

Letters to the editor We welcome original letters of less than 500 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: Gender-affirming care in BC: Guest editors reply to Drs Sinai, Regenstreif, and Leising

I was interested to read that the approach taken by the team at BC Children's Hospital requires a "comprehensive psychosocial assessment of an individual before providing gender-affirming therapy" [*BCMj* 2022;64:287]. A family experience there is recounted in an article published in the *Economist* 2 years ago: "We thought we were going to see a psychologist, but it was a nurse and a social worker," says Ms Davidson (both her and her daughter's names have been changed). "Within ten minutes they had offered our child Lupron."¹ Was this an adequate psychosocial assessment? The parents clearly did not think so.

Why has there been such a huge increase in referrals of children (especially girls), unhappy with their birth gender? Perhaps if we knew the reasons, we could put our resources to better use. Meanwhile, I am concerned that these youth may need more time to consider their decision.

—Richard S. Taylor, MB, BS, FRCPC
Victoria

Reference

1. An English ruling on transgender teens could have global repercussions. *The Economist*. 12 December 2020. Accessed 25 November 2022. www.economist.com/international/2020/12/12/an-english-ruling-on-transgender-teens-could-have-global-repercussions.

Designation of a life insurance beneficiary

Erin Connors' article about designating your life insurance beneficiary [*BCMj* 2022;64:377] has solid, poignant information, recommending that you designate a beneficiary for your policy in the case of your death and ensure that you stipulate a trustee to handle the funds if the beneficiary is still a minor.

When our son unexpectedly died 20 years ago without having made a will, nephews had been named as beneficiaries of his two policies. The one living in BC immediately lost 10% of the payout to the public trustee, who had to handle the funds under BC law. The one living in Quebec was able to avoid this by having his parents designated as trustees.

Another BC peculiarity, and a catch-22, is that to administer an intestate estate one needs letters of administration, which can be obtained only if details of items like life insurance policies are given up front. But to get those details, insurance companies demand that you provide them with letters of administration!

Perhaps the insurance department of Doctors of BC could spearhead changes to probate law in BC to remove this legal incongruity and to make it possible for parents to administer life insurance policy benefits for minors under the supervision of a public trustee, as is done in Quebec, without the large windfall deduction from those funds.

—Anthony Walter, MD
Coldstream

Re: Dr Ken Turnbull (obituary)

I was saddened to read of the passing of Dr Ken Turnbull. He was one of my favorite teachers, colleagues, and mentors.

In 1986, when I was a resident, he was one of the ICU attending staff. He had a great way of assessing cardiovascular responsiveness. He used the tilt table test. No one else did. Little did I know at the time that the test was first described that year!

Later, when the two of us were both in practice at VGH, he gave anesthetics for my patients. He was one of the early adopters of acupuncture as an adjunct to

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general anesthesia. He liked to teach about the Hegu point (LI4) in the first web space. This is the one to relieve headaches (possibly caused by the interaction of surgeons and anesthesiologists).

In 2001 I required an emergency discectomy for an acute L5-S1 disc. Ken was my anesthesiologist. He sent the medical student out to examine me preoperatively. She apologized and said that Dr Turnbull had told her that she had to listen to my heart and lungs. I think I told her I would tell him if she didn't.

He loved to talk about tinkering with and flying his plane and the time he had to ditch her in Indian Arm. He was a great teacher. He cared about his students, his patients, his colleagues, and his profession. He was also a good friend, and I will miss him.
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—Douglas J. Courtemanche, MD, MS,
FRCSC
Vancouver

Correction: Managing menopause Part 1: Vasomotor symptoms

This article (*BCMJ* 2022;64:344-349) has been revised online postpublication to provide an alternative method of accessing the *Managing Menopause* guideline via the College of Physicians and Surgeons of BC Library.

Revised content: The *Managing Menopause* guideline can be accessed from the College of Physicians and Surgeons of BC Library. To do so, go to the Point of care tools page: www.cpsbc.ca/registrants/library/point-care-tools and find ClinicalKey in the alphabetical list. Click on "Log in to access" and log in. Scroll down and click on the Guidelines box (left-hand side). Where it says "filter list by title," type "guideline no 422" and press the Enter/Return key. College registrants with library services can contact the library for assistance (medlib@cpsbc.ca); other health care

providers can use the citations in the reference list (2-8) to inquire further at their own libraries.

Correction: WorkSafeBC and your patients with workplace injuries: Frequently asked questions

The WorkSafeBC article published in the December issue (*BCMJ* 2022;64:432) has been revised. The authors requested the highlighted changes post-publication:

Q: How do I know if my patient's claim has been accepted?

A: You can check an injured worker's claim status by using the claim status tool at <https://pvc.online.worksafebc.com> or calling the Teleclaim team (604-232-7787 or 1-866-244-6404 toll-free WorkSafeBC Claims call centre at 604-231-8888 or 1-888-967-5377, Monday to Friday, 8 a.m. to 6 p.m., or emailing hcsinqu@worksafebc.com.

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