



CPS news

CANADIAN PAEDIATRIC SOCIETY | FALL • WINTER 2023

A call to action on social media use

In November, the CPS Digital Health Task Force published a commentary calling for action from policymakers and platform developers to centre the needs of children and youth in the design and oversight of social media platforms.

Their call to action was in response to a growing understanding of the potential negative effects of social media on youth and followed advisories from the U.S. Surgeon General and the American Psychological Association earlier in the year.

Since the CPS position statement on digital media use by school-aged children and adolescents was published in 2019, emerging evidence has associated social media use with adverse mental health impacts. While evidence gaps exist on the long-term

impacts of social media use and overuse, the task force said the worsening mental health crisis warranted a response.

Chaired by Dr. Michelle Ponti, the task force called on social media developers to safeguard the well-being of youth, and for governments to hold these companies to basic standards of safety. Specifically, policymakers should:

- Strengthen standards for age-verification within social media apps, prioritizing users' safety and privacy.
- Fund continued research on the short- and long-term impacts of social media use on child and youth health and well-being, making the data publicly available.

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- Require social media developers to adhere to strict standards on the data they collect from minors and give youth increased control over how that data is used (e.g., how their algorithms are constructed.)
- Require that information on engaged and critical use of social media be included in educator-training models and incorporate up-to-date media literacy curricula into all schools starting at the elementary level.
- Restrict harmful advertising from being directed at children and youth (e.g., gambling, vaping, alcohol, unhealthy food)

The task force also recommended that social media platforms:

- Be transparent with the data they collect from and about children and adolescents.
- Prioritize child and youth health when developing and designing products.
- Ensure youth have greater control over the content they view.
- Strengthen protection from hateful and abusive content, online bullying, sexual exploitation, and other harmful interactions.

Visit the CPS website for the full text of the commentary: <https://cps.ca/en/documents/position/social-media-and-youth-a-call-to-action>.

All health professionals can provide affirming care: CPS statement

A recent CPS position statement is intended to help clinicians provide welcoming, supportive care to youth of all gender identities and to identify additional resources and information that can help them provide care to transgender and gender-diverse youth.

Dr. Ashley Vander Morris is an adolescent medicine specialist and the co-author of *An affirming approach to caring for transgender and gender-diverse youth*. While she works at a dedicated gender clinic in Toronto, she stresses that affirming care is something that all health care workers can provide by being mindful of the clinic environment and their interactions with patients.

And it's important that kids and adolescents be recognized and respected for who they are, where they are. Vander Morris says the current wait time for new patients at her Sick Kids clinic is incredibly long.

"[Because of] the distribution of paediatric centres where these specialized gender care clinics currently are, they tend to be geographically limited in their reach," she said.

"That's why it's really important that every provider feels confident being affirming in their delivery of general care – it may be that that young person hasn't had access to a specialized gender clinic yet, and so making them feel that the medical system is a safe place for them is so important."



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Something in the air

This article was written at the beginning of the viral season, and the situation in hospitals may have evolved by the time of printing.

The 2022-2023 viral season (AKA the viral surge, the triple-demic and some other, not-suitable-for-print names) was one for the history books – an early and steep rise in cases, overwhelmed hospitals, burnt-out physicians, critical drug shortages and public panic made daily headlines.

The timing of the beginning of the viral surge this year is more in line with historical seasonality, despite a veritable stew of influenza, RSV, COVID-19 and other respiratory viruses to contend with. Part way into the respiratory virus season, while many paediatricians are feeling the pressure in community clinics and hospitals, the system seems less strained than last year. At the time of writing, there are high caseloads in Ontario and Quebec, and other provinces are expected to pick up in the coming weeks.

Last year’s crunch brought some important lessons. One silver lining has been increased engagement with Health Canada, which allows the CPS to better track national issues and provide critical updates to members. The CPS continues to participate in regular

meetings with Health Canada and other stakeholders to monitor the availability of paediatric-friendly antibiotics – the supply of which is currently stronger than at this time last year. CPS has also been involved in groups monitoring supplies of paediatric analgesics and infant formula.

Check out the CPS and Caring for Kids sites and social media accounts for up-to-date information:

Facebook: @CanPaedSociety @CaringForKids.cps.ca
X (formerly Twitter): @CanPaedSociety @CaringforKids

When it comes to antibiotics, #ChooseWisely! For example, don’t prescribe antibiotics for symptoms of a viral upper respiratory tract infection or mild, uncomplicated otitis media. If antibiotics are required, be mindful to prescribe the shortest possible evidence-based, effective course. Find out more at choosingwiselycanada.org.

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“We cannot overstate the importance of a child having a stable and supportive relationship with at least one close adult.”

Dr. Robin Williams

From adversity to strength: A new focus on early relational health

Not every CPS statement rides the cusp of cultural change, but *From ACEs to early relational health*—written by the Early Years Task Force and published in April—is still reverberating.

This statement began as an exploration of the effects of parental adverse childhood experiences (ACEs) on children, parenting and family life. Its initial aim was to assess and encourage paediatricians to speak with parents about how their early history might be impacting parenting style and family relationships in the present. But thanks to a meeting of minds between EYTF member Dr. Jean Clinton and Dr. David Willis, an American paediatrician with the U.S. Center for the Study of Social Policy (CSSP), the text took a new turn in 2022.

Stateside, a paradigm shift was already well underway in the field of early childhood development. It centred on the discovery—based on emerging brain research—that positive childhood experiences (PCEs) define and protect early relational health (ERH) and development from the earliest ages, in myriad ways. If ACEs help explain health or developmental challenges, ERH provides a proactive pathway to mitigating them.

Paediatricians working in family care settings are already well positioned and trained to look for signs of secure attachment and healthy parenting. The new statement encourages them to highlight ERH by verbally acknowledging those micro-moments in everyday practice, such as when a parent and child exhibit serve-and-return interactions, or a parent successfully soothes their infant.

Further, while parents themselves are often affected by their own ACEs, they may not be aware of how their history is affecting current relationships. Clinicians have an opportunity to help them make this connection and break negative intergenerational cycles. They can also counsel and encourage family activities that reinforce ERH, such as shared reading, device-free mealtimes, and healthy bedtime routines.

The statement's first ripple effects included a popular National Grand Rounds featuring Drs. Clinton and Willis. A CPS press release and short videos by Dr. Clinton and Dr. Richa Agnihotri, president of the Community Paediatrics Section, have drawn hundreds of eyes. A webinar by Dr. Blair Hammond, co-founder of the Mount Sinai Parenting Center in Toronto, connected CPS members with Keystones of Development, a curriculum teaching relational approaches to both learners and physicians in practice.

In June, Dr. Robin Williams, the statement's lead author and EYTF chair, wrote a piece for the CSSP's Nurture Connection blog, supporting ERH as a socio-medical movement. Finally, because involvement of all primary care providers will be essential to embedding early relational health into routine practice, Dr. Agnihotri co-authored a commentary—submitted to *Canadian Family Physician*—with Dr. Amanda Bell, a clinical professor and assistant dean at McMaster University.

Children grow and develop in an environment of relationships, and when these are rich, nature and nurture dance hand-in-hand.



“Youth really benefit from a holistic approach that takes into consideration multiple aspects of their well-being.”

Dr. Holly Agostino

Spotlight on adolescent medicine

“Children are not just small adults” is a phrase oft repeated in paediatrics. The same can be said of adolescents. With a unique blend of health and social needs, youth benefit from the care of dedicated adolescent medicine specialists. And for the small group of paediatricians filling that niche, the rewards are reciprocal.

“I’m someone who really likes to talk with my patients and have that longitudinal bond,” said Dr. Holly Agostino, a paediatrician at the Montreal Children’s Hospital and a member of the CPS Adolescent Health Committee (AHC).

Anyone who has spent time with teens knows that gaining their trust can be a challenge. “A lot of the issues we deal with are sensitive topics that, if the patient doesn’t trust you and if the patient doesn’t feel comfortable that you’re there to help them and you’re going to keep their information private, they’re not necessarily going to give you the information you need to help them,” Dr. Agostino says.

Building those trusting relationships is what brought committee chair Dr. Ellie Vyver to adolescent medicine. She calls the combination of mental and physical health care the “best of both worlds.”

“Youth really benefit from a holistic approach that takes into consideration multiple aspects of their well-being,” she said. “It considers their lived experiences and what surrounds them in terms of other factors of wellness, such as social determinants of health.”

Dr. Vyver also emphasized the rewards of focusing on positive youth development. “It’s really about not leaving the youth behind



Dr. Holly Agostino

and really building upon what their strengths are and helping them achieve the goals they have for themselves.”

Dr. Agostino, whose practice focuses on eating disorders, notes that the severity and frequency of cases has exploded in recent years – a trend that was also apparent in a recent [CPSP study](#) on new-onset presentations of anorexia nervosa during the COVID-19 pandemic.

“There’s a lot of overlap with other mental health issues like depression, anxiety, OCD – and because those were getting worse too, we see these kids presenting with really extreme behaviours that we definitely didn’t have when I started practicing [10 years ago],” she noted.

Dr. Vyver echoes that sentiment. “The levels of new onset eating disorders in youth has been absolutely unprecedented,” she said.

Beyond the effects of the pandemic, Dr. Vyver notes that case complexity is also rising because of widening disparities for many populations of youth across Canada. “Some of these disparities play out with inequities within the system, to just being able to access [care] based on who they are, where they live in the country.”

Recent AHC position statements aim to broaden access to evidence-based, high-quality care for youth in Canada – all available at [cps.ca](#).

Dr. Agostino is the lead author on an upcoming CPS position statement on community management of paediatric eating disorders. Keep an eye on [cps.ca](#) for our most recent guidance documents.



“[Medical] literature clearly states that when there is a [language] discordance between the patient and the healthcare provider, health outcomes are poor.”

Dr. Chuck Hui

Advancing health equity: A vision for accessible interpreter services

Communication is at the heart of effective healthcare delivery. When a patient and their healthcare provider cannot successfully communicate due to a language barrier, it can result in misunderstandings, misdiagnoses, and suboptimal care. With an increasing number of people immigrating to Canada and 20% of Canadians reporting a first language that is neither French nor English, language-discordant healthcare interactions are becoming more common.

The healthcare implications of this concerning trend inspired the Caring for Kids New to Canada Task Force’s new statement on access to appropriate interpretation, written by task force chair Dr. Chuck Hui and published in June. The statement advocates for accessible, high-quality interpreter services in healthcare settings and underscores the risks associated with relying on children as interpreters instead of trained professionals.

“[Medical] literature clearly states that when there is a [language] discordance between the patient and the healthcare provider, health outcomes are poor,” says Dr. Hui, adding that interpreter services are not universally available in all Canadian healthcare institutions.

The major obstacle to making interpreter services universally available, says Dr. Hui, is inadequate funding. While larger healthcare institutions can afford to provide interpreter services, smaller clinics and private practices with limited budgets and resources are often forced to forgo these crucial services.



Dr. Chuck Hui

This patchwork availability of interpreter services creates situations where patients or paediatricians without access to professional interpreter services might resort to using untrained interpreters, such as family members, friends, and children.

Dr. Hui warns that the risk of using an untrained interpreter lies in their potential to “[...] editorialize, omit, or interpret what they think the person is saying, with concerns associated with trust and confidentiality.”

Using a child as an interpreter creates even more harm, he adds, as it not only exposes the child to confidential information they may not be developmentally prepared to handle but can also lead to conflicts between the child and their parent. Such circumstances create significant stress and place the child in a role they should not be thrust into.

Dr. Hui is working to raise awareness among hospitals and providers, building on work by organizations like the National Newcomer Navigation Network (N4). The CPS is also contacting provincial ministries of health to ask about provision of professional interpretation services.

Dr. Hui hopes that the task force’s advocacy for appropriate and accessible interpreter services will help ensure that language barriers do not hinder patient care, ultimately creating a more inclusive and equitable healthcare system for all.

For more information about providing quality care to newcomer children, youth, and families, visit www.kidsnewtocanada.ca



“If there’s one thing participants can take away from this module, it is to realize how much they have to work at gaining the trust of Indigenous families.”

Dr. Kent Saylor

Lifelong learning is vital to providing culturally safe care

Learning to provide culturally safe care is a lifelong process, says Dr. Kent Saylor—and completing the new eCME on providing culturally safe care for Indigenous patients is a great place to start.

Dr. Saylor, a paediatrician in Kahnawake, Quebec, and chair of the project’s planning committee, is excited to share this new learning opportunity with CPS members.

“The most important thing for paediatricians is to know what they don’t know,” said Dr. Saylor in an interview. “Most people have a huge knowledge gap of the realities—both now and historically—for all Indigenous peoples in Canada.”

The learning module is based on an in-person training program on Indigenous child and youth health developed by the Canadian Paediatric Society and the National Collaborating Centre for Indigenous Health.

The module—available on Pedagogy—examines what culturally safe care is, why it’s important, and how to practice it with Indigenous patients. It explores historical factors, social determinants of health, and power imbalances that affect patient-practitioner interactions.

“If there’s one thing participants can take away from this module, it is to realize how much they have to work at gaining the trust of Indigenous families,” said Dr. Saylor. “There is a lot of mistrust of the medical establishment.”

The module also explores systemic inequities, such as racism within the healthcare system, that act as barriers to care.

It is not only overt racism that is harmful, said Dr. Saylor. Health care providers may unknowingly engage in more subtle forms of racism, such as stereotyping, inherent bias and microaggressions, which can also harm patient health.

“These experiences can be extremely offensive and can really break down the whole trust relationship with families,” said Dr. Saylor.

As well as discussing Indigenous histories and experiences, the module provides practical details that every paediatrician can use in their practice.

It describes the Non-Insured Health Benefits (NIHB) program, which provides health benefit coverage for many (but not all) Inuit and First Nations people. It also describes funding opportunities through Jordan’s Principle and the Inuit Child First Initiative, which can be used to help access health, social and educational products, services and supports.

Paediatricians need to know how to help children and youth who qualify for these programs—and it’s equally important to know that Métis patients are ineligible for both.

“To me, it’s a travesty that Métis people are excluded from so many things, but again, that’s a thing for people to learn about,” said Dr. Saylor.

After completing this module, Dr. Saylor encourages paediatricians to keep learning how to provide culturally safe care—and he seems optimistic that they will.

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“I do hope to encourage increased engagement and participation of our membership in CPS activities, and have discussions with our members on how CPS can further support their individual needs.”

Dr. Jeff Critch

Greet the president: Dr. Jeff Critch

If you haven't yet met Dr. Jeff Critch, the new CPS president and paediatrician at Janeway Children's Hospital, you have a treat in store. After many years on the Nutrition and Gastroenterology Committee as both a member and the chair, he joined the board in 2018 representing Newfoundland and Labrador. He's a familiar and friendly face to many CPS members.

Dr. Critch's term as president coincides with a transitioning CPS, as pandemic recovery, health care pressures, and identifying new strategic priorities dominate his near horizon. As a member of the new Strategic Priorities Working Group, he's working closely with membership and staff to survey, assess, and select the issues that the CPS will target over the next few years with advocacy, education, and knowledge translation. Results of this collaborative consultation will be presented at the next annual conference in Vancouver.

As paediatricians strive to meet rising demands on their time and skills post-COVID, Dr. Critch aims to address specific Canada's human health resource issues. He'll engage members on how the CPS can further support them individually, and help ensure

we can meet the needs of our youngest members: medical students, residents and early career physicians.

“I do hope to encourage increased engagement and participation of our membership in CPS activities, and have discussions with our members on how CPS can further support their individual needs,” he said.

Dr. Critch is an associate professor of paediatrics at Memorial University, with publishing and research interests in gastroenterology and bowel and liver diseases. He is an active educator of medical students and paediatric residents and has served on the Royal College's examination committees for both general paediatrics and paediatric gastroenterology.

His gift for advocacy is best expressed by long involvement with Kids Eat Smart, a provincial school breakfast program in NL, and he was lead author of a 2020 statement on School Nutrition. Reducing food insecurity and child poverty are causes close to his heart, and he's been a leading local voice for schools as a powerful nexus for security and positive change in the lives of children and youth for many years.

LIFELONG LEARNING...CONTINUED FROM PAGE 7

“I've been in practice for about 25 years. When I started, I didn't see much recognition of the things that physicians and other health care providers need to know. Now, people are realizing that there are many historical factors they did not know about,” said Dr. Saylor.

When asked how paediatricians should continue their learning journey, he recommended consulting the module's detailed resources section, which includes many materials

on Indigenous histories and experiences. He also encourages CPS members to consider attending the biannual International Meeting on Indigenous Child Health (IMICH) at least once.

“At IMICH, we hear about many very positive changes that have taken place over the years, so I think people can learn a lot about Indigenous health and experience there.”

*For information about this eCME, visit pedagogy.cps.ca.
For information about IMICH, visit <https://cps.ca/en/imich>.*



“Many paediatric providers may not have received specific training to diagnose and treat overdose and substance use disorders, which may lead to diagnostic delays and challenges with providing optimal treatment,

Dr. Nicholas Chadi

Unveiling a silent crisis: CPSP survey sheds light on severe opioid, stimulant and sedative use among Canadian youth

A one-time survey sent through the Canadian Paediatric Surveillance Program (CPSP) revealed an increasing number of children and youth in Canada experiencing severe, life-threatening use of opioids, stimulants, or sedatives. The survey, conducted by Dr. Matthew Carwana, Dr. Nicholas Chadi, and Dr. Eva Moore, not only highlights the devastating impact of the opioid drug crisis on Canadian children and youth, but the limited treatment options available for those grappling with severe substance use disorders.

The survey revealed a high number of severe and life-threatening substance use and overdose cases among children and youth aged 12 to 18. The data only account for those who sought paediatric care after an overdose or episode of severe/life-threatening use, not children and youth who did not seek paediatric care or received care from a non-paediatric provider. These data also highlight the challenges that come with diagnosing and treating children and youth with substance use disorders.

“Young people may not be willing to disclose their substance use and may ask to maintain confidentiality,” says Dr. Chadi, an adolescent medicine specialist at CHU Sainte-Justine in Montreal. “This can pose specific challenges when interacting with parents and identifying the best ways to support them.”

The survey also revealed that paediatric providers have limited awareness of resources beyond mental health services as

an option to help children and youth with substance use disorders.

“Many paediatric providers may not have received specific training to diagnose and treat overdose and substance use disorders, which may lead to diagnostic delays and challenges with providing optimal treatment,” said Dr. Chadi, adding that “youth-specific treatment resources also remain limited in many parts of Canada.”

In response to the findings, the investigators are launching a new multi-year CPSP study focused on this topic. They’ll expand the study team to include local experts from across Canada, which will play a crucial role in both reporting cases and disseminating the study’s outcomes.

Dr. Chadi and his team are using the results of their survey to advocate for more resources for prevention and treatment for youth with severe substance use disorders, advocating for naloxone training and kit distribution in high schools to help prevent overdose deaths. They are also working with Health Canada and the Public Health Agency of Canada on improving prevention efforts and knowledge translation.

In the face of this silent crisis, the revelations from the CPSP survey serve as a clarion call for increased resources, awareness, and policy changes to safeguard the well-being of Canadian children and youth.



An antiracist approach to advocacy means “being aware of the embedded racial disparities that impact child and youth health”.

Dr. Tehseen Ladha

Antiracism group looks to CPS leaders to spark change

When the Canadian Paediatric Society published its Antiracism Policy in 2021, it was the first step in a fundamental shift in how the organization thinks about and does its work. The movement to become an antiracist organization took a major step forward in November during the annual Leadership Forum.

The forum brings together CPS leaders—board members, committee and task force chairs, and section presidents—to share ideas and concerns, and to learn from one another. This year, they were joined by members of the Antiracism Steering Committee, who presented their progress on tools and policies to help CPS working groups think differently about what they do.

Dr. Kassia Johnson, co-chair of the Steering Committee, challenged leaders to think about the entrenched values that underpin racism in organizations and institutions, with a view toward having difficult but courageous conversations that will lead to change.

Dr. Shazeen Suleman, who co-chairs the antiracism policy implementation group with Dr. Minoli Amit, described a tool that will be used to review CPS policies, bylaws, and procedures. The tool provides a step-by-step approach for considering: whether the policy acknowledges systemic, historical, or current axes of oppression or discrimination; whether some groups been unintentionally harmed, while other groups have unintentionally benefited; and how the policy can explicitly address historical and current axes of oppression to increase equity.

A key area for antiracism activities is medical education—from live events such as the annual conference to position statements and practice points. Under the leadership of Dr. Mark Awuku and Dr. Ming-Ka Chan, a working group is developing a resource for use by education developers, meeting planners, and authoring

groups within the CPS. The aim is to address issues such as lack of representation, curriculum bias, implicit bias, stereotyping, micro-aggressions, disparities in patient care, and unequal opportunities.

On the advocacy front, Dr. Tehseen Ladha and Dr. Muna Chowdhury are focused on how CPS work in public policy can incorporate an antiracist approach. Dr. Ladha says that means “being aware of the embedded racial disparities that impact child and youth health and addressing them when working to influence policy change.”

Over the coming months, the working groups will be refining and testing the tools they are developing, with a view toward having them in use in 2024.

For more information, visit cps.ca/en/policy-and-advocacy/antiracism-initiative or email antiracism@cps.ca

Antiracism Steering Committee

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Dr. Sam Wong, Co-chair
Dr. Mahli Brindamour, Caring for Kids New to Canada Task Force
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MEDICAL CANNABIS



“There are a lot of claims on the internet about which medical conditions cannabis can help with but, for most conditions, the evidence for its use in children isn’t there yet.”

Dr. Yaron Finkelstein

Evidence-based conversations about medical cannabis

As interest in using cannabis products for medical treatments in children and youth increases, health care providers need to be ready and able to have open, evidence-based conversations with families about potential benefits and risks in order to develop individualized plans that maximize potential benefits while minimizing risk of harm and negative drug interactions.

A new CPS position statement on medical cannabis for children provides updated guidance that considers recent evidence and the availability of cannabis-based treatments. It also highlights the urgent need for more high-quality research to determine which childhood conditions can benefit from cannabis-based treatments and to establish proper dosages for children.

“There are a lot of claims on the internet about which medical conditions cannabis can help with but, for most conditions, the evidence for its use in children isn’t there yet,” said Dr. Yaron

Finkelstein, a Canada Research Chair in Pediatric Drug Safety and Efficacy and a member of the CPS Drug Therapy Committee.

The pervasive spread of misinformation puts children and families at risk. “There are situations in which the risks do outweigh the potential benefits,” said Dr. Finkelstein. “I would caution families away from making care decisions based off online anecdotes. On the other hand, health care providers need to be aware of the available evidence in order to have those open, ongoing conversations with families.”

Given the already widespread use of medical cannabis and the glut of anecdotal reports online, education for clinicians about how cannabis-based therapies work and their potential indications, benefits and risks for children and youth must be developed.

In Memoriam

The CPS offers its condolences to the families of the following members:

Dr. Mary Hallowell (1926-2023)
Vancouver, British Columbia

Dr. Eugene Outerbridge (1934-2023)
Shelly Bay, Bermuda

Dr. Ivan Barry Pless (1932-2023)
Westmount, Québec

Dr. Jo-Anne Richards (1929-2023)
Burlington, Ontario

Dr. John Tibbles (1929-2023)
Victoria, British Columbia

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