

The Medical Library Service of the College of Physicians and Surgeons of British Columbia

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THE written word is perhaps the most important facet of postgraduate or continuing medical education in existence today. The good lecture, the polished dissertation, the well-turned phrase all have their place in postgraduate teaching, but the essence of all medical knowledge today is kept in sacred trust in journals and books in libraries looked after by librarians. With the deepening and broadening of medical knowledge during this century, the stewardship which falls on those librarians and physicians who look after and care for libraries has become a heavy task.

British Columbia has a proud tradition with regard to medical libraries. The first library in the province belonged to the Vancouver Medical Association. It began in earnest in 1906 with an auspicious start, having Sir William Osler as its first donor. His comment then that "There is no better index of the intellectual status of the profession in any town than the condition of its medical library" is still pertinent today.

After 1945 the expansion in medical writing developed at a remarkable rate. Medical libraries, such as the library owned by the Vancouver Medical Association, found themselves expanding at a rate hitherto undreamed of. The V.M.A. library also noted that it was in effect becoming a provincial library serving doctors throughout the province. It seemed reasonable, therefore, for the Executive Committee of the Vancouver Medical Association to consider the formation of a well-organized medical library service for all of the doctors of British Columbia. Many reports were written and financial studies made before it became obvious that a library service for all the doctors of British Columbia would have to be organized on a truly provincial basis by the College of Physicians and Surgeons of B.C. Overtures were made to the College Council in May, 1959, to consider taking on this task in continuing medical education. This proposal was met favourably on the basis that the Council, under the Medical Act, had a duty to maintain the standard of medical practice throughout the province. What better way was available than through an active medical library service?

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ABSTRACT

A unique provincial medical library service has been established in British Columbia. Under the direction of professional librarians, the central library in Vancouver is building an extensive, largely clinical collection while 30 smaller branch libraries in hospitals throughout the province are establishing basic, up-to-date collections. Financial support comes from an annual fee of \$25.00 per doctor paid to the College of Physicians and Surgeons of British Columbia. Photoduplication, mail and telephone services meet many reference needs. Reading is vital to continuing medical education. The library works closely with the University of British Columbia's Department of Continuing Medical Education to bring current medical knowledge to every doctor in British Columbia.

THE ROLE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF B.C.

Although the members of Council were all firmly convinced of the merit of having a provincial library service available to all, they felt that the profession at large should be able to express an opinion by vote, since the inauguration of such a service would of necessity increase the College yearly fees. Accordingly, in 1959, a mail vote was taken to establish a provincial library service on a two year trial basis. This was passed by a small majority, though interestingly enough, 10 of the 11 voting districts showed a majority for it. The service was established on January 1, 1960. It was found that insufficient money had been provided from the small increase in yearly fees of the College but Council made sufficient grants from general funds to carry the library for the first two years.

As promised in the original referendum, a second was taken in 1961, when the service had been in existence for about a year and a half. This time a considerably greater increase in fees was suggested. Much to the delight of everyone associated with the library, 65% of the doctors voted for continuing the service with the increased fee. Again, only one of the voting districts failed to give it a majority, but this time even this district gave only a small majority against the service.

The Council collects the library fee along with the remainder of its fees, and transfers the library's share to the committee as fees are collected. This makes the income of the library a fairly stable amount and makes it essential that the library committee operate within that amount. It is expected that the library will receive about \$52,000 for operating expenses in 1963.

The library committee is set up as one of the regular committees of Council and is responsible to Council for its actions. Council appoints its members, two of whom are members of Council. The remainder are appointed from groups interested in libraries. Of necessity, because of expense in transportation, most of the members reside in the lower mainland or Vancouver Island. One member comes regularly from the interior of the province.

As outlined when it was established, the policy and objectives of the Library Service are as follows:

1. The policy of this plan would be to create a liaison amongst all libraries in the medical field in British Columbia and to foster a friendly spirit among all doctors in the province interested in maintaining their postgraduate education through medical books and journals.

2. The service would run a central library from which it would operate.

3. The service would attempt to build up libraries of smaller size throughout the province and it would help to create new libraries in strategic locations.

4. Initially the service would encourage big libraries to contribute rather than to draw on the scheme in the beginning.

5. The service intends a policy of economy of operation through avoidance of duplication through possible central ordering of supplies, books and journals and through the maintenance of a union catalogue of library holdings to improve the efficiency of interlibrary loans.

6. It is hoped that there will be the early initiation of a positive program of education among all doctors of the province regarding medical library usage.

7. Circulation of recent acquisition lists, subject summary lists, and various other reminders would accomplish much in encouraging doctors to make use of the medical literature.

8. In setting up a provincial service there would be the understanding that any doctor within the province could obtain the original or a copy of any article of medical literature published in any language.

Finances play a tremendous part in everything and not least in library work. The annual cost of running a good medical library service for British Columbia was initially estimated to be around the \$50,000 mark. This estimate, over the past three years, has proved to be correct. However, there is little room for expansion at the moment, and depreciation of our dollar has added considerably to

difficulties with budgeting. At the present time, the financial basis of the B.C. Medical Library Service is that each doctor in the province is assessed on an annual basis a fee of \$25. Of this amount \$15 is retained in the Central Library for the running of that library and the services going out to the province in general. The remaining \$10 is returned to the contributing doctor by way of annual grants to the library nearest to his place of practice.

To many the annual fee of \$25 seems to be excessive but to others it seems to be inordinately small. In actual fact the fee of \$25 is little more than the annual fee for one good medical journal for one year. The medical library committee feels strongly that every physician in the province receives good value for his money. This feeling is reciprocated by the majority of the profession in British Columbia.

NATURE AND OPERATION OF THE SERVICE

The central library is soon to be re-named The Keith Library in memory of Dr. W. D. Keith who was on the first library committee in 1906 and actively supported the library up until his death last year.

The library in Vancouver has a book collection of 4145 volumes made up primarily of current textbooks but including as well many valuable books on the history of medicine and some very old prize volumes. The stacks contain an additional 9000 bound journals, some of them dating back to the early 1800's. The library receives regularly 375 medical journals, most of these by subscription. The emphasis in both book and journal collections is a clinical one, an effort being made to secure the most important literature in every field of medicine. When its own collection does not meet the need, the library borrows material on inter-library loan from the University of British Columbia's Biomedical Library or from other large medical school collections in Canada and the United States. As a member of the International Medical Library Association, the library has been taking advantage of this organization's exchange service to build up its back files of much-used journals and to send its duplicates to other libraries.

Primarily a reference service, the library is staffed by two fully trained professional librarians and two skilled clericals. Direct service is provided to any individual doctor in British Columbia by mail, by telephone or in person. The majority of reference questions involve medical problems which the doctor wishes to learn more about. Often information is provided for doctors who are called upon to speak to medical or to lay groups. Doctors writing scientific papers frequently use the library's resources.

A liaison with the university is provided through the reading lists compiled for the courses of the U.B.C. Department of Continuing Education. These are sent by the lecturers directly to the librarian,

who verifies the references and checks to be sure that they are available through the library to the doctors enrolled in the course.

A popular part of the library's service is the provision of information on the dates and places of medical meetings and postgraduate courses around the world. Directory and biographical details about doctors may also be obtained at the library.

Requests come from every area in the province, although statistics for last year show that of the 6209 items circulated, 3859 went to doctors in the Vancouver area. Next heaviest users are the doctors of the New Westminster and Fraser Valley areas. The Okanagan is followed by Northern British Columbia, Nanaimo and the Upper Island and the Kootenays. Victoria doctors make less direct use of the British Columbia library, since they have such good service from the Victoria Medical Society Library.

The audiovisual department is still a small one, but the interest of British Columbia doctors in the use of these materials will surely cause it to grow. There is a constant demand for the audiodigest tapes, particularly now that the library is building up a collection in the specialties as well as in general practice.

No films are kept in the library, but every effort is made to maintain up-to-date files of medical film catalogues. Information on what films are available and where they may be obtained can be readily provided to any doctor in British Columbia.

Following the trend in many special libraries, the B.C. Medical Library Service secured a Xerox 914 photocopier last August. It is proving a great boon to the service, for now excellent reprints of articles are sent to the doctor instead of the heavy bound journals. These copies he may keep for his own files or for those in his local hospital library. The latest information on any medical condition can be quickly despatched to the remotest corner of British Columbia.

In addition to this direct service, which any B.C. doctor may receive, the Central Library provides money and services to 35 hospital libraries in every area of the province. Money comes in the form of an annual grant, while services include advice on book selection and ordering, and on local staffing and record-keeping in the hospital library. For the last four years the librarians of the B.C. Medical Library Service and the librarian of the Biomedical Library at U.B.C. have conducted a one-day workshop for personnel concerned with the operation of a hospital library. Last year this was held in Kelowna where it was enthusiastically received.

This year, in place of grants, many of the small hospital libraries will receive the equivalent in books purchased, catalogued and processed for them by the Central Library. Book selection is entirely the responsibility of the local doctors, but they send their book orders to the library in Vancouver instead of to the publisher. The Central

Library will, in turn, provide them with the completely catalogued books ready to place on the shelves. As the collections grow, the hospital library will have a record on catalogue cards of all of their books, listed according to author, subject and title.

Eventually the B.C. Medical Library Service will operate somewhat as a provincial regional library would do. The large main collection will be located in Vancouver, with smaller branches in all of the hospitals in the province.

Since the library in Vancouver has such a large collection, the suggestion has been made that the smaller libraries concentrate on basic up-to-date textbooks and a few subscriptions to good journals. Most hospital libraries are not binding their journals or keeping them beyond about five years.

Using the carefully developed hospital library and the many facilities of the Central Library, a doctor practising anywhere in British Columbia may continue his education from the time he enters practice until he retires, or even beyond that time.

THE ROLE OF THE LIBRARY SERVICE IN CONTINUING MEDICAL EDUCATION

Quality of medical care in Canada depends upon the continuing acquisition of new knowledge by physicians—a learning process known as continuing medical education. The essential elements of a successful continuing medical education situation are three: a physician who is a self-motivated, life-long learner; a body of medical knowledge both old and new; and a mechanism for sorting out the significant new knowledge and making it readily available to the physician for the care of patients.

After graduation and upon obtaining a licence to practise in a province, formal educational obligation ceases. Thereafter, a physician has no legal obligation to society to keep up-to-date, and is free to choose between continued self-motivated educational pursuit or progressive medical obsolescence. The influence of his choice on the care he provides for his patients is obvious. The total effect of this choice by all physicians in Canada influences the general quality of medical care, and thereby the health of our nation. At present quality standards pertaining to the educational qualifications of physicians exist at static points of time—all of them, early in a physician's career only: at graduation from a university, upon successfully passing the examinations of the Medical Council of Canada, on completion of a year of internship at an approved hospital, on being registered in a province to practise medicine, and finally, for specialists in meeting the requirements for the Fellowship or Certification of the Royal College of Physicians and Surgeons of Canada. From these static points of educational achievement onwards throughout the remainder of a physician's active professional life, there are no required standards, no legal controls, nor at present any effective comprehensive programs of continuing medical educa-

tion which will assure that physicians, as a whole, in Canada or those within any one of the provincial boundaries, are keeping adequately informed of significant advances in new medical knowledge; nor, further, is there any national or provincial guarantee that the knowledge already acquired by physicians in the past is kept constantly mobilized and fresh to be readily available for translation into good quality of care when needed. The medical profession is a learned profession and as such its distinguishing features are its high educational standards and its high ethical conduct, both of which involve trust on the part of the public. To be valid the educational trust requires a strong sense of responsibility on the part of the physician to maintain professional competence throughout life by the acquisition, after graduation, of increasing knowledge and skills. This is a life-long trust which it is the duty of the physician to maintain on behalf of good health care for the patient and the community.

Continuing medical education is primarily studious reading habits. Reading—the day-to-day, life-long, scholarly habit, whereby adequate time is set aside by the learned physician to review, thoughtfully and studiously, the new acquisitions to medical knowledge and to keep fresh the already acquired knowledge—is at the heart of all continuing medical education. The conventional, relatively brief, periodic course is no substitute. In fact, the continuing medical education course should be recognized for what it is—simply and only, a brief, recurring, episodic stimulus to a basic personal program of planned reading and study. The success of the reading habit is predicated upon an adequate library service which puts textbooks, reference books and medical periodicals within ready reach of every physician, and this requires a good collection of standard items in every community hospital, supported by a central library with a mailing service. One of the most important forms of assistance a university faculty of medicine can provide is that of advising physicians and the physician's library service concerning the selection of reading materials—always keeping in mind the objective of providing the public with good-quality medical care which stems from a learned, well-read profession.

The Medical Library Service of the College of Physicians and Surgeons is the foundation of continuing medical education in British Columbia. This Service is a bulwark against obsolescence, the greatest occupational hazard that faces a physician in practice. The Medical Library Service is a guarantee that good quality of medical care will be assured to the people of the province. The Council of the College in initiating the Library Service, and the members of the College in supporting it financially, have made an important and substantial professional contribution to the community and its health. The task of the Department of Continuing Medical Education of The University of British

Columbia's Faculty of Medicine, in organizing their overall provincial program, is greatly strengthened by this unique and essential educational contribution by the physicians of the province.

SUMMARY AND CONCLUSIONS

Man only lives about three score years and ten and he cannot possibly read everything. Even in his narrow field the medical man cannot cover much of the total medical literature in his lifetime. What should he do? He must be very discriminating, and to help him in this essential endeavour he must have the services of a well-organized modern library service with its librarians, its catalogues and automation. Why must a physician do all this reading and scanning? Simply stated, the problem is how to give his patients the best possible medical diagnosis and treatment at any one given time. With changes in medical knowledge these diagnoses and treatments also change, and the recorded medical word is the surest way for him to get this understanding. It has been said that it takes four hours of weekly reading to maintain basic knowledge, an additional four hours to keep up to date, and even more to become proficient in a specialty and maintain that proficiency. These measurements make it easy to believe that a doctor never really graduates. In British Columbia the B.C. Medical Library Service is attempting to make it possible for every practising physician to carry out such continuing medical education by himself. Indeed, through the two plebiscites held to determine the desire of the profession with regard to the B.C. Medical Library Service it was obvious that this whole concept was overwhelmingly endorsed. The B.C. Medical profession in effect turned itself into a large postgraduate class.

On January 1, 1963, the B.C. Medical Library Service celebrated its third anniversary. It had cause to celebrate. The doctors in the province had increased their usage of the library beyond all expectation. The Keith Library of the B.C. Medical Library Service in the Vancouver Academy of Medicine building had become an extremely active bibliographic centre in contact with every district in the province.

Of the future it can only be said that the B.C. Medical Library Service is an expanding service which has the backing of the medical profession. It cannot, because of financial limitations, become the last word in medical libraries but it will, within these limitations, continue to serve each individual physician to the best of its abilities. Modern data-retrieval methods will be introduced as they become available, and the service will remain an active member of the world-wide network of medical libraries. In an era when organized medicine is so often accused of only being interested in financial considerations, it is good to highlight the work done by the College of Physicians and Surgeons of British Columbia in this continuing medical education field.

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