

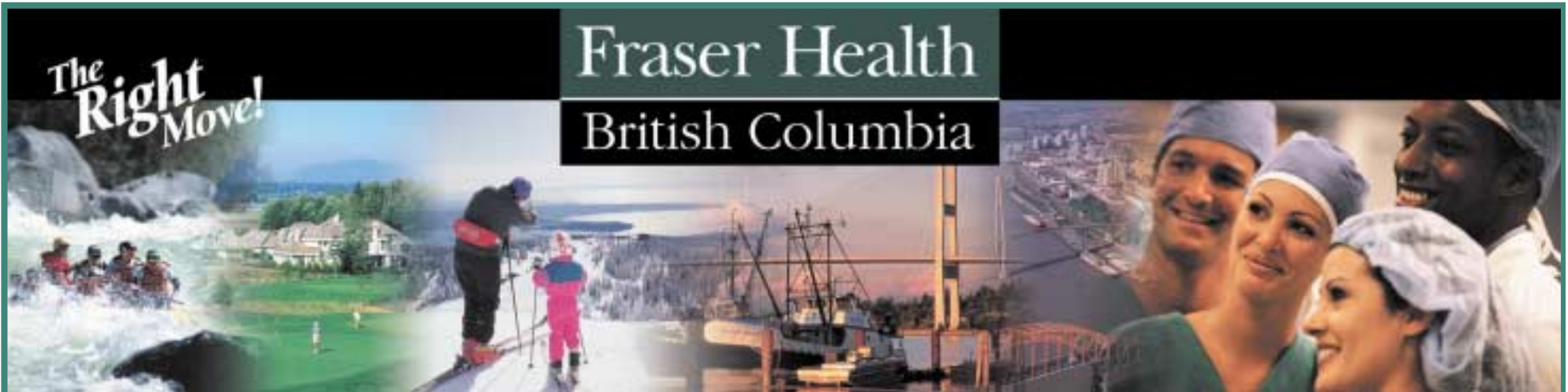


McCrone Publications Inc.

HEALTH *beat*

January 2004
Volume 7, Issue 1

www.mccronehealthbeat.com



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Bounded by the Pacific Ocean, the Canada-US border, the Fraser River and coastal mountains, **Fraser Health** is located in the southwest corner of British Columbia. Here you will find a community to match your lifestyle. **Fraser Health** borders Vancouver, one of Canada's most sophisticated cosmopolitan cities. Vancouver delivers uptown excitement with an easy-going West Coast flair. You truly can play golf in the morning; go sailing in the afternoon; and ski, under the lights on Grouse Mountain, overlooking the city in the evening.

Fraser Health has over 20,000 employees and 1,900 physicians and is affiliated with several academic institutions. **Fraser Health** oversees 13 acute care hospitals. Our acute care facilities include tertiary care, heart health, and cardiac surgery, specialized neurology and neurosurgery, trauma, family birthing units, adolescent psychiatry, facility and community renal dialysis and many more specialized areas of service.

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If you are looking for a region that offers "something for everyone" along with the opportunity for a rewarding career, **Fraser Health** is the **right move!**

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Please visit the career section of our website at www.fraserhealth.ca for detailed information.

We wish to thank all applicants; however, only those selected for an interview will be contacted.

www.fraserhealth.ca

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Our Mission

To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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

National Health Council Established Without Quebec and Alberta

One of the last announcements made by Hon. Anne McLellan in her position as Minister of Health in Prime Minister Chrétien's cabinet was to laud the establishment of the National Health Council. The Council was the brainchild of Roy Romanow and served as a key recommendation in his report on the future of Canada's health system. As you know the concept of a Health Council has been discussed by provincial and territorial premiers as well as the Federal Ministry of Health. In the February 2003 Health Accord, the premiers had agreed to the form of the Council but later had some concerns about its function. As well, they agreed that the council would be formed within three months of the signing of the Accord.

Seven months late the Council officially came into being. The roadblocks to its establishment included differing interpretations of its mandate. The Accord stated that the council would "...monitor and make annual public reports on the implementation of the Accord, particularly its accountability and transparency provisions." For some premiers, most particularly Alberta's Premier Klein, it meant that the council would have been a short term body set up to look at how the funds allocated through the Accord were being spent. This interpretation limited the scope of responsibility of the Council to overseeing the three health care priorities outlined, namely, home care, catastrophic drug coverage and Primary Care. The federal government on the other hand saw a much broader mandate i.e. looking at health system performance in general.

Those favouring the broad Council mandate thought that it addressed the perception that Canadians want health care accountability. Opposition critics said that the provinces were already accountable to their citizens and that the Council violates provinces' constitutional authority for health care. In the documentation released at a news

conference there is no further clarification of the council's mandate. The Chair of the new Council is Michael Decker, who having given up his responsibilities with the Canadian Institute for Health Information, has wide ranging views about the mandate. His perspective includes ways to improve the health of Canadians and insights into health human resource issues. Specifically, he sees the Council as addressing waiting lists and at its first meeting (expected by early in March) will list the priorities that they think that are the most concern to us as Canadians. He also anticipates that the Council will come to be respected by the provinces if it "...understands their modestly divergent approaches to health reform and supports their most promising changes...".

Alberta continues to say that it will not support nor be a part of the Health Council. Quebec has never been part of the Council, indicating that it has its own and will cooperate by providing information. Alberta has its own monitoring body and may do the same. Interestingly, one of the non governmental representatives on the Council is Dr. Jeanne Besner, an Albertan. Dr. Besner is exceptionally well qualified to be a member with a background in nursing, epidemiological, community health and aboriginal issues. While not nominated by the Alberta government, the Hon. Gary Mar, Minister of Health and Wellness for Alberta was quick to point out that her qualifications would be advantageous to the Council.

The Council has a total of twenty six seats. Thirteen of these are reserved for government representatives while the other thirteen are filled by non-government experts in health and community leaders. Alberta's government seat remains vacant and Premier Klein maintains that the debate over the Council doesn't matter to the Canadian general public. He likens it to a hockey coach discussing the

post game meal with his players when the team is down by three goals in the third period of the game. Anne McLellan didn't agree.

While as mentioned earlier, the mandate of the Council still remains unclear, its framework suggests that it must have the following characteristics: be independent and objective; be accountable and transparent; and have representation from a cross section of perspectives that reflect Canada's diversity including linguistic and aboriginal representation. Councilors will serve for a two or three year term and will be remunerated on a per diem basis. Its Chair will in future be appointed by Council members and will serve for a specified term. The council with an initial budget of ten million dollars will need full time staff, including an executive director. The Health Council will be established as a not-for-profit corporation whose members are the Federal, Provincial and Territorial Ministers of Health. Continued funding will be in the form of an annual grant from the federal government.

Only time will tell whether the Council will be an effective "watchdog" as the popular press calls it. Meanwhile, Alberta and Quebec will not be a part of it although Quebec has agreed to cooperate in the sharing of information. More information on the National Health Council can be obtained from Health Canada's website (<http://www.hc-sc.gc.ca>).

HAPPY NEW YEAR!

*We at HEALTHbeat
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to our health care system!*

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HEALTHbeat

Stress Relief

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

Managing your debts can control your stress

“With all the loans and credit cards and mortgages available these days, anyone who isn’t hopelessly in debt just isn’t trying!”

Are your debts going up, not down? Probably the wrong question to ask right after Christmas!

If you lost your job would you have an immediate financial crisis? Are you using credit more, or using one card to pay off another? Do you argue about money or hide problems from your spouse?

Heavy debt is the biggest money stress, especially if bankruptcy looms. High-risk situations include job loss, divorce, or a business failure, but even the “well off” can have serious financial trouble if they don’t keep track of their spending, invest wisely and keep their income tax up to date.

What can you do if you face major debt?

Make an accurate picture of your finances. List your possessions and income on one side of a large sheet of paper, and debts and expenses on the other. It’s painful, but we must know the size of the problem and how it happened.

Cut up ALL credit cards – except perhaps one “emergency card” stored with your bank (or frozen in a large block of ice).

Set a budget. Use cheques for fixed expenses such as mortgage and taxes, and cash for everything else. Each week, prepare envelopes of cash for regular expenses such as food, entertainment, sundry supplies and transport.

Find expenses to eliminate or trim

Research the library for ideas – for example, one family found a way to feed 14 kids on \$200 a month.

See Stress page 4

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Stress from page 3

Food - Buy bulk, check prices, use coupons. Eliminate takeout and convenience foods.

Transport - A small car costs about \$470 a month. Can you possibly do without?

Utilities - Turn down the thermostat and water heater. Check insulation.

Cable TV - Try cheaper entertainment. Read more, play simple, fun games. Take courses or spend time on hobbies such as crafts or music (which could lead to extra income as well).

Raise income - Take a temporary part-time job – it's stressful, but gives you a sense of control. Can you rent out part of your house for a while?

Create tax breaks - Can you set up a home based business or find other ways to legally reduce your taxable income?

Sell everything you don't really need

Ask creditors for smaller payments and more time.

A single big loan is better than several small ones. Search for the lowest interest rate.

Use a savings account for larger expenses – with two signatures needed to make withdrawals.

Work together as a family to solve the problem, without blaming.

Make a game of it, especially with kids.

Distinguish needs from wants. Essential material needs are few – food, water and some shelter from

the elements. Our wants are many – fancy clothes, toys and trips, but the pleasure of these fades quickly, and you can find just as much happiness in your own back yard as you can on an expensive trip.

If you reach the stage of major debt, realize that either you made a mistake or had bad luck – but that doesn't make you a weak or bad person. Getting out of debt isn't easy, but on the positive side, it is actually a great opportunity to become expert at living on very little. If you decide that the experience will make you stronger and happier, then it will, because as you need less and less, the more powerful and free you become.

"That man is the richest whose pleasures are the cheapest."

– Thoreau

Dr. David Rainham is a Family Physician, author and speaker. For more information, visit www.StressWinner.com



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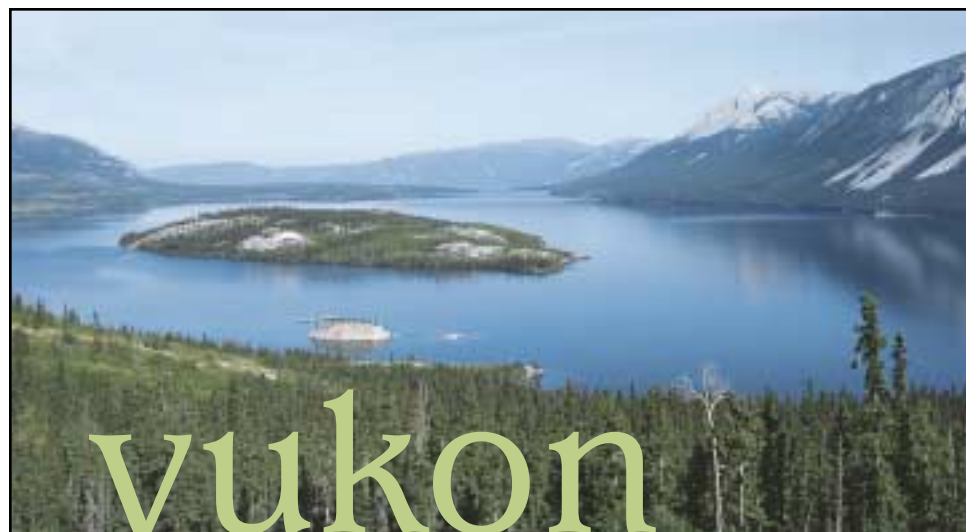
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fax: (867) 667-8338,
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See Preferred Health page 7



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Preferred Health from page 6

It can be easy if you have a specialist assisting with your relocation.

Preferred Healthcare is an agency that specializes in assisting Canadians wanting to relocate to the USA. By knowing the rules and regulations, walking you through each step on your way, answering all of your questions, familiarizing you with the area and securing the perfect career position for you prior to your move – the move itself becomes easy.

French trained Healthcare Professionals and Registered Nurses face even more challenges, which may at first look insurmountable. This is not the case, the time frame for relocating might increase a small amount but our specialists work with you and ensure that all of the requirements are met with the greatest of ease.

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Join Our Healthcare Team

The Burntwood Regional Health Authority (BRHA) is responsible for delivering a broad spectrum of Health Programs in northern Manitoba. With 3 community hospitals, a regional hospital, a Community Health Centre, Continuing Care, Mental Health Services, Public Health and remote nursing stations within one organization, we deliver a continuum of care for the people in the multi-cultural Burntwood Region. In the heart of the Canadian Shield, our region is rich with mineral resources, lakes, rivers and boreal forests; a haven for outdoor enthusiasts.

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- Public Health Nurses
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- Diabetes Coordinator
- STD Coordinator
- Clinical Resource Nurse
- Diabetes Educator (Nurse IV)

A combination of training and experience may be considered at a commensurate classification and salary.

For more detailed information on these or any other employment opportunities with the BRHA, please visit our website at www.brha.mb.ca

Contact us for more information or forward your application to:
Cristina Vieira, RPR, Regional Recruiter, Burntwood Regional Health Authority
867 Thompson Drive, South, Thompson, MB R8N 1Z4
Phone: (204) 778-1455 Fax: (204) 778-1424 Email: Recruiter@brha.mb.ca

We thank you for your interest however; only those individuals receiving serious consideration will be contacted.

“Northern Health in Northern Hands”

Calgary, Alberta



Attention Registered Nurses and Licensed Practical Nurses!

The Health Resource Centre (HRC) is a Canadian owned leading private health care facility providing a comprehensive range of surgical, rehabilitation and ambulatory programs with full overnight stay facilities. HRC is fully accredited by the College of Physicians and Surgeons and supports the Canada Health Act. Our small, progressive environment fosters unique staff/patient relationships creating a friendly and personal atmosphere between our health care professionals and their patients.

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Networc Health Inc. is our parent company and further information can be obtained by visiting their web site at www.networc.com



The Prairie North Health Region provides a coordinated network of health services to over 71,116 residents. Services are delivered to a diverse population including urban, rural, and First Nations. Prairie North Health Region has corporate administrative offices in North Battleford with satellite offices in Lloydminster and Meadow Lake.

Prairie North Health Region is located among lakes, forest and farm land with multiple communities and different opportunities.

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For more information or to apply, please contact:
Human Resource Unit

Prairie North Regional Health Authority
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Traditional Chinese Medical Diagnosis — Series 3

Ear (Auricular) Diagnosis

by Dr. KH Aung, MD, OMD, PHD, FAFAP

The Ear (Auricle) is very important in Traditional Chinese Medicine (TCM) as a useful diagnostic and therapeutic tool, and is one of the four main diagnostic steps in Traditional Chinese Medicine examination through inspection.

The Development of Auricular Diagnosis/Acupuncture

The development of Auricular acupuncture therapy and diagnosis dates back thousands of years in China. In the text book of 'Huangti, Nei Ching' (Canon of Medicine 497 – 221 B.C.), auricular acupuncture and diagnosis were largely developed by the Chinese physician 'Chong Chang Ching' – Sung Dynasty 960 – 1279 A.D.

In the early Tang Dynasty (581 – 682 AD), Dr. Sun Szu Miao, a famous Chinese physician, successfully treated lower abdominal pain through stimulation of the transverse pila of the ear.

In the ancient times, it has been documented that:

1. Kneading the ear lobe helps to address red eyes.
2. Pricking veins at the back of the ear helps in treatments of back pain
3. Lifting and pulling the ear lobes bilaterally helps in treatments of headache

Auricular Therapy Outside China

1637 – Dr. Zactus Lusitanus, from Portugal, described the usefulness of Auricular Cauterization in treating Sciatica.

1810 – Professor Ignaz Colla Parma reported observing a man who was stung by a bee in the antehelix and this resulted in relief of pain symptoms in the legs.

1810 – Dr. Ceconi performed cauterizations at the back of the ear which helped to decrease sciatic pain.

1957 - Dr. Paul Nogier – French physician who refined Auricular Therapy. According to Dr. Nogier, this original theory presented by him was proven clinically to be basically accurate and was indeed a gigantic step in the development of modern Auricular Acupuncture. The new reflex-Auriculo Cardiac Reflex (ACR) theory was later developed by Dr. Nogier and involves not only the superficial skin of the auricle, but also the whole depth of the skin. This has greatly advanced auricular acupuncture techniques and diagnosis.

Basis of Auricular Acupuncture/Diagnosis

The basis of Auricular acupuncture/diagnosis is explained via the following theories:

1. Anatomical: The ear is richly innervated through its multiple connections with the cranial nerves and CNS (Central Nervous System)



Ear as an upside down fetus

2. Meridian Theory- The ear is the meeting place of all the Yang (hollow organs) meridians (ie: stomach, large intestine, small intestine, gall bladder, bladder and triple energizer). A practitioner is able to treat various organs of the body indirectly through the ear.
3. Embryological Correspondences – The ear is considered one of the oldest microsystems in Traditional Chinese Medicine. The whole body can be represented on the ear as an upside down fetus. (For example, the lobule represents the head, the top of the ear is the hands and feet.) Certain points in the ear that correspond to internal organs or parts of the body may become fairly sensitive. Needling at such sensitive points will relieve pain in their corresponding internal organs and body, therefore achieving physiological rebalance.

Diagnosis by Examining the Auricles

General Inspection: If there is any deformity or malformation of the ear, one will look for congenital deformities of the kidney. The ear in Traditional Chinese medicine is directly related to the kidney. Ear deformities are also considered a sign in Western medicine for kidney malformations/disorders.

Various problems in the body are reflected through pathophysiological changes in the ear as:

- redness
- blood vessels
- papules/nodules
- skin creases
- deformation etc.

Eg: For patients with gastric ulcers, the stomach point in the ear often reveals a nodule. On other hand, for a post-gastrectomy patient, the stomach point may reveal a crescent shaped scar.

Interpretation of Pathophysiological Changes in the Ear

1. Redness – acute inflammation and muscle stiffness
2. Blood vessels – acute activities (ie: early stage) more specifically reflected in the corresponding part of the body (on the ear).
3. White flakiness (known as "furfur") – indicates acute Qi stagnation or blockage
4. Nodule - indicates structural changes or damage in that particular corresponding area. It is also indication of a chronic problem.
5. Tubercle shaped swelling - indicates possible mass formation or tumors
6. Lineal, round or crescent white or opaque gray scars – external injury or post surgical procedures

In TCM, there are tender (Yang) points in the ear which reflects disorders in the corresponding structures. However, there are certain points which are always tender in the ear (not necessarily reflecting pathophysiological changes). They are:

- heart
- liver
- spleen
- lung
- kidneys etc...

Therapeutic Value of the Ear

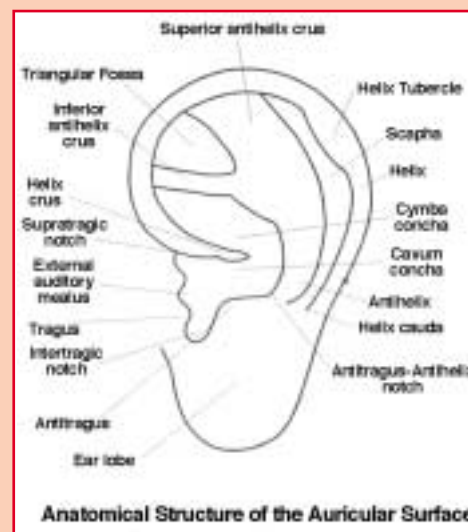
Although the ear is often used for diagnostic purposes, it is often used in the treatment of various types of disorder and diseases, particularly in the treatment of painful symptoms and pathophysiological disorders. The ear may also be used therapeutically for prevention. For example, it is believed that pricking of visible veins in a certain area of the ear helps to prevent symptoms from developing in the



corresponding area. Auricular acupuncture can also be used as a tool for self-manipulative therapy for follow-up treatment of symptoms with classical acupuncture. This is particularly helpful in treatments of addictions and chronic diseases (ie: stopping smoking and for chronic pain).

Conclusion for Medicine in the Future

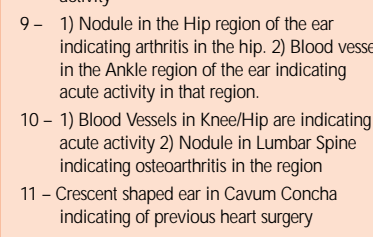
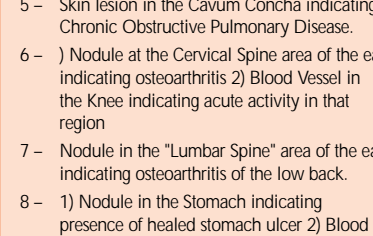
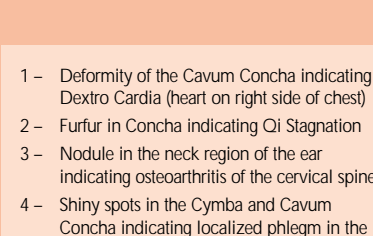
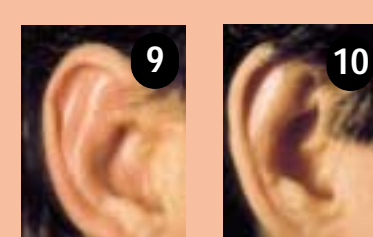
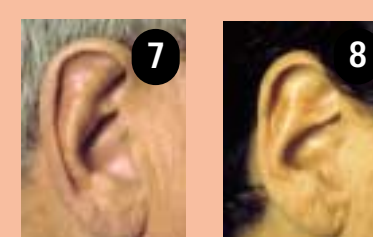
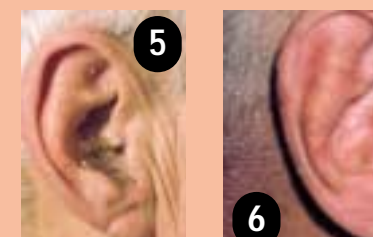
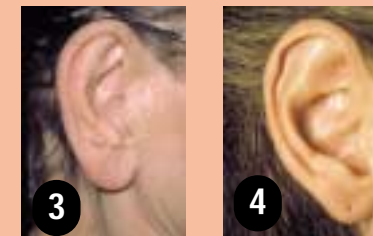
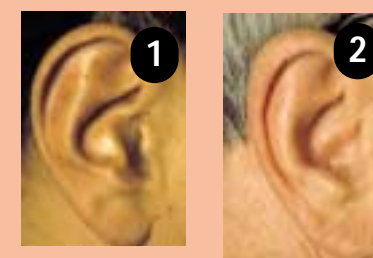
Overall, the ear is a very important part of the human body, not only for diagnosis but also for therapeutic purposes. In ancient auricular diagnosis, inspection is the key component. Through modern developments (ie: Dr. P. Nogier), more refined techniques have been developed (ie: filters, various colors of light creating an Auricular Cardiac Reflex) to better confirm previous diagnosis. Auricular diagnosis has many potential diagnostic benefits in medicine, and may hopefully one day be recognized in schools of medicine someday. Medicine should not have north, east, south and west divisions. The main emphasis should be the well being of our dear patients.



Anatomical Structure of the Auricular Surface

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Dr. Steven Aung is a geriatric and family physician and a traditional Chinese medical (TCM) practitioner and teacher. At the University of Alberta, Dr Aung is an associate clinical professor in the Departments of Medicine and Family Medicine and adjunct professor 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 and the Alberta Order of Excellence in 2002. His primary interest is the integration of TCM and Western biomedicine within the context of a more natural and compassionate approach to health.



- 1 – Deformity of the Cavum Concha indicating Dextro Cardia (heart on right side of chest)
- 2 – Furfur in Concha indicating Qi Stagnation
- 3 – Nodule in the neck region of the ear indicating osteoarthritis of the cervical spine
- 4 – Shiny spots in the Cymba and Cavum Concha indicating localized phlegm in the Chest/Abdomen
- 5 – Skin lesion in the Cavum Concha indicating Chronic Obstructive Pulmonary Disease.
- 6 –) Nodule at the Cervical Spine area of the ear indicating osteoarthritis 2) Blood Vessel in the Knee indicating acute activity in that region
- 7 – Nodule in the "Lumbar Spine" area of the ear indicating osteoarthritis of the low back.
- 8 – 1) Nodule in the Stomach indicating presence of healed stomach ulcer 2) Blood Vessel in the hip/knee area indicating acute activity
- 9 – 1) Nodule in the Hip region of the ear indicating arthritis in the hip. 2) Blood vessel in the Ankle region of the ear indicating acute activity in that region.
- 10 – 1) Blood Vessels in Knee/Hip are indicating acute activity 2) Nodule in Lumbar Spine indicating osteoarthritis in the region
- 11 – Crescent shaped ear in Cavum Concha indicating previous heart surgery
- 12 – A nodule at the finger region indicating of post injury to the finger