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.

Specialists filling gaps in care

With the dearth of primary care providers, some specialists are filling the gap somewhat, taking on unrecognized tasks and extra work such as ordering "routine" tests (e.g., bloodwork, appropriate imaging). This unrecognized work, done because it is the right thing to do, not because it is part of specialists' responsibilities, should be recognized and appropriately compensated. Kudos to these already overburdened practitioners for these extra time-consuming efforts, which are done because it is ethically the right thing to do with our massive gaps in care provision.

—Peter Meyer, MD Victoria



WORKSAFEBC

Continued from page 32

during the swing phase of gait, making them safe and efficient.

Considerations for work-related injuries

The goal is to return patients with work-related injuries to as close to their pre-injury condition as possible. To help achieve this, the patient's WorkSafeBC claim owner may approve and arrange an additional referral to a physiatrist, the WorkSafeBC Visiting Specialist Clinic in Richmond, and/or, in the case of an amputation, the Amputee Multidisciplinary Program at Lifemark Health Centre in Langley. This referral depends on the complexity of the injury and where in the province the patient lives, and it is often made on the recommendation of a prosthetist or physician involved in the patient's care.

Reach out to a medical advisor

To speak with a WorkSafeBC medical advisor about a patient with a work-related injury, including one who may require a prosthesis or orthosis, submit a RACE request (www.raceconnect.ca). ■

—David Broman, CPO(c)FCBC Prosthetic and Orthotic Consultant, WorkSafeBC

Member, Expert Advisory Committee on Prosthetics and Orthotics, PharmaCare, Ministry of Health, Province of British Columbia

Chair, Prosthetics and Orthotics Program Advisory Committee, British Columbia Institute of Technology

BCCDC

Continued from page 33

- Switzerland. New Dis Rep 2015;31:8. doi: 10. 5197/j.2044-0588.2015.031.008.
- Goree H. Occurrence of Cryptostroma corticale in northwestern United States. Plant Dis Rep 1969;53:87.
- Leone PM, Richeldi L. Current diagnosis and management of hypersensitivity pneumonitis. Tuberc Respir Dis (Seoul) 2020;83:122-131. doi: 10.4046/trd.2020.0012.
- Kespohl S, Riebesehl J, Grüner J, Raulf M. Impact of climate change on wood and woodworkers—Cryptostroma corticale (sooty bark disease): A risk factor for trees and exposed employees. Front Public Health 2022;10:973686. doi: 10.3389/fpubh.2022.973686.
- Wenzel FJ, Emanuel DA. The epidemiology of maple bark disease. Arch Environ Health 1967;14: 385-389. doi: 10.1080/00039896.1967.10664759.
- Emanuel DA, Wenzel FJ, Lawton BR. Pneumonitis due to Cryptostroma corticale (maple-bark disease). N Engl J Med 1966;274:1413-1418. doi: 10.1056/NEJM196606232742504.
- Towey JW, Sweany HC, Huron WH. Severe bronchial asthma apparently due to fungus spores found in maple bark. JAMA 1932;99:453-459. doi: 10.1001/jama.1932.02740580021005.
- 9. Shepherd GM, Michelis MA, Macris NT, Smith JP. Hypersensitivity pneumonitis in an orchid grower associated with sensitivity to the fungus Cryptostroma corticale. Ann Allergy 1989;62: 522-525.
- Plate HP, Schneider R. Ein fall von asthmaartiger allergie, verursacht durch den pilz Cryptostroma corticale. Nachr Dtsch Pflanzenschutzd 1965;7:100-101.
- Washington State Department of Natural Resources. Forest health highlights in Washington / 2020. 2021. Accessed 20 December 2024. www.dnr.wa.gov/publications/rp_fh_2020_forest_health_highlights.pdf.
- Washington State University. Sooty bark disease. Accessed 20 December 2024. https:// ppo.puyallup.wsu.edu/sbd.
- Ogris N, Brglez A, Piškur B. Drought stress can induce the pathogenicity of Cryptostroma corticale, the causal agent of sooty bark disease of sycamore maple. Forests 2021;12:377. doi: 10.3390/f12030377.

COHP

Continued from page 11

- Graves M, Howse K, Pudwell J, Smith GN. Pregnancy-related cardiovascular risk indicators: Primary care approach to postpartum management and prevention of future disease. Can Fam Physician 2019;65:883-889.
- Ray JG. Metabolic syndrome and higher risk of maternal placental syndromes and cardiovascular disease. Drug Dev Res 2006;67:607-611. doi: 10.1002/ddr.20134.
- Smith GN, Pudwell J, Roddy M. The maternal health clinic: A new window of opportunity for early heart disease risk screening and intervention for women with pregnancy complications. J Obstet Gynaecol Can 2013;35:831-839. doi: 10.1016/S1701-2163(15)30841-0.
- Dayan N, Nerenberg K. Postpartum cardiovascular prevention: The need for a national health systems-based strategy. Can J Cardiol 2019;35:701-704. doi: 10.1016/j.cjca.2019.04.004.