The CPSBC closed our medical library

On 15 March 2024, the College of Physicians and Surgeons of BC (CPSBC) closed its Library, which came as a shock to many of us. Physicians across British Columbia have expressed their dismay at this decision, both privately and in the pages of the *BCMJ*.[1,2]

There is minimal information about the closure on the CPSBC's website, so I reached out to understand the rationale. The response read: "Registrants were not consulted. This difficult decision was made by the College Board after careful consideration of data showing significant decrease in library use over the years. There are no further details on the public record."

During the Library's final days, I called Dr Karen MacDonell (PhD), the former director of library services for CPSBC, to say thank you. I was an avid user of the Library, often requesting literature searches to help inform research projects and manuscript writing. The team was always thorough and prompt. As Dr MacDonell put it: "The Library was entirely focused on serving physicians so physicians might serve their patients."

As we reminisced on the Library's varied functions, it occurred to me that perhaps registrants underused the Library's services or weren't aware of its history. If we had known the Library needed our support, could we have advocated for it better? As the saying goes, you don't know what you've got until it's gone.

The first medical library in BC was established in 1906 by the Vancouver Medical Association.[3] Eventually, the demand for and breadth of its services expanded to a point where a central provincial administration was warranted. In 1960, after a vote by BC physicians, the Library was taken on by the CPSBC. Chronicling the Library's transition for a 1963 article in the *Canadian Medical Association Journal*, Dick and colleagues wrote: "This proposal was met favourably on the basis that the [College] Council, under the Medical Act, had a duty to maintain the standard of medical practice throughout the province. What better way was available than through an active medical library service?"[3]

In 1963, each doctor in the province was assessed an annual fee of $25—noted to be the approximate cost of one annual medical journal subscription—demonstrating excellent value for money.[3] The fee would be equivalent to about $250 today, reflecting that we paid significantly less for the Library's services in the present day than physicians did in 1963. In 2022–2023, 60 years later, the portion of the CPSBC's expenses accounting for library services (including salaries and benefits) was $1 863 000, or $126.54 per active registrant, based on 14 723 professionally active registrants.[4] For context, that is 5% of the CPSBC's $36.7 million in expenditures, the largest of which are accreditation programs (16%), complaints and practice investigations (16%), and legal services (14%).

In 1963 there were two librarians and two clerical staff; most recently, there were four librarians and four library technicians. Among the team's responsibilities was locating articles, books, documents, and electronic resources from the CPSBC's collection, local libraries, and around the world. The team curated and maintained collections of books, journals, audio recordings, question banks, point-of-care tools, pharmacopeia, drug interaction checkers, therapeutic monitoring guidance, instructional videos, and reading lists. Many of you probably read the monthly *Cites & Bytes* newsletter, which presented physicians with a selection of clinically relevant citations from emerging literature.

According to the CPSBC's committee reports, for each of the last 3 reported years, an average of 1710 physicians posed over 10 000 queries, Library staff provided almost 13 000 copies of articles, and about 46 500 articles were downloaded from the Library's website.[5-7] On average, almost 1200 in-depth literature searches were done each year. One librarian recalled that the "queries were endlessly varied, just as are physicians' patients." Physicians also had self-serve access to top-ranked point-of-care tools such as BMJ Best Practice and DynaMed and a variety of other online clinical information sources.

When I asked the Library team what they were most proud of in their work, one member replied: "I am proud to rest in the conviction that every single request was taken with utmost seriousness and engagement. We felt the responsibility to provide the best evidence we could find in response to clinical (and medicolegal, administrative, educational, etc.) questions. We saw the vulnerability of the physician saying 'I don't know the best way to help my patient,' so we applied our specialized skills plus that crucial characteristic of every successful library technician and librarian: curiosity."

Sir William Osler was the first donor to the Vancouver Medical Association's medical library, stating: "There is no better index of the intellectual status of the profession in any town than the condition of its medical library."[3] Is it possible that in 118 years, Dr Osler's vision has gone from essential to obsolete? Are medical library services truly no longer necessary? Since the summer of 2023, three major Canadian health libraries either closed or were diminished: the CMA library (CMA Joule) closed, the CPSBC's library closed, and the Canadian Agency for Drugs and Technologies in Health recently

Continued on page 105

Fewer apologies, more focus on trying our best

We are taught to take responsibility for our actions, make amends when we make a mistake, and offer apologies when needed. A funny stereotype is that Canadians love starting a conversation with an apology: "Sorry, but can I . . . ?" This practice seems ingrained in our culture.

Reflecting on when I started practising family medicine, I often found myself apologizing to patients for systemic issues beyond my control, sharing in their frustration over the limitations of our health care system. This was often about prolonged wait times or lack of readily accessible care. Initially unaware, I repeatedly apologized for things I had no control over, which increased my own frustration and led to feelings of helplessness and eventual burnout. Of course, if a patient requires urgent attention, I try my best to advocate for them. If my genuine effort is unable to make a difference, I used to get frustrated. Now, I tell myself that I am trying my best. When we genuinely try our best, I find patients are often very appreciative, irrespective of whether it changes the outcome.

As a society, we emphasize endpoints and outcomes, but it is vital to acknowledge dedication and going the extra mile for patients. When I ask more seasoned physicians what they find to be the most rewarding part of family practice, many tell me it is the longitudinal nature of the relationships formed with patients over many years and the ability to help them navigate their health journey. It is our commitment to patient well-being that leaves a lasting impact. I've learned to shift my mindset away from apologies and toward focus on actions and doing more for patients instead.

Happier physicians foster a more sustainable health care system.

With the implementation of the Longitudinal Family Physician Payment Model, our time is more valued. I hope this model provides even more motivation for us to do more for our patients. We still face many *other* issues: many physicians continue to grapple with mountains of paperwork, administrative burdens, and escalating overhead costs, and wait lists for essential investigations, specialist consultations, and surgeries persistently remain long.

As a family physician, I recognize that I am one piece of a complex puzzle. At times, navigating this complex system feels overwhelming. By embracing the mindset that we're all striving to do our best, we may alleviate some of the burdens imposed on us by the system. We all need to be mindful about physician burnout, and it has been encouraging to see many initiatives addressing physician wellness in the last few years. Happier physicians foster a more sustainable health care system. Let's stop apologizing so much and remember we are all trying our best. ■

—Yvonne Sin, MD

LIBRARY

Continued from page 104

laid off half of its research information services staff.[8]

The future of medical information seeking is uncertain. Do we as a collective value a variety of information sources or a small number of corporate information tools? Medical libraries help ensure equitable access to skilled information professionals and a healthy, varied, expansive literature base, specific to each physician's unique clinical circumstances. In losing the CPSBC Library, I believe we've lost a valuable member of our health care team.

In this issue, Dr Ian A. Gillespie, former president of Doctors of BC, proposes in a letter to the editor that Doctors of BC take over the Library.[1] I am curious to hear from more of our readers about what a medical library, or lack thereof, means to you. ■

—Caitlin Dunne, MD, FRCSC

References

1. Gillespie IA. Closure of the College Library: A proposal. BCMJ 2024;66:106.
2. Szasz G. Memories of our profession's library. BCMJ. 13 March 2024. Accessed 20 March 2024. https://bcmj.org/blog/memories-our-profession-s-library.
3. Dick J, Harrison WE, Fraser CW, Williams DH. The medical library service of the College of Physicians and Surgeons of British Columbia. Can Med Assoc J 1963;88:741-744.
4. College of Physicians and Surgeons of BC. Annual report 2022/23. Accessed 20 March 2024. www.cpsbc.ca/files/pdf/2022-23-Annual-Report.pdf.
5. College of Physicians and Surgeons of BC. Committee reports 2020/21. Accessed 20 March 2024. www.cpsbc.ca/files/pdf/2020-21-AR-Committee-Reports.pdf.
6. College of Physicians and Surgeons of BC. Committee reports 2021/22. Accessed 20 March 2024. www.cpsbc.ca/files/pdf/2021-22-AR-Committee-Reports.pdf.
7. College of Physicians and Surgeons of BC. Committee reports 2022/23. Accessed 20 March 2024. www.cpsbc.ca/files/pdf/2022-23-AR-Committee-Reports.pdf.
8. Ross-White A. Canadians need independent information and evaluation of drugs [petition]. Change.org. 4 March 2024. Accessed 20 March 2024. www.change.org/p/canadians-need-independent-information-and-evaluation-of-drugs.