

nurse came and saw me and called the hospital doctor, who was there very quickly, and who in turn called an internist, who was there equally quickly. After an examination I was sent for a contrast scan as an embolus was suspected, but it turned out to be pneumonia, for which treatment was started. The ventolin inhaler gave almost immediate relief. Such was my 2007 Christmas. The rest of my care was no great shakes either, but I survived and am now fully recovered.

Two things became apparent to me. First, there is a general lack of spirit in this hospital; there is no empathy that I could detect. It is sad to see what was once one of the best hospitals in the valley slide to this level. Second, the emergency docs have been instructed to do all the tests they deem required before calling a specialist. This not only results in unnecessary testing, thus increasing costs, but it also is a major factor in the long wait times in the emergency. If a specialist comes in to the case when the diagnosis has been made, why does he get the big consultation fee? Should he not do the investigation? This would expedite care in the emergency, result in fewer tests, and very likely in better care.

Thus my tale of woe.

icbc

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or comments regarding the treatment of MVA patients or other ICBC-related topics, please let me know.

—L.A. Jensen, MD
**ICBC Medical Community
 Liaison**

The opinions expressed in this article are those of the author and do not necessarily represent the position of the Insurance Corporation of British Columbia.

New preferred life insurance rates

The BCMA Term Life Insurance plan has introduced lower rates for non-smokers and two new underwriting classes—Preferred and Elite. Members and their spouses who practise a healthy lifestyle are rewarded with lower premiums.

To be eligible for the Preferred or Elite class, you must be in very good health and lead a low-risk lifestyle, and your term life insurance coverage must be a minimum of \$250 000. Through the normal medical under-

writing process, other factors will also be examined, including:

- Tobacco use
- Physical build
- Cholesterol level
- Blood pressure
- Recreational activities
- Driving record
- Personal and family medical history

As an example, the accompanying tables illustrate the cost savings between the new and the standard rate classes for women and men, age 40.

Underwriting class	Annual premium for a female, age 40 for coverage of:		
	\$200 000	\$250 000	\$500 000
Elite	Not available	\$110	\$220
Preferred	Not available	\$115	\$230
Standard nonsmoker	\$96	\$120	\$240
Standard smoker	\$192	\$240	\$480

Underwriting class	Annual premium for a male, age 40 for coverage of:		
	\$200 000	\$250 000	\$500 000
Elite	Not available	\$130	\$260
Preferred	Not available	\$140	\$280
Standard nonsmoker	\$128	\$160	\$320
Standard smoker	\$264	\$330	\$660

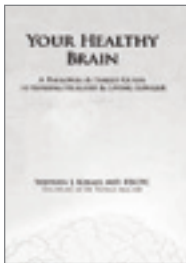
To find out more about the new underwriting rate classes or to request an application, contact the BCMA Insurance Department.

—Sandie Braid, CEBS, BCMA Insurance

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Book review



Your Healthy Brain: A Personal and Family Guide to Staying Healthy and Living Longer. By Stephen J. Kiraly. Vancouver: self published, 2008.

ISBN 978-0-9808814-0-0. Paperback, 346 pages. \$24.95. www.healthybrain.org

Dr Kiraly's highly readable and fact-filled guide succeeds very well in drawing attention to the need for greater awareness of brain health and what the reader can do to improve and maintain it. The book evolved from workshops and seminars he has given to professional organizations and patients since 2000 and is directed to the general public, although health care providers are also likely to learn from it.

I liked Dr Kiraly's book for several reasons. His emphasis on the interaction between genetic endowment and experience is, of course, dear to the heart of any psychologist, but I also share his general philosophy that the legendary "fountain of youth," if it exists, is more likely the result of exercise than hormone replacement. More importantly, he supports his conceptual model and philosophic approach with research findings. His use of humor and nontechnical language make his book all the more readable, as does the fact that it relates to a host of familiar issues and events from sports-related concussion to recovery in traumatically brain-injured soldiers. Finally, his program that focuses on eight pillars of brain health provides the reader with explicit directions on living a long and healthy life.

My criticisms of *Your Healthy Brain* are few. At times I found the first section repetitious, and I would have liked references to the original

journal articles in the text or a list of principal references in an appendix. Finally, while I applaud Dr Kiraly's words of encouragement to sedentary readers to exercise regularly, his comment that an exercise habit can be established after a month's practice overlooks the distinction between habit formation and maintenance.

If the goal of Dr Kiraly's guide is not only to inform, but to elicit behavior change, it has succeeded in my case. I've already discussed the risk of concussion from heading a soccer ball with my daughter, and her club now includes copies of the Sports Concussion Assessment Tool (referenced in chapter 7) in the first aid kits for every one of its teams.

—David M. Lawson, PhD, RPsych
Vancouver

Guide to Drive

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the *BC Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at Drivesafe.com, on the public side of the BCMA web site, and at the SGP web site.

Chapters available include Brain Injury, Brain Tumor, Cardiovascular Disorders, Cerebral Palsy, Cerebrovascular Disease, Diabetes, Epilepsy and Seizure, Hearing, Multiple Sclerosis, Musculoskeletal Disorders, Parkinson's Disease, Peripheral Vascular Disease, Psychiatric Disorders, Renal Disease, Respiratory Disorders, Sleep Disorders, Syncope, and Traumatic Vestibular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

—John McCracken, MD
Medical Consultant, OSMV

BC Women’s Hospital designated “baby friendly”

BC Women’s Hospital & Health Centre has been designated a World Health Organization and UNICEF Baby-Friendly Hospital. Created in 1991, the initiative acknowledges hospitals whose maternity services actively promote breastfeeding of babies by new mothers.

Research has shown that breastfeeding provides significant health benefits for both babies and their mothers. Newborns are at less risk of gastrointestinal infections, respiratory infections, urinary tract infections, ear infections, allergy-related conditions, and insulin-dependent diabetes. Women who breastfeed have a lower risk of breast cancer, ovarian cancer, hip fractures, and low bone density, as well as type 2 diabetes.

Call for Bachop Gold Medal nominations

The Dr David M. Bachop Gold Medal for Distinguished Medical Service is awarded to a BC doctor who has made an extraordinary contribution in the field of organized medicine or community service. Achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession in BC. There shall be no obligation on the fund to make the award annually. Nominations close **3 April 2009**. Please send a letter of nomination along with the candidate’s current CV to Ms Lorie Janzen at the BCMA, 115–1665 West Broadway, Vancouver, BC V6J 5A4.

Correction: PhAIS

It has been brought to our attention that there is an error in Figures 3, 5, and 6 of the article “The implementation of a physician workload system in an academic health care setting: The Physician Activity Information Sys-

tem (PhAIS)” (*BCMJ* 2008;50[10]: 565-570). The third group from the left on the horizontal axis in these figures should read “Total clinical” not “Total indirect.” We apologize if this error has caused any confusion among

readers; the corrected figures are printed here.

—Maureen Conlon, MHA, BScOT
Lead author

—Jay Draper, Managing editor, *BCMJ*

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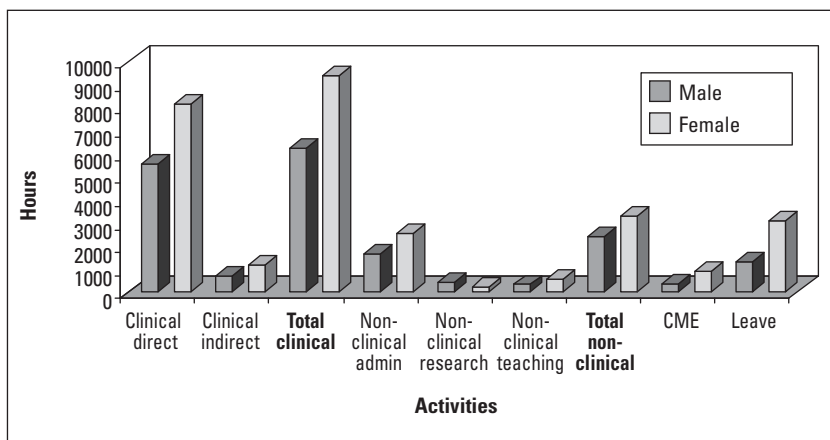


Figure 3. Comparison of average hours worked by male and female physicians, 2004–2007.

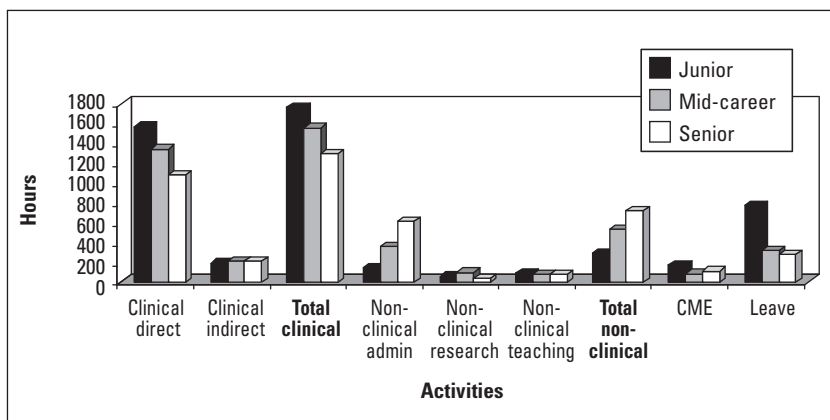


Figure 5. Comparison of overall hours by physicians according to seniority, 2004–2007.

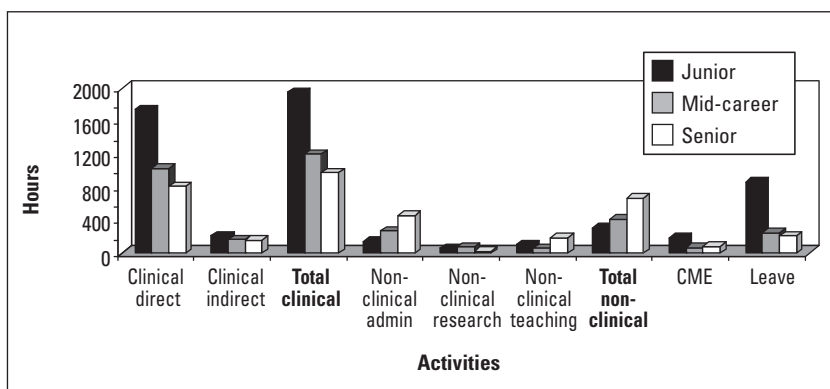


Figure 6. Comparison of average hours worked by physicians at different seniority levels, using full-time equivalents, 2004–2007.

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Looking and feeling better posttreatment



Look Good Feel Better is Canada's only charitable cancer program dedicated to empowering women to manage the appearance-related effects of cancer and its treatment. The member companies of the Canadian Cosmetic, Toiletry and Fragrance Association (CCTFA) established the CCTFA Foundation to deliver the program in order to give back to the community that supports their industry.

The belief at the heart of the program is that a woman with cancer will feel empowered to face her illness with greater confidence if she can be helped to look and feel more like herself.

Look Good Feel Better offers a free hands-on workshop at various cancer care facilities and hospitals across Canada. The workshop is led by trained industry experts who understand the changes that chemo-

therapy and radiation can have on a woman's appearance.

Since its inception, it is estimated that Look Good Feel Better has helped hundreds of thousands of women across the country through the workshop, annual magazine, comprehensive web site, and information line.

For more information about the program, including workshop locations, visit www.lookgoodfeelbetter.ca or call 1 800 914-5665.