

# Letters to the editor

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## Re: Primary care needs more access to doctors, not less

I wish to affirm the Premise put forward by Drs Bell and Sloan that both patients *and* physicians benefit from increased access to primary care [*BCMJ* 2024;66:14-15].

I have been in family practice for 40 years. I have been on call for most of that time. Earlier in my career, I was generally available 24/7, as I was mostly doing locums in remote solo practices, often in the Arctic. For the past 28 years, I have “limited” my availability to about 14 hours/day, 7 days/week, year-round. This includes most days that I am away on holiday, which averages 13 weeks/year. Wherever I am, I turn off my phone at 8 p.m., guaranteeing a good night’s sleep. About half of my 2500 patients have my personal contact information. They know not to call me, but they may text or email anytime, in English, French, or Spanish.

What is the consequence of this engagement? Happy patients and a happy, healthy doctor. So far, I have accumulated 4 days of disability—1 day for a bad flu in 1986 (no flu vaccine back then), 1 day to recover from esophageal surgery for a Zenker diverticulum, and 2 days off after a total hip replacement (I cycled to the office on day 8 post-op). I have not experienced fatigue or burnout. On the contrary, I consider my life essentially stress-free. I continue to indulge in many other pursuits, including cycling a minimum of 10 000 km/year for the past 21 years, all over the world. At age 64, I enjoy practising medicine as much as ever and hope to continue to serve my patients for many years to come.

—Thomas DeMarco, MD  
Whistler

## Physician ignition: Promoting physician wellness through CME

The 69th Annual St. Paul’s Hospital CME Conference for Primary Care Physicians was held in Vancouver 21–24 November 2023. Close to 1000 family doctors and medical residents attended in person, and 500 attended virtually from all over North America. The dynamic planning committee innovated and led with a variety of wellness initiatives to engage and energize participants. By incorporating physician mental and physical health, we help doctors have the agency to treat patients more effectively.

Using an app to pose a daily question, we sparked discussions related to workplace and physician wellness. On day 1, we asked participants what advice they would give to a new medical graduate. The following is a collection of answers that I wish someone had discussed with me earnestly 22 years ago.

- Don’t be scared to ask a colleague for their opinion.
- Hold boundaries when answering the phone and emails.
- Have self-compassion. You can be good enough—a good physician, a good person—while making mistakes. We are also human beings.
- Never finish a vacation without planning the next one.

Professional fulfillment was another conference theme. The following pearls shared by physicians are some of the constructs that bring meaning to our work and give us purpose. On day 2, participants were

asked what aspect of their work makes them feel most fulfilled. These are some of the answers:

- Connecting with patients and developing a strong relationship.
- The goal of leaving the patient feeling reassured, validated, and genuinely understood.
- When patients take time to express their gratitude, it fills my emotional bucket.
- It is nice to hear positive feedback from specialists and colleagues.

As health care has become more complex, working in teams is essential for better patient care. Teamwork allows physicians to focus on the “doctoring” and can be fulfilling by supporting and being supported by other health care workers. On day 3, we asked participants to share best practices that help teams thrive in health care. These are some of the responses:

- Communication. Always explain why—everyone needs motivation and reasoning.
- Knowing your limit and when to ask for help is important.
- Define roles and let your team members shine in their roles. Positive feedback and appreciation go a long way!
- Regularly check in on each team member. This will encourage the team to speak freely about how they are feeling and for everyone to be on the same page.

We also hosted an ideas board outside the main conference hall where wellness tips were posted. Daily polls and word clouds were used prior to the start of half days and

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were viewed by all participants on a big screen in the main lecture hall.

The transformation of CME has begun with new and innovative methods to promote physician wellness throughout medical education. Having a sense of community among health care providers is crucial for listening, sharing ideas, and feeling supported and valued.

This was the start of what I call CME 2.0. Medical education and conferences are more than academics. These concepts are crucial to support and develop a thriving family doctor. I can't wait for CME 3.0 in 2024. I want to change physician burnout to physician ignite!

—**Daniel Y. Dodek, MD, CCFP, FCFP**  
**St. Paul's Hospital CME Conference for Primary Care Physicians, Physician Lead Wellness**

### Acknowledgments

Special thanks to St. Paul's Hospital CME Committee co-chairs Drs D. Ngui and T. Wasserfall and members Drs N. Strydom, R. Low, N. Levitt, L. McFarlane, C. Ryan, N. Baria, A. Villaruel, H. Chang, K. Rutherford, and C. Iturra.

## PRESIDENT'S COMMENT

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the Joint Collaborative Committees, engagement partners and regional advisors and advocates based within the boundaries of each health authority, and several Doctors of BC departments, fully supports this work by prioritizing the physician voice and leaning in on collaborative care because we can all truly do better, together. ■

—**Ahmer A. Karimuddin, MD, FRCS**  
**Doctors of BC President**

### References

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2. Specialist Services Committee. Enhancing Access Initiative decreases patient wait times by an average of 75 days. Accessed 30 April 2024. <https://sscbc.ca/news/2021/08/31/enhancing-access-initiative--decreases-patient-wait-times-average-75-days>.

## Re: The general surgery workforce versus population growth in BC

In the article "Chasing a moving train: The general surgery workforce versus population growth in British Columbia, 2012–2022" [*BCMj* 2024;66:46-50], the authors recognize that "[c]ancer care is a resource-intensive area of medicine, requiring not only operating rooms but also oncologists, chemotherapy nurses, and radiation treatment infrastructure." However, pathology is also critical to cancer care, providing the link between general surgeons and oncologists. Diagnostic imaging is critical as well. Pathology infrastructure is resource-intensive, including physical laboratory resources (space, equipment, reagents, etc.) and skilled professionals (pathologists, pathologist assistants, medical laboratory technologists, cytotechnologists, medical laboratory assistants, and others).

The pathology workforce is also chasing a moving train.

—**Valerie Taylor, MD, FRCPC, DRCPC**  
**Kelowna**



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In-office management of knee osteoarthritis

Treating knee osteoarthritis in the clinic using unloader braces, topical applications of NSAIDs, and intra-articular corticosteroid injections can help improve function and pain management.

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