

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.

Re: Closure of the CPSBC medical library

We would like to extend our heartfelt thanks to those who have written about the closure of the College of Physicians and Surgeons of British Columbia (CPSBC) Library in March 2024 and signed the petition to stop the closure (www.change.org/p/stop-the-closure-of-the-cpsbc-library). Through this letter, we, as librarians, seek to add to the conversation.

Libraries provide widespread access to information resources and expert research support. This means their work and value include and go beyond physical spaces and print books. While caring for library spaces and managing the circulation of physical materials is critical, there is also much occurring behind the scenes. Through a complex infrastructure, libraries provide access to paywalled digital resources such as research platforms and software (e.g., EBSCO, Ovid, Covidence) required by clinical and academic faculty, staff, and students for their work. Whenever patrons access an e-resource such as an e-book or online journal article, they are using the library.

Libraries democratize information so patrons do not need to pay out of pocket for subscriptions. While some health care providers have access to evidence-based resources through their academic institutions or health authorities, many do not. Most vendors do not permit institutions to add external parties to their licensing agreements. These contractual stipulations disproportionately impact those without institutional access, such as recent graduates and clinicians in private practice. Until

March 2024, the CPSBC Library had been able to bridge this gap for its many members.

In addition to making resources available, librarians help craft expert searches and advise research teams. It is important to recognize that librarians are highly skilled information professionals with master's degrees. They are experts in searching for and evaluating information, as well as applying methodologies to enable knowledge synthesis research. Librarians' responsibilities can vary by institution. In some, librarians teach students and assist faculty in performing their own searches and keeping research projects methodologically sound. At others, such as the former CPSBC Library, librarians conducted literature searches for their patrons and sent them curated lists of relevant results.

The board's decision to close the CPSBC Library based on "data showing significant decrease in library use"¹ fails to capture the value of services provided by librarians. Reducing the CPSBC Library's worth to metrics favored by for-profit institutions does not acknowledge critical service delivery, such as supporting physicians with time-sensitive clinical questions, guiding systematic reviews, and providing access to high-quality evidence directly impacting patient care and safety. Libraries' true value lies in the expertise and support they offer, which cannot be fully reflected through quantitative measures alone.

Regardless of institution, it is incontestable that librarians save their patrons time, money, and effort by providing widespread access to e-resources at no cost to the individual and by sharing their research

expertise. These valuable systems cannot operate without financial support and people to keep them running. Eliminating a library not only removes the staff managing these systems but also eliminates access to information within subscription resources that is used to provide quality patient care and guide sound health care decisions.

—Rachael Bradshaw, MAS, MLIS

—Melissa Caines, MLitt, LibTech

—Jane Jun, MLIS

On behalf of the Health Libraries Association of BC Executive Board

Reference

1. College of Physicians and Surgeons of British Columbia. Library permanently closed. 15 March 2024. Accessed 17 January 2025. www.cpsbc.ca/news/library-permanently-closed.

Editor's note: For previous letters and Dr Dunne's editorial about the closure of the CPSBC Library, visit bcmj.org and search for "library closure."

Cervical screening for people experiencing homelessness, addiction, or mental illness

I read with great interest two articles in the December 2024 *BCMj* regarding cervical screening, in particular screening in populations that experience challenges. I appreciated the outstanding and culturally sensitive work with First Nations and Métis communities [*BCMj* 2024;66:370-374].

I work with people experiencing homelessness, addiction, and mental illness. This work is via health authority clinics. I have long been aware of the possibility of simpler acceptable means of screening using human papillomavirus swabs. The problem

is that when managers or staff show interest in this option, they often move on to other positions. It is difficult to elevate this issue to a level where an executive will take responsibility and introduce the screening at all our clinics.

There are added difficulties in helping people who have no address or email access and are disabled to the extent that they cannot reliably take part or follow up unless they are helped to do so. I hope someone reading this letter will take notice and persuade health authority support services to, as the movie says, “do the right thing.”

—Ralph Jones, MD
Chilliwack

Re: Supporting the stillbirth journey at BC Women’s Hospital and Health Centre

We are writing in response to the article by Gill and colleagues¹ on supporting bereaved parents who have experienced stillbirth. We were impressed with the care taken to involve those with personal experience in research to inform improved care. However, it was noticeable that the article avoided using terms such as “women,” “mothers,” “men,” and “fathers” that would make the sex of the people involved clear. This avoidance of referencing sex (desexed language) when sex is important has increasingly occurred as the cultural salience of the concept of gender identity has risen, but it presents a variety of difficulties,^{2,3} and this article is no exception.

When a stillbirth occurs, both mothers and fathers can be said to have experienced the stillbirth of their child, but they have not had the same experience. A pregnant woman whose fetus dies late in pregnancy or during birth and gives birth to a dead baby does not have the same experience as a father who observes this process, even though he also grieves. However, this article makes it difficult or impossible to determine whose experience is being described. In summarizing the research, “people” is used to refer to mothers only; to mothers and fathers; and to mothers, fathers, and extended family. One has to read each

reference to know. Similarly, it is sometimes difficult or impossible to distinguish whether the study findings refer to mothers, fathers, or both. The same is the case with quotations.

The article notes there is sensitivity around language in relation to stillbirth and explains that the term “bereaved parents” is used “to reflect the preferred language of our study participants.” However, this does not appear to clearly be the case. One study participant is quoted as saying she would have “appreciated being treated like a *mom*. . . . It would have helped me to have felt cared for and treated like a *mom*” (emphasis added). And the words of another study participant were altered, perhaps to avoid “women” or “mothers”: “[There is a need to] create a network of [*parents*] who have been through it” (emphasis added). Further, fathers are sometimes referred to as “partners,” and in this way their relationship to their child is marginalized. This is even in a sentence noting their marginalization: “Partners often face the erasure of their status as grieving parents.”

The potential for causing distress by not recognizing the different stillbirth experiences of women and men and not accounting for this in the care provided to them and the language used needs to be appreciated. The second author of this letter has extensive experience providing peer support to women who have experienced stillbirth (including in Canada) and emphasizes the importance that many women place on being referred to as mothers.

Of course, we understand the authors’ intent to ensure language is sensitive to the needs of individuals who prefer their sex not be referred to due to their personal experience of gender identity. We agree there should be sensitivity to individual patient language preferences⁴ even while recognizing their sexed experiences.

—Karleen Gribble
School of Nursing and Midwifery, Western
Sydney University, Australia

—Ciara Curran
Little Heartbeats

References

- Gill V, Kreim S, Pederson A, et al. Supporting the stillbirth journey at BC Women’s Hospital and Health Centre. *BCM J* 2024;66:340-345.
- Gribble KD, Bewley S, Bartick MC, et al. Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: The importance of sexed language. *Front Glob Womens Health* 2022;3. <https://doi.org/10.3389/fgwh.2022.818856>.
- Kinney R, Praamsma N, Malinowski A, et al. Testing inclusive language revisions of the Breastfeeding Attrition Prediction Tool using cognitive interviewing: A pilot study. *J Hum Lact* 2023;39:529-539. <https://doi.org/10.1177/08903344231174221>.
- BC Reproductive Mental Health Program, Provincial Perinatal Substance Use Program, Perinatal Services BC. Best practice guidelines for mental health disorders in the perinatal period: Substance use disorders. May 2023. Accessed 13 January 2025. www.bcwomens.ca/Professional-Resources-site/Documents/BC%20RMH%20PPSUP%20PSBC%20Best%20Practice%20Guideline%20Substance%20Use%20Disorder%20Perinatal%20Management%20FINAL.pdf.

EDITORIALS

Continued from page 46

- Evans KM, Sahawneh JM, Ferrara M. Rectal cancer surgery: Is robotic surgery supported by solid evidence? *Ann Laparosc Endosc Surg* 2023;8:14. <https://doi.org/10.21037/ales-22-76>.
- Parascandola SA, Hota S, Tampo MMT, et al. The impact of conversion to laparotomy in rectal cancer: A national cancer database analysis of 57 574 patients. *Am Surg* 2020;86:811-818. <https://doi.org/10.1177/0003134820933551>.
- Wang X, Cao G, Mao W, et al. Robot-assisted versus laparoscopic surgery for rectal cancer: A systematic review and meta-analysis. *J Cancer Res Ther* 2020;16:979-989. https://doi.org/10.4103/jcrt.JCRT_533_18.
- Safiejko K, Tarkowski R, Koselak M, et al. Robotic-assisted vs. standard laparoscopic surgery for rectal cancer resection: A systematic review and meta-analysis of 19,731 patients. *Cancers (Basel)* 2021;14:180. <https://doi.org/10.3390/cancers14010180>.
- Flynn J, Larach JT, Kong JCH, et al. Patient-related functional outcomes after robotic-assisted rectal surgery compared with a laparoscopic approach: A systematic review and meta-analysis. *Dis Colon Rectum* 2022;65:1191-1204. <https://doi.org/10.1097/DCR.0000000000002535>.
- Muaddi H, Dare A, Walker R, et al. Bridging the gap: Assessing the integration of robotic-assisted surgery into Canadian surgical training programs. *Can J Surg* 2024;67:E250-E251. <https://doi.org/10.1503/cjs.013123>.
- Leijte E, de Blaauw I, Van Workum F, et al. Robot assisted versus laparoscopic suturing learning curve in a simulated setting. *Surg Endosc* 2020;34:3679-3689. <https://doi.org/10.1007/s00464-019-07263-2>.