



I swore I'd never write about this again

BY W. GIFFORD-JONES M.D.

ABORTION became legal in Canada in 1969 and I faced a dilemma. I had written a book titled On Being A Woman, The Woman's Guide to Gynecology. It supported a woman's right to control her own body, including the right to abortion. So I had two choices when doctors started referring patients to me for this procedure. I could change my mind about abortion to avoid censure. Or I could follow my own conscience. Thus, legal abortions became a part of my surgical practice. I entered what I described in my biography The Bastille years of my life. They were difficult times.

If I were a woman, I'd be mad as hell now, considering what is happening in the U.S.

Several states are passing laws so restrictive that, in effect, they have banned abortion. And often it's men who are at the forefront of this legislation. So, here's what I learned about the hypocrisy and injustice of this contentious medical procedure.

First, I was never involved in illegal abortions. Rather, after they became legal my patients had to be referred to the hospital Therapeutic Abortion Committee (TAC), which was usually composed of men.

On one occasion a 45-year-old Italian woman was referred to me. She had borne four daughters and was married to an abusive, alcoholic, unemployed man. I believed there was no sound reason why the committee would reject her case request. But they proved me wrong. Three male members rejected her application. The reason was, she



THE DOCTOR GAME

had four girls and the next child might be a boy. Talk about male chauvinism. I've never forgotten another incident. One physician I knew well, a well-respected member of society, was vehemently opposed to abortion. I acknowledged his right to that position. But he and his colleagues conspired to deny me operating time.

One day this same physician called me. He repeated his opposition to abortion. But then he said, "I have a young girl in my office. I've known her parents for years." I knew what was coming next. The girl was pregnant. In this particular case he believed an abortion should be done.

But that wasn't all he had to say. Since he was the referring doctor, it was his job to write up the patient's admission history on the hospital chart. My job was to write the consultant's report. He then requested that I do him a favour and write up both so his name wouldn't appear on the hospital chart. It was hypocrisy at its worst. On another occasion I had performed two operations on a colleague's wife. But he advised me he would never again refer patients to me unless I stopped doing these procedures. And for months I endured pickets accusing me of being a murderer. My life was

threatened several times.

As I look back on those Bastille years I had more respect for catholic priests who opposed me than the hypocrisy of colleagues who were involved with the Therapeutic Abortion Committee. Most days they would pass some cases and turn down others for no rhyme nor reason. The TAC reminded me of The Zuni Rain Dance. The tribe knew it did not bring rain, but it made the tribe feel better. It was a complete farce.

So why pick up the pen again on this contentious issue? I have always believed that every child brought into this world should be a wanted child. I wish that all women, and men, would have access to health services they need to prevent unwanted pregnancies. But this is not reality. Pregnancies will occur, and as a society, we must make abortions safe, affordable and accessible. Nor can I condone the fact that wealthy people can always travel elsewhere to obtain abortion while poor women suffer disastrous consequences. Prior to legalization some patients flew as far as Japan for the procedure.

There will be no justice in abortion until it's fairly applied to all women who want it. As an Arab proverb states, "One hour of justice is worth a hundred hours of prayer."

The Doctor Game runs each Tuesday in The Chronicle-Journal. Dr. Ken Walker (aka W. Gifford-Jones) has a private practice in Toronto. Please send comments to info@docgiff.com or visit docgiff.com.



FILE PHOTOS

Newer drugs like Keytruda, Opdivo, Kisqali, Zytiga, Xtandi and Erleada are improving the survival rate for people suffering with different forms of cancer, but exorbitant costs of more than \$100,000 a year is making them inaccessible for patients.

Drugs make headway

BY MARILYNN MARCHIONE
THE ASSOCIATED PRESS

CHICAGO — Newer drugs are substantially improving the chances of survival for some people with hard-to-treat forms of lung, breast and prostate cancer, doctors reported at the world's largest cancer conference.

Among those who have benefited is Roszell Mack Jr., who at age 87 is still able to work at a Lexington, Ky., horse farm, nine years after being diagnosed with lung cancer that had spread to his bones and lymph nodes.

"I go in every day, I'm the first one there," said Mack, who helped test Merck's Keytruda, a therapy that helps the immune system identify and fight cancer. "I'm feeling well and I have a good quality of life."

The downside: Many of these drugs cost \$100,000 or more a year, although what patients pay out of pocket varies depending on insurance, income and other criteria.

The results were featured Saturday and Sunday at the American Society of Clinical Oncology conference in Chicago and some were published by the New England Journal of Medicine. Companies that make the drugs sponsored the studies, and some study leaders have financial ties.

Here are some highlights:

LUNG CANCER

Immunotherapy drugs such as

Keytruda have transformed the treatment of many types of cancer, but they're still fairly new and don't help most patients. The longest study yet of Keytruda in patients with advanced lung cancer found that 23 per cent of those who got the drug as part of their initial therapy survived at least five years, whereas 16 per cent of those who tried other treatments first did.

In the past, only about five per cent of such patients lived that long. "I'm a big believer that it's not just about duration of life, quality of life is important," said Dr. Leora Horn, of the Vanderbilt-Ingram Cancer Center in Nashville, Tenn. She enrolled Mack in the 550-person study.

Mack said he had manageable side effects — mostly some awful itching — after starting on Keytruda four years ago. He went off it last winter and scans showed no active cancer; he and his doctor hope it's in remission.

Last year, a smaller study reported five-year survival rates of 16 per cent for similar patients given another immunotherapy, Opdivo.

"From both studies we're getting a similar message: When these drugs work, they can have a really durable effect," Horn said.

BREAST CANCER

The risk of this rises with age, but about 48,000 cases each year in the U.S. are in women under age 50. About 70 per cent are "hormone-positive, HER2-negative" — that is, the cancer's growth is fueled by estrogen or progesterone and not by the gene that the drug Herceptin targets.

In a study of 672 women with such cancers that had spread or were very advanced, adding the Novartis drug Kisqali to the usual hormone blockers as initial therapy helped more than hormone therapy alone.

After 3 1/2 years, 70 per cent of women on Kisqali were alive, compared to 46 per cent of the rest. Side effects were more common with Kisqali.

This is the first time any treatment has boosted survival beyond what hormone blockers do for such patients.

PROSTATE

The options keep expanding for men with prostate cancer that has spread beyond the gland. Standard treatment is drugs that block the male hormone testosterone, which helps these cancers grow, plus chemotherapy or a newer drug called Zytiga.

Now, two other drugs have proven able to extend survival when used like chemo or Zytiga in men who were getting usual hormone therapy and still being helped by it.

One study tested Xtandi, sold by Pfizer and Astellas Pharma Inc., in 1,125 men, half of whom also were getting chemo. After three years, 80 per cent of those given Xtandi plus standard treatments were alive, compared to 72 per cent of men given the other treatments alone.

The other study involved 1,052 men who were given hormone therapy with or without the Janssen drug Erleada. After two years, survival was 82 per cent among those on Erleada and 74 per cent among those who weren't. Men now have a choice of four drugs that give similar benefits, and no studies yet have compared them against each other, said Dr. Ethan Basch, a prostate specialist at the University of North Carolina's Lineberger Comprehensive Cancer Center who has no financial ties to any drugmakers.

Cost and side effects may help patients decide, he said. Chemo can cause numbness and tingling in the hands and feet and may not be good for men with diabetes who already are at higher risk for this problem.



SUBMITTED PHOTO

From left, Kathleen Buso and Cherie Kok from Hospice Northwest, Don Murray, president of Family Council at Southbridge Pinewood, and Kimberly Ramsbottom from Hospice Northwest get ready to sample some corn dogs after the presentation of proceeds that were raised from the event.

There are many innovative ways to give

BY MELISSA MCCLEMENT

NO ONE can argue that Thunder Bay has a giant heart. The amount of funds raised in our community for various non-profit organizations and charities is quite outstanding.

Many of these organizations rely yearly on giving hearts to generously donate their hard-earned money to many causes. These funds allow staff to carry out the work that aids the most vulnerable individuals in our community.

Hospice Northwest is just one of the many organizations that appeals to the public for assistance. Funds flow into our organization from various sources such as project funding, grants, fundraising events, and memorial donations. Most of this money is immediately invested into volunteer recruitment in order to provide quality palliative and bereavement care for our clients.

Hospice Northwest's volunteer training is very specialized and thorough. Our well-trained individuals have assisted over 400 clients this year with approximately 12,000 volunteer hours, with additional clients currently on a waiting list. In addition to one-to-one volunteer visits with palliative clients, Hospice Northwest offers the Hearts and Hope grief and bereavement support

MAKING MOMENTS MATTER



group that has assisted over 80 participants this year.

We are a hospice without walls, meeting our clients wherever they live. We strive to help our clients make every moment matter by offering comfort, support and a sense of connection to families and individuals who are dealing with a life limiting illness or struggling with grief. Not only do our clients greatly benefit from our services, but our volunteers also feel they receive a greater appreciation of life and a sense of purpose from giving their time to the dying.

How can you give to hospice northwest?

Besides giving of your time and supporting our fundraising events, here are a few other ways you can help us continue to support palliative care and bereavement in our community.

MONTHLY GIVING

During the month of June, we are kicking off our monthly giving pro-

gram. By donating to our organization monthly, you can provide a steady, sustainable stream of funds to assist us in supporting our palliative clients and bereavement programs. We have updated our website to make monthly giving easy and allow donors to receive receipts digitally for tax purposes. By giving monthly, you can organize and budget your donations while feeling great about giving year-round. We are very fortunate to be launching this campaign with a few ambassadors over the next few months. These individuals have directly benefited from our services and see immense value in giving back to our organization.

Log on to hospicenorthwest.ca to set-up your monthly giving today.

3RD PARTY FUNDRAISERS

Having a group of individuals, a business, church or community group hold a fundraiser for our organization is an amazing gift. This giving is truly wonderful as it saves the organization from using staff resources to raise funds. Therefore, it is money coming in without any significant expenses.

Just recently, Hospice Northwest was the recipient of over \$275 from Southbridge Pinewood Long Term Care. Their Family Council organized a very delicious corn dog sale and 50/50 draw with all funds donat-

ed to our organization. We promoted the event that day on our Facebook page, but our only responsibility was to take our team to the event and eat the delicious corn dogs. Not only did we see staff in action, we got to see residents enjoying the food, and we left with a fantastic donation. It is a win/win all around. If you or your community group is interested in conducting a fundraiser on our behalf, please contact our office at 626-5570.

FACEBOOK BIRTHDAY FUNDRAISERS

If you are an avid Facebook user, you have probably seen a few birthday fundraisers pop up on our newsfeed. In the month of November, we had two individuals raise \$1600 in order to support one of our initiatives. It was pretty incredible to see that kind of support. Our organization is so grateful for every dollar that is given to our organization. Thank you Thunder Bay for your generous hearts.

This monthly column from Hospice Northwest examines various aspects of palliative support and bereavement services. It appears on the Healthstyle page of The Chronicle-Journal on the first Tuesday of each month. Call Hospice Northwest at 626-5570 for more information.

Hospice without Walls Monthly Giving Program

By giving monthly, you will be offering comfort to families who are dealing with a life limiting illness or struggling with grief.



Hospice
NORTHWEST SERVICES
MAKING MOMENTS MATTER

SET UP YOUR MONTHLY DONATION TODAY!
HOSPICENORTHWEST.CA
or call our office at **807-626-5570 ext. 5523**



Why We Give Monthly.

As a caregiver, I had such peace of mind knowing that a Hospice Northwest Volunteer had been in to visit with my Aunt in her final days. It gave me great comfort to know my Aunt was not alone while I received a break. This is why I invest time & money into this worthwhile organization.

Monthly Supporter:
Mary Anne Comuzzi (right)

There was no greater gift than knowing my Mom would get rest when our volunteer would come at night to take care of my dying father. This is why I give of my time and money to Hospice Northwest.

Monthly Supporter:
Pamela Henderson (left)

What does your monthly support provide to our families and clients:



You will provide volunteers with 5 Hospice Comfort Kits to give to individuals at end of life

You will provide 2 Palliative Care Volunteers with specialized hospice training



You will support one (six week) session of the Hearts & Hope Grief Support Group.