

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 or submitted online at bcmj.org/submit-letter and must include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Call for podcast participants: Medical students empowering and engaging caregivers in family-centred care

The University of British Columbia Medical Undergraduate Society's Families as Partners in Care Club highlights the importance of family-centred care in medical student training and showcases medical students' interest in gaining experience in this area. The club was founded in 2022 out of three medical students' experiences caring for family members and realizing the importance of family-centred care in developing rapport with families, creating quality care plans, and encouraging open communication in challenging health care situations. Since then, the club has grown to more than 15 medical student members who learn about, promote, and share family-centred care principles.

The club offers resource lists for caregivers to connect with local organizations that support families and other caregivers, as well as family-centred care tips and approaches to share with other learning health care professionals. We hope to continue creating opportunities for caregivers and students to connect one on one outside of clinical situations, supporting the development of long-term strategies for family-centred care integration.

Call for podcast participants

The club would like to engage the greater BC medical community in creating podcast episodes in which medical students discuss family-centred care principles with caregivers and practitioners. If you are a caregiver interested in speaking with us,

please contact us at info.ubc.fpc@gmail.com to help shape how medical students and other health care professionals practise family-centred care.

—Ella Barrett-Chan

UBC Medical Student, Class of 2025

—Caroline Kim, BSc

UBC Medical Student, Class of 2026

—Kristie Mar, BSc

UBC Medical Student, Class of 2025

—Lindy Moxham

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—Sarika Verma, BSc

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Co-founders, Research and Advocacy Team Lead, Resources Team Lead, UBC Families as Partners in Care Club

Re: Deteriorating wait times for breast cancer patients

In their recent article "Deteriorating wait times for breast cancer patients at a regional hospital in BC, 2013 versus 2023" [*BCMJ* 2024;66:240-247], Hwang and colleagues nicely summarized the crisis in the breast cancer diagnosis and treatment system, not just in their regional centre, but also in all of British Columbia. In Kamloops, we established a rapid access breast clinic in 2017 in response to delays in the breast cancer diagnostic system. Our clinic has successfully decreased wait times from presentation to breast cancer diagnosis by an average of 21.3 days (mean 45.7 days prior to the clinic's establishment and 24.4 days after its establishment),¹ and this could be used as a model of care for other centres.

The success of our rapid access breast clinic lies in coordination of care with diagnostic imaging, allowing patients a triple

assessment on one day. This model schedules in a single appointment: (1) nurse and physician assessment, (2) breast diagnostic imaging and results, and (3) same-day ultrasound-guided core needle biopsy, if required. Additionally, our clinic acts as a hub for patients undertaking breast cancer diagnosis and treatment with a nurse navigator who coordinates care in our community. The clinic has been particularly beneficial for unattached patients and patients who have to travel to Kamloops from surrounding communities for investigations and care.

Despite improvements in the breast cancer diagnostic system, we continue to struggle to meet benchmarks for breast cancer diagnosis to treatment timelines. I agree with Hwang and colleagues that these timelines could be improved by bettering the biomarker reporting system, improving operating room access for breast cancer surgeries, and recruiting more medical oncologists to our community.

The Kamloops cancer clinic is staffed by four medical oncologists (one very close to retirement) and the equivalent of 2.5 full-time equivalent general practitioners in oncology. We have been unsuccessful in recruiting oncologists to our centre, in large part due to the current model of care. Our centre is a Community Oncology Network site administered by our local health authority rather than by BC Cancer. We therefore lack the resources and supports that the regional BC Cancer centres have, and this has negatively impacted recruitment and retention of oncologists in our centre. If the Kamloops cancer clinic were to come under BC Cancer administration and receive the same funding, supports, and

services as the regional BC Cancer centres, we would undoubtedly improve physician staffing at our centre and improve timelines to breast cancer treatment.

I appreciate the work Hwang and colleagues put into their article and hope it will engage health authorities and BC Cancer to improve the breast cancer diagnosis and treatment system for all patients in British Columbia.

—Liz Ewart, MD, FCFP
Kamloops

Reference

1. Ewart E, Barton A, Chen L, et al. Assurance of timely access to breast cancer diagnosis and treatment by a regional breast health clinic serving both urban and rural-remote communities. *Curr Oncol* 2023;30:1232-1242.

Access to health care

When I started my practice of internal medicine in Comox back in 1979, patients had better access to health care than they do now. Yes, medications, technology, and surgical procedures are all better now, but

the suffering of patients waiting in long lines for help from our profession is much greater today. Not so long ago, my friend, a retired family practitioner, was suffering from a very painful hip problem. He was given a 3-year wait time, so he flew to Calgary to have the surgery in a private clinic. He could not have the surgery in Vancouver, because only privileged groups of patients can have a surgery in a private clinic in their own province. Quebec is the only province that has an exception to this rule. In 2005, Dr Jacques Chaoulli won this exception in the Supreme Court of Canada, saving patients in Quebec from this nonsensical system.

Our present health care system is in a straitjacket of left-wing politics and an overgrown bureaucracy. Who is speaking for patients today? It used to be doctors, but since the departure of Dr Brian Day from the *BCMJ*, I see nothing in it on the topic of the present health care crisis.

—J.J. Simice, MD, FRCPC
Comox

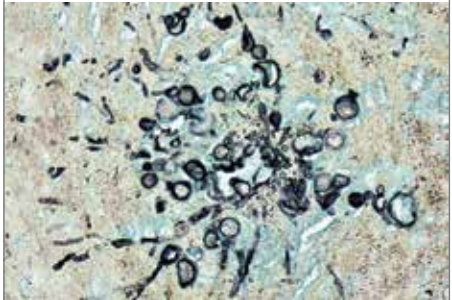


British Columbia Medical Journal
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A case of eumycetoma in British Columbia

Although eumycetoma is a rare infectious entity in Canada, its diagnosis should be considered in patients who have arrived from an endemic country.

Read the article: bcmj.org/clinical-articles-clinical-images/case-eumycetoma-british-columbia



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