Letters to the editor

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Closure of the CPSBC medical library

I am grateful to Dr Caitlin Dunne for her editorial[1] and to Dr Ian Gillespie for his letter[2] in the May *BCMJ* regarding the recent closure of the College of Physicians and Surgeons of BC (CPSBC) medical library. As a psychiatrist in private practice, I have relied on the CPSBC library for several decades, as I have not had access to either a hospital or a health authority library. The closure of the library, with no warning to registrants, caused me to feel not only shock but also a sense of significant loss. I echo Dr Dunne's insightful comment: "In losing the CPSBC library, I believe we've lost a valuable member of our health care team."

On the other hand, the CPSBC's rationale for the closure ("significant decrease in library use over the years") did not make sense to me. In medicine, we continue to offer treatments we deem important, such as immunizations, even when uptake in some areas may be decreasing. The CPSBC library provided a valuable service. In particular, the assistance from the librarians and library technicians was exceptional. The fact that usage had declined does not justify the closure.

I relied on the library to provide literature searches for complex and challenging clinical situations. I took advantage of two literature search trainings provided by the library, and even still—not surprisingly—the librarians were much more skilled in finding relevant information in a timely manner. I also regularly read the monthly *Cites & Bytes* newsletter, which helped me stay informed about areas outside my specialty. At a time when there is a physician shortage, it does not make sense to add to the workload of physicians by terminating library services.

The CPSBC's 2021–2024 strategic plan includes, under the "engagement" theme, "to provide ongoing education and access to resources to support [registrants] in practice."[3] Closing the library is a short-sighted decision and runs counter to this goal.

I had the pleasure and privilege of serving on the CPSBC Library Committee about 10 years ago. This experience only strengthened my respect and admiration for the library staff, under the wonderful leadership of Dr Karen MacDonell. Another specialist on the committee commented that he would not have been able to fulfil his professional role without the support of the library. I feel the same.

Moving forward, I fully support Dr Gillespie's suggestion that Doctors of BC take over the operation of the library.[2] This is an excellent suggestion that I hope is supported by many of our medical colleagues. The library is a wonderful resource that needs to be protected and nurtured, not only for our benefit but also for the benefit of our patients.

—Teresa Marie Kope, MD, FRCPC
Vancouver

I agree with Dr Dunne in deploring the closing of the College Library.[1] It has been an excellent and efficient service for the physicians of the province.

It is not surprising that library use has declined over the years, given the easy access to information via the Internet. However, such information is often biased, and access to original articles is limited. For those of us who wish to research our information, the Internet is generally inadequate. For the College to close the Library based on declining use suggests that the College feels the ability of its members to find adequate and accurate information is not important. This reflects poorly on the College board.

While I do not disagree with Dr Ian Gillespie's proposal that Doctors of BC take over the library,[2] I have another suggestion. The University of British Columbia has an excellent library, with easy online access to full-text articles. Why not come to an arrangement with UBC, so that Doctors of BC members are able to access the UBC Library? This would likely be less costly than running our own library and would give the UBC Library more funds to operate with.

Whatever is done, 'twere best done quickly.

—Barry Koehler, MD, FRCPC
Vancouver

I read with sadness that the venerable College Library closed in March 2024.[1,2] It's a decision I understand, considering how reliable medical information is acquired by practitioners in 2024. When I first entered practice as a rural generalist in 1999, the latest medical information was acquired through subscriptions to print publications like the *New England Journal of Medicine*, *Canadian Family Physician*, and *JAMA*. This was supplemented by the *Cites & Bytes* monthly mailing from the College Library to inform me about newly published studies in a range of areas of medicine. Each month, I faxed in my order form, checking lots of

boxes, and marveled at how I received an envelope of the study reprints I wanted 10 days later. My, how times have changed.

With the Internet, practitioners now have access to information the moment it is published, without the need for libraries to curate and intermediate between source and consumer. We can access journal websites directly, without the need for a library to house the print journals. UpToDate, ClinicalKey, StatPearls, and other sites provide answers to clinical questions, essentially at the point of care. Before, I would have to rely on a librarian to answer a question like "What are the latest treatments for primary biliary cirrhosis?" Now I type that into a search engine or data aggregator of my choice and get an answer in moments. Or I listen to medical podcasts hosted by professional societies, journals, and scientists who package new information and guidelines into audio formats that educate while entertaining. Or I follow #FOAMed leaders' websites to hear their takes on what's happening in medicine. Like legacy media, the Internet and its myriad medical websites have made a library a place I don't think to consult to help me answer clinical questions and stay current. With that value proposition largely lost, I can understand why the College made the hard decision to close the Library.

So, what now? Is there something else the College Library could do or be? The answer is yes, but through repurposing to better serve registrants in areas the Internet cannot. Besides working as a clinician, I've conducted research and marveled at how ill-prepared I've been. I would have loved to have had a knowledgeable librarian guide me through research methodologies, statistical analyses I could have done, and literature reviews to help me know what's been published before. Or how about a librarian who can help me develop a learning plan on how to develop a skill, such as point-of-care ultrasound, or how to prescribe opiate agonist therapy? Or maybe a librarian becomes the data scientist who helps with guideline development or advises a health authority on how to implement a new clinical service with lessons learned from other jurisdictions. I've appreciated the College Library staff for many years, and I'm hopeful they can apply their considerable skills to new roles and purposes.

—Tracy Morton, MD, CCFP
Haida Gwaii

Thank you, Dr Dunne, for your editorial on the closure of the College of Physicians and Surgeons of BC (CPSBC) medical library.[1] Additionally, I am most grateful to Dr Gillespie for his proposal that Doctors of BC take over the library.[2] This is an excellent idea and provides a hopeful way forward.

Dr Dunne was curious to hear from *BCMJ* readers regarding what the medical library, or lack thereof, means to us.

I was shocked and saddened to hear of the closure—which was announced without warning. I believe it is a step backward and, hence, most unfortunate. The closure will limit articles read and may siphon thought in specified directions rather than enabling a broader perspective. Costs of publication are significant, so the vast majority of articles are not free to access. The additional fee for an article to be freely available on PubMed or other servers requires a premium dollar, so it often requires financial backing. This tiered system can skew what is read. It can delay the introduction of novel findings or concepts. The CPSBC library system enabled all articles to be read by simply contacting the librarian, who would send any desired paper. This is a major asset to getting a clearer picture and speeding up progress.

I realize there are excellent new sources of information that guide clinicians' decision-making processes and can be quickly read and applied. In the clinical practice setting, this is what is needed. There is very little time for anything else at that critical juncture. However, for unusual and rare disorders and research to advance disease management, access to as many articles as possible is most helpful, and that is where I see a void has been created that will leave BC physicians at yet another disadvantage.

The CPSBC library staff have always provided exemplary service. Hence, Dr Gillespie has highlighted the need for urgent action to preserve the valuable experience of the current library employees.[2] Should Doctors of BC act on Dr Gillespie's proposal, a vote on maintaining library services may ensue. Maintaining library services is an investment in the future, enabling physician-scientists to not only remain current but also become leaders in their field.

—Margo Clarke, MD
Pender Island

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Moving beyond the hidden curriculum: Am I ableist?

The e-book *Am I Ableist? Disability Awareness in Healthcare*[1] was written by medical students from Dalhousie University, in collaboration with disability advocates, researchers, and people with disabilities. Prompted by the lack of resources addressing ableism within medical education, it was created with the goal of challenging medical students to be more intentional in how they view and address disability throughout their training.

The e-book begins with a historical overview of how physicians have used disability to institutionalize and further disadvantage ethnic minorities and people of lower socioeconomic status. This highlights physicians' power to influence societal views, which can translate to ableist policies. Even today, society often looks to physicians to understand and label disabilities; physicians are gatekeepers to resources. All medical students will have opportunities to either advocate for their disabled patients or continue to propel the ableist voice in health care and society. Thus, it is essential that future physicians are exposed to and understand patients' disability experience, in the same way they receive cultural

competency training. As it stands, medical students rely heavily on the hidden curriculum and observation of preceptors for disability-related training.[2] *Am I Ableist* provides a well-researched, unbiased view into the disability perspective. It offers concrete examples of ableist language commonly used in clinical settings and provides alternative phrases that are both thoughtful and approved by those with disabilities.

It wasn't until I [author J.S.] read this book as a fourth-year medical student that I reflected on physicians' role in perpetuating ableism. I believe that learning more about the disability perspective would have allowed me to use language more intentionally and with confidence.

Author C.V.: "My daughter has cerebral palsy, and I encourage both physicians-in-training and practising physicians to read this book. It makes a huge difference to parents when physicians recognize the weight people with disabilities and their loved ones carry. We wear so many hats and are expected to keep everything together. Having a physician take the time to learn what is important to our family conveys that they also want the best for our child—*this* is what makes the journey manageable."

In the same way physicians have patient interactions they remember for the rest of their careers, patients and caregivers hold on to their experiences with physicians for the rest of their lives. It is essential for medical students and health professionals to provide trauma-informed care to all patients and to recognize within themselves the language that can perpetuate ableism.

Here are three reasons you should read this book:

- It provides clear examples of ableist language commonly used by physicians, with alternative suggestions.
- It provokes self-reflection about unconscious biases we may have and explains the impact this could have on our patients with disabilities.
- It offers opposing views on the disability perspective to provide an unbiased perspective on the subject.

Download a free copy at https://bit.ly/amiableist.

—Judy So, MD
Resident Physician, Department of Pediatrics, University of British Columbia

—Cynthia Vallance, BA
Patient & Family Engagement Advisor, Sunny Hill Health Centre

—Esther Lee, MD, FRCPC
Pediatrician, Complex Care Program, BC Children's Hospital
Palliative Medicine Specialist, Canuck Place Children's Hospice
Clinical Assistant Professor, Department of Pediatrics, UBC

Note: When this letter was first drafted, Dr So was a fourth-year medical student; it was written as part of a UBC FLEX project.

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Lack of universal oral thiamine coverage a missed opportunity for alcohol harm reduction in BC

Thiamine supplementation is a recommended best practice in alcohol withdrawal management, outpatient care, and harm reduction for people who are diagnosed with severe alcohol use disorder, a population that includes many managed alcohol program (MAP) service users.[1] In spite of thiamine's efficacy as treatment prophylaxis for many acute and chronic alcohol-related harms, including malnourishment, alcohol-related liver disease, Wernicke encephalopathy, and Korsakoff syndrome, gaps in access to affordable vitamin B1 are stark for structurally marginalized illicit drinkers.[2-4] The Eastside Illicit Drinkers Group for Education, a collective of current MAP clients, former illicit drinkers, and allied community organizers working to reduce alcohol-related harm in Vancouver's Downtown Eastside, urges policy change to improve access to oral thiamine throughout BC. The inclusion of oral thiamine on the BC PharmaCare Plan C formulary is a logical and attainable first step toward this goal.

In BC, intramuscular thiamine HCl injections (DIN 02193221) have been covered by numerous PharmaCare plans since February 2018. In contrast, prophylactic oral thiamine HCl 100 mg (DIN 00816078), which is anecdotally preferred by MAP service users in Vancouver and recommended by the BC Centre on Substance Use 2023 Canadian clinical guideline for high-risk drinking and alcohol use disorder, is exclusively covered by PharmaCare Plan W.[1,5] Without broader coverage for over-the-counter thiamine supplements, a significant segment of the high-risk drinking population is unable to regularly access oral thiamine from health care providers or MAP services, choosing instead to pay out of pocket on low incomes.

While holistic Plan W coverage will always remain a crucial part of care for eligible MAP clients who are Indigenous, the potential for oral thiamine to reduce health harms and associated costs for drinkers not presently covered by First Nations Health Benefits will remain unrealized in the absence of universal coverage under BC PharmaCare.

The Eastside Illicit Drinkers Group for Education routinely advocates for the benefits of thiamine supplementation to our membership. Steering committee members regularly review the scholarly literature on vitamin B1 supplementation for alcohol use disorder clients, create resources to support our drinkers,[6] lead educational meetings with peers, and share our own experiences of benefiting from thiamine supplementation. Our sweatshirt sleeves proudly read "Take your thiamine." While we will continue to advocate for (and, in many cases, provide) oral thiamine to our MAP and non-MAP client membership as needed and at their discretion, we feel that the broader inclusion of oral thiamine on BC's provincial formulary is necessary to realize the clinical benefits of this work at a larger scale.

—Eastside Illicit Drinkers Group for Education

—Aaron Bailey, MSc
Program Coordinator, Vancouver Area Network of Drug Users

—George Sedore
Steering Committee Member and Community Organizer, Eastside Illicit Drinkers Group for Education

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Drs Christensen and Reeve

Your list of recently deceased physicians in the May 2024 issue [*BCMJ* 2024;66:135-136] includes Dr Ralph Marenus Christensen. I did not know Dr Christensen personally, but he was part of an event that looms large in my memory. According to the obituary in the *Vancouver Sun*, "[a] highlight of his career was leading the surgical team to complete the first kidney transplant in Western Canada in 1968."

My late husband, Dr C.E. (Ted) Reeve, was on that same team, and it was indeed a highlight for all concerned. The people of Vernon were especially proud because Ralph was born and raised there, and Ted was the son of the rector of All Saints Anglican Church in Vernon. A front-page headline in the *Vernon News*, 31 October 1968, read: "First kidney transplant. Two aid in operation." There were at least a dozen doctors on the team, but these two were the local heroes.

—Phyllis Reeve
Gabriola Island