

ACTION Ontario Patient Advocacy Newsletter



OUCH

Optimism and Understanding Creates Hope

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Winter 2012

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“LIVING WELL” WITH CHRONIC PAIN

By: Dr. Angela Mailis-Gagnon
&
Janice Frampton

Living with chronic pain often consumes the everyday lives of sufferers. So finding ways to “take charge” of your life and “live well” within the context of chronic pain is a challenge individuals face on a daily basis. Well meaning family members and friends often offer “advice” on how to manage pain, but in the end the best advice comes from the people who truly understand what it like to face each day with unrelenting, chronic pain; other chronic pain patients themselves.

At the November 7th Symposium hosted by ACTION Ontario, chronic pain patients did just that, they “took charge” of their lives. The patients and different professionals presented an array of therapies or skills that they have found to benefit them as pain sufferers. Not everything works for everyone, but there does exist a



Humour Therapist Kathleen McAulay
Delights the Audience

“buffet” of options pain sufferers can use. Here are samples of the techniques presented at ACTION Ontario’s fourth annual Symposium: *Take Charge of Your Life: Living Well With Chronic Pain*.

Humour Therapy: Laughter indeed is said to “prolong life”. It has also been shown to provide numerous benefits to those who laugh. Kathleen McAulay, a stress management/ humour consultant and trained clown has taken her

“art” of humour to hospitals, institutions and gatherings, provoking laughter and teaching its benefits. In a capsule, she said that humour can be learnt. It provides healing while it enhances creativity, flexibility and resourcefulness. Laughter reduces stress, prevents burnout, increases communication and provides lots of positive changes in the human body such as reduction in blood pressure and stress hormones; release of endorphins (body’s own pain killers) and the list goes on and on. For those interested, check

www.lightenupproductions.ca

Chronic Pain and Depression seem to go hand in hand. There is sadness at the “loss” of the person you once were while trying to accept the person you’ve become. Psychiatrist Dr. Brian Kirsh, himself a chronic pain sufferer, explained the importance of maintaining good mental health for chronic pain sufferers.



Audience Participation at
MaRS Centre

(Continued on page 3)

Did You Know?

Cat Morgan, author of “GrrrOUCH! Pain is like a grouchy bear” will be signing copies of her book at the Mount Sinai Indigospirit book store on Friday February 24th from 11:00 a.m.-2:00 p.m. and the Toronto Eaton Centre Indigo on Sunday February 26th from 1-3:00 p.m. Cat’s first “official” Toronto book signing event was at the ACTION Ontario Symposium on November 7th. Cat is an ardent supporter of ACTION and we wish her continued success in her endeavors.



Editor's Message

Dear Readers,

The Ontario government just recently announced "Ontario's Action Plan for Health Care" a well placed document that is very "patient focused" but short on specifics, especially when it comes to chronic pain initiatives. Combine this with threats of fewer transfer payments from the federal government to the provinces for health care and the future can be perceived as quite worrisome. There will be less funding for more chronic pain patients, if you believe the statistics. And who wouldn't? Twenty-five to 30 percent of the population suffers from chronic pain at some point affecting every aspect of their daily lives. And this number will most certainly grow as our population ages.

Hospitals are running out of money and far too often the first programs to go are those related to pain management (please see Profile – Scott Pigden). The time to act is now. ACTION

Ontario supports any and all initiatives related to maintaining strong, quality care for pain patients. If any of our readers hear of or know of programs that are in danger of being abolished due to budgetary cuts, please let us know.

ACTION also supports initiatives for pain self-management as witnessed at our November Symposium. A great deal of thanks goes out to our amazing patients and professionals. We'd like to also thank all the new "pain warriors" who have come forward to lend their voices to this edition of OUCH. Being informed by keeping each other informed can only make us stronger.

As Always
Janice Frampton
Editor

editor.ouch@gmail.com



ACTION Takes Message Back to Queen's Park

By: Mark Lawson

In 2010, ACTION Ontario hosted an overwhelmingly successful Queen's Park Day by educating Ontario MPPs on the need for a comprehensive chronic pain strategy for all Ontarians suffering from chronic pain.

On that day ACTION Ontario Chairperson, Dr. Angela Mailis-Gagnon rallied MPPs, offering expert opinions and possible solutions to the chronic pain crisis in Ontario. At the same time, ACTION People with Neuropathic Pain (PNP) Steering Committee members and ACTION Board members met individually with MPPs and their staff, illustrating that chronic pain is a burden affecting thousands of Ontarians from all walks of life.

With a new Legislature now back in session, the ACTION Ontario team is hard at work, taking our advocacy, on behalf of all Ontarians suffering with chronic pain, back to Queen's Park on February 27th for a second Chronic Pain Awareness Day.

Once again ACTION Ontario will host an open reception for MPPs and cabinet ministers' while members of the Action Ontario Board and People with Neuropathic Pain Steering Committee will take the advocacy message directly to MPP's and their staff. Meetings have already been secured with a number of MPP's, including Christine Elliott (PC), Dr. Helena Jaczek (Liberal), and France G  linas (NDP).

Ontario's minority government has also provided opportunities for engagement through issue-based caucuses. We will be emphasizing the impact individual MPP's can have during our day at Queen's Park.

With austerity-driven changes being considered for Ontario's health care system, and the looming Drummond Report, it is more important than ever to take our message for the need for a comprehensive pain strategy in Ontario directly to government.

Once again, ACTION Ontario is looking forward to the participation of such dignitaries as the Hon. Deb Matthews, Minister of Health, Christine Elliott and PC Health Critic Elizabeth Witmer to support the need for a chronic pain strategy in Ontario.

If you are interested in attending the 2012 Chronic Pain Awareness Day at Queen's Park, please email info@actionontario.ca. You can also follow/engage on Twitter on February 27th, by following @actionontario, or the hashtag #QPtakeACTION, or at facebook.com/actionontario

Chronic Pain Awareness Day

ACTION Ontario invites you to attend their Queen's Park Reception

Monday, February 27, 2012
Time: 11:30 am – 1:00 pm
2nd Floor, Committee Rooms 228 and 230 • Main Legislative Building

Chronic pain is an escalating health problem affecting 20-30% of Canadians. It has been estimated that it costs the Canadian economy approximately \$6 billion per year in direct healthcare costs, and \$37 billion per year in productivity costs related to job loss and sick days. Chronic pain includes neuropathic pain, arthritis, fibromyalgia, back pain and headaches. Across the province and in your riding, chronic pain is impacting countless Ontario families.

ACTION Ontario is the voice of people living with neuropathic pain, a particularly debilitating form of chronic pain. ACTION is an innovative not-for-profit organization that is made up of doctors, researchers, other healthcare professionals and patients committed to seeing improvements in the diagnosis and care of people with this condition and other forms of chronic pain. Lunch will be served.

Please RSVP to Michelle Kiddie at 416.413.4607 or michelle.kiddie@hkstrategies.ca

Living Well With Chronic Pain



ACTION Ontario Chair, Dr. Angela Mailis-Gagnon with guest speakers Dr. Linda Rapson and Dr. Brian Kirsh

(Continued from page 1)

Mindfull Meditation: The concept was first created by Dr. Kabat Zinn several years ago and relates to "awareness by paying attention to the moment". He taught that when people are stressed, they have four options: Change the situation; get out of it; change our response to stress, or ... stay stressed out and miserable! Pain is a form of mental and physical stress. Since 2001, Dr. Ted Robinson has focused his career on chronic pain management applying the techniques introduced by Dr. Kabat-Zin. Scientific studies over the past few years have shown that indeed practicing Mindfulness Based Stress reduction (MBSR) is associated with reduction of pain, decrease in negative body image, improved mood, decreased medication consumption and increased self esteem. If you learn the technique (taught in groups once a week running for several weeks by trained therapists) and continue practicing it at home, the effects are sustained for years.



PNP Committee Member
Julia Frampton
enjoys the presentations

Tai Chi: This ancient Chinese technique of low impact exercises performed in a slow methodical fashion was demonstrated by instructor May Rehnema who has been practising Tai Chi for over 20 years. It is suitable for able bodied as well as people with disabilities. The technique has been shown to provide muscle relaxation, increase bone density and reduce pain while increasing function and quality of life. A recent study on patients with chronic widespread pain (often called

fibromyalgia) was published in a serious medical journal and confirmed indeed the positive results in those who practice consistently.

Acupuncture: This is another ancient Chinese technique of insertion of very slim needles in certain body points (which actually correspond to the sites from which little nerves exit through the skin). It has been shown in many studies to relieve pain, relax muscles and improve functionality. Dr. Linda Rapson has 37 years of experience using acupuncture within a medical practice and has expertise in treating pain with this safe, effective treatment.

Chronic Pain Self-Management Program: Dr. Sandra LeFort, is a pioneer in our country who did her PhD at McGill University on the subject of self management after training as a nurse. She then promoted community-based Chronic Pain Self-Management Program, which is now taught in many parts of Canada, USA, Denmark in Europe, and just started been applied in Australia. Dr. Lefort has received several awards for her pioneer work.

The fruits of her efforts have enlightened the lives of many people with chronic pain. Self management can be taught. There are courses out there that teach "core skills" such as problem solving; decision making; using resources wisely; creating proper partnerships with health care providers, and taking action to effect change. These courses are based on adult learning principles and promote "self efficacy", that means, not only knowing what to do, but believing in your ability to organize and integrate multiple skills in order to control day to day situations. Studies have shown positive results of Self Management training programs. For more information, log into <http://patienteducation.stanford.edu> and check Chronic Pain Self-Management Program (CPSMP).



Key Note Speaker, Dr. Sandra LeFort

The above are examples of non-medicinal, non-surgical techniques used by PNP members. If you were unable to attend the Symposium either in person or via webcast please visit our website at www.actionontario.ca for full coverage. And if all else fails, remember, laughter truly can be the best medicine.

“(Un)stuck” Profile—Norah Myers

By: Norah Myers

I have a form of cerebral palsy called spastic diplegia. It affects my whole body, but is most visible in my pelvis, legs, and feet. I have struggled with balance, coordination, and flexibility for my entire life. I grew up with an obvious limp, poor posture, an exaggerated curve in my lumbar spine, and other visible problems with my gait and the way I moved. I have always had stiff muscles, but I was very lucky that my impairment did not cause me any chronic – or even intermittent – pain. I had corrective surgery on my left leg when I was eleven (because my left femur was rotated inward by twenty degrees). There is now a minor difference in the length of my legs, but I have been advised against undergoing another operation. I did not experience any pain after I had my surgery. The quality of my life greatly improved because I did not trip and fall as often as I had in the past, but I still lacked cardiovascular endurance and strength. I have (and have always had) significant difficulties with stability and balance; I cannot skate, ski, run down a flight of stairs or even walk

I have struggled with accepting my pain because like everyone else I just want it to go away.

down a flight of stairs that has no handrail (and have never been able to). The ‘managing’ I have done in my life concerns exhaustion more than pain, particularly in doing ‘everyday’ things and just living. My life changed unalterably when pain became as much a part of it as sleeping and breathing.

In January of 2009, I moved from my hometown of Winnipeg to Toronto to do intensive rehabilitation therapy. I



Norah & Linda Jacob at Pilates

committed to a regime of daily pilates in addition to having massage therapy twice a week and physiotherapy once per week. My entire body changed and the effects were noticeable immediately. My posture improved and my gait pattern got better. I developed chronic soreness in my lower back when I had been in treatment for four months. My programme became equal parts ‘changing my gait’ and ‘dealing with my back pain.’ I don’t know what triggered my pain, but it occurs in the same place in my body and has been present for more than two and a half years. I had one pain free day in August of 2011 – after my chiropractor performed an adjustment on my pelvis – but pain has otherwise been a part of my everyday life since I was 23.

The pain is sharpest in the morning and dulls to soreness and stiffness throughout the day. I still practice Pilates and have massage therapy (in addition to practicing bikram yoga and stretching at the gym) but the relief I get from exercise and treatments is temporary. I have begun swimming on a more regular basis over the last few months and it has been very helpful. I wear a wet vest and jog in the water; I perform the same motion that a runner does but I do not work against gravity, so there is no strain or pressure on my joints. Swimming also relieves the physical and emotional stress that my chronic pain causes me every day.

I have been told that the difference between my right and left legs might be the source of my pain, but I felt no difference in my body or the frequency of my pain when I began wearing a lift in my left shoe. People told me that they could see that my body was more balanced, but my pain didn’t change. I have struggled with accepting my pain because – like everyone else – I just want it to go away. I know what it’s like to live most of your life without pain. I am hopeful that my pain will someday vanish, but I am thankful to have found some respite in exercise and massage therapy.

What is The Proposed National Pain Strategy?

By: Mark Lawson

First drafted in 2010 by the Canadian Pain Society (CPS) National Task Force on Service Delivery, the National Pain Strategy for Canada is the final product of a process that has seen over 50 national stakeholders offer their perspective on Canada’s national pain management landscape.

Acknowledging that pain is poorly managed in this country, the National Pain Strategy calls for the federal government to:

- Allocate resources to where they can be used to best treat pain
- Collaborate with the provinces and territories to implement awareness, treatment, and prevention programs.

- Prioritize funding for the education of healthcare professionals in these programs
- Assure that all Canadians have access to pain management treatment
- Require all long-term care institutions to make pain assessment and management a priority

These are just some of the key target areas in the National Pain Strategy. For more information, log on to the [National Pain Strategy](#) website, or sign the online [petition](#) to support the National Pain Strategy for Canada.

Profile—Scott Pigden

By: Scott Pigden

Well, I am going to share this story with you so hopefully the people who are responsible for making this grave mistake will re-think their decision. Perhaps the much needed funds can be found elsewhere, I don't know maybe from their expense accounts.

You see, the Pain Clinic at Sunnybrook Hospital in Toronto is slated for closure next year because of budgetary cuts. This closure will affect the lives of thousands of current and future chronic pain patients in the province, including me.

Who am I? I am a 49-year-old married father of two children, my wife and I celebrated our 27th anniversary this year. Our 22-year-old son lives at home while deciding who he is and what he wants to do with his life. Our 20-year-old daughter is in her second year at Brock University studying therapeutic Outdoor Recreation.

My story begins in 1999 when I went into Toronto Western Hospital (TWH) for major knee surgery called atibia osteotomy. The surgery went well and the next day when I released I not to put any weight on the knee for eight to 12 weeks.

The same day as my surgery our daughter had broken her arm. She was in The Hospital for Sick Children and I was down the street.

Two weeks after surgery I tried to open the front door with my crutch. The crutch slipped and out I went, down four steps. The fall broke my elbow and caused a concussion. This incident began the "summer from hell," as my wife would say.

My daughter and I spent many days together at the hospital in physiotherapy. After almost one year of physio I was still in a great deal of pain so a routine knee scope was scheduled at TWH to determine the source of the pain. My wife waited for me to come out of recovery but that never quite happened for awhile. During surgery my lung collapsed and I ended up spending a couple of days in ICU. After four days I was discharged to home.

Pain can be such an invisible thing. When asked why I'm in this wheelchair/scooter I would love to show them what pain is but I'm a non violent person.

Since I was still in a lot of pain I was eventually referred to the Holland Orthopaedic Hospital in Toronto for a knee transplant. This surgery was repeated three more times.

It was during this time that I was diagnosed having a nerve disorder called Reflex Sympathetic Dystrophy (RSD) or Complex Regional Pain Syndrome (CRPS). This was the beginning of a totally new phase in our family dynamics. I now used a wheelchair/scooter to get around. By having left foot gas pedals in-



Scott, Family & Friends

stalled in our trucks I was still able to drive which allowed me some independence and this felt good.

This is when things at home really started falling apart with my son. He really felt that I shouldn't be in a wheelchair that I should still be out riding my motorcycle with him on the back. In short, the situation made him very angry and we are still fighting.

My daughter, on the other hand, had the opposite reaction. I honestly think she will work with disabled people one day. My wife has been my solid board. She is a tough but very patient woman. Our marriage hit some rough spots but now that our children are older we are on the right road.

During my surgeries I met Dr. Arsenio Avila, a great doctor and pain specialist at Sunnybrook. I have been his patient for the past seven years when the last total knee was done. I visit Dr. Avila every three to four months to monitor me, my condition and pain medication. Without Dr. Avila my life and the lives of the other approximately 3000 patients who use this Pain Clinic to get them through the day will be in ruins. Not to mention the 1000 new referrals the clinic receives every year. We will all be victims.

Without this pain clinic how will we find new doctors who even know or understand what our pain conditions are, yet alone prescribe our proper medications. There is so much opioid paranoia out there that we will probably be under medicated and our pain will only get worse. My pain might overtake my brain and make me do things I don't usually do or have not done in the last 11 years. My wife will probably notice my mood changes and will be very on edge. I might not be able to get out of bed some days due to the amount of pain I will be in.

There is a procedure that could bring me pain relief and reduce my pain medication. This procedure isn't covered by my benefits or my wife's. It would be covered under Worker's Compensation or the Hospitals Global Budget. Dr. Avila is my strongest supporter when it comes to the possibility of any new treatments for RSD.

Pain can be such an invisible thing. When asked why I am in this wheelchair/scooter, in response I would love to show them what pain is but I am a non violent person.

Sunnybrook really needs to think and think hard about the consequences of closing the doors of the Pain Clinic to so many people in so much pain. This closure will destroy a lot of lives. It will end up costing the Healthcare system and possibly the justice system a lot more money as pain patients seek different ways to control their pain.

Apparently all this grief and heartache is for a proposed savings of \$300,000. This adds up to \$100 per patient.

***Editor's Note: Since writing this article Scott has been informed that the clinic has been given a reprieve and will stay open for one more year.**

Tai Chi for Managing Chronic Pain

By: Julie Feldman

Your first experience with tai chi is an important one. When selecting a school review their reputation and ensure their credentials are respectable. When I first arrived at the Ji Hong Tai Chi School in Richmond Hill Ontario, I was very frail. I was bedridden for the last 6 months. I could hardly speak, and had difficulty eating because my jaw was very tight due to the pain intensity.

With tremendous effort I slowly tried Tai Chi and I must say the idea of 'moving my body' was and sometimes still 'is' very frightening. The first day I arrived with an attendant, I could hardly lift my arms. Helen Lau, a tai chi instructor, stood by my side throughout the first session, and in her gentle way supported me throughout the class.

You have to
be strong to
withstand and
manage
permanent
pain in your
life.

Eventually, I improved my strength & muscle control, and agility. The neck spasm is still present but the symptoms are less intense during and immediately after the tai chi session.

I now use tai chi to help manage my pain level which can vary between levels 6 to 8, following a tai chi session my pain level could then go down to a level 5 or 6, with having increased mobility for the



Tai Chi Instructor, May Rahnema,
ACTION PNP Committee Member Julie Feldman
& fellow student Jenny Chin

next few days. This difference in the 'World of Pain' is quite significant.

When practicing Tai Chi, I cannot do the kicks easily and I become dizzy from the spins so I do them in a much smaller scale. There was an incident for one of the forms where you have to turn and raise your arms above shoulder height, which is painful for me to do, so the Chief instructor said "Don't think of Raising your hand-just think of Raising your elbow", and it worked. It was almost like trying to trick my brain in order to manage my fear of pain.

I chose Tai Chi because I had to consider an activity that would accommodate my physical limitations. I cannot bend down easily or move too quickly for long periods of time. Thankfully, Tai Chi is a good fit as it requires you to keep your spine straight and to move slowly.

If I don't practice Tai Chi my symptoms will dominate my entire body to the point I could hardly move. When this occurs it is very easy to feel depressed. Given the choice this is a state of mind I try to avoid.

Tai Chi reinforces a very important lesson learned for me, and that is:

You have to be strong to withstand and manage permanent pain in your life, whether it is physical or emotional pain, one needs to rely heavily on their own internal energy to survive daily, because many people will not understand your condition due to the fact they are not living in your skin.

www.actionontario.ca

ACTION Ontario Supports National Pain Strategy

By: Mark Lawson

As ACTION Ontario continues to advocate for a comprehensive pain strategy in Ontario, our partners at the Canadian Pain Coalition (CPC) are pressing federal policy makers on the same important issue.

This spring, the CPC, along with the Canadian Pain Society (CPS), will take the fight to Parliament Hill, hosting the Canadian Pain Summit "Rise Up Against Pain" in Ottawa on April 24th.

Driven in part by the 2010 Declaration of Montreal - where over 250 professional and human rights organizations affirmed that access to pain management constituted a fundamental human right - the CPC and CPS are calling for a National Pain Strategy for Canada.

Drafted by the CPS, the CPC, and over 50 stakeholders, the strategy would be responsible for addressing awareness, prevention, health literacy, and education of health care professionals, early access to care, and research and monitoring.

(See explainer page 4)

With particular attention to inter-professional care, family and patient-centered treatment, and recognition that pain is a biological, psychosocial, and spiritual problem, the strategy would serve as a road map for provinces, territories, and the federal government to finally address this crucial national issue. Finally, the proposed framework would insist on having patients act as part of the solution, a key tenet of ACTION Ontario.

Dr. Angela Mailis-Gagnon and Dr. Paul Taenzer will be attending the invitation-only event on behalf of ACTION Ontario, both to learn from our federal counterparts, and to share ACTION Ontario's experience in this province. Above all, Dr. Mailis-Gagnon will support the CPC and the CPS, as they continue this important work.

If you are interested in supporting 2012 Chronic Pain Awareness Day at Queen's Park, please email info@actionontario.ca. You can also follow/engage on Twitter on February 27th, by following @actionontario, or the hashtag #QPtakeACTION, or at facebook.com/actionontario

Neuropathic Pain & Exercise; Buying the Right Equipment

By: Maxine Bergman

Neuropathic Pain presents many problems and obstacles. There is no single treatment that works for all. In fact, living with neuropathic pain for any individual, can encompass multiple modalities. For my back issues, Neuromodulation has been very effective in managing my pain; in fact, so much so, that I felt I could do even better. After consultation with my surgeon about exercise options, it was agreed that the elliptical machine might be most appropriate. How did we arrive at this and what was involved in reaching a final decision on equipment choice.

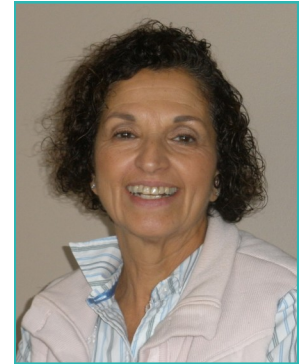
What was important in the machine I would be purchasing? It had to offer the benefit of a low-impact workout while providing muscle strengthening and cardio benefits. Elliptical trainers reduce the stress and strain on your legs through an elliptical motion. Your feet never leave the pedals. It is like walking in midair. The shape of the elliptical movement mimics the natural path of the ankle, knee and hip joints during walking, jogging or running. In comparison, when you walk or run, every step causes a jolt to your body. This affects not only the joints in your legs, but also your lower back.

Now that I've decided on an elliptical machine, there are several questions to be answered. First, which machine should I buy? Second, will I be able to use it without causing pain? This is what I learned:

Deal with a reputable store. A knowledgeable sales representative can be most helpful in choosing the equipment best suited to you.

Machine Considerations:

Elliptical trainers have different stride lengths. You want to purchase a machine with an elliptical motion, not a circular one that has you bouncing up and down. Make sure that the trainer is stable and the motion is fluid and quiet. The pedals should feel comfortable, be nonslip, and provide a natural stance – neither too wide nor too narrow.



Maxine Bergman
ACTION PNP Co-Chair

Cheaper is not better. Cheap elliptical trainers are built with cheap parts. Invest in a good machine to get the best results.

Try out exercise equipment in the store before buying. This helped me evaluate whether this was the appropriate machine for me. Is it a nice smooth, fluid movement? Does the stride length feel comfortable? Does the pedal spacing feel natural? So, with running shoes in hand, I visited my fitness equipment store on a daily basis for about 5 days to evaluate not only the machine but my body's reaction to it. Ten to fifteen minutes per visit was enough to assess whether it would work for me.

The final result – I purchased my elliptical five years ago and am still going strong. I work out daily; have improved muscle tone and strength in my back resulting in less pain.

www.actionontario.ca

New Narcotics Prescribing Guidelines Cause Problems

By: Bill Daya

The legislation was long overdue to curb double doctoring, poly pharmacy and forging of prescriptions. Unfortunately the implementation was not well organized given that most doctors, dentists and pharmacists were not informed ahead of the November 1st 2011 starting date for the new legislation to take effect. Pharmacists were left to their own creativity and adapted to the new legislation with guidance from the Ontario Pharmacists Association on how best to implement the new regulations.

Pharmacists have to guide doctors of how to write prescriptions for narcotics, controlled and targeted substances. Most doctors are understanding and cooperative, though it does hold up treatment specialties when both the doctor prescribing and the patient are new to the pharmacy.

Two months into the new regulations most local doctors are in compliance. Unfortunately, doctors from hospitals are difficult to reach, a difficult group to deal with and very time consuming. Dentists too seem to be poorly informed.



The regulation is a step in the right direction but very time consuming for doctors and pharmacists and very unorganized. I

wonder if another system, a triple copy of the prescription for example, would be a better more efficient system to implement.

Example:

A new patient to the pharmacy. A prescription for a narcotic was presented by a friend unknown to the pharmacy with no I.D. The prescription was written by a doctor from a hospital. The pharmacist had to call the patient to come to the pharmacy with I.D. to dispense the medication. The doctor in the hospital could not be reached.

*This may not seem like a hardship to some but for a patient, who has just been released from surgery, is bedridden, or in chronic pain the inconvenience is significant.

For more information on the new narcotics legislation and how it affects you for the public please go to: http://health.gov.on.ca/en/public/programs/drugs/ons/ons_faq.aspx

For healthcare providers: http://health.gov.on.ca/en/pro/programs/drugs/ons/ons_faq.aspx



ACTION Ontario is an innovative not-for-profit organization whose mandate is to advocate on behalf of people with Neuropathic Pain (resulting from injury or disease of the nerves, the spinal cord or the brain), in order to secure better and faster access to pain management. The board is comprised of university associated physicians, researchers and other health care professionals. As members of **ACTION PNP** each and every one of us is committed to improving the lives of People with Neuropathic Pain.

Optimism and Understanding Creates Hope

Application Form for ACTION Ontario PNP Committee Associate Membership

Please print and mail this form to the address provided below or email to: email@actionontario.ca
Membership application may also be made online at: www.actionontario.ca

Name: _____
Surname Given Name Initial

Gender: M F

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: () ____ - ____ home () ____ - ____ work () ____ - ____ cell

(Optional) Age Group: 18-35 36-55 55+

There are two types of membership on the PNP committee:

- 1) Regular members who are elected to serve on the PNP committee
- 2) Associate members who support the activities in meeting the goals and mandates of ACTION Ontario

Please check applicable designation: () *people diagnosed with Neuropathic Pain
() *people who wish to support the initiatives of ACTION Ontario/PNP
() *people who work with people with Neuropathic Pain and wish to support the initiatives of ACTION Ontario/PNP

Communications and newsletters are distributed by e-mail. Please provide a valid address for this purpose.

Email: _____

Referred By: _____

Date: _____

There is no fee for joining ACTION Ontario/PNP.

Privacy Statement: the information collected on this form is for ACTION Ontario/PNP membership only and will not be shared with other parties for commercial or other usage.

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