Celebrating 65 years of the *BC Medical Journal*

In 2023, the *British Columbia Medical Journal* is marking a significant milestone: its 65th year of publication. This anniversary invites us to contemplate what it means for an organization to reach the mature age of 65. With age comes reflection, and an opportunity to celebrate past accomplishments and consider the impact an institution has had on its community (and vice versa). For the *BCMJ* this journey is significant, not only for the journal team but also for the entire medical community it serves—the doctors of BC, its dedicated readers, and the contributors who have shared their knowledge in its pages.

The origins of the *BCMJ* can be traced back to its predecessor, the *Vancouver Medical Association Bulletin*, which saw its inaugural issue published in October 1924. A glimpse into its editor's page from that time reveals the *VMA Bulletin*'s aspiration to be the "first attempt at systematic medical publication in the Canadian West," embodying the progressive spirit of its leaders.[1] It also emphasized an intention to distribute the *VMA Bulletin* to doctors (then composed of "medical men") across the province, laying the foundation for the *BCMJ*'s commitment to broad dissemination of medical knowledge.

The transition from the *VMA Bulletin* to the *British Columbia Medical Journal* in 1959 marked a pivotal moment in the journal's history. This reorganization and renaming signified the birth of a publication that would become an integral part of the medical landscape in British Columbia. In 1963, the British Columbia Medical Association (now Doctors of BC) assumed ownership of the journal, solidifying its position as the official publication of our medical community.

Today, the *BCMJ* proudly stands as the sole provincial medical journal in Canada, a testament to its enduring relevance, community participation, and Doctors of BC support. Over the years, the journal has reached a circulation of over 16 000 readers, and remarkably, the cost of each issue to members has remained at $2 for over 37 years, thanks in part to advertising support (see www.bcmj.org/history for more about the journal's history). While the *BCMJ* embraced the digital age with the launch of

bcmj.org in 2000, it continues to offer a print edition in response to feedback from our 2022 survey. Since its inception, the *BCMJ* has had only seven editors: Drs Jack MacDermot, Sid Hobbs, A.F. Hardyment, W.A. Dodd, James A. Wilson, and David R. Richardson. I have had the privilege of being the editor-in-chief for just over a year now, overseeing the continued growth and evolution of the *BCMJ*. In cooperation with Doctors of BC, I introduced term limits for Editorial Board members, humorously noting that I am the first woman and the new limits will make me one of its shortest-serving editors. When our close friends and colleagues Drs David Richardson, Brian Day, and Cindy Verchere retired in the last 2 years, I was honored to welcome Drs Terri Aldred, Michael Schwandt, and Sepehr Khorasani to our Editorial Board.

Behind the scenes, the *BCMJ* possesses a brilliant yet unassuming team of three who have served the journal for between 10 and 24 years. Authors frequently email me to laud the *BCMJ* for making their contributions shine—a credit owed to the hardworking *BCMJ* editorial teams, past and present.

The *BCMJ* was born with a noble objective: to "strengthen the ideals of unity and organization among members of the profession." In 2023, the journal revisited its strategy and refined its mission, becoming "[a] general medical journal focused on sharing knowledge and building connections among BC physicians." Additionally, the *BCMJ* established its first vision and set of values, displayed above the masthead of each issue.

The *BCMJ* has borne witness to numerous health care eras in British Columbia, from the inception of the BC Medical Plan in 1965 to a pandemic in 2020. Together we have chronicled the evolving landscape of medicine in our province throughout 65 years of publication.

I believe the *BCMJ* stands as a testament to the power of collaboration and community building. Through its pages, it has fostered dialogue and networking among BC physicians, creating a space for exchange of ideas, best practices, and innovations. This sense of unity is particularly significant in a time when health care systems face unprecedented challenges.

As we honor the 65th anniversary of the *BC Medical Journal*, I want to acknowledge the dedicated individuals who have contributed to its success over the years. From the committed editors and authors to the readers and steadfast supporters, this journal owes its enduring impact to the collective efforts of a community passionate about advancing medicine and improving patient care. ■

—Caitlin Dunne, MD

References

1. Vancouver Medical Association. The Vancouver Medical Association Bulletin: October, 1924. Accessed 10 October 2023. https://open.library.ubc.ca/collections/historyofnursinginpacificcanada/vma/items/1.0214304.

Downstream effects of medical care abroad

With COVID-19 restrictions lifting and traveling becoming a norm again, there seem to more and more patients electing to seek investigations and medical care abroad. In my opinion, many patients are seeking over-investigations and providing us with full-body MRI reports and a panel full of lab results to dig through and deem what is necessary for follow-up in our publicly funded system.

The issue is multifaceted. Patients traveling for medical care and paying out of pocket expect thorough examinations and specific tests or scans. The providers ordering the tests do so because that's what patients expect when they present to their clinic or hospital, especially when patients may have other places they can choose to go. With advances in medical technology, it has become easy for providers to order a wide array of tests and scans without having to ask questions about medical symptoms or putting things in context. Often, the more tests ordered, the more financial incentives there are as well.

Patients then bring back long reports of their findings from different countries, and as family practitioners we are obligated to follow up on pertinent findings. The difficulty lies in identifying what is medically necessary and balancing that with patient expectations and wise use of resources. With our medical system already strained, over-investigation contributes to increased health care costs and allocation of limited resources. In turn, this can divert resources away from patients who require more urgent care. Excessive testing can also lead to high rates of false positives, leading to more invasive procedures or treatments that may not be needed, potentially causing physical harm and unnecessary anxiety. Not to mention the limited time we have in the office: a 15-minute appointment is not sufficient to address the multiple concerns these reports can highlight. I struggle to be efficient when trying to interpret these medical reports, and it can be time-consuming to explain to patients what is and isn't deemed necessary. As a clinician, it has been helpful to use evidence-based medicine and support from various practice guidelines to guide these discussions. For example, I found the Choosing Wisely Canada campaign (https://choosingwiselycanada.org) helpful in guiding my clinical decisions about whether to pursue certain tests.

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In the end, what matters most is patient health outcomes. Has over-investigation been shown to lead to better health outcomes? Not necessarily. Although the comparison is obviously more complex, as an example, in the US, where there is a multipayer system and patients with the financial means can easily access tests and scans directly, it has not been shown to improve life expectancy on a population level. As per World Health Organization data, the healthy life expectancy at birth is 71.3 years in Canada, compared with 66.1 years in the US.[1] This highlights the importance of focusing on health outcomes rather than simply the availability of tests and scans.

Even armed with knowledge and evidence to support clinical decisions, it is still a delicate balance between patient expectations, evidence-based medicine, and resource management. Often it feels impossible to fulfill all aspects, especially given the constraints of our medical system. The problem of seeking over-investigations has impacts not only at the patient level, but also for clinicians and the system as a whole. ■

—Yvonne Sin, MD

Reference

1. World Health Organization. Healthy life expectancy (HALE) at birth. Accessed 30 September 2023. www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth.