Menopause: Is the media going to set the record straight?

According to Statistics Canada, there are over 5.3 million people in British Columbia,[1] and nearly one-quarter of them are women 45 years of age or older. This prompts the question: for a condition that affects nearly 1.3 million people in our province, why aren't we talking more about menopause?

When I teach UBC medical students about menopause, I emphasize that it is a physiological diagnosis. It is a normal process in the lives of people with ovaries, wherein egg supplies have been depleted, ovarian function declines, and estrogen production drops dramatically. I also emphasize, however, that physiologic does not mean painless. The symptoms that ensue in the absence of estrogen, such as hot flushes, mood changes, sleep disturbances, and genitourinary atrophy, can range from mildly troublesome for some women to totally debilitating for others.

In February 2023, the *New York Times* published an article titled "Women have been misled about menopause."[2] The author, Susan Dominus, does an admirable job of summarizing women's silent suffering as a result of our society's reluctance to acknowledge and treat the symptoms of menopause. One of her sources, Dr Rachel Rubin, says it best: "Menopause has had the worst PR campaign in the history of the universe."

Prior to 2002, hormone therapy was common. However, after the early termination of the Women's Health Initiative hormone therapy trial in 2002 and 2004, fears about hormone therapy hit the press, and the demand for prescriptions dropped dramatically.[3-5] Of the risks described in the Women's Health Initiative trial (still the largest randomized controlled trial to date on hormone therapy), the one that has garnered the most enduring public attention is breast cancer. More specifically, in the group of over 16 000 women that could be assigned to take conjugated estrogen and medroxyprogesterone acetate, those taking both hormones for longer than 5 years had a relative risk of 1.26 for developing breast cancer. As Dominus points out in her article, "[w]hat happened next was an exercise in poor communication that would have profound repercussions for decades to come." When investigators declared that the trial was halted because invasive breast cancer increased by 26% in users of combined hormone therapy, it caught a lot of attention from patients and physicians alike. However, that relative risk statistic sounded much scarier than if one considered the absolute risk, which was eight additional breast cancers per 10 000 women years.[3,4]

The *New York Times* is, in fact, telling women what they need to know.

I am part of an online group for Canadian woman physicians in which a colleague recently posted about struggling with perimenopause. Vasomotor symptoms and dyspareunia were seriously affecting her work and her relationship with her partner. She polled the group to see if she should consider hormone therapy, asking whether the group thought it was safe. I was pleasantly surprised to see that replies were unanimously in support of hormone therapy. This tells me that the right information is out there and many physicians know about it; maybe some even read the two *BCMJ* articles on managing menopause in the October 2022 issue (insert winking emoji). The ongoing challenge is counseling our patients. As the *New York Times* article points out, the data on menopausal hormone therapy are nuanced, and the risks versus benefits need to be individualized. Practitioners may struggle to find the time for a thorough discussion on menopausal symptoms, which can often involve addressing misinformation and talking through the data, or lack thereof, on various "natural" options that are heavily marketed to this population.

In 2019, Dr Timothy Rowe and I wrote a *BCMJ* editorial titled "New research on hormones and breast cancer: The headlines don't convey what women really need to know."[6] I must now happily eat my words and declare that the *New York Times* is, in fact, telling women what they need to know. I can only hope that a lot of women read it. ■

—Caitlin Dunne, MD

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Acknowledging land and Earth

Most of us are now familiar with land acknowledgments: statements made at the beginning of a meeting or event that acknowledge the people and nations who culturally and physically inhabited a territory prior to colonization. These offerings have increased significantly since the 2015 report of the Truth and Reconciliation Commission.

I vividly remember the first time I, a descendant of settlers, heard a land acknowledgement. In 2014, I was waiting for the start of a local play about the Militant Mothers of Raymur, who in 1971 camped on railway tracks until an overpass was built for their kids to use to cross the tracks to get to school. Many of the women were marginalized, directly affected by racism and/or the gender dismissal of the time. When a woman stood to address us, I initially thought she was part of the introduction to the play. She introduced herself and her Indigenous affiliation; then her soft words lodged themselves firmly in me. Hearing for the first time an unvarnished, irrefutable truth directly from someone affected left me with the discomfort of culpability and the knowledge that she had a right to ask for accountability.

Since then, I have heard many land acknowledgments, often rote or performative. Indigenous leadership asks us now to help evolve these into more meaningful structures of reconciliation—correctly pronouncing names of the people and the lands, sharing details of historical context and complexity, and not only acknowledging the past but also defining current relationships with Indigenous groups and committing to inclusivity and reflection of Indigenous interests.

Indigenous cultures openly acknowledge and protect the land and water on Earth. My office partner, Dr Doug Courtemanche, an environmental activist for decades who walks the walk (read: bikes the bike, composts the compost), has set standards and examples for our group to follow, often crediting Indigenous knowledge. He recently presented excellent grand rounds about the climate emergency and what actions physicians can take. I asked his permission to amplify some of his most passionate points in this editorial.

Climate change is real, the science is not theoretical, and the climate emergency has already had more impact than predicted.

First, this is not a drill. Climate change is real, the science is not theoretical, and the climate emergency has already had more impact than predicted. Dr Courtemanche took care to pause several times during the talk to give us time to breathe and centre ourselves as we learned of inexorable changes related to carbon dioxide, water, microplastics, landslides, and extreme weather events.

Climate change *directly* impacts human health. The largest number of single-day deaths from any public health emergency in BC occurred on the day Lytton reached an all-time national record temperature of 49.6 °C in the heat dome of 2021. Famously, a patient was diagnosed with climate change in a Nelson emergency room. Despite sudden massive floods and atmospheric rivers, we were on track to have the driest year since records have been kept. Drought leads to food and water insecurity, changes in vector and fish ecology, and agricultural collapse. Pollution and wildfire smoke directly worsen asthma and cardiovascular disease. Skin cancers are expected to increase. And climate anxiety, depression, suicide, and other mental health impacts are real and worrisome, especially in younger people.

In any emergency, physicians have agency and ethical obligations to engage and help to the best of our abilities. The climate emergency is a true public health emergency. It is frustrating that neither grassroot activism nor international organizations like the World Health Organization and United Nations have been able to create meaningful international government-level change. We, as physicians, are in a position to support planetary health.

Most Canadian doctors believe climate change is happening and are worried or *very* worried. Even when it feels like a tiny drop in a global bucket, change both in individual actions and at the health care system level can be effective.

Our family carbon footprints can be reduced by having fewer children, not using cars, curtailing air travel, and eating a more plant-based diet. Even partial reductions in these areas can help if enough of us participate.

Green committees in our hospitals and offices can implement reusable gowns, drapes, and equipment; more recycling and reprocessing; and fewer opened packages.

Canadian medical students have organized initiatives to integrate climate health into their curricula, and we can model green behavior for them. We can credibly inform climate debate, guide patients in green behaviors, and support more nontravel-based meetings for our education. We can read and recommend books focused on green and Indigenous traditions. We can vote and

invest responsibly and personally acknowledge stewardship of the land.

And some of us can amplify the message in an editorial. ■

—Cynthia Verchere, MD

Additional reading: Land acknowledgments

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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: Are vitamins a complete waste of money?

In her January/February editorial, Dr Caitlin Dunne points out that there is no good evidence for adding vitamins or supplements to most people's diet [*BCMJ* 2023;65:4]. People are misled to believe there is a benefit and fall victim to the relentless power of advertising.

I would like to add a suggestion that we encourage adequate intake of omega-3 fatty acids from healthy food and not from proprietary products. Most of us already have good intake of omega-3 fatty acids from fish, oils, nuts, and vegetables, and we could suggest redirecting the high cost of these supplements to pay for wild fish and organic vegetables available from local providers across BC to those who do not eat enough of these foods.

The vitamin and supplement industry, in my opinion, is an unnecessary and highly successful scam that wastes the precious income of too many people. People would be healthier with a better unsupplemented diet.

Finally, pelagic krill should be left in the ocean for natural predators, who deliver all the benefits to us when we eat wild fish. There is a risk of overfishing krill in Antarctica, which could further advance the demise of wild fish stocks. Humanity should do better than to cause that completely unnecessary loss.

—Rick Potter-Cogan, MB BCh BAO
Comox