

Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Email letters to journal@doctorsofbc.ca and include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Re: Electric micromobility devices

As a means to reducing car trips, I consider micromobility [*BCMJ* 2025;67:187-188] to be a *favorable* trend, as I am certain its benefits outweigh the risks, both medically and environmentally. I fear there is another recent transportation trend that represents a far greater issue, and it could be called *macromobility*. Especially as a nonmotorist—a so-called vulnerable road user, or VRU (although I remain unhurt in a lifetime of 428 000 bicycle kilometres)—I am dumbfounded by society's passivity regarding the burgeoning numbers of giant pickup trucks and SUVs prowling our streets.

Unlike practitioners of micromobility, who essentially remain a threat only to themselves, the growing number of drivers of oversize motor vehicles represents a *huge* menace to *everybody*, in four different ways:

- The vehicles are wider than most cars, especially when equipped with large side-view mirrors, and are more likely to make contact when overtaking VRUs and other vehicles.
- The elevated hoods are at neck height, so even if they strike a pedestrian or another VRU at low speed, the victim is likely to be thrown under the vehicle and fatally crushed.
- The vehicles are taller than most cars, obstructing the view of other road users and reducing the visibility of other cars and VRUs, making us more likely to be struck, especially at intersections, where we may seem to appear out of nowhere.
- The vehicles are heavier; therefore, in the event of a collision, their momentum results in inordinate damage to smaller vehicles and their occupants.

Furthermore, the manufacturing and operation of macromobility vehicles have far greater environmental impacts than any other modes of personal transportation.

I invite my colleagues to consider these factors when choosing their next vehicle and to display some leadership in challenging such a disturbing transportation trend.

—Thomas DeMarco, MD
Whistler

Re: Is medicine a calling? Or a career?

This was an excellent editorial [*BCMJ* 2025;67:157]. I would offer that another key contributor to physician burnout is a disconnect from community needs due to unnecessarily bureaucratic and often redundant health authorities—a disconnect from what was once a calling to serve. In my incoming role on the board of directors for BC Family Doctors, I look forward to advocating for frontline physician leadership and sharing how, in spite of a sometimes adversarial health authority, our North Island Community Health Centre in Port Hardy has demonstrated how truly accessible, culturally safe, and trauma-informed care *led by physicians* can be rooted in community needs while fostering the deep meaning in practice that we strive for.

—Alexander E. Nataros, MD, CM, CCFP
Medical Director, North Island Community Health Centre
Port Hardy

Library services for BC family physicians

I read with interest Dr Faye MacKay's excellent letter to the editor in the May issue of the *BCMJ* [2025;67:127]. Dr MacKay was

justifiably distressed over the abrupt closure of the College of Physicians and Surgeons of BC's library service. I, too, was dismayed by the loss of this excellent service, which I used frequently over the years.

To compound the issue, the College of Family Physicians of Canada has subsequently also closed its excellent library service. Both library services were discontinued due to cost considerations.

BC family physicians are now left without a library research resource at a time when medicine is in the midst of rapidly accelerating clinical and technological advancements across all disciplines.

Doctors of BC and the Canadian Medical Association (CMA) have a collaborative relationship, particularly in advocating for physicians and the health care system in BC and Canada, respectively. They also work together on joint initiatives.

A few years ago, the CMA sold MD Financial Management to Scotiabank for \$2.6 billion. Would it be too much to ask Doctors of BC to approach the CMA to fund a national library service for the benefit of all its members, as another good reason to belong to the CMA?

—Murray Trusler, MD, MBA, CCFP, FCFP
Peachland

Correction:

"Novel treatment of spasticity: International success through collaborative care" [*BCMJ* 2025;67:222-223] has been revised. The author requested the following change postpublication: Dr Timothy Murray was incorrectly named as Dr Michael Murray.