

NEWS

Manitoba Association of

HEALTHCARE

December 2009

Professionals

Congratulations!



Honorable Theresa Oswald, Minister of Health; MAHCP-CCMB Members Richard Driedger and Chad Harris. See page 6 for details.

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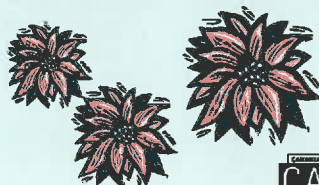
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Enclosed with this Newsletter:

- MAHCP Constitution



PROUD SUPPORTER OF THE

 **Canadian
Diabetes
Association**

Visit diabetes.ca/proudsupporter

Meeting Calendar

Visit the MAHCP Website Calendar for more meeting information:
www.mahcp.ca/forum/calendar.asp



January 12, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

January 13, 2010

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

January 13, 2010 - Cancelled

- General Staff Rep Meeting

January 18, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

January 28, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

February 9, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

February 10, 2010

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

February 10, 2010

- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

February 15, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

February 25, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

March 9, 2010

- Seven Oaks Staff Rep Mtg
Boston Pizza
1200 hours

March 10, 2010

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

March 10, 2010

- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

March 15, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

March 25, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

April 7, 2010

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

April 7, 2010

- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

April 13, 2010

- Seven Oaks Staff Rep Mtg

Boston Pizza

1200 hours

April 19, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

April 22, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

May 11, 2010

- Seven Oaks Staff Rep Mtg
Boston Pizza
1200 hours

May 12, 2010

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

May 12, 2010

- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

May 17, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

May 27, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

2009-10 Executive Council

Officers

President

Wendy Despina,
DSM - SBGH, Laboratory

Vice President

Al Harlow
DSM - Concordia Hospital
Laboratory

Treasurer

Chad Harris, CCMB
Medical Devices

Secretary

Bob Bulloch, HSC
Pharmacist

Directors

Aboriginal Health & Wellness Centre

Daphne Lafreniere
Residential Health Support
Worker

Cardiology

Colleen Bemister,
Misericordia Health Centre

Community Therapy Services

Margrét Thomas,
Physiotherapist

Laboratory

Janet Fairbairn, CCMB

Mental Health

Kathy Yonda, Brandon
RHA

Nuclear Medicine

Shelagh Parken, SBGH

Occupational Therapy

Adele Spence, DLC

Orthopedic Technology

John Reith, HSC

Physiotherapy

Shelley Kowalchuk, HSC

Radiology

Michael Kleiman, HSC

Recreation

Zana Anderson, DLC

Burntwood RHA

Tanya Burnside,
Pharmacy Technician

Winnipeg RHA

Jason Linklater, HSC,
Orthopedic Technology

**Bring your collective agreement to
all member meetings.**

Staff Assignments

Lee Manning
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Linda Pondy
Data Entry Clerk
linda@mahcp.ca

St. Boniface General Hospital, Misericordia Health Centre

Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre,
Community Therapy Services, Winnipeg Clinic

Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia
Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team

Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans
with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba

Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man
RHA, Burntwood RHA, South Eastman RHA, Gamma-Dynacare Medical Labs, Jocelyn House

MAHCP and Canadian Diabetes Association Manitoba, Nunavut Region Partnership

PROUD SUPPORTER OF THE

Visit diabetes.ca/proudsupporter

MAHCP is pleased to announce its partnership with the CDA. We are proud to be in a position to lend our support and enter into this partnership. Over the last several years membership drove the need to expand our social activism. And during the past five years at member meetings, our President Wendy Despina has discussed the concept of partnering with a "cause". Different agencies were considered and other union partnerships highlighted. After considering the choices the ad hoc Social Action and Strategic Partnership Review Committee reported their recommendation of partnering with the CDA to MAHCP Executive Council.

We chose the Canadian Diabetes Association because of the strong link between our membership and persons with diabetes. As health care providers we are involved from the beginning, starting with diagnosis through to treatment and ongoing care. We believe that through this partnership we will help to raise awareness about diabetes and the many professionals involved in the delivery of health care.

In a recent letter to MAHCP Staff Representatives Linda Berg, Regional Director of the CDA said the following:

"The Canadian Diabetes Association is extremely pleased to have the Manitoba Association of Health Care Professionals join us as a PROUD SUPPORTER of the Association."

This new partnership will assist us in reaching health care professionals throughout Manitoba who, in turn, can help us reach a greater number of individuals; and educate them of the seriousness of diabetes. Last year, the Manitoba/Nunavut Region of the Canadian Diabetes Association was successful in reaching over 10,000 Manitobans through our health fairs and public education sessions. We hope to reach as many people in 2010 and the Manitoba Association of Health Care Professionals will be with us every step of the way!"

This partnership offers an opportunity for member involvement, at any number of different commitment levels, and any number of different ways. There are several opportunities throughout Manitoba where MAHCP members could lend their support. How and where do "I" sign up? Simply go to www.mahcp.ca contact us and indicate that you would like to become involved.



Wendy Despina and Linda Berg

Some diabetes facts from the diabetes website www.diabetes.ca

More than two million Canadians have diabetes

There are three main types of diabetes. **Type 1 diabetes**, usually diagnosed in children and adolescents, occurs when the pancreas is unable to produce insulin. Insulin is a hormone that ensures body energy needs are met. Approximately 10 per cent of people with diabetes have type 1 diabetes.

The remaining 90 per cent have **type 2 diabetes**, which occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. Type 2 diabetes usually develops in adulthood, although increasing numbers of children in high-risk populations are being diagnosed.

A third type of diabetes, **gestational diabetes**, is a temporary condition that occurs during pregnancy. It affects approximately 3.7 per cent of all pregnancies (in the non-Aboriginal population) and 8 - 18 per cent of all pregnancies (in the Aboriginal population), and involves an increased risk of developing diabetes for both mother and child.

Is diabetes serious?

If left untreated or improperly managed, diabetes can result in a variety of complications, including:

- Heart disease
- Kidney disease
- Eye disease
- Problems with erection (impotence)
- Nerve damage

A global epidemic

An estimated **246 million people** worldwide are affected by diabetes. With a further 7 million people developing diabetes each year, that number is expected to hit 380 million by 2025.

The changing face of diabetes in Canada

Based on a U.S. study, a North American child born in 2000 stands a one in three chance of being diagnosed with diabetes in his or her lifetime. In Canada, over two million Canadians have diabetes and that number is expected to reach three million by 2010.

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Celebration of Members in Action



This newsletter is one of celebration. Celebration of our members! Celebration of their accomplishments! Throughout the newsletter you will see images of MAHCP members receiving awards. You will see images of members stepping up and standing forth as staff representatives, as executive council members and participating in all manner of meetings. We had record breaking attendance at the 39th annual general meeting (AGM). The participation and involvement of the MAHCP membership, whether on committees or as attendees was terrific! Prior to the AGM I had been contacted by significant numbers of the membership with questions. Likewise since the AGM, questions and comments continue to roll in. The debate and discussion reinforced what a strong member driven organization MAHCP is. It reinforced the concept of "The Power of One - The Strength of Many".

The AGM was preceded by the Staff Representative Conference. Staff representative education is a high priority for MAHCP. With that in mind we brought together close to 30 staff representatives from MAHCP sites working throughout the province. Throughout the daylong conference there were presentations and interactive sessions. Many of the topics covered included; Workplace Conflict and Harassment, Conflict Management in Health Care, Labour History, HEPB and HEPB, and Meeting with Management. At the end of the day there was valuable feedback about where there was room for improvement and what was well done.

Education and member activities have continued through November. We had a full house for the Staff Representative Level 1 and Level 2 training. It is great to see so many members getting involved. Participants included new MAHCP members

who had recently become staff reps and members who had been staff reps for almost 20 years. The cross section of participants was reflective of our occupational diversity, generational ranges, and gender makeup. Our differences, while presenting somewhat of a challenge are also our greatest strength. It was evident to all present that terms and conditions of employment, contract language and the dispute resolution process unite us under the common description "employee". We have more in common than there are differences. It is that clarity of understanding that builds the strength of our "union".

Following those four days, over 30 staff representatives and executive council members together with the Executive Director, Labour Relations Officers and myself spent two solid days going through the vetting of the bargaining proposals for 2010 bargaining. Those two days flew by as everyone committed themselves to this important undertaking. Several of the people in the room will become part of our bargaining committee, while others will be alternates, strike captains and contact people. Hats off to everyone for a job well done!

A message that I took away from all of these activities was the repeated suggestion of general education for membership. I think this is a great idea and would like to hear back from you, the membership, what interests you the most.

As I stated in my introduction, this newsletter is about celebration and I invite each of you to have a wonderful December celebrating the season as is your custom. And . . . all the best to everyone in the New Year!

In Solidarity, *Wendy*



The images on this page are from the 2009 Staff Representative Conference

MAHCP Career Profile

Orthopaedic Technologist

Submitted by
John Reith

Registered Orthopaedic Technologist
Health Sciences Centre

At the present time there are 16 Registered Orthopaedic Technologists and 7 Non-Registered Orthopaedic Technicians represented by MAHCP in five (5) primary health care facilities in Manitoba. Our members are throughout the following centres: Health Sciences Centre, Seven Oaks General Hospital, Brandon General Hospital, Concordia General Hospital, and Misericordia Health Centre.

The primary difference between a Registered Orthopaedic Technologist and a Non-Registered Technician is as follows:

- The technician must have a minimum of complete grade 12 (Manitoba) with preference given by employers to post secondary schooling.
- Completion of a recognized university level Human Anatomy and Physiology course with a passing grade.
- Solicit the sponsorship of a Licensed/Practicing Orthopaedic Doctor/Surgeon willing to mentor the applicant and to train under the direct supervision of them and a Registered Orthopaedic Technologist in order to attain at least 1000 on the job training credit hours.

Orthopaedic Technologists have a national registering/governing body known as The Canadian Society of Orthopaedic Technologists (CSOT), which controls the registration, examination and education of its members.

Technicians must petition the society to write the exams and submit documents validating the above pre-requisites.

Once conditions are met the candidate can write the exam and MUST achieve at least 75%. The candidate is then allowed to challenge the oral and practical components of the exam process. Passing grades must be achieved in all segments of the process which govern not only the depth of knowledge, but also skill, and aptitude as it applies to profession.

Orthopaedic Technologists work on the front end of the healthcare line, and strive every day/night to deliver timely,



John Reith

appropriate, quality, care to Manitobans, Orthopaedic technologists see thousands of patients yearly face to face; one on one.

You will find Registered Orthopaedic Technologists in Emergency rooms, Intensive Care wards, Surgical wards, Out-patient clinics, Medical wards, and Operating rooms in both Paediatric or Adult settings.

The duties of a technologist can be as varied; some of which are listed below:

- Applying or removal of splints or casts.
- Application or removal of specialty diabetic total contact casts, that require further specialized knowledge and skills from the technologist.
- Registered Orthopaedic technologists may be involved in regular "FLY-IN" treatment cycles to northern "First Nations" communities that don't have ready access to our skills in the local medical spectrum.
- The application of all types of traction devices to life threatening conditions; such as unstable cervical spine injuries or splinting/stabilize poly trauma accident victims, assessing the priority of what has the best benefit for the patient.
- Orthopaedic technologists regularly assist in the manual/mechanical reduction of muscle-skeletal injuries prior to immobilization via casting or traction.
- Ongoing care of wounds arising from initial injury or subsequent to initial treatment, and may involve any or all of the following; dressing changes, contact dressing, bio-burden unloading dressings, pressure bandages, and even sharp debridement of the wound in order to promote the regranulation of healthy skin tissue, in order to close a wound.



- We are constantly called upon to in-service/teach or generally cross train medical or nursing students.
- Orthopaedic Technologists are working daily in a multi-discipline team environment, be it Neurology, Orthopaedics, Plastics, Haematology,

Registered Orthopaedic technologists and training technicians are a valued asset for all that utilize our skills; physicians/surgeons, nursing staff both inside and outside of the hospital setting. Orthopaedic technologists are a resource to nursing homes or agencies transferring to, or receiving patients from our site concerning their treatment regimes.

We must maintain a constant upgrade of our skills through a "continuing education program" required by our governing body in order to provide Manitobans with the best care we can.

Awards and Honours



Wendy Despins and Blair Seifert

2009 MAHCP Honour Roll Inductee

Dr. Blair Seifert is a PharmD at the Health Sciences Centre. He is a specialist in paediatric clinical pharmacy services. Blair has been a staff representative for the Association for as long as the Association has represented pharmacists at the Health Sciences Centre, and has been active in union matters even before then. He has been a member of subcommittees, a regular attendee of meetings, and has always gone above and beyond the call of duty. His attention to detail, his insightfulness and his willingness to help has always been appreciated. We thank Blair for his service and dedication to the membership and to MAHCP. It is a pleasure and a privilege to induct Dr. Seifert to the Manitoba Association of Health Care Professionals' Honour Roll.

Respectfully Submitted
Bob Bulloch Secretary
Chair of Communications Committee

The Cliff Scotten Award

As one of the 450 member unions of the Canadian Association of Labour Media (CALM) we have an opportunity to enter the annual CALM Awards. These awards have a total of 24 different categories. We were thrilled when the MAHCP News – article "It's a Privilege to Have a Union" written by member Janet Fairbairn was chosen for the Cliff Scotten Award. This award is judged on the best piece reflecting the history, traditions and culture of the labour movement. Janet was presented with her award at the AGM. Again Congratulations to Janet.

Respectfully Submitted
Bob Bulloch Secretary
Chair of Communications Committee



Janet Fairbairn and Wendy Despins



Government of Manitoba's Health Innovations Enid Thompson award for Health Care Innovation

I think my excitement for Richard Driedger and Chad Harris is evident as I so proudly display the award presented to them earlier that day by the Honourable Minister of Health Theresa Oswald. Chad and Richard were both honoured by becoming the first recipients of the Government of Manitoba's Health Innovations Enid Thompson award for Health Care Innovation. This award recognizes an outstanding change that has had a positive effect on patient care in the publicly funded health care system. Both Chad and Richard work at CancerCare Manitoba. Chad is in medical devices and Richard in nuclear electronics. They designed and installed a specially shielded DVD player, protected from the radiation and an adjustable mobile stand. The children can focus their attention on their favourite show. As a result of this innovation the need for

anaesthetics has been dramatically reduced, as well as appointment time, anxiety and stress. This project has now been expanded to include the nuclear medicine and burn units at the Health Sciences Centre.

"People put forward good ideas to improve health care and healthy living, and these awards help us recognize their hard work and encourage even more innovative ideas," said Oswald. "Even a simple change can make a big difference."

Let Chad and Richard serve as an example to each of us to bring our ideas forward, no matter how simple they might be. To submit your ideas or to contact us go to www.mahcp.ca "Contact Us" or click on the "Depend on Us" photo for the Eliminate the Wait website.

Respectfully Submitted
Wendy Despins
President MAHCP

MAHCP Executive Council 2009 - 2010



From Left to Right:

Back Row: Michael Kleiman, John Reith

Middle Row: Tanya Burnside, Shelagh Parken, Adele Spence, Colleen Bemister, Kathy Yonda, Janet Fairbairn, Shelley Kowalchuk

Front Row: Bob Bulloch, Chad Harris, Wendy Despins, Al Harlow, Zana Anderson, Jason Linklater

Missing: Margrét Thomas, Daphne Lafreniere

AGM Prize Winners

- Greg Zaporozan, \$25 Keg GC, UnionWare
- John Nyhof, \$25 Keg GC, UnionWare
- Marilyn Neufeld, \$25 Keg GC, UnionWare
- Nancy Scammel, \$25 GC, UnionWare
- Shelley Kowalchuk, Multipurpose Printer, Bridgeport
- Carol Melnyk, \$50 Bailey's GC, Tangent Strategies
- Karly Robles, Gift Package, Clarion Hotel
- Margrét Thomas, 2 Airline Tickets, Calm Air
- Robert Moroz, MAHCP Gift Package
- Gary Nelson, MAHCP Gift Package
- Jean Grant, MAHCP Gift Package
- Shirley Luczenczyn, MAHCP Gift Package
- Richard Driedger, Computer Speaker System, Clear Concepts
- Birgit Molinski, \$100 GC Oasis Spa, Inkster Christie Hughes
- Joan Ewonchuk, \$100 GC Oasis Spa, Inkster Christie Hughes
- Michael Bachynsky, \$100 GC Oasis Spa, Inkster Christie Hughes
- Karen Chenier, \$100 GC Oasis Spa, Inkster Christie Hughes
- Joelle Fillion Kopp, Golf Shirt, Cambrian Credit Union



- Bob Jonuk, Lazy Susan Party Platter, Maloway & Eliason Ins.
- Diane Duttchen, Wine Gift Basket, L. Bartel-Zobarich
- Donald Laramée, Movie Night Gift Basket, L. Bartel-Zobarich

MAHCP 39th Annual General Meeting





Defense Fund Committee



Management Committee



Communications Committee



MAHCP Member Retirees

We are counting on you . . .

If you are retiring or know of someone who is retiring, we would like to hear from you. Neither the Employers nor HEPP provide us with that information so we are counting on you to let us know. You may contact us through email, phone, fax, through your staff representative, board member, on the web site or 1-800-315-3331.

MAHCP would like to congratulate all members who have recently retired. We wish each and every one of you all the best on your retirement.

- **Jerry Snezyk**, Radiology Technologist, SBGH
- **Cheryl Winger**, Respiratory Clinician, BRHA
- **Daughty Tharayil**, Cardiology Technologist, SBGH
- * **Meg McConkey**, Mental Health Worker, BRHA

Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there.

Associate Membership Status Available for Retirees

Article 5 of our MACHP Constitution provides for our retired members to hold an associate membership and to continue to be part of MAHCP. A nominal annual fee of \$10.00 has been established by the Executive Council.

Please be aware that this option is available to you or your co-workers who have already retired. This will keep you on the mailing list for the newsletter as well as affording you opportunity to participate in programs.

Regional Health Authority Manitoba Blue Cross Employee Assistance Program Workshop Topics 2010

(Topics may vary based on facilitator availability)

- Achieving Positive Physical and Mental Health
- Appreciating Differing Work Styles
- Balancing Work and Life Roles
- Beyond Surviving to Thriving – Couple Relationships
- Boomers, Xs, Ys and More – Generational Diversity
- Caring for the Professional Caregiver
- Caught in the Middle – The Sandwich Generation
- Communication, Conflict and the Romantic Relationship
- Communication Techniques and Conflict Resolution
- Creating Your Assertive Self
- Diversity Awareness
- Emotional Intelligence in the Workplace
- Essentials of Professional Communication
- Experiential Practice in Stress Reduction
- Financial Management
- Healthy Communication in the Workplace
- Honouring all Cultures in the Workplace: Aboriginal Cultures and Diversity for Managers
- Introduction to Mindfulness
- Managing Change and Transition in the Workplace
- Mentors in the Workplace
- Pre-Retirement Lifestyle Planning
- Positive Discipline in Parenting
- Respectful Workplace
- Retirement Planning
- Sibling Rivalry
- Stress Management
- Surviving Adolescence – Parenting Teenagers
- Team Building the TRUE COLORS Way
- Team Building
- Understanding Addictions: For Managers and Supervisors
- Understanding Depression and Helping Others with Depression
- Understanding and Managing Anger
- Understanding and Managing Yourself in Conflict
- Who's the Bully? Identifying and Dealing with Bullying in the Workplace
- You Don't Understand – Gender Issues in Communication
- Yours, Mine and Ours – The Blended Family

Wellness Workshops (New for 2009-2010)

- Label Reading 101
- Healthy Eating for Life
- Supplement Savvy
- Balance the Odds in Your Favour: Reduce the Risk, Notice the Symptoms and Take Action
- Take Back Control – Back Pain Clinic
- Women's Health Matters
- Physical Activity and Lifestyle Changes

For more information on these workshops visit <http://home.wrha.mb.ca/education/index.php> through the WRHA Intranet.

Helpful Legal Information for MAHCP Members

Duties of an Agent Acting Under a Power of Attorney

by Jacob Giesbrecht
of Inkster Christie Hughes, LLP

Because of the positions as highly trained, intelligent professionals working the medical field, members of the Manitoba Association of Health Care professionals are often asked by friends and family members to act as representatives during periods of incapacity or vulnerability. As discussed in a previous article in this newsletter, there are three distinct offices that one may undertake on behalf of another. They are: (1) executors or trustees under a will; (2) agents under a power of attorney document; and (3) proxies under a living will or health care directive. The topic of this article is to describe some of the affects of a power of attorney and the responsibilities inherent in the position.

A power of attorney is an inexpensive and effective estate planning tool that can save money and unnecessary inconvenience in the future. A power of attorney is a legal document by which the maker (donor) grants authority to another person (attorney) to manage some or all of the donor's financial affairs. A power of attorney is only effective during the donor's life, terminating upon death. A power of attorney does not provide the authority for the attorney to make health care decisions for the maker.

An enduring power of attorney allows a person to plan for the day when she can't manage her financial affairs due to mental incapacity. The document allows someone to manage the donor's financial affairs when the donor is incapable of doing so.

A Committee vs. Power of Attorney

In the absence of an enduring power of attorney the financial affairs of an incompetent person may be frozen. In such circumstances to allow for the management of the estate of the incompetent person someone would have to apply to the court to be named Committee of the estate of the incompetent person.



Jacob Giesbrecht
Inkster Christie Hughes, LLP

A Committee is a person authorised by a court order to manage the financial affairs of a person declared to be incompetent. There are disadvantages to having to apply to become Committee:

- Someone has to apply. There is a statutorily created hierarchy which establishes priority to act as Committee, based on kinship to the incompetent person.
- The applicant must be a resident of Manitoba.
- There is a fee payable for the Court application, which is presently \$160.00.
- The Manitoba Public Trustee is required to review the application, and if there is reason to oppose the application will intervene on behalf of the incompetent person. There is a \$100.00 fee payable to the Public Trustee to review the application, whether or not it opposes the application.
- The application requires the opinion of 2 medical practitioners attesting to the person's condition and recommending the court appointment of a Committee. Doctors may charge a fee for such medical reports, the cost of which can range from \$50.00 to \$400.00 or more per report.
- A lawyer's expertise may be required to prepare the application and attend court at the hearing of the application. Legal fees of thousands of dollars may be incurred depending on the complexity of the application and whether or not the application is contested.
- Persons with an equal or prior right to that of the applicant to act as Committee must be served with the application and its supporting materials and be given an opportunity to challenge the application.
- The process to be appointed Committee may take months, during which time the

assets of the incompetent person may be inaccessible.

- The applicant may be required to post a personal bond or an insurance bond and may be required to obtain sureties to guarantee the due performance of his or her duties as committee.
- After an appointment a Committee must file an inventory with the court and thereafter periodically appear before the court to have accounts approved.
- A Committee's management of the estate and entitlement to compensation are supervised by the court.

All of the disadvantages of a committeeship application can be avoided through the use of an enduring power of attorney, by which the attorney is granted the authority to administer the donor's estate during a period of incompetence.



Choosing the Attorney

The choice of attorney should not be taken lightly. The person selected may be required to assume control of all of the financial affairs of the donor. Some considerations when choosing the proper person(s) to act, include:

- Select an attorney that is trustworthy and a competent financial manager;
- Although an attorney need not be resident of Manitoba or even Canada, it is convenient to name an attorney that lives nearby;
- Its possible to select more than one person to act as attorney but this may raise issues of additional time complexity in the administration of the person's affairs.
- Attorney must be 18 years of age and cannot be a mentally incompetent

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Duties of the Attorney

The attorney is required to represent the interests of donor and there is a duty not to conflict with that role. The assets of the donor cannot be used for the benefit of anyone other than the donor, except for purposes of maintaining dependants of the donor. The attorney cannot make gifts from the assets of the donor, even where the donor has made gifts in the past, unless the power of attorney provides for specific gifts. The attorney should not personally borrow from nor lend money to the donor's estate, unless specifically authorised to do so.

Once having acted or agreed to act, an attorney must continue to act once the attorney knows or ought reasonably to have known that the donor is mentally incompetent. The duty to act does not exist for an attorney that was unaware of the appointment, did not agree to act or where the donor remains competent.

The general duties for an attorney include:

- maintaining money in a separate account;
- collecting and arranging for safekeeping of documents;
- ensuring safety of property;
- maintaining real property through insurance, proper repair and upkeep and payment of taxes and other associated expenses;
- applying for money the donor is entitled to receive including CPP, EI, pension benefits, etc.;
- completing tax returns and ensuring payment of taxes;
- cancelling charge accounts;
- collecting monies owing to the donor;
- paying debts of the donor; and
- investing money of the donor.

An attorney will be accountable for his or her administration of the property of the donor. An attorney must separate the donor's assets from his/her own and maintain proper records of the management of the estate of the donor. The donor can name someone in the Power of Attorney to whom the attorney must periodically account, failing which the attorney is required to account annually to the donor's nearest relative, or, if there are no relatives, to the Public Trustee of Manitoba.

Although there is no specific form of accounting required, the attorney should ensure completeness of records that will allow for reconciliation of the income received and expenses paid on account of the donor.

Revoking a Power of Attorney

A power of attorney can be revoked by the donor at any time during competency. It may terminate by intervention of the Public trustee if a doctor attending upon a person is unaware the person has a power of attorney and declares the person incompetent, or if concerns about the attorney arise.

The Public Trustee will investigate the circumstances with a view to the best interests of the donor and his or her estate.

Termination will also occur if:

- the court appoints someone to act as Committee;
- the donor dies or becomes bankrupt;
- the attorney becomes bankrupt, incompetent or dies; or
- it is terminated by a court.

The duties of an attorney are quite onerous and should not be entered into lightly. The key to successfully undertaking these duties is to act with a view to the interests of the donor, keep careful records and deal with all of the issues of the donor as they arise.

As you know, Inkster Christie Hughes LLP offers a legal assistance program to the members of MAHCP. Under this plan you receive reduced rates on a number of specific legal matters such as the purchase or sale of a home, Wills, Powers of Attorney, Health Care Directives, separation agreements, divorces as well as a reduction on general legal rates.

This paper is intended as an introduction to the topic and not as legal advice. If you require specific advice with respect to your situation, you should contact a lawyer.

This series of articles will continue in future editions of the MAHCP News. If there is a topic that you would be interested in, please contact Wendy at 772-0425.



Diabetes Facts continued from page 3

Approximately 10% of people with diabetes have type 1 diabetes. The number of people with type 2 diabetes is increasing dramatically due to a number of factors:

- The population is aging.
- Obesity rates are rising.
- Canadian lifestyles are increasingly sedentary.
- Aboriginal people are three to five times more likely than the general population to develop type 2 diabetes.
- Almost 80% of new Canadians come from populations that are at higher risk for type 2 diabetes. These include people of Hispanic, Asian, South Asian or African descent.

The costs of diabetes

The personal costs of diabetes may include a reduced quality of life and the increased likelihood of complications such as heart disease, stroke, kidney disease, blindness, amputation and erectile dysfunction.

- Approximately 80% of people with diabetes will die as a result of heart disease or stroke.
- Diabetes is a contributing factor in the deaths of approximately 41,500 Canadians each year.
- Canadian adults with diabetes are twice as likely to die prematurely, compared to people without diabetes.
- Life expectancy for people with type 1 diabetes may be shortened by as much as 15 years. Life expectancy for people with type 2 diabetes may be shortened by 5 to 10 years.

The financial burden of diabetes and its complications is enormous.

- People with diabetes incur medical costs that are two to three times higher than those without diabetes. A person with diabetes can face direct costs for medication and supplies ranging from \$1,000 to \$15,000 a year.
- By 2010, it's estimated that diabetes will cost the Canadian healthcare system \$15.6 billion a year and that number will rise to \$19.2 billion by 2020.

MAHCP LEGAL ASSISTANCE PLAN

Membership does have its privileges

MAHCP members receive reduced legal fees on house purchases, sales and mortgages as well as Wills, Powers of Attorney and Health Care Directives under the MAHCP Legal Assistance Plan.

Discounts also apply to family law matters and members benefit from a 20% reduction in other legal fees.

**For more information, please contact:
Jacob Giesbrecht at Inkster Christie Hughes
LLP at 947-6801**

Scholarship Winner Essays (cont'd from September Newsletter)

The Benefits of Being a Union Member

The following essays were submitted to apply for the annual MAHCP scholarships. As such, the author is writing from their own personal viewpoints and experiences. The author is writing about the benefits of being a union member, but is not a member of the MAHCP. As such, the essay is written in a general context, and does not reflect the specific content of any MAHCP collective agreement.

Higher wages, greater benefits, a fair workplace. Unions make this possible. Walking up to your boss to ask for a much needed and well-earned raise, you hesitate. Scared thoughts flash by through your head. As a result of this, many people prolong this right of moving up in the workplace. Worse yet, intimidating superiors make you walk out of this long overdue conversation gaining less than deserved. In a union, however, someone else negotiates with management for you. No procrastination. No hesitation. This allows for the creation of a collective agreement between the employee and the employer, which is not just in the interest of the company's profits; it becomes mutually beneficial.

Before the advent of the labour union, people worked long hours with little pay. These standards seemed set in stone. One employee could not ask for a raise or even for a better work schedule. Everyone was in the same situation. Why then would the employer give a single employee more benefits than he was worth? To break through this wall, employees had to organize themselves. In the eyes of the business, the employee was worth market value. The problem with this was that the market value of an employee was well below their actual worth. In order to increase their value to the company, workers, when organized could show their bosses what their business would look like without them. These multiple voices have a larger effect than just one. Together, they negotiate to make a deal which is mutually beneficial.

Even today, in a workplace without a union, workers' rights are abused. An employee who is underpaid would have a far harder time than a union worker to raise his wages. How could he put pressure on the company to make a better

deal for him? He could refuse to work. Without his work, the company would suffer from this hole. However, he is replaceable. Now without a job, he now has zero income. If this workplace was unionized, many more employees would support him with the act of a strike. Where one person is replaceable, many aren't. Management would be forced to give its employees the wage they deserve.

Where unionized employees make \$20.29 an hour according to *Canadian Resource Management a Strategic Approach* by Das, Schwind, and Wagar, employees without the help of a union make \$17.22 an hour. Moreover, on average, more than twice as many union employees have other work benefits including pension, supplemental health coverage, and dental care coverage. Who would not want to be part of a union? In a union's fair environment, people make more money, enjoy more benefits, and take pleasure in a better overall life.

by Steve Honcharik



Being a union member provides all members of the union, regardless of age, sex, or race, many extra forms of compensation other than their regulated salary, such as pensions, vacation time, sick days, and various other forms of compensation that otherwise would not be available to them. Without unions, a greater amount of power would lie with the employer rather than the employee(s), which would allow the employer to pay unfair wages, wrongfully dismiss employees, allow unfair vacation time,

and/or other unfair employment practices.

Without unions it would be much harder for hardworking people to find and sustain work and, in turn, properly support themselves and their family. As with the Manitoba Association of Health Care Professionals, successful unions allow employees to enjoy a safe, positive workplace where they are able to work efficiently and effectively with their fellow employees. A union also provides employees the opportunity to maintain an open dialogue with the employer, allowing each employee to voice their opinion and feelings regarding their workplace and their possible concerns about their employment. The union also provides employees with secure employment - allowing employees to concentrate on their jobs as opposed to worrying about possibly losing their employment for possibly unfair circumstances.

The desperate call for labor unions can be heard from many places in the world, such as China, Honduras, Vietnam, India, and Bangladesh, where employees work tirelessly in sweatshops where they are not able to earn fair wages. Children as young as ten years of age can be found working in such institutions, forced to work because of family financial struggles. The pressure to earn money to support family members is what drives people to take jobs in sweatshops, though the lack of proper labor unions make for horrifying work conditions. Employees are forced to work extraneous hours beyond any kind of reasonable expectation, often seven days per week, for very minimal payment. These are the types of places that need unions the most - a system to strengthen the voice of the workers, which, in turn, would allow workers to work fair hours for fair payment. These countries can look to North America for examples of how functional, successful unions can be set-up. Once proper labor unions can be set up in such densely populated countries as China and India, the effect it will have on the global distribution of wealth will be astronomical. As opposed

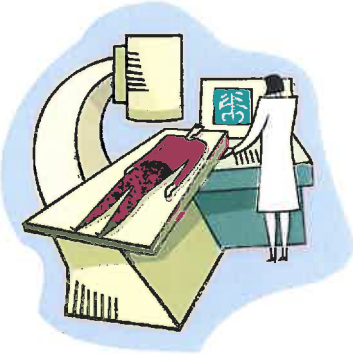
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Benefits of Being in a Union
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to the extremely disproportional distribution of wealth that is found in today's society (less than 2% of the world's population holds 50% of the world's wealth), the "little guys" of the world (those who hold little wealth and cannot find fair work) would begin to hold far more wealth, leveling the field of the global economic scene. If unions were set up in such places, huge strides would be taken in the battle against poverty, disease, and starvation.

The benefits of being a union member are tremendous. Fair payment, vacation time, employment security, and fair work hours are just the beginning of the benefits available to union members. Through the formation of unions, the world could be made a better place for all people who were not born into wealth, or those who have not had the opportunity to seek education.

by John Hodge



Why Enter Into an Allied Health Profession?

While most people recognize the extreme importance of health care, there are few people that truly appreciate how many thousands of individuals are required to make the system function efficiently while maintaining high quality treatment. When most people think about their health, and the people who help them by treating them and giving them advice to lengthen and increase the quality of their lives, they think of doctors, dentists, and perhaps nurses.

Rarely, if ever, do people think about orthoptists, pharmacy technicians, or speech pathologists. These are just a few of the hundreds of allied health professions that too often go unnoticed. All of these jobs are important, and without them, the health care system as we know it would not exist. At some point in every person's life, they will require the services that health care offers, and this is why it is crucial that people be made aware of allied health professions, and encouraged to enter into them.

In allied health, workers are involved (directly or indirectly) with patient health, and are regarded as experts in their field. Some allied health professionals practice independently, but many work as part of a health care team, providing continual evaluation and assessment of patient needs. They also play a major role in informing the attending clinician of the patient's progress and response to treatment. While doctors often seem to get most of the credit for successfully treating patients, it truly is a team effort between numerous intelligent professionals making a living by helping others. By entering into an allied profession, a person will have the satisfaction of knowing that they are working to better someone's life.

The allied health professions fall into two broad categories: technicians (assistants) and therapists/technologists. Technicians are required to work under the supervision of technologists or therapists. This part of the allied health field includes physical therapy assistants, medical laboratory technologists, radiological technologists, occupational therapists, recreation therapists, and respiratory therapists. The educational process for therapists or technologists is more intensive and includes acquiring procedural skills. In addition, students of therapy/technology learn to evaluate patients, diagnose conditions, develop treatment plans, and understand the rationale behind various treatments in order to judge their appropriateness and potential side effects. Students also learn to evaluate patients' responses to therapy and make appropriate decisions about continued treatment or modification of treatment plans.



An excellent reason to become an allied health professional is that there are so many different types of jobs that are part of allied health. The salaries can range from approximately \$26,000 a year to more than \$150,000 a year. All allied health employment opportunities entail a different set of skills and different expectations, whether you are interested in becoming a physical therapist or dietitian. Like any type of career, it is not recommended that people go into allied health purely for the money. However, most people in allied health make enough money to live quite comfy lifestyles, and the allied health industry is in demand (and always will be) because people will always need healthcare and individuals willing to work in healthcare. This makes allied health professions secure jobs because as populations continue to grow, and the average age of living increases, more workers are needed. Healthcare is such a vital part of everyone's life and by working in allied health, people can help to make a big difference in their communities, and the world.

by Melissa Bulloch



Public Care: Single-Payer System is Both Fair and Sustainable

by Rachel Tutte

Rachel Tutte, a physiotherapist at Holy Family Hospital and Region 6 Director for the Health Sciences Association of BC (HSABC) is the new labour co-chair of the BC Health Coalition. This article originally appeared in the Globe and Mail national newspaper, and the HSABC Newsletter - The Report, and is reprinted with permission.

British Columbians are rightly concerned about Health Minister Kevin Falcon's decision to deny \$360-million in funding to health authorities this year. Coupled with the minister's recent comments in favour of for-profit health care this summer, they should be. The evidence is clear. A single-payer, public health-care system that covers everyone is the fairest and most cost-effective way to provide high-quality care for all British Columbians. The evidence is equally clear that many innovative public solutions are available to address the health authorities' need to do more with less.

It was frustrating, then, to hear the Health Minister suggest that public health care is no longer financially sustainable – implying that we should resort to private, for-profit insurance and clinics, despite the evidence that they cost more, are less safe for patients and compromise the public system.

For example, the Canadian Health Services Research Foundation reports that annual overhead costs of public provincial insurance plans are 1.3 per cent, while Canada's private insurers average 13.2 per cent in administrative costs.

... public provincial insurance plans are 1.3 per cent, while Canada's private insurers average 13.2 per cent in administrative costs.

And the Canadian Institute for Health Information found that knee replacement surgery in an Alberta public hospital costs on average \$8,002, compared with between \$14,000 and \$18,000 in a private surgical facility.

Even the Health Minister's claims about Medicare's "unsustainability" need a second look. In reality, BC's health-care spending has remained relatively stable over the past 17 years as a percentage of our overall economic output. The government's message that health-care spending is taking up a growing proportion of the budget is therefore misleading. There is simply no health spending-induced fiscal tsunami on the horizon – but there will be if we allow for-profit health care to expand. Health care is a high priority for British Columbians, and most agree that it is a worthwhile investment. But Mr. Falcon's demand for budget cuts hampers our ability to manage costs over the long run and will have major repercussions on British Columbians' health.

Some health authorities have responded by cutting their diagnostic budgets, for example, making the wait longer for patients who require an accurate diagnosis and effective treatment. This means some patients will become sicker, and require more complex and expensive treatment and rehabilitation.

Other health authorities have said they will cut elective operations . . .

Other health authorities have said they will cut elective operations, even though BC has several highly successful pilot programs for managing surgical care within the public system that have dramatically increased operating room efficiencies and reduced hospital stays. These programs are team-based, viable, economically achievable solutions, and they need to be scaled up now.

Those familiar with the provincial government's history of privatization can't help but see connections between the health authorities' cuts to elective surgery and the Health Minister's comments promoting private, for-profit clinics.

At the same time, a group of for-profit surgical clinic owners have targeted public health insurance regulations and protections in the courts.

They claim to act on behalf of patients, but this lawsuit is really about giving US-style private health-insurance companies access to BC patients. What we see from the United States and from examples at home is that private care costs more and provides less.

Montreal is considered one of the hardest places to find a doctor, yet the city has a high density of private "boutique" physician clinics. In Alberta, the introduction of private cataract surgery clinics was directly linked to increases in waiting lists in public hospitals. Experience shows that we will make our public health-care system stronger when we invest and expand on proven public solutions.

Whether it's the hip and knee reconstruction project at Richmond Hospital and the North Shore Joint Replacement Access Clinic that reduced waiting times, or BC's reference-based drug program that increases cost efficiencies, we can and must build on the successful innovations in public health care.

By adopting and promoting public-sector solutions, we can continue to have one of the best health-care systems in the world.

Editor's Note:

I think this article is very timely given my recent remarks at our AGM and the debates currently going on in Canada and the United States. This article gives us an idea of activities elsewhere in Canada.

**Moving? Name Change?
Retiring?
New MAHCP Member?
Please let us know!!**

In order to keep our database current, please keep us informed of any information changes including addresses and names. Do not assume that your Employer will automatically pass this information on to MAHCP.



Is one of your co-workers **retiring** in the near future? Let us know so MAHCP can acknowledge them.

If you have not been receiving regular mail-outs or have a change of information, contact Joan at the MAHCP office by calling 772-0425, extension 201 or 1-800-315-3331 (press "0" to talk with someone during office hours of 8:30 am to 5:00 pm) or email joan@mahcp.ca. Thank you!

EMAIL UPDATES

If you would you like to receive **updates by email**, contact joan@mahcp.ca.



If you think you are supposed to be receiving email updates, but aren't, your email provider may be directing MAHCP email to your "junk" or "bulk" file folders. You may have to edit your settings.

SAVE THE TREES!! If you would like to receive this newsletter and other information by email only, please contact joan@mahcp.ca.

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at 772-0425. *Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.*

WORD SEARCH

Winter Holidays

C H F J A N O C L P Q V E O S Y E P N
W R I Z A L D A Y C F X X C M H J E G
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E O F F E S T I V U S J A R X J M Y K

Boxing Day
Hogmanay
New Years Day

Christmas
Kwanzaa
Saint Nicholas

Festus
Rizal Day
Yulefest

Hanukkah

***Merry Christmas and
Happy Holidays
from the
Staff and Executive Council
of MAHCP***

***Have a Safe and Happy New
Year!***

Please Note: The MAHCP Office will be closed on December 25, 28 and January 1st.