupancy buildings in the inner city, interacting with men and women (many with untreated HIV and/or HCV infection) who are often disengaged from care.

Our team congratulates the *BC Medical Journal* for highlighting the importance of the infectious diseases community in our province. Following in the footsteps of Dr Chow's pioneering work to develop our specialty, it is a privilege to have developed our centre to serve the most vulnerable among us.

—Brian Conway, MD, FRCPC
Vancouver Infectious Diseases Centre



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