Obituaries

We welcome original tributes of less than 700 words; we may edit them for clarity and length. Email obituaries to journal@doctorsofbc.ca. Include birth and death dates, full name and name deceased was best known by, key hospital and professional affiliations, relevant biographical data, and a high-resolution head-and-shoulders photo.

Dr Kevin Beckner

1972–2026

Dr Kevin Beckner was a keystone in the architecture of his family and community. He was resolute, grounded, and calm—a deeply caring man of integrity, kindness, and depth.

Despite his astronomical impact on family, friends, and colleagues, Kevin preferred to let others have the limelight. He was nonjudgmental and found common ground with anyone. People often learned something about themselves in conversation with him.

Salmon Arm was in Kevin's bones. He left after high school to study at the University of Victoria, where he earned an honors degree in biochemistry, followed by UBC medical school in Vancouver. His radiology residency took him to Kingston, Ontario, where he and Suzy bought their first home and started their family. When they returned to BC, Kevin worked as a radiologist at Royal Inland Hospital in Kamloops for 4 years. Then they moved to Salmon Arm, made it their forever home, and sank in thoroughly.

Kevin worked for the BC Wildfire Service for 3 seasons during medical school, joining the Telkwa Rangers Unit Crew in 1996. He became a skilled saw operator and tree faller and a trusted crew member known for hard work and diligence. This is where he met Suzy, working alongside her on her squad. Kevin and Suzy built a strong, supportive partnership filled with adventure and a large, tight-knit friend group.

Kevin was fiercely proud of their children, Maggie and Max, and avidly supported everything they pursued. He would drive 7 hours to watch a hockey tournament or ski race, even when he had to work the next day. He coached Max's hockey teams, from novice to bantam, often showing up early to feed the keeners the puck. He would pick up anyone who needed a ride and always made a Tim Hortons pit stop after the 6:30 a.m. practice.

Kevin also loved his work family at Shuswap Lake General Hospital. During his 17 years in the radiology department, he was the guy you could go to with questions or to run a case past. He made time, and if he didn't have the answer, he'd find it.

He was a mentor, teacher, and steadfast leader. Kevin dedicated his medical career to diagnostic radiology, combining clinical excellence with thoughtful, steady leadership. In June 2018, he became medical director of Interior Health medical imaging, providing oversight and strategic direction for one of the most complex clinical programs in the region. He worked with clinical, operational, and executive leaders to support high-quality, safe, and equitable diagnostic imaging services across urban, rural, and remote communities.

As medical director, Kevin was respected for his calm judgment, collaborative leadership, and deep understanding of both frontline clinical realities and system-level responsibilities. He was a trusted voice on quality, safety, physician engagement, and workforce sustainability, and he advocated for solutions that balanced clinical excellence with compassion for colleagues and patients alike. His leadership helped strengthen medical imaging as a cohesive, regionally integrated program, even during significant system change and pressure.

He served as chief of radiology at Shuswap Lake General Hospital and sat on the facility engagement working group for years, because he was vigilant about quality improvement and patient care. His research and advocacy were instrumental in the purchase of new hospital equipment and technological upgrades.

Throughout his career, Kevin remained first and foremost a clinician, serving at Royal Inland Hospital from 2005 to 2009 and at Shuswap Lake General Hospital from 2009 to 2026. He was known as a generous mentor, a fair and thoughtful leader, and a physician who never lost sight of the human impact of the work.

All staff, regardless of their position or role, considered Kevin a friend. He asked questions about people's lives and listened with genuine interest. He paid attention to what they valued and who mattered to them. And he remembered.

Kevin will be deeply missed by his wife, Suzy; children, Maggie and Max; parents, Marcia and Jim; brother, Michael (Pauline); nephews, Dane, Owen, and Will; sister-in-law, Laura Tayler-Hanson (Ryan); nieces, Teslin, Tlell, and Teagan; parents-in-law, James and Margaret Tayler;

Continued on page 219

It is also important to consider that while nociception is a final common pathway of many pathophysiological processes that require thoughtful analysis and reanalysis, pain is experiential, and everyone experiences pain differently. Acknowledging and respecting that perspective does not preclude you from optimizing your patient's function.

Progressive restoration of function and participation in life roles is a widely studied modality with a plethora of benefits when applied with care and safety in mind.[1] You can support your patient by providing reassurance (e.g., on hurt versus harm) and prescribing an activation program, with assistance from WorkSafeBC community-based occupational therapy and physiotherapy programs. (Indicate your request for this service on Form 11.) To support modified work duties for your patient while they continue to recover, you can acknowledge and describe the worker's current abilities in relation to functional activities and, if necessary, prescribe restrictions to prevent harm.

WorkSafeBC can also facilitate the return-to-function process by assisting family physicians in understanding the legal duty for employers and injured workers to actively cooperate in the worker's timely, safe return to work, as outlined at www.worksafebc.com/returntowork.

Returning to the mechanic, you recognize that his recovery is not progressing as expected, and you bring him in for review. He tells you that he is worried there is a more serious problem with his back and that he does not trust his employer to support modified duties based on his co-workers' experiences. You send your patient for a lumbar X-ray, and the results are normal. You speak with a WorkSafeBC physician about the patient's concerns and his fear of another injury (despite the reassuring X-ray). WorkSafeBC arranges a Visiting Specialist Clinic orthopaedic assessment on your behalf and engages its return-to-work support services to arrange modified duties. Your patient completes his recovery at work. ■

—Harvey Koochin, MD
Manager, Medical Services, WorkSafeBC

—A. Somani, MD, CCFP
Manager, Medical Services, WorkSafeBC

Reference

1. Dubois B, Esculier J-F. Soft-tissue injuries simply need PEACE and LOVE. Br J Sports Med 2020;54:72-73. https://doi.org/10.1136/bjsports-2019-101253.

LETTERS

Continued from page 194

References

1. Reimer C, Søndergaard B, Hilsted L, Bytzer P. Proton-pump inhibitor therapy induces acid-related symptoms in healthy volunteers after withdrawal of therapy. Gastroenterology 2009;137:80-87.
2. Niklasson A, Lindström L, Simrén M, et al. Dyspeptic symptom development after discontinuation of a proton pump inhibitor: A double-blind placebo-controlled trial. Am J Gastroenterol 2010;105:1531-1537. https://doi.org/10.1038/ajg.2010.81.
3. Boyce M, van den Berg F, Mitchell T, et al. Randomised trial of the effect of a gastrin/CCK_2 receptor antagonist on esomeprazole-induced hypergastrinaemia: Evidence against rebound hyperacidity. Eur J Clin Pharmacol 2017;73:129-139. https://doi.org/10.1007/s00228-016-2150-x.
4. Lødrup AB, Reimer C, Bytzer P. Systematic review: Symptoms of rebound acid hypersecretion following proton pump inhibitor treatment. Scand J Gastroenterol 2013;48:515-522. https://doi.org/10.3109/00365521.2012.746395.
5. Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. Am Gastroenterol 2022;117:27-56. https://doi.org/10.14309/ajg.0000000000001538.
6. Yadlapati R, Gyawali CP, Pandolfino JE, et al. AGA clinical practice update on the personalized approach to the evaluation and management of GERD: Expert review. Clin Gastroenterol Hepatol 2022;20:984-994. https://doi.org/10.1016/j.cgh.2022.01.025.
7. Targownik LE, Fisher DA, Saini SD. AGA clinical practice update on de-prescribing of proton pump inhibitors: Expert review. Gastroenterology 2022;162:1334-1342. https://doi.org/10.1053/j.gastro.2021.12.247.
8. Chen JW, Vela MF, Peterson KA, Carlson DA. AGA clinical practice update on the diagnosis and management of extraesophageal gastroesophageal reflux disease: Expert review. Clin Gastroenterol Hepatol 2023;21:1414-1421.e3. https://doi.org/10.1016/j.cgh.2023.01.040.

Continued from page 216

and a large circle of extended family, friends, and colleagues.

Kevin's legacy lives on through the physicians, technologists, leaders, and staff he supported; the program he helped steward; and the patients who benefited from his expertise and dedication.

Donations may be made to the Shuswap Hospital Foundation in memory of Kevin Beckner. ■

—Tamara Vukusic
Kamloops

BCCDC

References continued from page 214

3. Pearce ME, Yu A, Alvarez M, et al. Prenatal hepatitis C screening, diagnoses, and follow-up testing in British Columbia, 2008–2019. PLoS One 2020;15:e0244575. https://doi.org/10.1371/journal.pone.0244575.
4. Perinatal Services BC. Perinatal infections: Diagnosis and treatment. Revised 14 November 2024. Accessed 12 May 2026. www.psbchealthhub.ca/clinical-guidance/451.
5. BC Centre for Disease Control. Laboratory services. Accessed 12 May 2026. www.bccdc.ca/health-professionals/professional-resources/laboratory-services.
6. BC Centre for Disease Control Public Health Laboratory. Serology screening requisition, version 6.1. April 2026. Accessed 12 May 2026. www.elabhandbook.info/PHSA/Files/RequisitionForms/2_20260515_063614_Serology_Screening_Req_CPSE-100-0001f_1.00_Version_6.1_April_2026.pdf.
7. Perinatal Services BC. Laboratory tests to order by trimester. January 2026. Accessed 12 May 2026. https://cms.psbchealthhub.ca/sites/default/files/2024-09/Lab%20Tests%20by%20Trimester%20-%202024Jul03.pdf.
8. BC Ministry of Health. Standard out-patient laboratory requisition for maternity care. Updated January 2026. Accessed 12 May 2026. www2.gov.bc.ca/assets/gov/health/forms/1935fil.pdf.