



THE RETIRED TEACHERS OF ONTARIO  
LES ENSEIGNANTES ET ENSEIGNANTS RETRAITES DE L'ONTARIO  
DISTRICT 16 / CITY OF TORONTO  
**NEWSLETTER**

Volume 37, Issue 3

January, 2015



RTO/ERO: a service organization for retirees from School Boards, Colleges, Universities and Private Schools welcoming members of AEFO, CUPE, ETFO, OEFTA, OSSTF, Administration Associations and other employee groups.

**District 16 Offers Two Wellness Workshops!**  
**See Page Eight For Details!**

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## Dates To Remember

See Page 5, 6, 31, 32 for event details re location and time.

<b>February, 2015</b>	<b>Date</b>	<b>March, 2015</b>	<b>Date</b>
Bridge.....	3	Bridge.....	3
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### ***PLAN NOW! AGM/Spring Luncheon: Wednesday, June 3***

*Opinions expressed in this Newsletter do not necessarily reflect the position of RTO/ERO or RTO/ERO Toronto District 16.*

*Third-party content is presented for information only and does not necessarily reflect endorsement by your editors or RTO/ERO Toronto. While every effort is made to ensure the accuracy of the information contained in this Newsletter, important decisions should be made only after consulting with the appropriate professional or organization.*



## **President's Column ~ Lone Smith**

**Contact: 416•234•1969 / [lonesmith@hotmail.com](mailto:lonesmith@hotmail.com)**

**A**s I look back at the holiday season with all the family and friends events, my thoughts go to the many members who do not have family close by, or who in many cases cannot go out. I wish you all the best wishes for a Healthy and Happy 2015 as it twinkles before us with hope and promise.

Many of our members have headed for warmer climates - be it Florida, Arizona or further afield. As they call to say good-bye, I feel blessed that we have, so far, had a relatively snow-free winter. For our more physically active members may you find your activity of choice .

Our household has had a few changes as we are both finally "retired" and are looking to the changes that will bring. Toronto is a marvellous city to live in, as we can take advantage of many things the city offers. If you wish to take courses our many Universities and Colleges offer an array of courses, often at low cost to seniors, so indulge your interests and plunge in. You do not have to take a course that leads to a degree. The interest courses are often short and taught by

top-flight professors.

If you are interested in art, our many free galleries offer insight into the art exhibited. I talk to the owners or sales people and learn so much from them. The occasional art auction is also a valuable visit to learn about past and present art, without actually buying the art. The recent AGO exhibit on "Colville" was a marvellous portrait of our culture and ever so delightfully Canadian.

If you fancy plays, our very own Toronto Theatre group offers discounted tickets and great company. The many plays from comedy to tragedy that can be seen in Toronto rival New York. In fact, many of the plays are seen here first, and, if they are a success here, they are sent on to New York and London, that is London England.

And talk about music events: Whatever your taste, such as New Orleans jazz on a Saturday afternoon, or world class opera, hip hop or pop, we have it at our fingertips, in a ranges of price.

The sporting events in Toronto are, without comparison, the best anywhere in the world. You want

*Continued on Page 4* 

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**Front Cover Photos:** On November 12, Executive Members **Kay Jeffery** and **Betty Lou Reynolds** organized our annual Craft/Vendors Show at The Old Mill. The photos are those of the craft participants and they are listed on Page 17.

**Back Cover Photo:** **Valerie Mah** submitted these photos of **Jack DeGroot's** last Theatre Day Trip. Also pictured are: **Linda Grieve**, Jack's fellow trip organizer; **Dennis Fiedler** who organized the parking; and, **Bob and Barb Putnam** who handled the finances and name tags, respectively.

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**President continued from Page 3**

hockey? We have hockey in different leagues both as spectators and participants.

We also have an endless variety of restaurants to enjoy.

Recently, I found my newly retired husband buried in a book when I returned home. He barely looked up and I realized he was reading one of the many mystery books I have so enjoyed since my retirement. Wanting to ensure he stayed active, I convinced him to join me at a movie, another varied activity to be enjoyed in our city.

Retirement is an opportunity to redefine how you wish your life to be, try something new, or return to a long lost activity you never had time for when working.

I am grateful to live here in

Toronto - a city of many faces and interests. Now we (in our house) just have to find that “retirement groove” that makes for a happy, healthy and long retirement. I encourage you all to stay active and involved.

I would like to take this opportunity to thank the members of the executive and our volunteer conveners, who come from many areas of the education field to volunteer countless hours to serve our members. We are working on a number of initiatives to support our members, notably the new requirements for our Theatre tours. **John Bratton**, our Travel Chair on the executive, is working hard to ensure we can continue to offer our much beloved trips. Stay tuned for the upcoming information on this topic.

Sincerely, **Lone Smith**

**Reverse Mortgages (from RTO/ERO Fact Sheet A-5)**

A reverse mortgage may be viewed as a solution to personal financial issues. RTO/ERO neither endorses nor supports the concept of reverse mortgages, however, your editors suggest they be avoided. The following is provided for information only.

Average Canadian seniors have 80% of their assets tied up in their houses. A reverse mortgage gets one a lump sum and there are no monthly payments. The principal remains unpaid and interest accumulates. The debt is repaid only when you sell your house, or you die.

Interest rates on the loan are high, and compounded semi-annually with the interest payments rolled into the amount you owe. At current rates, your debt balloons quickly and doubles approximately every eight years.

Reverse mortgages are a permanent commitment. If after 15 years your health deteriorates and you have to sell your house and move into a nursing home, you may find yourself faced with a staggering debt and little left over to pay for health care.

Consider instead: a home equity loan from your bank may be a better solution; downsize your residence; contact a financial advisor who may offer other alternatives.

*A reverse mortgage can allow you to stay in the home you love, but it can rapidly eat up the home equity you invested years to build.*



## Recreation/Social ~ Heather Talbot

Contact: 416•265•8930 / [heatalb@rogers.com](mailto:heatalb@rogers.com)

We rely on the voluntarism of our members for the breadth of activities available. If you have a special interest and are looking for an outlet, consider contacting Heather with a proposal. She'll bring it to the Executive and we'll place an ad in our Newsletter.

**Art, Bridge, Travelogue and West End Book Club meet at Holy Rosary Parish Hall on St. Clair between Spadina and Bathurst, east of Loblaws:**



**Art Friends - Marie Lynch** (416•421•4936 | [lynchmarie11@gmail.com](mailto:lynchmarie11@gmail.com)) We meet on Fridays: November 7 and December 5. Bring along whatever you've been working on and, as always, we'll have ourselves a fine time! We meet, sketch and paint on the *first Friday of the month* from 10:00am to 12:00N. See our report on Page 17.



**Bridge - Tessie Leung** (416•421•9054 | [tessiel@sympatico.ca](mailto:tessiel@sympatico.ca)) encourages everyone including beginners to join. They play on the *first, third, and fifth Tuesdays of the month from September to June* from 12:30pm to 3:30pm. You will enjoy the friendly atmosphere of this group. Tea is served.



**Travelogue - Dick and Marilyn Holyer** (416•929•8512 | [mar.dickholyer@sympatico.ca](mailto:mar.dickholyer@sympatico.ca)) take you around the world with slide/digital presentations with snacks and treats on the *fourth Wednesday of the month at 1:00pm* from October to May. See Pages 21 and 22 for our Winter Series.



**Non-Fiction Book Club: Cynthia Bracewell** ([cgbracewell@sympatico.ca](mailto:cgbracewell@sympatico.ca) | 416•424•4156) hosts this non-fiction book club on the *second Tuesday of the month* from 1:30 to 3:30, at Holy Rosary Parish Hall.

← February 10: *The Tastemakers: Why We're Crazy for Cupcakes but Fed Up with Fondue* by Anna Quindlen

March 10: *My Stroke of Insight: A Brain Scientist's Personal Journey* by Jill Bolte Taylor →



Continued on Page 6

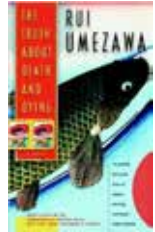
**Social/Recreation continued from Page 5 ~ At Holy Rosary Parish Hall**



**West End Book Club ~ Steve Feldman:** (416•588•6637 | vsf@sympatico.ca) hosts this book club at Holy Rosary Church. We meet the 4<sup>th</sup> Tuesday of each month in Room 2, September to June (NOT December) from 1:30pm to 3:30pm.



← February 24: *The Dinner*  
by **Herman Koch**



March 24: *The Truth about Death and Dying*  
by **Rui Umerawa** →

**The following activities meet at varying locations:**



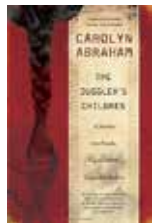
**Book Club ~ Lynne Fitzpatrick** | fitz9284@gmail.com) and **Elaine MacIntosh** | 416•463•2637 host this activity. The group selects one book per month for discussion. This popular group is at capacity at this time. We list their

selections for those interested in following the reads.



← February: *February*  
by **Lisa Moore**

March: *The Juggler's Children*  
by **Carolyn Abraham** →



← April: *The Book Of Stolen Tales*  
by **D MacIntosh**

May: *A Mountain Of Crumbs, a Memoir*  
by **Elena Gorokhova** →



**Finances ~ Lone Smith** (416•234•1969) hosts this group in her home on *Thursdays* at 4:30pm: You are invited to join us at 4:30pm at my house: February 26, March 26, April 23, May 28, June 25. We deal with financial topics of interest such as mutual funds, real estate investments, stocks. In March we have a speaker on RIFFS. We have invited guests at times and learn with and from each other.

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- A**t its November and December meetings, your executive:
- appointed **Herb Stover** to the District 16 Executive as Secretary (as provided for in the District Constitution);
  - received the Treasurer's report to 6 December, 2014: Assets/\$51,650.81; Expenses (YTD) \$68,153.37; 2014 Budget/\$65,830.00;
  - approved the sponsoring of two Theatre Day Trips in the spring of 2015 under the co-ordination of John Bratton and in accordance with the Travel Industry Council of Ontario's (TICO) rules (See Pages 15, 24, 26, 27.);
  - approved a draft budget for 2015 (to be presented at the AGM in June);
  - approved the submission of the Native Canadian Centre of Toronto's ENAGB Program (Eshkiniigijik Naandwechigegamig Aabiish Gaa Binjibaaying) to the RTO/ERO Provincial Executive for consideration for the annual \$10,000 Charitable Donation (to be announced at May Senate).



**R**T/O/ERO Toronto Districts is the organization representing the four RTO/ERO Districts in Toronto (Etobicoke/City of York; North York; Scarborough/East York; Toronto). Three Retirement Planning Workshops have been scheduled for 2015: Thursday, February 19; Saturday March 28 and Thursday, November 5. In a departure from past processes, our provincial organization has made on-line registrations mandatory. Details and registration forms are available at the website: <http://toronto.rto-ero.org>.

The RTO/ERO Toronto Districts Council (two representatives from the four supporting districts) requested \$0.30/member from each district for 2015 programs and promotional materials.



- T**he Provincial Executive at its November meeting:
- held an orientation session and welcomed new members David Kendall and Mark Tinkess. Committee liaisons and District liaison groups were assigned;
  - reviewed its meeting with the Minister of Education, Liz Sandals, which took place on October 29;
  - reviewed RTO/ERO's Strategic Plan, 2012-2015 which is available on the website and commenced revision of the Plan for 2016-2019;
  - received a presentation on Governance of not-for-profit corporations and discussed potential implications of the new Ontario Not-for-Profit Corporations Act;
  - received a presentation on branding from Kim Brathwaite and Akhi Chandy of Johnson Inc.;
  - discussed future technology changes at the Provincial Office;
  - approved, as revised, the RTO/ERO Accessibility Policy. 

## **Wellness Workshops ~ Betty Lou Reynolds**

**R**T/O/ERO Toronto District 16 is pleased to present two *free* Wellness Workshops for the benefit of its members. It is well-known that stress, anxiety, and physical pain can, for some, be partially managed through alternative health care methods and life-style choices. Our workshops are designed to provide participants with information on such techniques.

### **Workshop 1: Wednesday April 8, 2015**

9:30am (Coffee at 9:00) - 12:00N

Part A: Stress Reduction and Creating a Wellness Plan

Presenter: Betty Lou Reynolds

Part B: Creating a Safe and Beautiful Home Environment

Presenters: Accessibility experts, Ronny/Daniel Wiskin

### **Workshop 2: Wednesday April 15, 2015**

9:30am (Coffee at 9:00) - 12:00N

Part A: Innovations to Keep your Heart and Body Healthy

Part B: Heart Health; Creating a Safe Home Environment; Fall Prevention

Presenters: heart health experts at Reliable Living Centre

**Location:**       **The Reliable Living Center/Marilyn's**  
200 Spadina Avenue (Just North of Queen)

Find support for healthy living. Create an individual wellness plan. Both Workshops are designed to create space in your life to focus on ways to improve your health and stay safe in your own home. Refreshments/Gift Bags provided.

**To Register:** contact **Valerie Mah:** 416•533•0445 | [vmah@ican.net](mailto:vmah@ican.net)  
***Register Early to Ensure Participation. There are space limitations.***

This event is organized by the Health and Wellness Committee: **Kay Jeffery, Valerie Mah, Betty Lou Reynolds** and **Bill Tajer**, and, is hosted by **The Reliable Living Center**.

### **Disclaimer:**

The information presented at these workshops is not meant to diagnose, treat, cure, or mitigate disease. It is not intended to take the place of your medical doctor. Please consult your medical doctor for any health treatment or disease state. The information presented is for educational purposes only.





## Health Hints ~ Bill Tajer

Contact: 416•494•8590 | bill.tajer@sympatico.ca

RTO/ERO has announced the 2015 Health Benefits Premiums and Improvements. Members who enrolled in these plans were in receipt of their annual Benefits Update and Going Places publications in late November. We repeat this information here for the benefit of those not yet enrolled.

RTO/ERO approved an increase of 2.9% to the premium rates for the Extended Health Care Plan and an increase of 2.0% to the premium rates for the Dental Plan, effective January 1, 2015. Premium rates for the Semi-Private Hospital and Convalescent Care Plan remain unchanged for the 2015 policy year. Premiums are effective January to December, 2015, paid one month in advance, and are as follows:

	Semi-Private	Extended Health	Dental
	Pre-Tax/With PST*	Pre-Tax/With PST*	Pre-Tax/With PST*
<b>Single</b>	\$14.60/\$15.77*	\$84.78/\$91.56*	\$55.12/\$59.53*
<b>Couple</b>	\$29.16/\$31.49*	\$169.57/183.14*	\$108.70/\$117.40*
<b>Family</b>	\$34.28/\$37.02*	\$203.50/\$219.78*	\$135.55/\$146.39*

\* The Ontario Government adds the 8% PST portion of the HST to group plans.

### Benefit changes:

#### *Extended Health Care Plan*

- Prescription drugs will be reimbursed on a mandatory generic substitution basis. (See Page 11 for details.)
- Prescription Drug benefit maximum will increase to \$3,100 per insured person per calendar year.
- Erectile Dysfunction has been re-categorized as Sexual Dysfunction and treatments will now be subject to the overall Prescription Drug benefit maximum.
- Paramedical Practitioners maximum will increase to \$1,100 per insured person per calendar year for all practitioners combined.
- The maximum for Prescription Eyewear benefit will increase to \$375 per insured person in any two consecutive calendar years. The additional lifetime maximum for new lenses required due to eye surgery will also increase to \$375 per insured person.
- The Out-of-Province/Canada Travel benefit has been extended to cover any number of trips of up to 93 days in duration per trip. See Page 10.

*Dental Care Reimbursement* will be updated to the 2015 Fee Guide for General Practitioners.

*Continued on Page 10*

## Health Benefits continued from Page 9

### Submit Claims Electronically

Johnson Inc. has unveiled another convenience to plan participants. As of December 31, 2014, you are able to submit claims electronically to Johnson Inc. Plan Benefits Claims by signing in to Johnson Inc.'s Members Only website and choosing the 'Claim form' option. Just answer a few questions regarding your claim, attach an electronic copy\* of your receipt and submit. Johnson Inc. receives your claim sooner so you can get your money faster!

\* Scanned images of receipts must be clear and legible. For audit purposes, Johnson Inc. may ask for original receipts at any time, so please retain your receipts for at least 24 months.

### Enrol for Direct Deposit

If you have opted for your claim payments to be deposited directly to your bank account, your payment will be accessible within 24 to 48 hours of your claim being processed. You receive your reimbursement faster without the hassle of waiting for cheques to arrive in the mail or taking time-consuming trips to the bank. **16**

## Supplementary Travel Insurance Rates\*

January 1, 2015 to August 31, 2015

Single Premium Rates shown.

Couple Rate: 2 x Single Rates

For Family Rates or any other questions contact:

Plan Benefits Service at Johnson Inc. at 1•877•406•9007

In Ontario, the Provincial portion of the HST (8%) is added to premiums.

\* Available only in Ontario, British Columbia, Manitoba, Newfoundland and Labrador.

Total Trip Days	< 55	55-59	60-64	65-69	70-74	75-79	80-84	85 +
98	\$ 11	\$ 14	\$ 22	\$ 30	\$ 39	\$ 66	\$ 107	\$ 144
107	37	49	73	101	133	225	364	486
122	79	103	156	216	286	477	777	1,034
137	140	185	280	387	512	852	1,392	1,843
152	201	268	407	568	746	1,236	2,028	2,672
167	259	347	530	742	976	1,608	2,644	3,468
182	318	429	658	924	1,210	1,989	3,279	4,284
197*	377	511	789	1,113	1,455	2,379	3,933	5,117
212*	437	597	922	1,307	1,707	2,777	4,605	5,967

\* Source: RTO/ERO Benefits Update, 2015

## **Mandatory Generic Substitution\***

**O**ne of the biggest challenges in the delivery of health benefits is managing the rising cost of prescription drugs. Prescription drugs make up the largest single cost in your Extended Health Care (EHC) Plan. In 2013, prescription drugs accounted for 43.2% of the RTO/ERO EHC Plan claims. The numbers are even more dramatic when we examine the 2013 claims experience of the top 20 drugs under the RTO/ERO EHC Prescription Drug benefit. **Generic drugs accounted for 82% of the prescriptions, but only 46% of the total cost.**

We know prescription drugs are an important benefit to you and your family. Our objective at RTO/ERO is to ensure we can continue to provide high-quality benefits today and for many years to come that meet the needs of the majority. Rising drug costs put pressure on the plan's ability to keep your existing prescription drug coverage sustainable.

In an effort to slow down these rising costs, effective January 1, 2015, the RTO/ERO EHC Plan will move to a Mandatory Generic Substitution plan under its Prescription Drug benefit.

Health Canada mandates that a generic drug is designed to work the same way in the body as the original brand-name drug. Choosing lower cost generic drugs contributes to an affordable and viable drug plan for you and your family, saving you and the plan money and allowing more room in your Prescription Drug benefit maximum.

### **How does a mandatory generic substitution plan work?**

*Your plan will reimburse the cost of your prescription drug up to the price of the lowest-priced interchangeable drug, which is typically a generic drug.* If you choose to purchase the brand-name drug, you will pay the difference between the cost of the brand and the lowest cost interchangeable drug.

### **What if you cannot tolerate the generic drug?**

*You may have a medical reason preventing you from tolerating the generic drug.* If so, have your attending physician complete a 'Group Benefits Request for Approval of Brand-Name Drug' form, including the medical reason for the request. The completed form will need to be submitted to Johnson Inc. for assessment. *If your request is approved, the plan will cover the cost of the brand-name drug subject to the benefit limitations.* Please contact Johnson Inc. Plan Benefits Claims for a form. This form is also available from our website.

If you have any questions or want more information about this change, please contact Johnson Inc. Plan Benefits Claims. (416•920•7248)

## **Pension/Retirement ~ Betty Lou Reynolds**

Contact: 905•891•5609 | [elizabethreynolds@rogers.com](mailto:elizabethreynolds@rogers.com)



Our last issue informed you of the Ontario Teachers Pension Plan increase for 2015. The Ontario Municipal Employees Retirement System (OMERS), announced its pension increase at the end of November as follows:

The Ontario Municipal Employees Retirement System (OMERS) announced on November 25, 2014 that pensions are to increase by 1.80% in 2015.


This increase reflects the change in the cost of living as measured by the Canadian Consumer Price Index (CPI). OMERS inflation protection increases retirement, disability and survivor pensions each year. OMERS uses a similar method to that used by the Canada Pension Plan (CPP) to calculate its annual increase for pensions, but CPP has a different rounding approach.

In late December 2014, OMERS sent an Annual Statement of Pension to members and survivors, with their updated pension amount for 2015. Members whose pensions began in 2014 will receive a pro-rated increase.

Here's how this year's increase was calculated:

$$\left( \frac{\text{CPI average 12 months (Nov 2013 to Oct 2014)}}{\text{CPI average 12 months (Nov 2012 to Oct 2013)}} - 1 \right) \times 100$$

$$\text{or } \left( \frac{124.81}{122.60} - 1 \right) \times 100 = 1.80\% \text{ (rounded to two decimal places)}$$

Source: [www.omers.com](http://www.omers.com) 

### **Toronto Choristers**

## **ANNUAL SPRING CONCERT**



**Sir John A. MacDonald Collegiate Institute**

**2300 Pharmacy Avenue**

**(between Sheppard and Finch Avenues**

**Wednesday, May 20, 2015 at 7:30pm**

**Tickets are \$15.00 each**

**available through choir members or at the door.**



We love to sing and to share the enjoyment of choral singing.

We invite you to be a part of our audience at this final concert of the season!

**John Sinclair**



## Top 25 Movies of 2014 ~ John Borovilos


**R**eminders. Questions. Great movies move us and provoke us into thinking about issues that we may have forgotten or have become too busy to ask about. Great movies, like great literature, push us out of our daily chores to rethink our dreams, our ambitions, our relationships - how we can improve them or how we can make them more satisfying. This year's bumper crop of movies did all that and did so with soaring performances, extraordinary scripts, and highly effective production values.

*Whiplash* is a film that makes you grapple with huge ideas about teaching and ambition. How far should a teacher go to have a student reach his version of perfection? Is "perfection" worth it even if it means psychological brutality? This movie, with a soaring Oscar-worthy performance by J.K. Simmons as a maniacal music teacher, is very disturbing and very intense. It will leave you both strangely satisfied and shattered at its end. How far would you go as a teacher to meet your own ambitions?

*Imitation Game* features the astounding Benedict Cumberbatch as the antisocial genius, Alan Turing, who basically invented the first computer, one that in World War II was able to break the Nazi Enigma Code. In doing so, he helped to

win the war against Hitler and his war machine and save millions of lives. All this was done while Turing was leading a double-life as a homosexual, at that time punishable by law. He is a very complex man in a very complex situation which moves us to ask questions about our level of tolerance for people who are different from the so-called "norm", whether sexually or intellectually. At the end, we are reminded how brutal the past could be, (What happens to Turing is both unbelievable and painful to watch.) and how much we have evolved (I think and hope).

*Boyhood* took twelve years to film intermittently, a few months in each year which allowed us to see a boy and his family grow up in front of our very eyes, from age 6 to 17, no phony ageing make-up, no artificially made-up period costumes. In effect, a portrayal of real life. The effect is remarkable because what we are glimpsing into is a life as it is being lived. There are no great "dramatic" moments as such. Just as we live life from one moment to the next not realizing that there may be a significance to that moment that we do not recognize, so this movie shows us that in real time, in real age. In the movie, people come and go at different stages, just like what happens to all of us. Where are our best friends from our childhood? When did they move away from us?

*Continued on Page 12* 

## ***Movies continued from Page 11***

When did a love relationship or a marriage go bad? Why? Why didn't some of our ambitions work out? Is life lived in the present or is it just a fleeting moment as we look into our future, preparing for new things?

So many reminders, so many questions. ***Force Majeure*** asks us to rethink our notion of the male stereotype. How should a man behave when confronted with danger? Do we expect too much from men? ***Theory Of Everything***, about Stephen Hawking, dares us to dream about what we can still do even if we are cursed with a horrible disease and handicap. It also reminds us of the power of love to overcome adversity and doubt. So do ***St. Vincent*** and ***Still Alice*** and ***Chef*** and ***The Lunchbox*** and ***The Hundred Foot Journey*** and ***Get On Up***. Most of those also let us know that it's good to laugh (even amidst some tears).

A final reminder this year from ***Interstellar***, via Dylan Thomas, "Do not go gentle into that good night";

rather go to the movies, fight the good fight, and enjoy your life NOW.

1. Whiplash
2. Imitation Game
3. Boyhood
4. Birdman
5. Force Majeure
6. Theory of Everything
7. Gone Girl
8. Foxcatcher
9. St. Vincent
10. Grand Budapest Hotel
11. Still Alice
12. The Babadook
13. The Lunchbox
14. Chef
15. Dawn of the Planet of the Apes
16. Interstellar
17. Mr. Turner
18. Nightcrawler
19. Get On Up
20. The Hundred Foot Journey
21. Calvary
22. Jersey Boys
23. The Grand Seduction
24. Snowpiercer
25. A Most Wanted Man 




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## **Forty Minute Forum ~ A Winter Sunday Series**

The Forty Minute Forum has returned with a series of free, fascinating talks. The series continues on February 1 with **Dr Thabit Abdullah** analysing the rise of religious extremism in Iraq. The series concludes on February 8 with physician/activist **Dr. Ritika Goel** presenting a case for Pharmacare and health insurance for the uninsured.

All is welcome to these free public events in St Clement's Church parish hall, 70 St Clements Avenue. Each Sunday event is at 10:10 a.m.

Questions? Contact RTO/ERO member **Dave Appleyard** at:

[appleyard@sympatico.ca](mailto:appleyard@sympatico.ca) 

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*Why do we sing 'Take me out to the ball game' when we are already there?*



**J**ack De Groot, after more than 20 years, has retired from organizing our Theatre Day Trips. As your Executive Travel Chair, it is my responsibility to attempt to carry on. While in no way as capable as Jack, with help and support from our members, I will try.

First, there has been a fundamental shift in the way we are required to run the trips. The Province of Ontario, through the Travel Industry of Ontario (TICO), has mandated the use a certified travel agent. We will work now with Year Round Travel Inc. which is willing to accommodate us.

There will, however, be some fundamental changes: cheques must be made payable to the travel company; one meal will be offered to keep costs down. Our first trips to **Stratford** (*Carousel* on Page 24) and **Shaw** (*Sweet Charity* on Page 26) are a trial. If all goes well, we will try more trips this fall.

To this end, I am calling for volunteers to help with the running of the trips. For those of you who have been on these trips, you will be familiar with the routine. For those of you who have not yet had the pleasure, the work is neither difficult nor time-consuming. All it entails is taking one set of phone calls for registering names, receiving cheques and tickets, and handing out same at the time of the trip.

If you would like to see these trips continue, please consider helping. I may be contacted, and am looking forward to hearing from you at:

**416•782•2530 or [enorjay@rogers.com](mailto:enorjay@rogers.com)**

Thank you, **John Bratton**, Travel Chair

Your executive appreciates the efforts of **John Bratton** and **Karen Sinclair** in making all arrangements necessary to continue these Theatre Day Trips. **16**

## RTO/ERO Education Scholarships



*Applications are available from the RTO/ERO website (Members' Centre) until 4:30pm on February 12, 2015.*

**RTO/ERO offers up to twenty-five \$1,000 Education Scholarships**

### **Type of Program:**

- Degree Program
- Certificate Program
- Co-op Program
- Diploma Program
- Graduate Certificate Program
- Apprenticeship Program

### **Scholarship Application**

The on-line application is accessed using your RTO/ERO sponsoring member's membership number. If you do not know the number, please contact your RTO/ERO sponsor. **16**

## **Fall Luncheon Report and Photos**

Thanks to the efforts of **Kay Jeffery** and **Betty Lou Reynolds**, our annual Fall Luncheon fed and entertained over 120 Toronto members and their guests. President **Lone Smith** welcomed the attendees. Both Lone and Kay presented draw prizes and introduced guests. The prizes were donated by the craft and vendor participants.

The luncheon was an excellent opportunity for **Roger Wilson**, First Vice President, to publicly present the \$3,100 RTO/ERO Service-to-Others (STO) award to **Helena Wehrstein**, Everdale Co-Founder, for the Black Creek Community Farm.

Entertainment was provided by Panman Pat and it wasn't long before the members feet got the better of them and the dancing began.

As usual, promotional items (this year an aluminum water bottle with our standard pad, pen and magnet) were distributed to all as they left.

Photos of the Luncheon are on Pages 18/19. The top row shows **Barb Putnam** (co-registrar with **Bob Putnam**), Lone, Betty Lou and Kay followed by a couple of vendors, Roger presenting the STO Award, and the Gift Table.

The bottom row shows our entertainers, dancers and prize-winners. The photos in the middle are a mixture of many participants and prize-winners.

Also arranged for this event was the attendance by a videographer from Zoomer Television. Footage taken was edited and used from time to time on air. If you are interested in seeing this video, check this YouTube link:

<https://www.youtube.com/watch?v=CDRwpPadWB8&feature=youtu.be>

Remember! Our Annual General Meeting and Spring Luncheon will be on Wednesday, June 3. We hope to see you there - at least for the luncheon. **16**

## **RTO/ERO Health/Insurance Committee Actions**

This fall the provincial Health Services and Insurance Committee (HSIC) reviewed training for HSIC members; benefit plans design; cost management strategies; and, long term cost implications of plan enhancements.

As of the end of October, 2014, participation in all plans had increased by 2.9% over 2013. Electronic claims are also up from last year.

RTO/ERO members are eligible for a number of discounts on Home and Auto Insurance: 25% discount on renewal, 15% conviction-free discount for the highest driving records.

The committee held their annual visit from Margit Stymest and Lorie Bissonette from the Ontario Teachers' Pension Plan.

The funding policy for the health plans was reviewed. **16**



## Fall Crafters/Artisan Participants

### Front Page Photo: Row 1 Left to Right



**Sophia Phillips:** Beaded jewellery & other items



**Alan Scott:** Wood carvings, bowls, vases, boxes, etc. made on a lathe



**Terese Truchan:** Crocheted scarves, headbands, & hats, photo cards



**Phyllis Walker:** Enamel on copper, wearable artwork, enamel paintings, hollow ware



**Marion Stephens:** Lavender shortbread making kits, photo cards & bags

### Front Page Photos: Row 2 Left to Right



**Eileen May:** Placemats, scarves



**Terry/Nancy Dockrill:** Hand carved wooden canes and clothes hooks (Terry shown)



**Maria Arduini:** bracelets, necklaces, earrings



**Marjorie Blake:** Runners, hand towels etc., cakes, quick bread, short breads

### Front Page Photos: Row 3 Left to Right



**Allan Scanlon:** Woodworking boards and boxes



**Tony Jinkinson:** Fused glass jewellery, hand-made-one-of-a-kind



**Maureen/Joe Jursa:** Crafts, knitting, glass blocks, angels, aprons, decorative towels (Maureen shown)



**Ursula Yanchak:** Acrylic painting-abstract wildflower series, beaded jewellery





## **Fall Vendors Participants**

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### **Bayshore Home Health**

#### **Elliot Cottrelle**

Business Development Manager

10-2155 Dunwin Drive

Mississauga ON L5L 4M1

647•454•8322

ecottrelle@bayshore.ca

www.bayshore.ca



### **CARP**

#### **Canadian Association of Retired Persons**

#### **Patricia Visser**

Ambassador Program Coordinator

30 Jefferson Ave

Toronto ON M6K 1Y4

416•607•2470

p.visser@carp.ca

www.carp.ca



### **Christie Gardens**

#### **Independent Retirement Residence**

#### **Carol Anne Standen**

Community Relations Coordinator

600 Melita Crescent

Toronto ON M6G 3Z4

416•530•1330

carolanne.standen@christiegardens.org

www.christiegardens.org



### **Gift of Life**

#### **Trillium Gift of Life Network**

www.beadonor.ca

www.giftoflife.on.ca

**beadonor.ca**



Trillium  
Gift of Life  
Network

### **Johnson Insurance Inc.**

#### **Home/Auto Insurance**

#### **Dave Brawley**

1•866•307•7751

www.johnson.ca/rto-ero

(Group ID Code: ST)



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**rto.toronto@gmail.com / <http://district16.rto-ero.org>  
<http://toronto.rto-ero.org>**

**Merit Travel**  
**Marianne Delima**  
marianne.delima@merit.ca  
www.merit.ca



**Pearle Vision**  
**Liberty Village | University Avenue**

2-51 Hanna Avenue  
Toronto ON M6K 3N6  
416•588•3937  
info@perlelibertyvillage.ca | info@pearleuniversity.ca  
www.pearlevision.ca

100-154 University Avenue  
Toronto ON M5H 3Y9  
416•599•3937



**Red Coats Moving Solutions**  
**Debora Harding/Associate**  
44 St. Andrew's Gardens  
Toronto ON M4W 2E1  
416•920•1317  
info@redcoatsmoving.com  
www.redcoatsmoving.com



**Reliable Living Barrier Free Centre**  
**Marilyn Wetston**  
200 Spadina Avenue  
Toronto ON M5T 2C2  
416•502•9200 x27  
info@reliableliving.com  
www.reliableliving.com



**Tapestry at Village Gate West**  
**Independent Retirement Residence**  
Rita Viggiani  
15 Summerland Terrace  
Toronto ON M9A 0B5  
416•777•2911  
www.discovertapestry.com



*Continued bottom of Page 22* 

*We do appreciate the participation of these vendors at our annual Craft Show/Vendors event. This third-party content is presented for information only and does not necessarily reflect endorsement by your editors or RTO/ERO Toronto.*

# TEOF Annual Lunar New Year Banquet

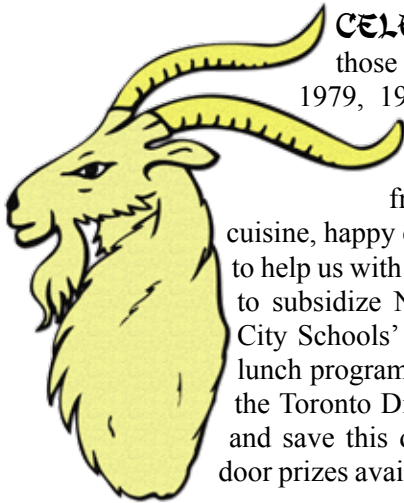


Toronto Educational  
Opportunity Fund

Thursday, February 26, 2015  
6:00pm Cocktails | 6:30pm Dinner  
Dim Sum King Seafood Restaurant  
421 Dundas St. W. 3rd floor  
(Wheelchair accessible)

Municipal lot on Dundas west of Huron just east of Spadina

\$60 p.p. | \$600 per table of ten



## CELEBRATE THE YEAR OF THE GOAT:

those born in 1919, 1931, 1943, 1955, 1967, 1979, 1991 or 2003 unless your birthday is in January or February. Make up a table from your school or office and invite friends, colleagues even relatives. Delicious cuisine, happy company, lion dancers and an opportunity to help us with our yearly commitment of up to \$100,000 to subsidize Nutrition Programs for 26 Toronto Inner City Schools' kindergarten programs and a weekly hot lunch program for 24 Parenting and Literacy Centres in the Toronto District School Board. Mark your calendar and save this date. Silent auction items and wonderful door prizes available. Book now to avoid disappointment!

For advanced reservations contact :

**Theresa Lennox:** 416•393•8861 [theresa.lennox@tdsb.on.ca](mailto:theresa.lennox@tdsb.on.ca)

**Valerie Mah:** 416•533•0445 [vmah@ican.net](mailto:vmah@ican.net).

## T-Zone Vibration Health Technologies

**Valerie Frigault**

Promotional Manager

416•285•6055

[valerie@t-zonehealth.com](mailto:valerie@t-zonehealth.com)

[www.t-zonevibration.com](http://www.t-zonevibration.com)



## World Financial Group

**JoAnne McCrindle**

Mutual Fund Representative

416•414•8423

[www.wfgopportunity.ca](http://www.wfgopportunity.ca)

[www.worldfincancialgroup.com](http://www.worldfincancialgroup.com)

[www.researchwfg.com](http://www.researchwfg.com)



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**rto.toronto@gmail.com / <http://district16.rto-ero.org>  
<http://toronto.rto-ero.org>**

## Travelogue ~ Wednesday, February 25, 1:00pm

### **Chester, England**

With **Brian Jarvis**

(Our Resident Expert On Things British)

**C**hester, England was a Roman fort with routes laid out almost 2,000 years ago and which modern main roads still follow. Of course, the Industrial Revolution brought expansion and development, including a major rock salt mining industry around four “salt towns” in Cheshire.

Nearby is The Pontcysyllite Aqueduct, which is navigable and carries a canal into Northeast Wales. Completed in 1805, it is the longest and highest aqueduct in Britain and a World Heritage Site.

The Anderson Boat Lift, Scheduled Monument, built in 1875, was in use for over 100 years before being closed due to corrosion in 1983. It reopened in 2002 and is one of only two working boat lifts in the UK - the other one being in Scotland.

Relax and let our resident guide and British historian entertain you with his insight and knowledge of another remarkable destination in the UK. **16**



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*Both Dick and Marilyn have hosted our well-attended Travelogues for about ten years. We would appreciate some help in succession. See Page 32.*

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**Registration Form: Carousel ~ Stratford/Avon Theatre**



Far ahead of its time in confronting the issues at the heart of a troubled relationship, this wrenching musical drama features a luscious score that includes “You’ll Never Walk Alone,” “If I Loved You” and “June Is Bustin’ Out All Over.”

**Friday, May 22, 2015**

**Pick-up: St Andrew Church; Yorkdale; and, the Car Pool lot at Hurontario**

Clip/Photocopy this coupon and send it with your cheque to:

**Karen Sinclair**

**49 Herbert Avenue, Toronto ON M4L 3P8**

**Deadline: Friday, April 24, 2015.**



**Phone-in Date: February 12, 2015 starting at 8:00am.**

Call **Karen Sinclair** at 416•690•4961.

Name (Print): .....

Phone #: .....

Spouse/Guest Name (Print): .....

# of Tickets: ..... @ \$130.00 each = \$. *Total Amount*

**Make your cheque payable to Year Round Travel Inc.**

**Cost includes:** travel by Coach Canada, theatre ticket, lunch, gratuities

Email (Print): .....

Would you like an E-mail Confirmation? Yes ..... No .....

If ‘No’, a stamped, self-addressed envelope is required for confirmation!

**I acknowledge that I have read and understood the RTO/ERO waiver on page 27.**

Signature.....



**Registration to be received by Cut-Off Date: Friday, April 24, 2015**

Cheques must be dated as of, or prior to, the Cut-Off Date. Bookings can be cancelled any time prior to the cut-off date by phoning Karen. See

**Refund Policy on Page 27.**

*Don't be irreplaceable. If you can't be replaced, you can't be promoted.*

*Always remember that you're unique. Just like everyone else.*





**Costa Rica: The Switzerland of Central America?**  
with “*Road Scholar*” Janice Coles

**C**osta Rica, with its rich geography and biodiversity along with enduring political stability, invites the curious traveller seeking to escape wintery blasts!



Join us for an armchair ‘Road Scholar’ tour to explore this unique Central American country. See the capital, San Jose, a coffee plantation, volcanoes, rain-forests, pineapple plantation as well as the Pacific coast and flora and fauna. You will meet some of the local people, known as ‘Ticos’ on

their farms and learn why Costa Rica is among the most stable, prosperous and progressive nations in Latin America. **16**



**Registration: Sweet Charity ~ Shaw/Festival Theatre**



Experience the bold, colourful world of 1960s New York through the eyes of Charity Hope Valentine. The dance hall hostess dreams of a brighter future but can't help giving her heart to all the wrong guys. Then she meets the meek but sweet Oscar Lindquist when they get trapped in an elevator. Could he be the man to change Charity's luck?

**Tuesday, June 16, 2015**

**Pick-up: St Andrew Church; Yorkdale;  
and, Islington Subway Station.**

Clip this coupon and send it with your cheque to:

**Karen Sinclair**

**49 Herbert Avenue, Toronto ON M4L 3P8**

**Cut-Off Date: Friday, April 24, 2015.**



**Phone-in Date: February 12, 2015 starting at 8:00am.**

Call Karen Sinclair at 416•690•4961.

Name (Print): .....

Phone #: .....

Spouse/Guest Name (Print): .....

# of Tickets: ..... @ \$130.00 each = \$..... *Total Amount*

**Make your cheque payable to Year Round Travel Inc.**

**Cost includes:** travel by Coach Canada, theatre ticket, lunch, gratuities

Email (Print): .....

Would you like an E-mail Confirmation? Yes ..... No .....

If 'No', a stamped, self-addressed envelope is required for confirmation!

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Signature.....



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Cheques must be dated as of, or prior to, the Cut-Off Date. Bookings can be cancelled any time prior to the cut-off date by phoning Karen. See

**Refund Policy on Page 27.**

# Theatre Daytrip Terms & Conditions

## **Registration Forms**

When filling out your registration slips, follow the guidelines listed below. This will help our Registrar sort and direct tickets.

1. A separate cheque is required for each event/activity.
2. Each person's name and phone number must be included on each form for each event/activity.
3. Unless you are contacted, your registration form and cancelled cheque are your confirmation for the activity/event.
4. Tickets, if required, are given out on the day of the function.

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## **Refund Policy**

1. All trips and events sponsored by RTO/ERO Toronto District 16 require a cheque, order form, and indicate a cut-off date. The date is set to enable us to comply with our commitment to pay for the event. All cheques must be dated no later than the cut-off date.
2. Any booking can be cancelled at any time prior to the cut-off date by phoning **Karen Sinclair** at 416•690•4961. Your cheque will be shredded when you cancel an event prior to the cut-off date. We do not mail cheques back to you.
3. Cancellations beyond the cut-off date will only be accepted if your ticket(s) can be sold to someone on the waiting list.
4. Ticket holders are welcome to sell, give or transfer their ticket(s) privately.

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## **RTO/ERO Acknowledgement, Waiver and Release...**

The participant in (the "Event") acknowledges and agrees that RTO/ERO, including RTO/ERO Toronto District 16, will not be responsible for any loss, injury or damage of any nature, including death, howsoever arising in connection with this trip/excursion/event. Participants in the Event are therefore hereby advised to carry their own insurance in connection therewith.

By signing the activity coupon and in consideration of the participant's attendance at the Event, the participant hereby releases and forever discharges RTO/ERO, RTO/ERO Toronto District 16, and their respective directors, officers, members, agents, employees and volunteers (collectively, the "Releasees") from any and all actions, causes of action, claims, and demands (collectively, the "Claims") from any loss, injury or damage of any nature, including death which has arisen or may arise from the participant's attendance at the Event, unless such loss, injury or damage has arisen as a result of the sole negligence of one or more of the Releasees.

Any claims arising out of the participant's attendance at the event will be governed by the laws of Ontario, Canada, and the participant consents to the exclusive jurisdiction.

*RTO/ERO advises prudence 'for participants in any trip/event that requires physical activity/effort beyond what they ordinarily exert. Participants are also advised to consult their doctor, especially if they have a pre-existing condition that raises concern.'*



## **Goodwill ~ Marjorie Blake**

**H**appy New Year 2015 to all! What a contrast! The Ice Storm of 2013 and the Greenery of 2014!

*Whether the weather be hot*

*Or whether the weather be cold.*

*We weather the weather*

*Whatever the weather*

*Whether we like it or not!*

Whether you celebrated Christmas, Hanukkah, Kwanzaa, or any other Festival of Lights, it is hoped that it was a rewarding and enjoyable holiday season for everyone.

Welcome letters were sent to 40+ members from October to December. Sympathy cards were sent to relatives of 14+ deceased members. A Get Well card and a floral arrangement were sent to **Pat Carson**, one of our Past Presidents who fell and broke her wrist and hip. We wish for her a speedy recovery. As well, a get-well card was sent to **Linda Treboute** who is recovering from a short illness.

Our centenarians, **Dorothy Adair**, **Clara Lahmer**, **Margaret V. Orok** and **Susan Shore** (ages from 100 to 102) received holiday gifts consisting of a holiday throw and card, a poinsettia plant, and a special certificate from the Governor General. Telephone calls and thank-you cards were received from relatives and one centenarian expressing sincere thanks for gifts received.

Four 90 year old members received certificates of recognition of their birthdays from the Governor General.

**Henry (Hank) Condie** celebrated this special occasion with family and friends at his childhood church - "89 years", he boasted. Three Executive members, **Helen Milton**, **Shashi Makhija** and I participated in the festivities which included tasty sandwiches, vegetables (crudités), as well as a lovely strawberry cake and drinks. Along with greetings from other well-wishers, greetings were read from the Governor General.

Congratulations to members who celebrated special occasions - from births to birthdays, anniversaries and memorials.

To those members who were unable to participate as fully as they were accustomed: shut-ins, disabled or ill, our thoughts are with you.

Many thanks to those members who continue to inform us about members with whom we should keep in touch. Your continued efforts are greatly appreciated.

### **Contact persons:**

**Marjorie Blake:** 905•837•0874/905•837•8453 | mdblake@sympatico.ca

**Valerie Mah:** 416•533•0445 | vmah@ican.net

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**Editor:** Names included in this article have been used with permission.

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## **Project – Service To Others (STO) Grants, 2015**

### **2015 STO Application Process**

<http://www.ero-rto.org/project-service-others>

*Note also the Toronto-specific routines below!*

**Project – Service To Others** is a Provincial RTO/ERO program providing grants to Districts for initiatives that support the concept of “*Service to Others*” by contributing to a variety of community projects and raising the profile of the RTO/ERO with active teachers and the public by showing that retired teachers care about their communities and public education. These assistance projects can be in any form that supports the goals as outlined in the application. ***The 2015 application is now available at:***

<https://www.rto-ero.org/current-application-project-feedback-form-and-previously-approved-projects>.

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### **Toronto-Specific STO Routines**

**F**or your RTO/ERO Toronto Executive to process any *Project - Service to Others* Applications by the Provincial deadline, ***applications must be received by our District President by March 1, 2015.***

**Lone Smith: 3 Lynngrove Avenue, Toronto ON M8X 1M3**

Assistance in completing an application may be sought from:

Susan Weinert: 416•367•9917 / [susanweinert@hotmail.com](mailto:susanweinert@hotmail.com)

**Note:** any assistance provided does not imply endorsement. Your Toronto District Executive makes the final referral, if any. **16**

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### **School Events**



#### **George S Henry Secondary School/Academy,**

**T**here will be a 50<sup>th</sup> Anniversary Reunion, May 29 - 31, 2015.

Hello fellow classmates. Can you believe George S. Henry has been

opened almost 50 years? 2015 will mark the school's 50<sup>th</sup> anniversary and we are planning a reunion to mark the occasion. Please send us any suggestions you have. As things develop we will keep you informed.

Contact **Lorne Bradshaw** at 613•546•5922 | [bg110@bell.net](mailto:bg110@bell.net)

Websites: <https://sites.google.com/site/gsh2015reunion/>

<http://georghenry50threunion.ca/>

Also, check out the George S Henry 50<sup>th</sup> reunion Facebook page. **16**

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Let us know of other school events of interest to our members.

## **Welcome to New Members ~ Bob Neal**

Contact: 416•694•9683 / bneal@sympatico.ca



Welcome to those having joined RTO/ERO in October and November, 2014. *Occasionally new members join us in error - there are **four Districts in Toronto** (Etobicoke/York-22, North York-23, Scarborough/East York-24, Toronto-16) **and others across Ontario**. As of December 31, 2014, our Toronto District membership stood at 4992.*

**Bob Neal**, Membership

Theresa Beaman  
Mary Cannistraro  
Johanna Castillo-Zarubica  
Catherine Cottington  
Norma J Dellio  
Marilyn Fraczkowski  
Barbara Frohlich  
Linda Gollick  
Catherine Grechi  
Shirley J Kendall  
Sharon Lewis  
John Lipsett  
Barbara Lipton  
Anne McDowell  
Ann Mcguire  
Ellen Mckeown  
Bruce Melrose  
Inga Monument  
Nancy Morgan  
Emilia Moscone

Marein I Newnham  
Lynn Payen  
Susan M Pilon  
Miguel Prohaska  
Mary Grace Ritacca  
Wendy Rymal  
Rise Schwartz  
Kathleen Shields  
Rodney Sills  
Teresa Simone  
Darlene Sinnott  
Patricia Smith  
Mari Stewart  
Linda Thomson  
Eric Walker  
Taina Wilson  
Laszlo Witkowsky  
Evangeline Wong  
Suzanne Worsley  
Theresa Yurczynszyn

## **Downtown Coffee Club**

Want to meet other retired teachers informally: no commitment, no expense? Drop in at 625 Church St any Wednesday or Saturday around 10:30am. It's The Croissant Tree, on the NE corner of Church and Charles St. East, one block south of Bloor, a short walk from Yonge/Bloor subway station. Buy yourself a coffee, and look for a table of happy retirees! Bring a friend ~ doesn't have to be a teacher!

Contact **Ann Ludwigen** at [acludwigen@rogers.com](mailto:acludwigen@rogers.com) | 416•324•0909. **16**



*Why do they have drive-up ATM machines with Braille lettering?*

**Social/Recreation continued from Page 6**



**Friday Night Movie ~ Fernanda Freitas** (fridaymovieclub@gmail.com / 416•859•6134) hosts this activity the *second Friday of the month* at a central theatre's early show (6:00-7:00pm) followed by discussion at a nearby coffee shop. Add your name to the notification list!



**Le Cercle Français ~ Bonjour!** Cherchez-vous un endroit où vous pouvez rafraichir votre habilité de conversation en français? Le Cercle Français pourrait être pour vous.

**Editor:** it appears that this group has reached its optimal size and cannot accommodate additional participants at this time. Perhaps there are others willing to host a second group of this type of program; or, perhaps, a native Francophone group. **Bev Swerling**



**Monday Matinée Movie ~ Steve Feldman:** (416•588•6637 / rtomondaymovie@hotmail.com). Join us and we'll notify you once a month of an early afternoon movie usually at the Varsity in the ManuLife Cente on Bloor Street between Bay and Yonge Streets. We meet on the *4<sup>th</sup> Monday of the month twelve months of the year*. If you are free after, join us for coffee/tea/dessert./ or whatever, usually at Scaccia which is at the bottom level of the Centre.



**Photography (DSL) Group: Susan Cantan** (suecantan@hotmail.com) hosts a DSLR Photography Group at her home (Queen and Broadview) or a nearby coffee shop. The intention is to go on shoots and share techniques: editing pointers, non-competitive critiques, etc.



**Super Tees Golf Group ~ Contact Rosalie Parente** at rosalie10@rogers.com or **Cindy Shore-Beauvais** at shorebeau@sympatico.ca. (*Liability Waiver required for this event.*)



**Toronto Live Theatre Group ~ Liz Estall:** 416•925•5240 | eegreenleaf@sympatico.ca Enjoy the terrific theatre Toronto has to offer and meet other theatre lovers.

*Continued on Page 32* 📧

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*Why isn't there mouse-flavoured cat food?*

*Why don't you ever see the headline 'Psychic Wins Lottery'?*

*Why do people order double cheeseburgers, large fries, and a diet coke?*

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**Walking/Talking Group ~ Phyllis Broom Walker:** [1lanoka@aol.com](mailto:1lanoka@aol.com) | 416•653•3521. Our walking group is informal. We go walking on the last Friday in each month and we began in October. We meet in the subway, then go to the appointed site. The walk ends at noon. Some of us go for lunch with some off to personal pursuits. See above to connect if you wish to join us. One week before, I send out the e-mail to all who are on my list. **16**

### **Travelogue Succession**

**D**ear travelogue members and friends:  
About ten years ago, **Val and Dennis Fiedler** invited us to take over hosting the travelogue series which we had, then, been attending for a number of years. It has, since, been an adventure to seek presenters, interview them and view their pictures before arranging for them to present.



We have had fantastic, talented volunteers share their trips over the years, but we are getting older and have to modify our lifestyles. This is equally true of the people who prepare refreshments and greet the audience: **Valerie Mah, Carmeltia Salazar, Christine Newhouse, Vera Shevchuk, Helen Milton, Brian Jarvis**, and more recently, **Bev Whitlock and Karen Chin**.

I am facing a hip replacement sometime this winter, and have lost some mobility to arthritis so may be unavailable for a while. We need to be prepared.

It is our intention to do for others what the Fiedlers did for us in transition - make it a positive experience. District 16 has provided a very good projector and sound system and we have a well-located venue at Holy Rosary Parish Hall on St. Clair Avenue. The Toronto Camera Club has proved to be a rich source of presenters, and members sometimes scout new presenters for us. Bill Menagh, who is the editor of the District newsletter is a joy to work with. We may hang around for as long as we are able, but we would hate to see this group disappear, and, therefore, want to put something in place.

These volunteer positions are rewarding and are a growth experience to be cherished for one's lifetime. Let us hear from you if you would like to explore the possibility of joining the team in any capacity.

We hope to hear from our you at 416•929•8512 | [mar.dickholyer@sympatico.ca](mailto:mar.dickholyer@sympatico.ca).

**Marilyn and Dick Holyer**

### **RTO/ERO Tax Tips ~ 2014**

This annual document should be available from our websites by the time you read this Newsletter.





## Rendezvous Club ~ Winter/Spring Schedule

All retired women teachers and guests (male or female) are invited to join us for lunch and entertainment at the Old Mill on the last Monday of each month from September to November and January to May.



**Mon. Feb. 23: Irwin Smith**, Singer/Pianist

**Mon. Mar. 30: Ron & Pat**, Juke Box Oldies

**Mon. Apr. 27: Fashion Show**

**Mon. May 25: John G. Althouse Middle School Youth Band:** This band has won many awards playing the big band music of the 40s & 50s.

Contact: **Kay Jeffery:**

416•767•8179 | [catherine.jeffery067@sympatico.ca](mailto:catherine.jeffery067@sympatico.ca) **16**

## From Your Editors

We appreciate **John Bratton** and **Karen Sinclair** stepping into the breach to continue your Toronto District 16's ability to offer Theatre Day Trips. The two spring offerings are provided as trial events to 'test the market' under TICO mandated criteria.

These opportunities are only available because of our cadre of volunteers who host our mélange of activities. Of particular need in the near future is a host(s) for our Travelogues - currently organized by Dick and Marilyn Holyer. We have included their description on Page 32. Can you help?

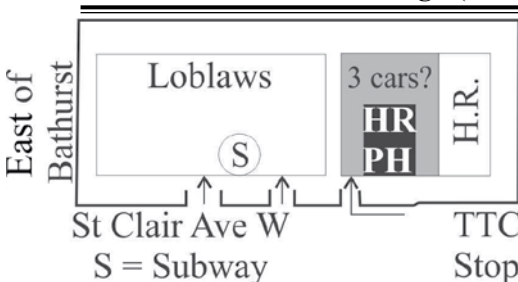
Speaking of volunteers, if you have an interest in convening a group of retired teachers specific to particular interest, let us know and we'll help you get started.

### **Newsletter Contact:**

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**Editorial Committee:** **Ian Baird, Roy Harvey, Mary El Milosh, Bill Menagh (Chair), Lone Smith**



**HR ~ Holy Rosary**

**PH ~ Parish Hall**

Streetcar to Tweedsmuir; or,  
Subway to St. Clair West Stn.

Parking (limited at church):  
from East: right off St. Clair  
10 spots in front on St. Clair  
8 free spots on Tweedsmuir.

## **In Memoriam ~ Marjorie Blake**

Contact: 905•837•0874 / mdblake@sympatico.ca

Condolences to families, friends and colleagues of those deceased recently. We share in the mourning of the loss and we celebrate the services they rendered.



Teresa Berment-Phills

James Dellio

Gail Gasparini

Carol Gray

Stella Humphrey

Ron Kendall

H. Michael League



D. Bruce McDowell

Muriel S. Poste

Helen E. Ricker

Anastasia P. Ryan

Gordon Richards

John Stewart

Philip Worsley



### **T.P.S.P.A. Reunion**

**(Toronto Public School Principals' Association)**

*Plan Now for our next reunion at the Mandarin  
Thursday, May 7, 2015*

Book your cruises, trips, treks, etc. before/after this date so you don't miss your former colleagues!

R.S.V.P. **Arlene Freeman:** 416•630•3672 | [auntiear@sympatico.ca](mailto:auntiear@sympatico.ca)

or **Valerie Mah:** 416•533•0445 | [vmah@ican.net](mailto:vmah@ican.net)

***Registration Now Open ~ Register Early***

***Canada Pension Plan/Old Age Security Rates Effective January 1, 2015***  
*CPP benefits increase by 1.8 percent for those already receiving CPP benefits. The maximum 2015 CPP retirement benefit for new recipients age 65 will be \$1,065.00 per month. OAS benefits, which consist of the basic OAS pension, the Guaranteed Income Supplement (GIS) and the Allowances, will remain the same for the first quarter of 2015 (January to March). As of January 1, 2015, the basic OAS pension will stay at \$563.74 per month.*

## **RTO/ERO Toronto Executive 2014 ~ 2015**

President: **Lone Smith**  
First Vice-President: **Roger Wilson**  
Treasurer: **Robert Putnam**  
Archives: **Valerie Mah**  
Goodwill: **Marjorie Blake**  
Membership/Recruitment: **Bob Neal**  
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Social/Recreation: **Heather Talbot**  
Members-at-Large: **Melanie Duras, Shashi Makhija, Lou Manning, Helen Milton, Carmelita Salazar**

Past President: **Roy Harvey**  
Second Vice-President: **Joan Elliott**  
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Communications: **Bill Menagh**  
Health/Insurance: **Bill Tajer**  
Pension/Retirement: **Elizabeth Reynolds**  
Program: **Kay Jeffery**  
Travel: **John Bratton**

*Executive Meetings are typically held on the second Thursday of the month and are open to RTO/ERO Toronto members. Prior notification is appreciated.*

### **Change of Address, Status, District**

To limit confusion regarding a *change in address*, other contact information, or district the **ONLY contact is Dianne Vezeau** (Provincial Office/416-962-9463 or 1-800-361-9888). On-line form at: [www.rto-ero.org](http://www.rto-ero.org).

### **Obtaining Your Newsletter**

This Newsletter is provided through your fees as a Member of RTO/ERO Toronto District 16. Non-District 16 individuals are able to obtain printed copies via subscription (\$10/annum - application form on our website). Join our email service and we'll let you know when it's posted so you can download the PDF for free.

### **Newsletter Submissions**

Your Newsletter Committee welcomes submissions from members that may be of interest to others: travels, events, life milestones, etc. The editors reserve the right to reject, or modify, any submission to fit space available and to determine the appropriateness of any submission in a particular issue. Other RTO/ERO Districts are welcome to use any content in this document with appropriate attribution. Third-party submissions **must include all source details**.

**Submission standards: Electronic TXT file preferred**, (or Word DOC/DOCX, WordPerfect WPD, or PDF file) emailed to [bmenagh@sympatico.ca](mailto:bmenagh@sympatico.ca). Save submissions created in other programs as TXT files. Typed or hand-printed copy accepted, but earlier submission is advised.

**Editorial Committee: Ian Baird, Roy Harvey, Bill Menagh, Mary El Milosh, Lone Smith**

**Publication: Submissions:** First day of September, November, January, March, May  
**Mailings:** Late September, November, January, March, May

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416-962-9463/1-800-361-9888	1-877-406-8077	1-800-668-0105
<a href="http://www.rto-ero.org">www.rto-ero.org</a>	<a href="http://www.johnson.ca">www.johnson.ca</a>	<a href="http://www.otpp.com">www.otpp.com</a>

**OMERS:** 416-369-2400 / 1-800-387-0813 / [www.omers.com](http://www.omers.com)



Jack DeGroot

Linda Grieve

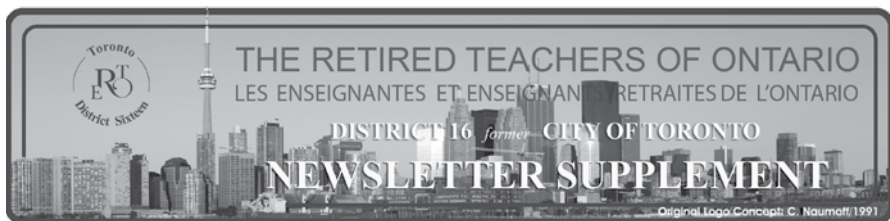
Bob & Barb Putnam

Dennis Fiedler

Photos by Valerie Mah

RTO/ERO Toronto Newsletter  
 c/o Bill Menagh  
 674 Oriole Pky  
 Toronto ON M4R 2C5





**Volume 37, Issue 3**

**January, 2015**

The Canadian population is aging - a phenomenon to continue over a number of years. This has forced individuals and government to come to grips with ones' latter days, including personal, societal and religious beliefs, and, personal and governmental abilities to finance health and care. Increasingly individuals are seeking more power over their own death.

Your editors, aware of this developing issue, sought and received permission to reprint this document from **Dying With Dignity Canada**.

## **Dying With Dignity Canada**



### **Our Mission**

Dying With Dignity Canada is a national, member-based registered charity. Our mission is to improve quality of dying and to expand end of life options.

### **Our Mandate**

Dying With Dignity Canada has a three-part mandate. We provide:

1. Education on medical rights, end of life options, and the importance of advance care planning.
2. Support for individuals at the end of their lives, including support at the bedside for those wish to determine the nature and timing of their death, provided they have met our stringent criteria for such support.
3. The reasons why appropriately-regulated medically-assisted dying should be legalized in Canada.

### **Funding**

We are funded by tax-receiptable memberships and donations. Dying With Dignity Canada receives no government funding. Many of our services are provided by volunteers.

### **Contact Information**

55 Eglinton Avenue East, #802, Toronto, Ontario, Canada. M4P 1G8  
416•486•3998 | 800•495•6156 | [info@dyingwithdignity.ca](mailto:info@dyingwithdignity.ca)  
[www.dyingwithdignity.ca](http://www.dyingwithdignity.ca) | [www.righttochoose.ca](http://www.righttochoose.ca)

# Who Will Speak for You? Advance Care Planning Kit for Ontario

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## Part I

### Understanding Your Advance Care Directive

**What It Means:** Your Advance Care Directive (ACD) is the document in which you make known your wishes for medical treatment or non-treatment. It only comes into effect if you are not able to speak for yourself.

**Why You Should Have An Advance Care Directive:** In a medical emergency, or any other circumstance which leaves you unable to communicate, this is the document that will help those responsible for your care to decide on your treatment. And it will help your loved ones to make the right decisions on your behalf.

Without an Advance Care Directive you may be subject to aggressive medical intervention, which you may not want to have. Or you may have

a specific medical condition for which you do want all available treatment.

**How To Go About It:** First, read *Considering Your Personal Values*. This will start you off thinking about what is important to you in terms of quality of life.

## **Considering Your Personal Values**

1. What do you feel gives your life its purpose and meaning?
2. What do you particularly value about your physical or mental well-being:
  - Do you most love to be outdoors?
  - Are large family gatherings your happiest times?
  - Do you prefer quiet time alone listening to music or reading?
  - Have you a favourite pastime such as bridge or crosswords?
  - Do you have a hobby, perhaps painting or collecting?
3. If you were no longer able to enjoy the things that are important to you because of deterioration in your sight, or hearing, or mobility, do you think this would affect the health care decisions you would make?
4. If you could plan it today, what would the last day of your life be like?
  - Where would you be?
  - What would you be doing?
  - Who would be with you?
  - What would you eat, if you were able to eat?
  - Would you want the comfort of spiritual support, such as a member of the clergy or someone who shares your religious beliefs?
5. Are there people to whom you would want to write a letter, or tape a message, perhaps marked for opening at a future time?
6. How do you want to be remembered? If you were to write your own obituary or epitaph, what would it say?
7. Are there other personal values you want others to be aware of?

**Next:** Read *Considering Your Medical Priorities*. This is the most difficult part, because it asks you to imagine yourself in various critical conditions, and to then think about what treatment you would want to accept or refuse in each case, and to write down your answers.

Writing down your answers is just for your own information and to help clear things in your mind, so that you are better prepared for the next step.

## Considering Your Medical Priorities

1. Which of the following do you fear most near the end of life?  
Being in pain  
Losing the ability to think  
Being a burden on loved ones
  
2. Is it more important for you to (a) have your wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
  - a) Have your wishes for treatment followed, even if there is disagreement
  - b) Have family and friends all in agreement
  - c) I am uncertain
  
3. Imagine that you are now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months. Would you be willing to endure the side effects if the chance of regaining your current health was less than 25 in 100?  
Yes      No      I am uncertain
  
4. In the same circumstances as in the previous question, suppose that your condition is clearly terminal, but the chemotherapy has an 80% chance of giving you an additional six months of life. Would you want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?  
Yes      No      I am uncertain
  
5. Imagine that you had a dementia, such as Alzheimer's disease, and it had progressed to the point where you could not recognize or have a conversation with your loved ones. When spoon-feeding was no longer possible, would you want to be fed by a tube into your stomach?  
Yes      No      I am uncertain
  
6. Imagine you had advanced dementia to the same degree as in the above question. You have already been hospitalized twice in the past year for



pneumonia and other lung infections which required aggressive medical intervention including massive doses of antibiotics.

The next time you get pneumonia, which if left untreated could be fatal, do you want aggressive treatment again, or would you prefer simply to have comfort care until death comes?

- a) Aggressive treatment including antibiotics
- b) No treatment, comfort care only
- c) I am uncertain

7. Imagine you have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal. Would you want the operation or would you prefer to simply have comfort care and allow your untreated medical condition to bring about your death?

- a) I would want the surgery
- b) No surgery, comfort care only
- c) I am uncertain

8. Imagine that you are physically frail and you need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. You live in a nursing home and your mind is fairly clear and capable most of the time. You develop a severe kidney infection which if left untreated would lead to multiple organ failure and death.

Would you want to be hospitalized and receive aggressive medical intervention, or would you prefer not to be treated but to simply have comfort care and allow your untreated medical condition to bring about your death?

- a) Treated in hospital
- b) No treatment, comfort care only
- c) I am uncertain

9. Imagine you have congestive heart failure that causes your lungs to fill up with fluid, leaving you extremely breathless, and that also causes your ankles to swell up so that walking is difficult. You are always short of breath and tired, and unable to walk even one block. Your health is poor but you are alert and able to enjoy time with family and friends.

One day you have a heart attack and your heart stops beating. Would you want CPR started and 911 called?

- Yes
- No
- I am uncertain

10. Imagine that you are in a permanent coma and your body is maintained by artificial means, such as mechanical breathing and tube feeding. Would it be important to you that decisions about your treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you hold?  
Yes      No      I am uncertain
11. If you were terminally ill with a condition that caused you much pain, would you want to be sedated even to the point of unconsciousness, if it were necessary to control your pain?  
Yes      No      I am uncertain
12. Would you allow yourself to be placed on life support if your heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after your death?  
Yes      No      I am uncertain

*You may want to pause at this point, and talk over these questions and answers with your loved ones and with your caregivers.*

**The Final Step:** Read the *Advance Care Directive Form* all the way through (page 9) but do not start to fill it in until you have read the directions on how to do so.

**How To Fill In The Advance Care Directive Form:** Read each line carefully and strike out any that do not apply to you, or that you do not agree with. There are extra spaces for you to fill in any circumstances not covered – e.g. you may have a hereditary condition you want to add.

**Please pay special attention to section 4 in the directive.**

*If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2, & 3 then you must strike out section 4 completely.*

*If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all applicable medical treatment, then you must strike out sections 1, 2, & 3 and leave only the directions you are giving under section 4.*

**Signing And Making Copies:** Make copies of the form before you sign and date, so that each has your original signature. Give a copy to whoever will be

making decisions on your behalf if you cannot do so for yourself.

Talk to your physician and ask that the directive be entered in your medical records. Keep a copy where it can easily be found in an emergency situation. Leave a note in a prominent place – perhaps with a fridge magnet – saying where to find your directive and who to call in an emergency.

**Do not store your directive in a locked safety deposit box.**

**Changing Your Mind:** You can always change your mind. We advise that you review your Advance Care Directive at least every three years. If there are no changes to be made, sign it again with the new date. There is space at the bottom of the form for you to do this.

If your medical condition has changed, or if you have reconsidered some of the directions you wrote down, ask us to send you a new form, and start over.

Be sure to tell everyone involved in your care that you have revised your Advance Care Directive.

### ADVANCE CARE DIRECTIVE

I revoke any previous advance care directives written by me.

If the time comes when I lack the capacity to give directions for my health care, this statement shall stand as an expression of my wishes and directions.

If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide for myself to accept or refuse a particular therapy.

1. In any of the following circumstances, I direct that I receive only such care as will keep me comfortable and pain free, and that my dying not be prolonged:

- a) An acute life threatening illness of an irreversible nature;
- b) Chronic debilitating suffering of a permanent nature;
- c) Advanced dementia;
- d) \_\_\_\_\_
- e) \_\_\_\_\_

2. In the circumstances set out in section 1 above, I specifically refuse the following:

- a) Electrical, mechanical or other artificial stimulation of my heart;
- b) Respirator or ventilator;

- c) Artificial feeding e.g. G-tube, NG tube, or central intravenous line;
- d) Being fed should I no longer be able to feed myself;
- e) Artificial hydration by intravenous line;
- f) Antibiotics;
- g) Transfer to an intensive care unit or similar facility;
- h) \_\_\_\_\_
- i) \_\_\_\_\_

3. I specifically direct the following:

- a) Provide necessary medication to control my pain and control my symptoms even if such medication might shorten my remaining life;
- b) Provide me with palliative care;
- c) I would prefer to be cared for and to die at home; OR  
I would prefer to be cared for and to die in hospice;  
(you must choose only one option under 3c and strike out what does not apply)
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**Section 4 note:**

*If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2, & 3 then you must **strike out section 4 completely.***

*If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all applicable medical treatment, then you must **strike out sections 1, 2, & 3 and leave only the directions you are giving under section 4.***

4. I specifically direct the following:

**I desire that my life be prolonged, and that I be provided all life-sustaining treatments applicable to my medical condition.**

- 5. If my health care provider will not follow this Directive, I ask that my care be transferred to another health care provider who will respect my legal rights.
- 6. If I should be a patient in a hospital, or resident in a health care or long term care facility which will not follow this Advance Directive, I ask that I be transferred to another hospital or care facility.

Signature: _____	Originally Dated: _____
Print Name: _____	
Reviewed on _____	Signature _____
Reviewed on _____	Signature _____
Reviewed on _____	Signature _____

## Part II

### Understanding Your Power of Attorney for Personal Care

**What It Means:** Giving someone Power of Attorney for Personal Care means that you give them authority to make decisions on your behalf concerning your care and your medical treatment, if you are not able to make your wishes known. *This person then becomes your Substitute Decision Maker (your SDM).*

**Why You Should Have A Substitute Decision-Maker:** If you become critically ill, and unable to communicate your wishes, the physicians treating you must go to your Substitute Decision Maker to interpret your Advance Care Directive. This gives you another layer of protection in ensuring your wishes are respected.

Although you may have written an Advance Care Directive, a situation may arise where your medical condition at the time is not one that is addressed in your directive. Your Substitute Decision Maker would then be able to make a decision on your behalf, based on his/her understanding of what you would decide for yourself, if you were able to do so.

Should you suffer a mental impairment, and are unable to communicate your wishes, your Substitute Decision Maker has the authority to make arrangements for your care, such as where to live; whether or not you have special dietary or clothing needs, and if so, to ensure these needs are accommodated; arranging for additional help to assist you in daily living, should you gradually come to need this. Your Substitute Decision Maker is concerned with all aspects of your future personal care as well as your medical care.

**Who To Appoint:** Your Substitute Decision Maker must be over 16 years of age, someone who knows you well and whom you trust to carry out your wishes. You should not appoint anyone who provides you with health care or support services for compensation, unless that person is also your spouse, partner or relative.

You have the option to appoint more than one person, and to have them act **jointly** or act **independently**. Under the law, having them act jointly means they must all agree on all decisions before action can be taken. This can lead to disagreements or misunderstandings, and can be very time-consuming.

Under the law, having them act independently means that if the person you first name is unable to act on your behalf, e.g. ill, or on vacation, the person you next named is automatically authorized to assume the duties.

**We advise that you appoint them to act independently.**

## **Talking To Your Attorney for Personal Care**

***Your Attorney for Personal Care is your Substitute Decision Maker (your SDM) and is the person you will authorize to speak on your behalf.*** How well do they know you and your health care wishes? This short form with questions and answers will help you find out how well you have communicated your wishes to them and how well they have understood your wishes.

This is exactly the same form as **Considering Your Medical Priorities** (page 5), which you filled in earlier. Your Substitute Decision Maker now answers the same questions as if they were doing so on your behalf, under conditions in which you could not speak for yourself.

### ***Your Substitute Decision Maker completes this section:***

*Compare the answers your Substitute Decision Maker has given with the answers you wrote down for yourself. This will tell you if your Substitute Decision Maker understands you well, and understands the wishes you have expressed for your future personal care and medical treatment, and is willing to act on your behalf.*

1. Which of the following do you think I fear most near the end of life?
  - Being in pain
  - Losing the ability to think
  - Being a burden on loved ones

2. Do you think it is more important for me to (a) have my wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
- a) Have my wishes for treatment followed, even if there is disagreement
  - b) Have family and friends all in agreement
  - c) I am uncertain
3. Imagine that I am now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months. Do you think that I would be willing to endure the side effects if the chance of regaining my current health was less than 25 in 100?
- Yes      No      I am uncertain
4. In the same circumstances as in the previous question, suppose that my condition is clearly terminal, but the chemotherapy has an 80% chance of giving me an additional 6 months of life. Do you think that I would want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?
- Yes      No      I am uncertain
5. Imagine that I had a dementia, such as Alzheimer's disease, and it had progressed to the point where I could not recognize or have a conversation with my loved ones. When spoon-feeding was no longer possible, do you think that I would want to be fed by a tube into my stomach?
- Yes      No      I am uncertain
6. Imagine I have advanced dementia to the same degree as in the above question. I have already been hospitalized twice in the past year for pneumonia and other lung infections, which required aggressive medical intervention, including massive doses of antibiotics. The next time I get pneumonia, which if left untreated could be fatal, do you think that I would want aggressive treatment again, or that I would prefer simply to have comfort care until death comes?
- a) Aggressive treatment including antibiotics
  - b) No treatment, comfort care only
  - c) I am uncertain

7. Imagine I have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal. Do you think that I would want the operation or that I would prefer to simply have comfort care and allow the untreated medical condition to bring about my death?
- a) I would want the surgery
  - b) No surgery, comfort care only
  - c) I am uncertain
8. Imagine that I am physically frail and need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. I live in a nursing home and my mind is fairly clear and capable most of the time. I develop a severe kidney infection which if left untreated would prove fatal through multiple organ failure. Do you think that I would want to be hospitalized and receive aggressive medical intervention, or that I would prefer not to be treated, but simply to have comfort care and allow the untreated medical condition to bring about my death?
- a) Treated in hospital
  - b) No treatment, comfort care only
  - c) I am uncertain
9. Imagine I have congestive heart failure that causes my lungs to fill up with fluid, leaving me extremely breathless, and that also causes my ankles to swell up so that walking is difficult. I am always short of breath and tired, and unable to walk even one block. My health is poor but I am alert and able to enjoy time with my family and friends. One day I have a heart attack and my heart stops beating. Do you think that I would want CPR started and 911 called?
- Yes            No            I am uncertain
10. Imagine that I am in a permanent coma and my body is maintained by artificial means, such as mechanical breathing and tube feeding. Do you think it would be important to me that decisions about my treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you know I hold?
- Yes            No            I am uncertain



11. If I were terminally ill with a condition that caused me much pain, do you think that I would want to be sedated even to the point of unconsciousness, if it were necessary to control my pain?

Yes            No            I am uncertain

12. Do you think that I would allow myself to be placed on life support if my heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after my death?

Yes            No            I am uncertain

**The Final Step:** Read the *Power of Attorney for Personal Care Form* (page 16) all the way through but do not start to fill in the form until you have read the directions on how to do so.

**Before continuing on to the next step, make sure you understand all the information and are satisfied that your Substitute Decision Maker understands the wishes you have expressed and is willing to act on your behalf.**

**How To Fill In The Power Of Attorney For Personal Care Form:** Please note you will need two witnesses to your signature, and they must both be present when you sign. The witnesses can NOT be:

*The person or persons you to whom you are giving Power of Attorney.*

*Their spouse or partner*

*Your own spouse or partner or child*

*A person whose property is under your guardianship*

*Anyone under the age of 18 years old.*

**Signing And Making Copies:** Make copies of the Power of Attorney For Personal Care Form before you and the witnesses sign, so that you and each of your Substitute Decision Makers has a document with the original signatures and date.

Keep your copy where it can be easily found in an emergency situation and leave a note in a prominent place giving the location of your Power of Attorney For Personal Care Form and your Advance Care Directive Form, and who to call in an emergency.

**Do not store your copy of these documents in a locked safety deposit box.**

**Changing Your Mind:** You can always change your mind. Simply start off by stating that you revoke any previous Power of Attorney for Personal Care

and then continue on to complete the form in the same way as before, and appoint your new Substitute Decision Maker.

Make sure to inform your previous Substitute Decision Maker and anyone else to whom you gave a copy of the Power of Attorney For Personal Care Form that you have made these changes.

**Power Of Attorney For Personal Care (See Page S20)**

**Key Differences Between Your Two Documents**

	<b>Advance Care Directive</b>	<b>Power of Attorney for Personal Care</b>
Purpose	Provides guidance as to what medical treatment or non-treatment you would want under the conditions specified by you if you are unable to make your wishes known at the time.	Stipulates who is authorized to make decisions on your behalf concerning your personal care and your medical treatment if you are unable to make your wishes known at the time.
Status of document	Not legally binding – but may greatly influence care providers.	Legally binding if properly drawn up. A lawyer is advisable but not necessary.
Witnesses	Not required as this is not a legally binding document but may improve chances of directive being followed.	Yes – two witnesses who must meet the specific.

**Please Note: If you feel you have special circumstances that the Dying With Dignity forms do not address, we suggest that you consult with your lawyer.**

**Appendix I - Medical Terms Explained**

**Antibiotics:** drugs commonly used to successfully treat infections. Some of these infections can be life-threatening for a grievously ill person. Examples would be pneumonia or an infection in the blood or brain.

**Artificial Nutrition:** being fed by a method other than by mouth. This would apply if you were in a coma or otherwise unable to swallow, and may be by:

**Nasogastric Tube (NG tube)** - a tube inserted through the nose and into the stomach. The tube may also be used to suction excess acids from the stomach.

**Gastrostomy tube (G-tube or PEG tube)** – a tube placed directly into the stomach for the long term administration of food, fluids and medications.

**Artificial Hydration:** being given fluids via a small tube inserted into a vein (venous catheter or IV). Terminal patients who wish to voluntarily stop eating and drinking (VSED) and to simply receive comfort care, should also request to discontinue artificial hydration by IV, as this prolongs the dying process.

**Cardio-Pulmonary Resuscitation (CPR):** applying pressure to the chest, or an electric charge to re-start the heart, and sending air directly into the lungs to assist in breathing. CPR can be life-saving, but the success rate for critically ill patients is extremely low.

**Cerebrovascular Accident (CVA):** see Stroke

**Chronic debilitating suffering of a permanent nature:** a medical condition for which there is no cure. Examples would be Parkinson's disease or terminal cancer.

**Coma:** a profound state of unconsciousness in which a person cannot be awakened by pain, light, sound or vigorous stimulation. There may be some movements but these are not conscious acts. A patient in a coma state which is of short duration can recover. Over four weeks in coma, the patient may progress to a vegetative state.

**Comfort Care:** for the dying patient when further medical intervention is rejected or has been judged futile.

**Dementia:** a condition that impacts a person's ability to perform everyday functions. Examples would be Alzheimer's disease, or loss of thinking skills and memory following a major stroke.

**Electrical, mechanical or other artificial stimulation of my heart:** see CPR

**Heart Failure:** a condition where the heart is damaged and fails to pump enough blood to the critical organs in your body.

**Hospice Care:** for terminal patients, and may be given in the home or in a hospital or care facility. The emphasis is on pain and symptom control for the dying patient, and there is normally no aggressive medical treatment.

**Intensive Care Unit (ICU):** sometimes referred to as the Critical Care Unit is a hospital ward with highly specialized staff. It is for the patient with a life-threatening illness or injury, including major surgery with a threat of complications, which needs constant monitoring and the support of specialized equipment.

**Life-sustaining treatment:** replaces or supports defective bodily functions. It may be used temporarily for a treatable condition until the patient is stabilized. If there is no hope of the body regaining the ability to function normally, life support may simply prolong the dying process without the benefit of increased quality of life.

**Mechanical Breathing:** used to support or replace the function of the lungs. The ventilator or respirator is a machine attached to a tube inserted into the patient's nose or mouth and down into the windpipe, in order to force air into the lungs. It helps people with a short term medical problem. People with irreversible respiratory failure such as that caused by injury to the spinal cord, or a progressive neurological disease will require long term ventilation; and in this case, the tube is inserted through a small hole at the front of the throat into the trachea (tracheostomy tube).

**Palliative Care:** is most often care in a hospital setting and may be given in conjunction with medical treatment such as chemotherapy or radiation. The emphasis is on pain and symptom control, and the management of side effects of the treatment, such as weakness and nausea.

**Stroke:** damage to the brain caused by a blockage of blood flow, or bleeding into the brain. The degree of disability resulting depends on the location and severity of the initial cause.

**Terminal illness:** a medical condition which has progressed to the point where death may be expected within weeks or months.

**Vegetative State:** a result of damage to the parts of the brain that control thinking, memory, consciousness and speech. The patient may have no damage to the part of the brain that controls breathing and heart rate, and may continue to survive in an unresponsive state.

## Appendix II - Frequently Asked Questions

**Q Can someone else create an Advance Care Directive on my behalf?**

A No. But if you are unable to write, your directive may be given orally. If someone else is writing on your behalf, his/her signature must be witnessed in your presence.

**Q What if I have a written Advance Care Directive in which I refused a certain treatment, and then when in hospital I change my mind?**

A You can change your mind at any time. Any instructions you give orally will over-ride previously written instructions provided you are competent when you express them.

**Q I am just not comfortable imagining all these medical conditions you describe.**

**Why can't I simply say I don't want my dying to be prolonged?**

A You may certainly do so. Many people have a general directive such as this. However, if you do not set down specific instructions, your Advance Care Directive is open to interpretation – and you may be treated in ways you would not want.

**Q What happens if I don't have a Power of Attorney for Personal Care? Does that mean I have no Substitute Decision Maker?**

A Everyone has a Substitute Decision Maker. Under the Ontario Health Care Consent Act, if you have not named a specific person, then your substitute decision maker is determined by the following hierarchy:

*Spouse, Common-law Spouse or Partner*

*Child (16 years old or over) or Parent*

*Parent with sole right of access*

*Brother or Sister*

*Relative by blood, marriage or adoption*

*Office of the Public Guardian and Trustee if you have no-one else.*

**Q My son has Power of Attorney for Personal Care. If he moves out of the country can he delegate one of my three daughters to act instead?**

A *No. You would have to make out a new Power of Attorney naming your daughter your Substitute Decision Maker. To prevent a similar situation arising, you should also name each of the other daughters in turn, as second and third Substitute Decision Makers and we advise that you appoint them to act individually rather than jointly.*

**Q I have two sons and I want to give them equal rights. Why should I not appoint them to act jointly?**

**A** *If appointed jointly, they have to agree on every decision before any action can be taken, and a situation may arise where they disagree on your care. Perhaps you could consider giving one son Power of Attorney for Personal Care and the other son Power of Attorney for Property.*

**Q My brother and I are not on very good terms, but I have no other relatives, so he is my substitute decision maker, What happens if he goes against the wishes in my Advance Care Directive and makes other decisions for me?**

**A** *If your physician sees that your wishes are not being followed, he/she can apply to the Consent and Capacity Board to have your brother ordered to comply with your directive, or they can appoint the board itself to act on your behalf.*

**Q My husband has a serious heart condition. He has had several medical procedures and numerous hospital stays for complications. He has told me if he has another attack he wants to be left alone and I am not to call 911. I don't want to take responsibility for this decision. What should I do?**

**A** *To ensure that your husband is not resuscitated against his will, he should ask his doctor to complete and sign a DNR Confirmation Order form. Your husband should keep this where it is easily found in an emergency. In this way, the decision is his own and not your responsibility.*

You will find full details of what this document is, what it means, and how to obtain it in Appendix III.

## **Appendix III - DNR Confirmation Order**

**Do Not Resuscitate (DNR)** means that you do not wish to undergo cardio-pulmonary resuscitation or advanced cardiac life support, if your heart stops beating and/or you stop breathing.

**A DNR request** made by a patient under medical care, or by the substitute decision maker, authorizes the physician to enter a Do Not Resuscitate Order on the patient's chart.

**A DNR Confirmation Order** is a legal form applicable to a person who has

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<http://toronto.rto-ero.org>

made the decision to refuse resuscitation. **The form is obtainable from the Ontario Ministry of Health and Long Term Care and must be applied for by your family physician or by a registered nurse in a care facility. The form will have a unique serial number which refers to you alone.**

When properly completed and signed by your health care professional, paramedics who have responded to a 911 call will respect the order and not initiate CPR. When you are taken to hospital, the paramedics will also take along your DNR Confirmation Order.

**This is the ONLY instruction – written or verbal - that first line responders to a 911 call will respect. Otherwise, they are bound by law to initiate resuscitation. So make sure to have your original document in a clearly visible location, so that no misunderstandings occur in an emergency.**

Once completed, you may make photocopies for your medical records or to give to anyone concerned with your health care.

We have included a sample form, so that you can read it through before asking your health care professional to order one for you.

## **Appendix IV - Further Resources**

**A Guide To Advance Care Planning** – a publication by the Ontario government available at [www.gov.on.ca](http://www.gov.on.ca) or 1•888•910•1999.

**Power of Attorney for Personal Care** – a publication by the Ontario government available at the Office of the Public Guardian and Trustee at [www.gov.on.ca](http://www.gov.on.ca) or 1•800•366•0335.

**Advance Care Planning** – DVD and booklet by the University of Toronto Program in End-of-Life-Care available at [www.cme.utoronto.ca/acpdvd](http://www.cme.utoronto.ca/acpdvd)

### **Legislative Resources:**

**Guide to The Substitute Decisions Act 1992** available at the Ministry of the Attorney General Office of the Public Guardian and Trustee at [www.gov.on.ca](http://www.gov.on.ca) by telephone: 1•800•366•0335

**The Health Care Consent Act 1996** available at the Ministry of Health and Long-term Care at [www.health.gov.on.ca](http://www.health.gov.on.ca)

## Power Of Attorney For Personal Care

I revoke any previous Powers of Attorney For Personal Care I have made.

1. This power of attorney is given by \_\_\_\_\_ Name  
of \_\_\_\_\_ Location \_\_\_\_\_ in the Province of Ontario.

2. I appoint \_\_\_\_\_ to be my attorney for personal care in accordance with the *Substitute Decisions Act 1992*.

3. If the above named \_\_\_\_\_ should be or become at any time unable or unwilling to act in the office of attorney, then I appoint \_\_\_\_\_ to be my attorney for personal care in accordance with the *Substitute Decisions Act 1992*.

4. If both the above named \_\_\_\_\_ and the above named \_\_\_\_\_ should be or become at any time unable or unwilling to act in the office of attorney, then I appoint \_\_\_\_\_ to be my attorney for personal care in accordance with the *Substitute Decisions Act 1992*

5. In making this power of attorney for personal care, I am fully aware that I am appointing a Substitute Decision Maker (my SDM)

- That I may need my SDM to make personal care decisions for me
- That my SDM has a genuine concern for my welfare
- That my SDM will act in accordance with the wishes I have expressed

6. I authorize my attorney for personal care to give or refuse consent on my behalf to treatment to which the *Health Care Consent Act 1996* applies.

I have signed this power of attorney in the presence of both witnesses whose names appear below. I have signed this power of attorney on \_\_\_\_\_ Date

Signature \_\_\_\_\_

We have signed this power of attorney in the presence of the person whose name appears above, and in the presence of each other, on the date shown above.

	Witness No 1	Witness No. 2
Signature	_____	_____
Print	_____	_____
Address	_____	_____
	_____	_____