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# health matters

JUNE 2012

VOLUME 14, ISSUE 11



## Organ Donation

The issue of organ donation

*By Gerry Fuss, District 40, Brant*

**M**y brother in law, Doug Dennis, was a wonderful human being. He had a delightfully impish sense of humour and was a devoted husband and father. He also worked in Peel County as a very effective and creative teacher, department head and vice principal. He retired from his successful career as the very popular principal of North Park Collegiate in Brampton. We all looked forward to what we were sure was going to be a very active retirement. Unfortunately, this story does not have a happy ending. Just over a year ago, Doug died a difficult death at a relatively young age. What made his death so sad is that it was unnecessary. Along with so many other Canadians, he died while waiting for an organ transplant.

The last months of his life were especially difficult for his family members. Missing a call that had the potential to save his life was a constant worry. They feared going anywhere without the pager and cellphone which would inform them of a call from the transplant team ... a call that never came. As can be imagined, the stress was more than considerable. As may be appreciated, my sister and her family are not alone. More than 1,500 people in Ontario are on a transplant list and all of them and their families fear a similar outcome.

Tragically, dying while waiting for an organ transplant does not have to be commonplace, but, unfortunately Canada has one of the lowest rates of organ donation of any country in the western world. (Even Americans, who often seem to value the needs of the individual more than those of the community, contribute significantly more than we do.) And even more unfortunately, there doesn't seem to be a rational reason to explain our collective failure. For example if a religious justification for not donating ever existed, it doesn't now.

For Catholics, Popes John Paul II and Benedict XVI have spoken in favour of organ donation. In 2000 the former said "There is a need to instill in people's hearts ... a genuine and deep appreciation of the

need for brotherly love, a love that can find expression in the decision to become an organ donor."

For Muslims, the Secretary of the Canadian Council of Imams, Shaikh Habeeb Alli, has written that "... all Canadian Muslims ... must recognize the need to donate organs and tissues as an Islamic duty and a halal act."

For Jews, the Toronto Board of Rabbis has issued a statement saying that "We believe in the Divine mandate to save life – an obligation first expressed in the Torah itself: 'You shall not stand idly by the blood of your neighbour.' We see organ donation as a new means to fulfill an ancient, eternal religious duty."

Prominent Protestant, Hindu and Sikh leaders have also spoken out quite forcefully in favour of organ donation. To my mind, what is interesting is the number of faith leaders who are now going beyond merely saying they are not opposed to organ donation. Many are quite comfortable using the word DUTY when talking about this issue.

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# health matters

This publication is intended to keep RTO/ERO Health Plans participants current with matters considered at Health Services & Insurance Committee (HSIC) meetings and to share items of interest pertaining to health and wellness. Districts are encouraged to use any of this information in its communications with members at meetings or via local newsletters.

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*health matters* is published four times a year by The Retired Teachers of Ontario/  
Les enseignantes et enseignants retraités de l'Ontario.

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## Message from the Committee Chair



*Mark Tinkess*

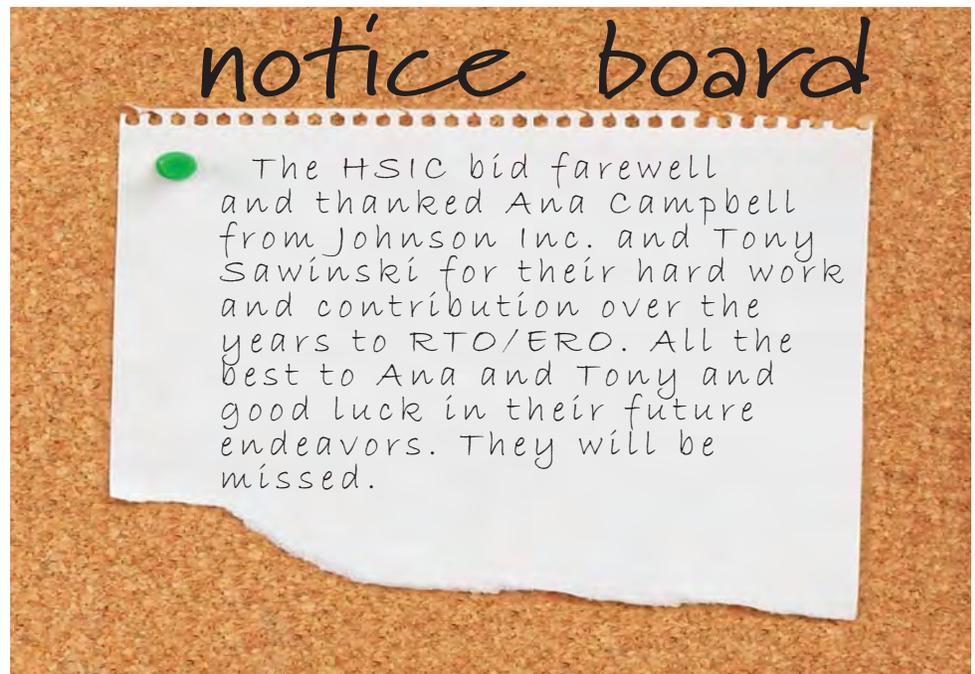
The annual DHR/UHR workshop took place this year at the Courtyard Marriott on June 10th and 11th. The Provincial Executive and HSIC hosted the event for 88 delegates from each of the RTO/ERO Districts and Units. This year's theme was "A Healthy Plan for a Healthy You". Sunday night's guest speaker was Dr. Elaine Dembe who based her presentation on her book entitled "Passionate Longevity: The 10 Secrets to Growing Younger". Her invigorating and stimulating presentation was well received triggering a flurry of questions in the Q&A session following her presentation. A brief video, available in YouTube by the name of "23 and 1/2 hours: What is the single best thing we can do for our health?"; < <http://www.youtube.com/watch?v=aUaInS6HIGo&sns=em> > started the Monday session.

The first session on Monday involved Lori MacDonald-Blundon and a team from Allianz Global Assistance with a presentation of "Travel Myths and what members should do before they travel". The team explained who Allianz Global Assistance is, what they do, and the hot topics of "Proof of Departure" and "Travel Insurance Myths". As always, this presentation provoked many excellent questions and stimulated an excellent set of discussions.

The second session on Monday involved roundtable discussions which allowed participants to discuss items of interest with HSIC, Provincial Executive and Johnson Inc. members. The notes from these discussions will be sent to all participants.

The final session involved a presentation by Tanya Hogan, Director, Health Solutions and Pharmacy Projects for Shoppers Drug Mart. This presentation represented a unique relationship between RTO/ERO and Shoppers Drug Mart which took about three years to establish. At no cost to RTO/ERO, this relationship will benefit many of our members whether they take part in our health plans or not.

The purpose of the workshop was to allow the HSIC to maintain an open communication link with our DHR/UHR representatives. We hope that you left the workshop with new knowledge about our Health Plans and that all our members will benefit as a result.





# HSIC Meeting Highlights

1. Each meeting begins with the Provincial Executive Reports, specifically the District Liaison topics and resolutions passed by the Provincial Executive since our last meeting in April.
2. We've covered communications to the committee from members and other sources. One such communication involved the future of electronic storage of Committee material such as agenda, minutes, financial reports due to the closure of RE-Net. The Provincial Communication Committee is working on this situation.
3. Benefit Entitlement Reviews (BER) were received and discussed followed by a series of reports: Claims Status reports, Health Plan Participation Report and Late Applicant Report.
4. We received from Johnson Inc. preliminary information for Three-Year Premiums and Claims Projections which will enable the HSIC to make final plan changes at our October meeting to be made effective in 2013.
5. We received Update reports, Committee Budget reports, and Premium and Claim reports.
6. Initial Committee Budget Reports to be presented to the fall Senate were discussed.
7. Simon Leibovitz and Susannah Maxcy provided the committee with a presentation on "Social Networking."
8. Finally, the committee discussed ideas regarding next year's in-house training sessions developed by Don Brooks (Independent Consultant) and Lori MacDonald-Blundon.



## A Message from Johnson Inc.

### When to Apply for the Health Plans

You may enroll in the RTO/ERO Health Plans, without medical evidence of insurability, provided RTO/ERO receives your application within 60 days of the termination of your previous coverage. Your previous coverage can be your school board employee or retiree plan, a spousal plan, or another group insurance plan. To ensure there is no gap in your coverage, it will commence the day after the termination date of your previous plan regardless of when your application is received in the 60 day period. Premiums will also be back-dated to this effective date.

You may apply for the RTO/ERO Health Plans at any age. Application may be made at retirement, at age 65 when your school board retiree plan terminates, or at any other time in your retirement. The important thing to remember is you must apply within 60 days of your prior plan termination date so that you are automatically enrolled without requiring a medical questionnaire.

You must be an RTO/ERO member in order to apply for its Health Plans. You may join RTO/ERO prior to retirement if you are actively employed in education and will be eligible upon retirement to be a Full or Associate member. As a retiree, you may join RTO/ERO at any time.

### Assistive Devices Program (ADP)

There may be financial assistance available for your aid or appliance through your provincial Assistive Devices Program. Application for ADP funding must be submitted prior to your purchase or ADP may decline coverage. For eligible items, an application must first be submitted to ADP prior to submitting your claim to Johnson Inc. Eligibility under RTO/ERO's Aids and Appliances benefit can be different from ADP, so additional information may be required to access your claim. Reimbursements under the Aids and Appliances benefit are offset by the amount eligible for payment through ADP, whether or not application is made.

Please call Johnson Inc. Plan Benefits Claims for pre-approval of your item prior to making your purchase. ●

## Organ Donation

FEATURE CONTINUED FROM PAGE 1

### The issue of organ donation

Some will argue that their organs are too old to donate. The director of Trillium Gift of Life Network in an interview with CBC radio countered that many people in their 90s have donated. Age is not a barrier to organ donation.

Most of us understand that increased organ donation rates have the potential to benefit everyone. If we accept this premise, the question becomes, "What can we do as individuals to ensure fewer of our friends and family die on a list waiting for an organ donation?" Fortunately there are some simple steps that can be taken.

1. Use the internet to make clear your intentions to donate; go to [www.beadonor.ca](http://www.beadonor.ca)
2. When renewing your health card, say yes when asked about your willingness to donate.
3. If you have access to a public forum, speak or write in favour of organ donation to raise consciousness about this situation.
4. Ask your religious leader to address this issue publically when his/her community meets.
5. Indicate in clear terms to your spouse, children, grandchildren, parents and family doctor your wishes re organ donation. (This is probably the most important thing to do. Sometimes, grieving loved ones will challenge your decision in the hours after your death. Hospitals and doctors will always cave in to these challenges. Your clearly communicated desires before a crisis occurs will discourage this from happening.)
6. Ask your spouse, children, grandchildren and parents what their post-mortem desires are regarding donation. Communicate this to everyone in the family.
7. For those of us who are politically engaged, speak to your MPP (better yet, persuade your local RTO/ERO District to be active on this issue) and ask him/her to lobby in favour of a law that ensures YOUR clearly expressed decision to be on the donor list cannot be overridden by anyone. It is your body. Should anyone else but you make the final decision?

On final note, Doug ended his life the way he lived it. His last act was an organ donation.



## British Columbia: Reduces Generic Drugs Pricing

In April, the British Columbia Government introduced Bill 35, the Pharmaceutical Services Act, which will enshrine one of the most comprehensive public drug plans in Canada into law, as well as allow the Province to regulate and lower prescription drug prices.

The act shifts the \$1-billion PharmaCare program from one which relies on government policy, to a program protected by legislation. PharmaCare helps British Columbians with the cost of eligible prescription drugs and designated medical supplies, and provides reasonable access to drug therapy through seven drug plans.

The act also creates the framework to allow the Ministry of Health to regulate and further lower drug prices for all patients in British Columbia. Patients and the public health care system can expect to save significant amounts of money on the cost of prescription drugs this year.

As of April 2, 2012, generic drugs cost 35 per cent of the brand name price. Through legislation, the Province plans to lower generic drug prices to be in line with other jurisdictions.

While the legislation is just being introduced, throughout the summer the Ministry will be drafting the regulations related to drug pricing under this act, which will involve consulting with stakeholders and others. Details will follow on how the act will be implemented and enforced.

Source: Government of British Columbia, April 2012

## Federal Government Cuts Access Delays to Over-the-Counter Drugs

The Minister of Health announced that Economic Action Plan 2012 cuts red tape that currently delays access for Canadians to new over-the-counter (OTC) drugs. It also saves taxpayers money by eliminating a paper regulatory process that is currently required to confirm that a new drug requires a prescription.

This will be accomplished by eliminating Schedule F of Health Canada's Food and Drug Regulations. Currently, prescription drugs are required to be formally added to Schedule F of the Food and Drug Regulations through a regulatory amendment. A regulatory amendment is also required to remove a drug from Schedule F. The process to remove a drug can take from 14 to 20 months to complete, long after Health Canada has determined that it is safe to move a prescription drug to OTC status.

Eliminating Schedule F will cut red tape without compromising safety. Drug safety will continue to be confirmed through a rigorous process of scientific review before a drug can be approved for sale and before a drug can be sold OTC.

Health Canada will replace the current inefficient process with a faster and transparent posting of each new prescription drug on their website. Health Canada is taking steps now to make the necessary changes to establish this new approach.

Source: *Health Canada, April 2012*



## Know your RTO/ERO Health Plans

Your RTO/ERO Health Plans booklet contains contact information for ALLIANZ GLOBAL ASSISTANCE (formerly Mondial Assistance). If you are travelling to a country that is not included in one of the listed telephone areas, you should use the collect telephone number (519-742-6683). If you are not able to make a collect call from the hotel or a public pay phone, please call direct and you will be reimbursed with your claim.

**Q** Should I call Allianz Global Assistance before my departure?

**A** Yes, you should call Allianz Global Assistance before your departure. Allianz will provide you with a pre-trip planning assistance which includes:

- Travel advisories
- How to call Canada from the country you are visiting required country codes
- Allianz's emergency contact phone numbers
- Required inoculations
- Local currencies
- Visa requirements

**Q** My doctor says I am physically okay to travel. Therefore, I am covered by RTO/ERO out-of-province/Canada travel benefit?

**A** A physician's clearance for travel does not override the RTO/ERO policy. If, according to the policy, your condition would not be considered stable, any medical emergency related to this condition would be ineligible.

**Q** Does the Out-of-Province/Canada Travel stability clause applies to all pre-existing conditions which were not stable for 90 days prior to departure?

**A** The 90 day stability clause applies to the following:

- Cancer, heart, or lung conditions;
- Any condition where you were admitted to hospital for at least 24 hours; and
- Any condition where your physician has advised you not to travel.

### Allianz Global Assistance

P.O. Box 277 ♦ Waterloo ON N2J 4A4

1.800.249.6556 from Canada and the U.S.

Any further inquiries can be made by contacting Johnson Inc. at 416.920.7248 or toll-free at 1.877.406.9007.

## Helping More Seniors Live At Home Longer

Ontario is moving forward with the next step in developing its Seniors Care Strategy, which will help seniors stay healthy and live at home longer.

### The strategy will include:

- Expansion of doctors' house calls
- Increase in access to home care for seniors in need
- Establishing care co-ordinators to work with health care providers so seniors receive the right care, particularly as they recover from a hospital stay
- Allowing seniors to adapt their home to meet their needs as they age with the assistance of the Healthy Homes Renovation Tax Credit
- Helping seniors stay healthy by eating well and exercising regularly so they can manage their own care and stay mobile

Dr. Samir Sinha will lead the development and implementation of the Seniors Care Strategy. This summer, Dr. Sinha will consult broadly on how to support seniors at home and reduce hospital readmissions and pressure on long-term care homes.

In fall 2012, Dr. Sinha will provide recommendations to the Minister of Health and Long-Term Care on how to help more seniors to live independently at home and in their community, and will work with the health care sector to implement the strategy, once approved.

Ensuring that seniors have access to the right care, at the right time and in the right place is part of the McGuinty government's Action Plan for Health Care.



### QUICK FACTS

- The government will help 90,000 more seniors to receive care at home and fund an additional three million Personal Support Worker hours over the next three years.
- As announced in the 2012 Budget, the government will increase funding for community and home care services by an average of four per cent over the next three years.
- Older adults make up 14 per cent of Ontario's population and account for nearly half of current health care spending in the province.

Source: Ministry of Health and Long-Term Care, May 2012



## Why exercise is vital to health

Everyone knows that exercise is vital to maintaining health, yet many people continue to lead sedentary lives. Perhaps it is because they think that exercise must be difficult and time-consuming in order to be beneficial. In fact, you don't have to train like a triathlete to reap the benefits. If you are able, simply walking to the store or taking the stairs instead of the elevator can make a lot of difference.

According to Canada's Physical Activity Guide to Healthy Living (a companion guide to Canada's Food Guide to Healthy Eating), you will gain significant health benefits just by adding physical activity to your daily routine. Your benefits will increase as you add more activities to your day.

Many people may not know that exercise does more for you than just help you lose weight or build muscle. Regular physical activity is a prescription for helping decrease stress; relieve depression, anxiety, heartburn and constipation; increase happiness; improve your love life and fitness level; and prevent diabetes, heart disease, weight gain, osteoporosis and cancer. ●

Source: Ministry of Health Promotion and Sport

# media corner @

Your RTO/ERO Health Services and Insurance Committee shares as part of five meetings per annum, general health and wellness information items in the form of articles, podcasts and websites. For direct access to the links below, visit RTO/ERO's Members' Centre website. You can also view/download this and other issues of Health Matters.

## British Columbia PharmaCare

British Columbia PharmaCare helps British Columbians with the cost of eligible prescription drugs and designated medical supplies. One of the most comprehensive drug programs in Canada, it provides reasonable access to drug therapy through seven drug plans. The largest is the income-based Fair PharmaCare plan. For more information click on the following link: <http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html>

For most PharmaCare plans, you must be actively enrolled in the Medical Services Plan of B.C. <http://www.health.gov.bc.ca/msp/>

## B.C. Medical Services Plan

The Medical Services Plan (MSP) insures medically-required services provided by physicians and supplementary health care practitioners, laboratory services and diagnostic procedures. For an overview of MSP, click on the following link <http://www.health.gov.bc.ca/msp/infoben/pdf/msp-brochure.pdf>

## Ontario Action Plan for Health Care

Action Plan for Health Care in Ontario:

The action plan has three priorities:

- Keeping Ontario Healthy
- Faster Access to Stronger Family Health Care
- Right Care, Right Time, Right Place

[http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/docs/rep\\_healthychange.pdf](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf)

## Health Canada - Eating Well with Canada's Food Guide

It is easy to choose foods wisely when you follow Canada's Food Guide. <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>



## Allianz's Pre-trip Services

There are many things you can do, before you leave home, to help prepare for a worry free vacation. Allianz Global Assistance can help. They offer a number of services to help plan for your vacation, wherever you may be travelling. One such service is their pre-trip assistance offering important travel information about the country you are visiting. They can provide information such as:

- Travel advisories that may be in effect;
- Inoculations required for that country;
- Local currencies and exchange rates;
- Visa requirements;
- Allianz's emergency contact phone number(s). Although some emergency contact phone numbers are located on the back of your Johnson Inc. health card and additional numbers are provided on the back cover of the Out-of-Province/Canada Travel Booklet, you can contact Allianz prior to travelling to obtain the emergency contact number for the specific country you are visiting; and
- How to make phone calls from the countries you are visiting. They will provide the country codes required to dial out of each country.

## Allianz's Additional Services

Allianz also offers a number of additional services to assist you while you are travelling. These include:

- Assistance with the replacement of necessary travel documents or tickets if lost or stolen. The cost is your responsibility;
- Referral to a local legal advisor, assistance with arranging for advances from your personal credit card, and arranging for family/friends to post bail and pay legal fees. The related expenses are your responsibility;
- Interpretation services in most major languages; and
- Message service where telephone messages to/from you or your dependents, while travelling, are held for 15 days.

## Allianz Global Assistance

P.O. Box 277 ♦ Waterloo ON N2J 4A4  
1.800.249.6556 from Canada and the U.S.  
519.742.6683 collect from anywhere else  
[www.allianz-assistance.ca](http://www.allianz-assistance.ca)

# Heart attacks in women

**C**hest pain or discomfort is one of the hallmarks of having a heart attack, but a new U.S. study suggests women aren't as likely as men to have that symptom when they enter hospital and may also be at higher risk of dying.

Dr. John Canto of the Watson Clinic and Lakeland Regional Medical Center in Florida and colleagues analyzed data from the industry-sponsored National Registry of Myocardial Infarction from 1994-2006 for the study, considered one of the largest of its kind. Of the 1,143,513 patients assessed, 42.1 per cent were women.

The study, published in the Journal of the American Medical Association (JAMA), emphasizes the importance of medical professionals recognizing someone is having a heart attack and getting them acute medical care quickly, even if they don't have chest pain or discomfort.

### Symptoms of heart attack in women

- Uncomfortable pressure, squeezing, fullness or pain in the centre of your chest. It lasts more than a few minutes or goes away and comes back.
- Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs such as breaking out in a cold sweat, nausea or light-headedness.
- As with men, women's most common heart attack symptom is chest pain or discomfort.

Heart attack chest pain  
 often absent for women

But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain. The study concluded that patients with no chest pain symptoms tend to be treated "less aggressively, and have almost twice the short-term mortality compared with [patients] with more typical symptoms of MI."

The researchers found the average age of women who entered hospital with heart attacks (myocardial infarction, or MI) was 74, compared with 67 for men. The overall proportion of patients who entered hospital without chest pain was 35.4 per cent but was much higher for women (42 per cent) than men (31 per cent). While chest pain or discomfort was the most common symptom of MI in both women (58 per cent) and men (69 per cent), women, especially those under age 45, were less likely to report feeling such problems.

As well, the rate of MI patients dying in hospital was 14.6 per cent for women and 10.3 per cent for men. But the most telling finding is that younger women who didn't enter hospital with chest pain died at a much higher rate than men who also didn't have that symptom. Only after age 75 did men without chest pain die at a higher rate.

The importance of recognizing that heart attack doesn't discriminate based on gender has been highlighted in recent years, with more researchers including women in studies on cardiovascular disease.

### Heart disease is the No.1 killer of both men and women in the U.S. and Canada.

In Canada, according to Statistics Canada's latest figures, cardiovascular disease accounted for 29 per cent of all deaths in Canada—28 per cent of all male deaths and 29.7 per cent of female deaths. As well, 54 per cent of cardiovascular deaths were due to ischemic heart disease and 23 per cent from heart attack.

Women suffering a heart attack often believe the symptoms are due to less life-threatening conditions such as acid reflux, the flu or normal aging, adds Goldberg. "They do this because they are scared and because they put their families first. There are still many women who are shocked that they could be having a heart attack."

Source: American Heart Association, CBC News, February 2012

