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: Rising demand for psychiatric diagnosis in urban British Columbia: Implications for the BC health care system

Thank you, Dr Chete, for an interesting and timely article [*BCMJ* 2026;68:234-239].

For the past few years, I have been diagnosing, treating, and longitudinally managing patients with increasingly complex mental health and neurodevelopmental presentations—often combinations of attention-deficit/hyperactivity disorder, autism spectrum disorder, posttraumatic stress disorder, generalized anxiety disorder, depression, bipolar disorder, and other comorbidities. I generally continue to follow these patients until they are stable, sometimes for several months, and then refer them back to their primary care physician for ongoing prescription refills.

Over the years, after seeing many of these patients, I started noticing some very interesting clinical patterns, particularly in patients with overlapping neurodevelopmental and psychiatric conditions.

I continue doing this work largely because I see the need and because of the enormous gratitude I receive from patients and families.

Am I happy with the current system? No.

Financially, I could probably be better off if I had remained in longitudinal family practice under the Longitudinal Family Physician Payment Model and focused on less complex cases. The amount of time and clinical work involved in managing these complex patients is simply not well recognized or well compensated in the current system.

Do I feel that this work is seen or appreciated at a system level? Unfortunately, absolutely not.

I have written repeatedly to Doctors of BC, the Ministry of Health, and the former Ministry of Mental Health and Addictions about these issues, with very few results.

Your article resonated with me because I believe there is an important role for family physicians with focused expertise and experience in mental health to help fill this gap—particularly physicians who are willing to assess and diagnose these complex patients, initiate and adjust treatment, follow them until they're stable, and then return them to their primary care physician.

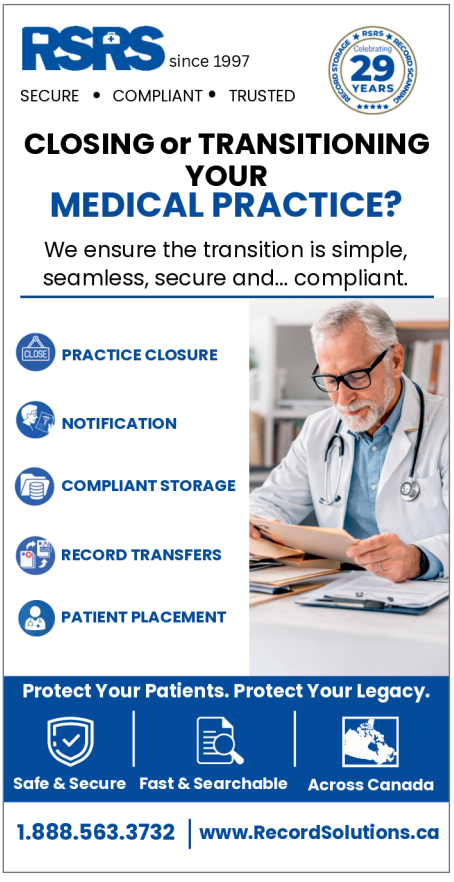
—Mitra Motamedi, MD
Vancouver

Re: Patient portals and radiology reports: Toward patient-centred communication

The recent article about the need for clear language in radiology reports that are to be understandable by the average patient [*BCMJ* 2026:68:211-213] put me in mind of a report I received in the 1970s: "The patient presented for a barium enema. The barium was administered. However, the procedure could not be completed as the individual absquatulated."

With a mental image of an examining room covered in a frightful mess, I reached for my dictionary, discovering that this early-19th-century American term indicated that the patient had simply pushed off and left the facility, full of contrast material.

—Anthony Walter, MB BCh
Coldstream



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