



Email to: [memberservicecentre@cma.ca](mailto:memberservicecentre@cma.ca)

April 5, 2023

**Letter in response to the Canadian Medical Association's decision to retire clinical information tools and services.**

Dear CMA Board of Directors from Manitoba (Dr. David Cram & Dr. Esther Kim) and CMA President-Elect nominee Dr. Joss Reimer

We are writing regarding the [recently announced cuts to the CMA Ask a Librarian](#) service and access to clinical tools. The Manitoba Association of Health Information Providers (MAHIP) is concerned that by cutting funding to trained librarians and high-quality resources, Manitoba physicians will no longer have access to quality, evidence-based information in a timely way. The increase in medical literature over the last 20 years has made it difficult to find high-quality information quickly; the *Ask a Librarian* service helped by providing Manitoba physicians with timely and relevant literature searches to quickly retrieve the information they need to adequately care for patients. Health librarians support and assist with accessing, evaluating, and analyzing scientific literature. Our doctors are over-burdened and under-resourced and do not have the time or expertise to quickly locate current and reliable evidence for patient-care decision making. Scientific literature is the foundation of evidence-based healthcare, and we are concerned CMA's change will affect the quality of healthcare provided in Canada.

While there is alternative access available for some Manitoba physicians, including the University of Manitoba's Neil John Maclean Health Sciences Library, the WRHA Virtual Library, and MHIKNET, levels of access differ substantially between the three. Fee-for-service physicians in Winnipeg, some Shared Health staff, and physicians working in regional health authorities outside of Winnipeg, will not have access to valuable clinical tools, such as ClinicalKey and key medical journals. Rural physicians and patients are already disadvantaged by access barriers which are worsened by limiting support for evidence-based medicine. As well, these alternative access points are not guaranteed to be available in the future, which would leave physicians to fend for themselves.

If physicians do not have access, they would need to pay out of pocket. One peer reviewed article can cost anywhere from \$20-\$50 CAD. Timely, efficient access to information is invaluable and should be prioritized by those who support evidence-based healthcare.

While we recognize this decision was not made lightly, removing clinical tools, library services, and health sciences information professionals will have an undue effect on Manitoba physicians' access to information.

Sincerely,

Caroline Monnin  
President, Manitoba Association of Health Information Providers

On behalf of the Manitoba Association of Health Information Providers.