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The Quest for Universal Healing, World Peace and International Harmony

by Dr. Steven KH Aung, MD, FAAFP

Healing anyone is perhaps the most difficult quest. Yet it is not impossible, since healing does occur daily in the many diverse medical centres around the world, due largely to the partnership between health care practitioners and their dear patients. We may call this the integrative medical perspective — informed by scientific evidence and applied in the clinic according to the utmost best of our accumulative knowledge and experience. Healing also manifests in the larger perspective, generating positive healing energy through the environment and creating constant peace and harmony. In this connection, I would like to introduce the Venerable Sayadaw U Thila Wunta (www.dharmafellowship.org/u_tilla_wunta.htm), who has contributed so much with respect to this precious perspective. He was my teacher when I was a child growing up in Rangoon, Burma, now called Yangon, Myanmar. In those early days, in the 1950s and 1960s, he was an eminent Buddhist monk, while I was a very young student of the Dharma.

The Venerable Sayadaw's teaching endeavours are centred in the Dat Pon Zon Aung Min Guang Monastery (named after the Venerable Sayadaw's teacher with respect to the gathering of the precious relics) in Yangon, which my family tried for several generations to have constantly supported, and which I try to continue the family tradition to support right now even as these words are being written and read. Recently, this monastery suffered the disaster of fire, almost being burned to the ground, apparently. However, it is under reconstruction with the efforts of the monks, the local community and the international supporters.

I left Myanmar in the early 1970s, immigrating to Canada to pursue my integrative medical career. I temporarily lost direct personal contact with the

Venerable Sayadaw, but maintained the spiritual (karma) link over the years and following his Buddhist teachings. In April 1986, when our karma paths/links crossed once again directly, I was honoured to meet with the Venerable Sayadaw, when he came to Edmonton, Alberta, Canada and constructed a *stupa* at my home, in my backyard. Constructing *stupas* is the Venerable Sayadaw's vision and mission in life, which was given to him by his eminent Buddhist teacher, mentor and master, the Venerable Bodaw Aung Min Guang.

The term '*stupa*' derives from the ancient Sanskrit language, meaning something like a tuft of hair at the crown of one's head. A Buddhist *stupa* may be a big, expensive type of monument or just a simple humble village pagoda. Whatever the exact shape, size, place, position or monetary worth, a *stupa* is a vehicle/structure for enfolding and housing precious relics in commemoration of Buddhism in the interest of promoting world peace, harmony and healing. These relics represent *samadhi* — the most pure crystallization and fruit of devout prayer and meditation in the spirit of universal compassion cultivated by various eminent monks/masters and their devoted students over many years, decades, centuries and millennia.

The Venerable Sayadaw has constructed many *stupas*, mainly in Myanmar, but also in several other countries such as Canada, Australia, New Zealand and South Africa. He carefully selects a suitable site based on the positive 'spirit of place' (in traditional Chinese medicine this is termed good *Feng Shui*). With his assistants and supporters, he arranges for a local group to help in the construction of the *stupa* and supplying the stone, bricks, mortar, lime, wood, water and other basic building materials. He masterminds the construction of the *stupa* within a couple of weeks with the heartfelt help of the local group. During the construction phase, he meditates and chants mantras, sending *mingala* (positive healing energy) to the environment — and after the *stupa* has been built and the relics have been properly selected and placed he relies on these people to maintain the site over the years and keep it as a centre of excellence in meditation and vibrant healing energy for the benefit of all sentient beings. For example, on Galiano Island, British Columbia, Canada, the Crystal Mountain Buddhist group constantly maintains the *stupa* that the Venerable Sayadaw constructed in 1982 (www.crystallmountain.org).

He is also the guiding light with respect to the Dharma Centre of Canada in Kinmount, Ontario (www.dharmacentre.org) and the Wangapeka Study and Retreat Centre in New Zealand (<http://wanga.peka.nelson.org.nz/about>). As for myself, my family and our friends and colleagues, we constantly maintain the *stupa* that the Venerable Sayadaw constructed at my home in Edmonton.

It was my honour to continue and keep my childhood commitment to help the Venerable Sayadaw construct a *stupa* in South Africa in a

by the South Africans, Canadians and all concerned. Like all of us, the Venerable Sayadaw is aging. While we might seek to delay the aging process through utilizing intelligent self-care, we cannot hope to reverse it — in Buddhism this called *Anasa* (impermanence). The Venerable Sayadaw, having entered this world in June 1912, is presently approaching the 93rd year in his present incarnation. Yet he shows no signs of slowing down, and he plans to erect a *stupa* on the South American

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The Venerable Sayadaw U Thila Wunta with Dr. Steven KH Aung

carefully selected locale near Cape Town, namely, Barrydale (www.barrydale.co.za/activitiesframe.htm). This important event occurred in late November and early December, 2000, and one of the distinguished guests was a representative of Bishop Desmond Tutu. A Canadian group, led by Dr. Steven Aung and a South African group, led by Dr. Bernard Brom, worked conscientiously together under the supervision of the Venerable Sayadaw and his assistant monks to erect this *stupa*, which remains a monument to South Africa, the African continent and international peace and harmony maintained

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The South African International Peace Pagoda/Stupa (2000)

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Editorial: by Jennifer (Jay) Sherwood BScN, MEd.

Pan Canadian Health Technology Strategy Proposed

One of the major cost escalators in health care in this country is technological changes. It accounts for about 25% of health expenditure growth. According to the authors of the final report of the Health Technology Assessment Task Group of the Federal/Provincial/Territorial Advisory Committee on Information and Emerging Technologies (June 2004), the pace of health technology development is fast outpacing the ability of health systems to effectively use it. The common health technology management issues among the jurisdictions that administer health care in Canada, point to the need to develop a common coordinated approach to providing advice on policy issues. In other words – a pan Canadian health technology assessment strategy.

Health technology “includes any technology that may be used to promote health; prevent, diagnose, or treat disease; or aid in rehabilitation or long term care” (p. 2). A strategy to assess health technology that is comprehensive in nature must address both the impact of new technologies and provide advice on how to make them maximally effective in their use. The proposed strategy provides a means for

developing shared policy advice to help in making health technology investment decisions. Policy advice would be clear, concise and timely and cover the spectrum of a technology lifecycle from innovation to obsolescence. While the authors of the report identified the initiatives in Canada that are aligned to the comprehensiveness of a strategy, they also identified the deficiencies in health technology assessment.

Health technology assessments are expected to provide unbiased information to policy makers on a technology's: clinical effectiveness; impact to providers; service improvements to patients; and economic impact. Since 1989, the Canadian Coordinating Office of Health Technology Assessment (CCOHTA) has been providing these assessments at the behest of federal, provincial and territorial ministries of health. CCOHTA's mandate is to focus on clinical and cost effectiveness of health technologies. However, structural and mandate limitations have given rise to concerns that the reports: take too long; are written in too technical language; have too few people contributing to them; and do not effectively address policy issues

common to all jurisdictions. More importantly, the mandate of the CCOHTA has not included a policy analysis process to accompany traditional health technology assessments. To help alleviate these limitations and provide for more comprehensive and useful health technology assessment, it is proposed that the CCOHTA evolve into a national health technology agency. This agency would include: a Health Technology Policy Sharing Forum (the Forum); a Health Technology Analysis Exchange (the Exchange); and a coordinated Field Evaluation system.

The Forum would identify areas of common policy interest, share such information and enhance collaboration where it is thought to be beneficial. It would also identify policy “levers” to manage health technologies from innovation to obsolescence. The Forum would lead in identifying the opportunities for health innovation that would support a health technology innovation agenda. It would also decide what elements of policy analysis that the Exchange should do.

The Exchange, while not deciding what policy analysis should be done would use an open inclusive and flexible model that builds on current capacity and has the ability to grow. In the report it is described as the “work horse” of the system. It would:

- Gather evidence and policy advice supporting the needs of jurisdictions and their stakeholders;
- Use methodologies on the gathered evidence that foster consistency across the country; and
- Liaise with research organizations to support health technology innovation, evidence gathering and policy needs and priorities.

Leading to proposing a Field Evaluation system, the report's authors considered the lack of sufficient evidence of effectiveness and cost-effectiveness of many new non-drug related health technologies. Increasing Canada's capacity for field evaluations for new technologies would (in the long run) save the dollars invested in technologies that may eventually be shown to be ineffective. It would also raise the standard for the quality of health technologies across the country.

A Field Evaluation system that is pan Canadian

See Editorial page 7

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Career Fairs

Quest for Peace from page 1

continent, Sao Paulo, Brazil. We wish him well in this quest and hope that supporters from around the world will make this possible, if not inevitable. I am helping him to plan, organize and realize the

installation of this major event together with the members of the Sao Paulo Medical Association and other friends and colleagues of the International Buddhist Friends Association.



The Edmonton International Peace Pagoda/Stupa (1986)

This essay has only served to briefly characterize this amazing man, my great spiritual teacher and his wonderful mission given to him by his eminent teacher Bodaw Aung Min Gaung, which is also my life's commitment. Hopefully, in the years to come, this respected teacher's life and work will be fully documented, serving as a treasure of inspiration to present on behalf of future generations. It is appropriate to share a few words of wisdom from the Venerable Sayadaw U Thila Wunta (*Dhatu Pon Zon: Gathering of the Precious Elements*, published by the Sphere Group of New Zealand, Auckland, 1983, p 3 and p 19):

Live simply, conserve your resources for the Path; this is the true Ascetic Practice, *dhutanga*. Then you have time and energy to make a strong commitment to practise; this is *adhithana*. From a strong *adhittana*, *samadhi* will surely grow.

Chant the *Mangala Sutta* daily in Pali and English. Each night review your day in its light. Did you associate with fools or honour

the wise? Go through each verse and deepen the meaning. The 'fools' are not outside but inside. Did you associate with foolish and wasteful states of mind?

The *Mangala Sutta*, referred to above by the Venerable Sayadaw, is a set of 38 blessings (www.angelfire.com/on2/buddhism/MahaMangala.html), helping to guide us on the correct ethical, moral path in our life, which is the way to integrative physical, mental, spiritual, social and environmental good health and well-being. Since I have fully committed to assist the Venerable Sayadaw in these very important projects in order to continuously cultivate universal healing, world peace and international harmony — it is my duty and responsibility in addition to taking good care of my dear patients. This is part of my lifelong commitment and utmost effort in helping to create global environmental health and healing.

This article is dedicated and devoted with respect and best wishes to the friends and relatives of the recently deceased Jack Henry (our great friend and mastermind of *Healthbeat*) and Lois Hole (our highly respected and beloved Lieutenant-General of the Province of Alberta, Canada) and all concerned citizens of the world.



Dr. Steven Aung is a geriatric and family physician and a traditional Chinese medicine practitioner and teacher. At the University of Alberta, Dr. Aung is an associate clinical professor in Faculty of Medicine and Dentistry and an adjunct professor in the Faculty of Extension. He is a World Health Organization advisor on TCM. Dr. Aung was awarded a Professional Excellency from the Académie Diplomatique de la Paix in 1986, the Alberta Order of Excellence in 2002 and the Queen Elizabeth II Golden Jubilee Medal in 2003. His primary interest is the integration of TCM and Western biomedicine within the context of a more natural and compassionate approach to health and primary health care.

HEALTHbeat Stress Relief

Dr. David Rainham, M.D.
Author, Speaker, Stress Management Consultant

Acceptance of what we cannot change

"There is only one way to happiness and that is to cease worrying about things which are beyond the power of our will." (Epictetus)

When we feel stressed out, a good first step is to write down all our worries and problems and then make effective plans to solve them. This is great advice but sometimes it just doesn't work. We can't solve or avoid every problem; some events such as the loss of a loved one, a fatal illness or a child in serious trouble have no solutions at all.

No matter how much struggling or screaming we do, we cannot stop the sun from rising nor change the behaviour of other people. We must accept the fact that we can't have everything, that life isn't fair, people won't always like us — and that we will eventually die. Even if we strive to be perfect, if we want to be happy we must accept the fact that we will make mistakes.

The ability to accept reality, hard as it is, is a major step in our personal growth. A clenched fist cannot receive a gift, so when we say "I just cannot accept this" we will not learn from the situation, nor grow stronger as a result of it. The opposite of acceptance is judgment and denial, which make us tense up, criticize ourselves and others, and insist on impossible standards for everyone. Accepting ourselves just the way we are — unconditionally — paves the way to contentment and then to self-improvement.

But acceptance doesn't mean just sitting around and doing nothing.

When we truly decide to accept something, we suddenly notice a feeling of relief and relaxation, along with a sense of inner power. If we have hurt someone else, than accepting it and taking responsibility make us more humble and then motivated to take action, to correct wrongs and change for the better.

Would you like to relax?

The first thing to do is not to try to relax, but to accept the tension you have and become more aware of it — let it be there. As you observe and accept whatever you feel in your body and mind, relaxation will follow naturally.

When dealing with people who have painful feelings, we might feel obliged to "do something" to distract them, help fix the problem, or advise them on what to do. But probably the best thing we can do for them is to simply accept them, to be there and to listen.

For a lesson in acceptance, observe a dog. Pet animals generally accept and love you, no matter what, and so do young children. And it's a two way street because in raising children it is vital to accept them for what they are, even as we try to train them in good behaviour.

Just for one day, try to accept anything that exists or happens, even if it seems wrong, for as long as you can. Accept all the things you did or didn't do, all your thoughts and actions — and all your limitations of beauty, intelligence and wealth.

Accept everything that other people do as well, without judging them. You might find that practicing acceptance helps in making wiser choices and responding to stress in a healthier way.

As James Russel Lowell said, *"There is no good in arguing with the inevitable. The only argument available with an east wind is to put on an overcoat."*

Always remember, *"What we anticipate seldom occurs; what we least expect generally happens"*. (Benjamin Disraeli)

Dr. David Rainham is a Family Physician, author and speaker. To order a collection of his articles, with additional action plans, visit StressWinner.com

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Athabasca University has earned a respected international reputation as "Canada's Open University" with over 30 years of delivering distance and online undergraduate and graduate programs to students throughout Canada and around the world. This "open university" concept maximizes flexibility for online course delivery regardless of place of residence, work schedules, family commitments or transportation constraints. This MN program allows nurses to complete their Master's degree without having to leave their jobs or home, unlike other programs that include mandatory site-based components of study.

Students cite several factors for choosing this program at AU including accessibility, offering a program of studies grounded in the reality of the workplace, on-line access to faculty members and academic advisors and being able to complete the degree without having to relocate or quit their current employment.

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“It is like the last frontier, lots of opportunity to use all those skills you have accumulated over the years. There is a great deal of satisfaction in being able to follow your patient’s progress. There is lots autonomy since you work independently without the presence of a Radiologist. Working in Inuvik allows you to see all aspects of patient care and see the results of your work. On the other hand it is very busy & you share callback every other week. There is good vacation time and the opportunity for professional development is very accessible.” – **Medical Radiation Technologist/ Ultrasonographer, Inuvik**

“I come north to experience what I consider True nursing. Here the focus is on prevention, not just emergent care. Nursing, that involves not just the patient, it involves the family unit and community. Here there is no such thing as “the patient”, it is family involvement and community spirit that you see. The sense of satisfaction being able to follow a prenatal through to the newborn ...watching the next generation grow up. Having all that wonderful clean air to breathe, watching the sunsets over the lake and forming ice. Seeing the smiles on people’s faces as you walk around town. The list goes on and on. The north and the pace of life here gets in your blood, you want to return again and again (for casuals) or never leave to go back to ‘the city’.” – **Community Health Nurse, various communities**

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“As a nurse of 25 years experience, IRSSA has afforded me the opportunity to further acquire advanced practice skills working in a supportive multi-disciplinary team environment. This opportunity is why I am still practicing as a nurse today.” – **Community Health Nurse, various communities**

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“I have worked for the Health Board for 25 years this week actually, and have enjoyed many opportunities for further educational opportunities and having a role at the territorial level for different health initiatives. I can say that I feel I have been treated well as an employee and am appreciative of this as a common complaint in the health field as poor treatment of staff members. I love working with the communities in the Inuvik Region and am committed to the people here after 25 years.” – **Nurse in Charge, Public Health/Home Care, Inuvik**

“I work for Health & Social Services because I live to face new challenges daily, as our culture is going through innovation and it is a learning experience, from this you gain knowledge.” – **Community Social Services Worker, Tuktoyaktuk**

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“We are striving to build a culture of quality and safety that involves clients, health and social program providers and the public. Safety is everyone’s issue.” – **Acting Manager, Quality and Risk Management**

“I came here because I was tired of the city, because of the adventure and the people. One year after my arrival, I discover other reasons to stay...the experience that we can have (medevac, education, community), the persons I work with, the nature (so different in summer with the sun and so pretty in winter with the northern lights) and all the activities that can be done. As a nurse there is so much opportunity here and it’s never boring!” – **Registered Nurse, ER/Medevacs & Nurse Educator, Inuvik**

“I originally came to Inuvik on a term contract, because of the career opportunity, salary and good benefits. Now that I am here, what is happening at both the hospital and community level are making me think Inuvik would be a nice community to settle in. The hospital is new with a pleasing modern design (I love the art work on the walls). There is a strong supportive community interagency group that meets monthly, so it is easy to connect with the community and its issues as part of your work or for personal interests. There is no lack of social and sport activities. The flavour and uniqueness of working with different cultures from the surrounding communities keeps the job interesting.” – **Prenatal Nutritionist, Inuvik**

“I have been employed by the IRHSSA for over 5 years, and enjoy my job very much. Although, as a frontline worker, there are many challenges and the work can be extremely stressful and crisis oriented, I have wonderful colleagues and supervisor, who are very supportive, and are great team players! The community may be small, however, there are resources and many extracurricular activities available throughout the year. Finally, working in a cross-cultural setting is extremely rewarding, as we are able to learn from our clientele, who bring with them much knowledge and experiences. This, in turn, helps us to be constantly aware of the importance of learning about the community’s cultural history.” – **Community Social Service Worker, Inuvik**

“The small hospital setting makes for more of a team approach to health care, where doctors, nurses, laboratory technologists, radiology technologists, physiotherapists, etc., all have contact with the patient, and work together in the best interest of the patient. That is why I am still here, after the two years that I planned to stay when I first moved up here!” – **General Medical Laboratory Technologist, Inuvik**

“My job at the IRHSSA is a fulfilling one, both challenging and rewarding. The benefits of Telehealth

reach out to all people in the NWT cutting down on the costs of travel for clients and staff alike, whether it be for clinical or educational purposes.” – **Telehealth Coordinator/Clinical Applications Specialist & Practical Nurse, Inuvik**

“I work for Social Services because it is never boring. The work is always fast paced. Working in other fields, I think it is boring; the day is too long. In Social work you start work at 8:30 am, and in no time it is 5:00 pm. Social Work makes Christmas season come faster year after year.” – **Community Social Services Worker, Norman Wells**

“Friendly people; friendly, progressive community; beautiful skies; a wonderful learning experience. Every Canadian should see the north to fully appreciate our heritage.” – **Client Records Technician/Supervisor, Inuvik**

“I’ll be honest, what first attracted me to Inuvik was the salary. What is keeping me here, however, is the opportunities available, and the general enjoyment of life up here. The work environment is mostly a team



Inuvik Regional Hospital



Fort McPherson Health Centre

approach, with everyone helping, sharing and caring. And the community is pretty much the same. It is a small community that has a lot of heart. And I’m not just saying that. I wouldn’t have stayed for 2.5 years, looking at 3-5 more if I didn’t mean it.” – **General Medical Laboratory Technologist, Inuvik**

As you have read in the above testimonials, living and working in the North is an experience like no other. We are a great group of team players who want to see that everyone succeeds in their career and home life. With the huge array of lifestyle opportunities and the possibility for great career experience – working in Inuvik and its surrounding areas are definitely a viable and attractive career option.

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by Francis V. Adams, M.D.

In many ways, our health care system is in turmoil. Surveys of patients and physicians reveal widespread dissatisfaction. Patients are dissatisfied with the failure of their physicians to communicate. As a private practitioner it is common for me to encounter patients who are searching for "someone who cares" and

especially, "someone who will listen". To many, medicine appears to have lost its humanity.

A recent example is Bob Hewitt, a middle-aged man I have treated for asthma who experienced the sudden onset of chest pain and lost consciousness. He was

The power of empathy

rushed to a local emergency room where his electrocardiogram (EKG) showed an irregular heart rhythm and signs of a lack of blood supply to the heart muscle. With the evidence of an impending heart attack he underwent a procedure known as cardiac catheterization in which a thin catheter is inserted into a blood vessel in the groin and threaded through the circulation to reach the arteries that supply the heart. Dye is then injected to outline the vessels and to pinpoint blockages. A cardiologist identified the area of vessel narrowing in Bob's heart and inserted several tiny stents to restore the flow of blood. Bob was congratulated on the success of his procedure and sent home the next morning.

The impact of his near-death experience struck him after he left the hospital and he had trouble sleeping for several nights following his discharge. The next week he saw the cardiologist who greeted him as "Mr. Stent". When Bob said that he wasn't sleeping and had no appetite, the cardiologist took an EKG, assured him that his stents were working, and prescribed Zoloft, an antidepressant.

I saw Bob in my office the next day. "I just need to know what happened to me. Could I have died? Did my heart stop? Everyone is so happy about those damn stents, but I almost met Saint Peter. I think I saw that bright light that everyone talks about. What would have happened to my family if I hadn't been taken to the ER?"

It was clear to me that my patient needed to talk and I said very little for several minutes as he recounted his experience. When he finished speaking I explained that the irregular heartbeat had lowered his blood pressure which had produced the fainting spell and that his heart had never stopped beating. I then shifted the

conversation to how he might help prevent further problems and suggested a rehabilitation program where he would receive conditioning exercises, as well as instructions in diet and nutrition.

My patient needed someone to listen. He enrolled in the rehabilitation program and never filled the prescription for Zoloft.

Medicine is both an art and a science. While the science of medicine has advanced with many wonderful technological breakthroughs, the art of medicine has been diminished and may be disappearing. The rushed, impersonal physician of the 21st century tends to rely more on what technology tells him about his patient rather than what he can learn firsthand at the bedside. Surveys of physicians also reveal widespread dissatisfaction largely due to managed care, reduced fee schedules, and rising overheads. The end result is less time for a physician to spend with his patient.

Physicians were known as "healers" long before they could provide any real cures. I have been fortunate to study with several highly skilled physicians who were gifted with the ability to rapidly arrive at the correct diagnosis of a patient's illness. I noted that these physicians had three outstanding qualities: Extremely sharp senses, empathy for their fellow man, and intuition. Although computer hard drives are now filled with medical information and programmed to make diagnoses they lack these three characteristics. I doubt if these machines will ever replace an intuitive doctor at the bedside.

Empathy is much more than sympathy for another person's suffering. In medicine it begins with interest on the part of the physician who obtains a detailed medical history. The doctor must be able to listen carefully and to communicate openly. He must also be a keen observer of his patient's moods and reactions. The histories include life experiences as well as the details of the illness at hand. They are often moving, producing a strong emotional response. Visual images are generated and the observer begins to instantly recognize his subject's mood changes. The emotions generated promote increased self-awareness and discovery on the part of the physician.

Medical students and young physicians, however, have traditionally been taught not to get emotionally involved with their patients since it would destroy their objectivity. This often produces physicians who appear cold and detached without a trace of empathy. Faced with the outcry from patients seeking a caring physician, medical school curriculums have recently begun to address this problem. Students now begin to interact with patients much earlier in their education and in an important exercise, are often placed in the role of a patient to learn firsthand what this means. Courses in literature and the arts now are commonly included in the medical curriculum.

A strong doctor-patient relationship is vital to the practice of medicine and contributes to a good outcome of an illness. This relationship is built on trust and communication. Where will the time for this relationship to build come from? Physicians must take advantage of innovations like voice recognition software to allow them to record their findings accurately and in less time. HMOs must place more value on the time a physician spends with a patient whether in obtaining a history or exam or in patient education. Fee schedules that have heavily favored technical procedures must be revised and balanced to validate the time invested by the physician at the bedside. Our health care system is in turmoil but it can be repaired. It will require both doctors and patients to take their complaints to the HMOs and their elected representatives.

See Empathy page 7

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BC, Yukon and US Career Opportunities

Empathy from page 6

How should you choose a physician? A great deal of information on physician qualifications and board certification is now available. "Best Doctor" listings are a good place to start. One example is America's Top Doctors published by Castle Connolly and is available at www.castleconnolly.com. The next step is interviewing the physician and observing how much time is allotted for patient care. If a physician is unable to provide adequate time to build the trust required, then another choice must be made.

Physicians, empowered by empathy, can regain patients' trust and restore the balance between the science and art of medicine. This may not be a cure for every illness but may simply be the achievement of a patient's comfort and inner peace.

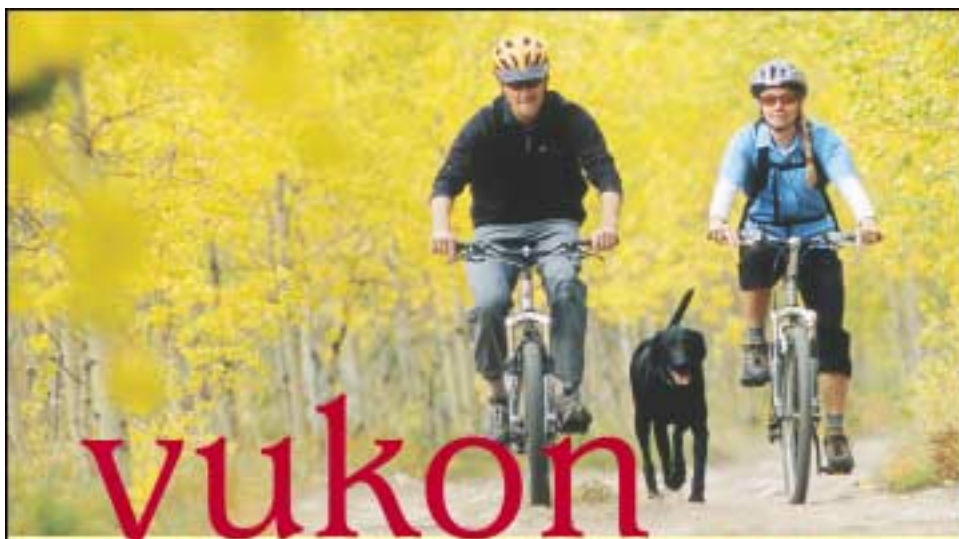
About the Author: Francis V. Adams, M.D., is a board certified Internist and Pulmonologist and has been in private practice in New York City for 27 years. Dr. Adams is a fellow of the American College of Chest Physicians and is listed in "Top Doctors-New York Metro Area" by Castle Connolly Medical Ltd. Dr. Adams also wrote The Asthma Sourcebook and The Breathing Disorders Sourcebook, both of which were well received by patients. Dr. Adams new book, Healing Through Empathy is available where all fine books are sold.

Editorial from page 2

would be established to collect primary research data on new and experimental technologies. The system would include the focus of Canada's health information resources and infrastructure that would guide innovation, health quality and the diffusion of health technology. As well, common quality indicators would be used to track the performance of field evaluations.

the report was presented to the Annual Conference of the Federal/Provincial/ Territorial Ministers of Health at its October 2004 meeting as part of the reports of the Emerging Technologies Assessment initiative. This initiative is one of the five identified by the Deputy Ministers of Health for the Advisory Committee on Information and Emerging Technologies – a Federal/Provincial/Territorial committee charged with providing policy development and strategic advice on health technology issues to the Deputy ministers of health in Canada.

The complete report "Health Technology Strategy 1.0" is available on the Health Canada website (www.hc-sc.gc.ca). Although not clear it seems as if



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