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Education Opportunities and Resources

Tax Tips from page 5

you have claimed non-residency in Canada and work in the U.S. as a U.S. tax resident. Too often, the traveler is claiming a tax home in Canada but just ignoring their Canadian obligations. Both the CRA and the IRS have a three-year statute of limitations on any filed returns. That means you cannot amend a return three years after filing. An unfiled return has no expiration date. Imagine this scary situation: A Canadian works three years of travel assignments in the U.S., claiming a tax home in Canada, receiving housing and other benefits. He/she files a U.S. return, but not in Canada. When

the traveler returns to work in Canada, the CRA will question the 3-year filing gap. If the CRA uncovers income in the U.S., they will assess a tax on the income. Since three years have past since the first U.S. return was filed, they cannot amend the U.S. return to reflect the change on the Canadian side. Double taxation can result after reassessment.

2) **A similar mistake Canadian traveler's make is assuming that each nation's tax return is independent of the other.** Going to one tax preparer in the U.S. and another in Canada then only reporting income made in that country, can create many problems. You may even be accused

of filing fraudulent tax returns that may result in jeopardizing your Visa status. If using separate preparers, make sure that the preparer feels comfortable with your situation and put them in contact with the other practitioner. Do not be afraid to ask for their experience with treaty-based returns. The better approach is to find a cross border tax preparer that can handle both returns.

3) **Lastly, except in the case of a U.S. permanent resident (Green Card), Visa status does not determine tax status.** A TN Visa may last for a year, but in reality it is only temporary up to the time that you choose not to

renew it. A TN Visa does not guarantee a tax home outside of the U.S.

Good planning can make assignments in the U.S. not only exciting, but profitable as well.

About the author: Joseph Smith EA/RRT is an Enrolled Agent, admitted to practice before the IRS and a former Respiratory Therapy traveler. He is the owner of TravelTax ([www.traveltax.com](http://www.traveltax.com)) specializing in the domestic and international traveling medical professional. He is a regular contributor to a number of travel related publications and conducts national tax seminars for travel nurses. His company prepares both U.S. and Canadian tax returns, and can process requests for U.S. ITINs, making the filing process easier for cross border Canadian workers. TravelTax LLC is based in Norfolk, Nebraska and has clients worldwide. For a free consultation or questions, you can contact them toll free 866.272.7871 or at [info@traveltax.com](mailto:info@traveltax.com).




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# Capital Health sets a new Canadian heart-transplant record

## 54 transplants in 2005 make Edmonton the "Heart Transplant Capital of Canada"

Capital Health's University of Alberta Hospital and Stollery Children's Hospital performed a record number of heart transplants in 2005, reconfirming Edmonton's status as the "heart transplant capital of Canada."

Heart transplant volumes in 2005 were almost double those of the previous year. In 2005, the transplant teams performed 38 adult heart transplants and 16 pediatric heart transplants, compared to 20 adults and nine children in 2004.

One of those patients was 43-year-old Gerald Beyers of Spruce Grove, Alberta, who received a new heart in June 2005. Once critically ill and hospitalized for five months, the father of two is planning to return to work in June. "Before my transplant I couldn't

walk up five stairs. Now I can do a 30-minute cardio workout and leg press 365 pounds. The difference in my life is like night and day."

There are three reasons for the increased number of heart transplants, says Dr. Arvind Koshal, Capital Health's Regional Program Clinical Director for Cardiac Sciences and Director, Division of Cardiac Surgery, University of Alberta Faculty of Medicine and Dentistry. "First, we're absolutely committed to transplantation. We've broken down age barriers for both recipients and donors, and built up expertise here that allows us to match a wider range of donor organs and recipients. Second, there's growing awareness of what we're doing here, so our colleagues are referring more patients and donor

organs to us, from as far away as Alaska, California, and the East Coast. And third, the region and government support us 100 per cent - we couldn't succeed without the commitment of the whole region."

"We're very proud of our results," adds Dr. Ivan Rebeyka, Capital Health's Director of Pediatric Cardiovascular Surgery, Stollery Children's Hospital. "We have been able to find a heart for every child that has been listed for transplant. It's very significant that in the last three years, every child listed for transplant has been transplanted."

The heart transplant program demonstrates the benefit of a consolidated centre of excellence, says Sheila Weatherill, President and CEO of Capital Health. "Through partnerships like the Western Canadian Children's Heart Network, we're able to provide world-class care to patients from all four western provinces," says Weatherill. "We're proud to be a leader and a resource for the West; and we'll see that role expand further with the opening of the Mazankowski Alberta Heart Institute in the Fall of 2007."



## Tax tips for traveling to the USA

**Ready to go to the U.S. or another country on a travel assignment?** As an international worker, you will be subject to tax rules in two nations, which can be frustrating. The most important thing you want to familiarize yourself with is Canada's tax treaty with the country that you are working in. When working in another country, the tax laws of your work country and Canada may overlap or conflict. This is where tax treaties come into play. A tax treaty is an agreement between two nations that addresses specific areas of tax law such as, source of income, capital gains and residence. They act like referees to help the taxpayer avoid double taxation and resolve conflicting international tax laws. As a result, tax treaties take

precedence over any domestic law.

Based on the tax treaty, there are three important items that Canadian travelers to the U.S. should consider:

1) **Many Canadian travelers are recipients of housing benefits while on assignment in the U.S. and claim a tax home / permanent residence in Canada.** Anyone claiming a tax home in Canada must file a Canadian T1, reporting worldwide income to Canada. To offset the additional tax, the CRA will give a credit for taxes paid to the U.S. Many Canadian travelers to the U.S. are told that they do not need to file a return in Canada since they are not living there. That is fine if

See Tax Tips page 7

## Did You Know...?

by Jennifer (Jay) Sherwood, BScN, MEd.

Since I devoted my editorial this month to proposals of the three federal parties with respect to health care, I am sticking to this theme in the Did You Know.. column this month. Every couple of weeks I get a summary of health care developments across Canada from Merck Frosst Canada Ltd. It is called Health Edition and for those of you interested in what's going on in the country to address health care delivery issues I suggest you sign up for these regular e-mails at [www.healthedition.com](http://www.healthedition.com).

The following is a summary of the information contained in Health Edition for the period between December 22, 2005 to January 5, 2006. There were a number of other interesting snippets in the issue but because of space limitations here I have only included those I deemed the most interesting.

### Did you know that...

- **Quebec Premier Jean Charest will release his government's response** to the groundbreaking Supreme Court decision last June that obliged him to carve out a role for private health care to provide medically necessary services. Quebec policy paper was supposed to have been tabled last December but Mr. Charest did not want it to become an issue in the election. When it is made public it will surely become a talking point across the country as governments wrestle with the implications of the Court's ruling on their own health systems.
- **Alberta Premier Ralph Klein has embraced the ruling** as vindication of his long-held position that medicare needs to make room for an increased role for the private sector. He too was waiting for the election campaign to end before rolling out proposals for a new supplementary health insurance scheme for private sector coverage of long-term care, drugs and yet-to-be-defined "non-emergency" services. These and other reforms that are part of the government's "Third Way" agenda for health care will undoubtedly provide for plenty of debate in the spring session of the Alberta legislature.
- **The Nova Scotia government has in mind for legislation** to govern private clinics - this too is promised for the spring.
- **Ontario is implementing a regional health care model** involving the creation of 14 Local Health Integration Networks. They will start the process of integrating hospital and community care services within their respective territories in 2006.
- **The Health Council of Canada has already warned that progress** in health reform is too slow. It will be issuing its second annual report next month.
- **The 2004 accord also directed health ministers to report** on progress on a multi-faceted national pharmaceuticals strategy by the end of this June. But Canadians are still waiting for an announcement on coverage for expensive drugs for rare diseases that was expected last fall.
- **Four provinces made the December 31, 2005 deadline** contained in the 2004 health accord to produce action plans for increasing the supply of health professionals. Nova Scotia and New Brunswick filed their plans the week before Christmas, joining Saskatchewan which had done it the week before. B.C. has posted a three-page overview on its website.

In the accord, First Ministers agreed to increase the supply of health professionals, based on their assessment of gaps that exist, and make their action plans public including targets for training, recruitment and retention of professionals. None of the plans produced to date include specific targets as promised in the accord although some do have general goals. The Saskatchewan, Nova Scotia and New Brunswick documents mention that further work will be done in 2006 to develop more detailed plans.

- **The Canadian Medical Association has released a consultation paper** seeking additional input from its members on the relationship between public and private medicine. It asks 12 questions including whether the private sector can contribute to the CMA's overall objective to increasing access to quality services and making the existing health system more sustainable.

At the CMA's annual meeting last August, delegates voted to have the association produce a discussion to define and guide the relationship between the public and private sectors in health care funding and delivery. Completion of the discussion paper is targeted for the end of February.

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# Traditional Chinese Nutritional Approaches to Enhancing Health

by Steven KH Aung, MD, FFAFP

Nutrition is one of the most important, vital ways of keeping ourselves in good health, physically, mentally and spiritually—from both a preventive and curative perspective. As an ancient Chinese physician has stated: “Your health depends on what you are eating.” In modern society, whether East, West, North or South, most people have come to realize that, in fact, “you are what you eat.” In traditional Chinese medicine (TCM), nutrition is one of the major components of the therapeutic curriculum. While being treated with TCM therapies such as medical acupuncture and massage/manipulation, patients are advised by competent practitioners to engage in the positive experience of proper nutrition. This enhances the entire healing process for all concerned.

Within the context of Western biomedicine, nutrition is most often associated with calorie counts, carbohydrate, protein, and fat intake as well as one’s cholesterol level. There is also a genuine concern for nutrition, which is largely expressed by taking pills containing an assortment of vitamins and minerals as dietary supplements. Vitamin D and calcium, for example, are often taken to help promote bone growth in children and to help prevent osteoporosis in aging individuals.

In TCM, nutritional therapy essentially involves using healthy foods to prevent and treat pain, illness

and disease. Common, ordinary foods are utilized for the purpose of balancing one’s total Qi (vital energy—which includes Blood and Bodily Fluid) and keeping all the internal organs and the meridians functioning together harmoniously. Various food items are used to treat various disorders, and these are generally known as medicinal foods. They help people during the course of their daily lives and activities. They are also medically essential in overcoming pathogenic factors, repairing tissue damage and strengthening the immunity.

TCM has established a long and successful track record encompassing many centuries in understanding the therapeutic nature of food and appreciating the total eating experience of good health and well being. Loss of appetite is a key sign and symptom of the initial physiological imbalance. Therefore, restoring appetite through the use of medicinal foods is a necessary therapeutic step.

Many common foods serve medicinal purposes. These include dates, ginger, cinnamon, onions, garlic, yams, tea and apricots. The TCM system stresses the nature and flavor of foods. The four natures are Cold, Hot, Warm and Cool, while the five flavors are Salty, Sour, Sweet, Bitter and Pungent. These phenomena interact within the complex TCM system of correspondences surrounding the organ/meridian system. All nutrients must be

applied in relation to one another in order to balance and harmonize the Qi of the body, mind and spirit.

When illness/disease manifests as Cold or Hot, either Deficient or Excess, the closest attention should be given to the flavor of the food. For example, watermelon is Cold, pepper is Hot, coriander is Warm and bean curd is Cool. Moreover, baked, broiled and fried foods are Hot in nature, while greasy and sugary foods tend to become transformed into Dampness (slow Qi due to thick fluid). Vegetables and fruits are generally Cold in nature.

Hot disorders, which in Western medicine entail fever and infection, may be worsened by eating foods such as mutton, chicken, pepper, ginger, cinnamon and lichee. Those suffering from Cold disorders, which in Western medicine pertain to conditions such as diarrhea and poor circulation, may be exacerbated by eating watermelon, water chestnuts and bean curd.

The five flavors have their own specific medicinal action. Salty foods such as seaweed and kelp can cause fluid retention and softening of lumps and cysts, including those involving goiter, lymph nodes and the breasts. Sour foods such as lemon and tamarind have an astringent action useful for treating loss of bodily fluid, especially in diarrhea and excessive sweating, and counteracting Qi stagnation. Sweet foods such as sugar, yams and chocolate are the main cause of Dampness, which may lead to weight increase and obesity. Bitter foods such as bitter melons, horseradish and balsam pears are useful for eliminating Dampness, stimulating the appetite and are indicated for rheumatism. Pungent foods such as mustard, onions and chili act to disperse Cold and Wind due to the common cold and influenza.

The most common families of medicinal foods in TCM are outlined below.

1. Porridges (including various jook, a common Asian boiled rice porridge): Made from wheat, rice, millet and maize, but not gelatinous rice.
  - Useful to build up the Qi of Spleen and Stomach.
  - Useful for those who are ill and convalescing to promote easy digestion/absorption.
2. Traditional, ancient soups: Mixtures of medicinal foods and herbs. Examples include Eight Treasure Soup and Four Gentleman’s Soup.
  - Useful to increase nourishment value for those who are Qi Deficient.
  - Increases the harmonization of the internal organs.
3. Drinks and juices: Medicinal foods converted into light-liquid and thin-flavor infusions.
  - Useful to counteract internal organ imbalance with fast absorption.
  - Useful for quick, specific therapeutic action.
  - Helps to rest the gastrointestinal tract.
4. Common staple foods: Made from rice flour and grains with various herbal additives.
  - Beneficial for the Spleen, Stomach and intestines.
  - Regulates the gastrointestinal tract.
5. Special dishes: A wide variety of cooking




methods of medicinal foods. Best method is cooking with low heat over a long period of time such as steaming, broiling and simmering which preserves the nutrient value.

- Useful for post-operative patients and those convalescing from serious diseases.
  - Easily digested, helping harmonize the Spleen, Liver and Kidney.
  - Helps to tonify the middle Triple Energizer (TE - the body cavity).
6. Medicinal liquor: Mixtures of medicinal foods with wine or alcohol as solvents
    - Increases and stimulates blood and Qi circulation
    - Useful for external pain relief, anti-inflammation and to reduce swelling
  7. Decoctions: Medicinal foods and herbs mixed and concentrated in liquid form.
    - Highly effective approach to treating various specific disorders.
    - Also valuable for general tonification, sedation and harmonization.
    - Useful for treating syndromes involving the whole TE.
    - Useful for relaxation, sleep and psychosomatic problems.
  8. Honey pastes: Nourishing pastes due to their tonic action.
    - Tasty as well as nourishing.
  9. Preserved fruits: Preserved fruits are most useful when fresh fruits are not available.
    - They transcend specific place and season and substitute for fresh fruits
  10. Teas: A wide variety of teas based on the national culture and heritage of China. Tea is served to every visitor as a form of hospitality, and there is a tea ceremony for special occasions
    - Enhances digestion, cleanses the intestinal tract, lowers cholesterol and fat, regulates the blood pressure, enhances the senses and lifts the spirit
    - For example, Oolong Black Dragon tea is especially useful for cleansing the intestinal tract and lowering the cholesterol level, while Jasmine tea is useful for removing Phlegm in the respiratory tract and for general relaxation. Wu Hua Five Flower tea is indicated for Spleen Qi Deficiency.

TCM nutritional therapy also includes special techniques, notably, water drinking and fasting. Water drinking involves having three eight-ounce glasses of pure water early in the morning to flush the overnight residual debris from the bladder, which is followed by drinking an eight-ounce glass of

See Aung page 6



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## Stress is a Laughing Matter

*"We don't laugh because we're happy – we're happy because we laugh!"*

William James

Laughter is great stress medicine. Like intense exercise, it increases brain levels of calming substances such as serotonin and endorphins – it's natural Prozac! Feeling tense and uptight? Hold the Valium, start laughing really hard and feel your body become so limp you might have to sit down. Kids laugh about 100 times a day, adults laugh much less – so let's take a lesson from them!

Severely depressed people feel not only sad but profoundly hopeless and so stressed that suicide starts to look attractive. But if they can somehow laugh, a ray of hope pierces the depression: "Laughter takes you from moping – to hoping – to coping".

Here are three ways to make humour a potent weapon against stress:

1. Look for the humour in every situation, yes, EVERY situation.
2. Tell more jokes, and;
3. Simply smile more and laugh out loud periodically – especially if life doesn't seem that funny!

Look closely, and you'll see that all high-pressure jobs, difficult people or awkward situations have much that's funny or ridiculous about them. Think of something that usually upsets you – a traffic jam, or dealing with a really difficult relative – then imagine how your favourite comedian would turn it around and get a huge laugh. Turn on a mental comedy tape, imagine that obnoxious person on the toilet, in the nude, or making a fool of themselves. A stressful situation coming up? Think of some humorous responses and keep them always at the ready.

Put more laughter in your life: select funny books, tapes and movies; keep joke boards posted at home and work; collect jokes and memorize them. When joking, joke with the person, remember, ridiculing or racial jokes create an unhealthy, negative atmosphere. When in doubt – tell a joke on yourself, most people take themselves and their troubles far too seriously – especially as it was mostly our choices that resulted in out problems in the first place! It's been said that "If you can laugh at yourself, you'll never cease to be amused". The trick is: take ourselves lightly, but our work and responsibilities seriously.

Lighten up the daily routine occasionally! Have

pizza and ice-cream for breakfast; make a camp in your living room with blankets; grab a pair of Groucho spectacles or a clown nose when someone's being way too serious.

Are you frowning too much in these stressful times? Then LAUGH MORE. It's no big deal – see how you feel – it starts out fake and ends up real! Too shy? Start with just smiling more and practice – go to a mirror and frown with your mouth wide open, remember a laugh is a smile that bursts! A doctor in India holds regular sessions of public laughter, and attendance is growing. Patch Adams has built his career around laughter medicine.

So even if there's nothing to laugh about, laugh on credit. Laughter is infectious – spread it around! The reality is that we all face anxiety, depression,

illness, loss, and death, each having the power to remove happiness from our lives. But that power can be stripped away by laughter and a humorous outlook, which give us control over the way we experience that reality.

*"A sense of humour can help you overlook the unattractive, tolerate the unpleasant, cope with the unexpected, and smile through the unbearable."*

Moshe Waldoks

Dr. David Rainham is a Family Physician, speaker and author of *The Stress of Caregiving*. For more information, visit [StressWinner.com](http://StressWinner.com) or call 1-800-771-5776



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

**Private Sector Involvement in Health Care and "Wait Times": What now?**

On Monday January 24, 2006 we as Canadians elected a new Federal Government. It is a minority government that will only be able to implement its platform in collaboration with the other parties in parliament. In the area of health care, the most critical issue appearing in the platforms of the Conservatives, Liberals and the New Democratic Party were the plans to address "wait time" reduction. A summary of the major party platforms related to wait times follows.

In the Conservative platform, a patient wait time guarantee was made. Noting that evidence-based benchmarks for medically acceptable wait times have not been established and wait time targets are behind schedule, governments will establish evidence-based, medically acceptable wait times. Supporting the recommendations of the Wait Time Alliance, a group representative of the Canadian Medical Association and six national specialist organizations, the establishment of wait times will start with cancer, heart, diagnostic imaging procedures, joint replacements and sight restoration. A Harper led government would bring all governments "back to the table" to set wait time targets across the country and establish a plan to begin meeting them. Supported by federal funding (it is unclear whether this will be additional funding) provinces and territories will plan according to their individual needs within the parameters of the Canada Health Act. This process will be completed by the end of 2006. Following the establishment of benchmarks and targets, the guarantee will spell out that care will be provided outside the patient's province (or failing that, outside the country) if the wait time benchmark is exceeded.

In the 2004 election, then Prime Minister Martin made "wait times" a central plank of the Liberal Party's platform. A cornerstone of the subsequent agreement with the provinces and territories was the allocation of over 5 billion dollars for a Wait Times Reduction Plan. Following that, the Supreme Court Chaouilli decision reaffirmed the urgency of addressing issues of accessibility to health care with particular reference to wait times. In the 2006

platform of the Liberal party, a proposal to establish a wait time guarantee differed from the Conservatives in two respects. A Liberal government would have allocated specific dollar amounts to various aspects of its plan and limit the expenditure of those dollars to the use of public facilities in Canada.

The New Democratic Party (NDP) platform to address wait times focused on three areas. These are: health professional education and training; long term care; and home care. The NDP, along with a vow to stop privatization in health care with tougher rules about the expenditure of federal transfer funds to the provinces, would provide funding to increase the number of health professionals by 16,000, add 40,000 long term care beds and implement the Home Care Transfer recommended in the Romanow report.

All three parties state unequivocal support of the Canada Health Act. Two of the parties (Conservatives and NDP) support amending the Act and/or the Regulations. The Conservatives would add an additional principle that would address stable, sustainable funding transfers to the provinces. The NDP would mandate commitment from the provinces that no federal money, directly or indirectly, could be used for:

- subsidizing profit-making private insurance system for medically necessary services;
- covering the salaries or costs of medical personnel involved in new profit making private insurance systems; and
- monitoring and enforcing the rules.

The major difference among the three platforms reflected in the wait time strategies, is the view of how much involvement by the private sector there could be in health care delivery and subsequently in the plans to address wait times. Conservatives recognize that the delivery of health care is within the Constitutional authority (and therefore the jurisdiction) of the provinces and will set the limits of expenditures of federal dollars within the confines of the Canada Health Act. With few exceptions, Liberals have not penalized the

provinces for allowing private sector involvement in provincial delivery systems and as stated above, NDPs see any private involvement as a serious assault on the public health care system.

In his acceptance speech on election night, the Prime Minister designate Stephen Harper reiterated his pledge to work with the provinces to bring in care guarantees. Critics of the care guarantee suggest that it will open the door to more privatization of health care. While remaining committed to a universal publicly funded system, the Conservatives are comfortable with more private sector involvement and are open to considering private delivery options if they contribute to the alleviation of system delivery problems and reduce wait times. As well, in a poll conducted before the election a majority of respondents, preferred to have services delivered by the public sector, but believe that more private involvement could provide better access and in some cases enhance quality.

Regardless of the ideological stance of any party in power, there are two principles that all would agree on. The first that people should "provide a health care card, not a credit card" to access health care within established wait times; and second that that patients' sole concern is to get needed diagnosis and treatment in a timely fashion that is paid for publicly. From those principles it is the responsibility of governments and the institutions and the personnel they fund to assure that a viable plan to address appropriate wait times is established and implemented within the agreed upon timelines.

For more complete information on each party's platform related to wait times please refer to: Conservative Party of Canada (2006), Stand up for Canada. [www.conservative.ca](http://www.conservative.ca); Liberal Party of Canada (2006), Securing Canada's Success. [www.liberal.ca](http://www.liberal.ca); and NDP Background: Commitments to protect public health care. [www.ndp.ca](http://www.ndp.ca). We as health professionals do have influence and can help assure that objectives in health care are met by stating our views either individually or through our professional associations.



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