

## Undertreated Pain in the Context of Palliative & End-of-Life Care

### Annotated Bibliography: Incidence, Prevalence & Legal Liability and Related Issues

Updated (and links confirmed): 6 October 2008

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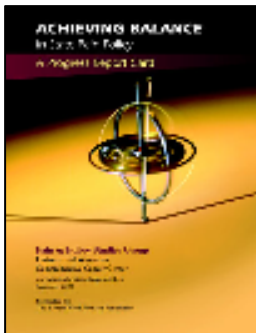
## Incidence, Prevalence

### Caregiver perceptions and pain talk by hospice interdisciplinary teams

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT*, 2008;36(4):374-382. Despite hospice's reputation as the gold standard for terminal care, there is still a need to improve pain management practices ... related to pain assessment, reluctance and fear of administering medication, noncompliance with pain medicine regimens, and hesitance to report pain. The aim of this ... study was to understand the current practice of hospice assessment and collaboration on informal caregiver issues related to pain management. Although caregiver concerns were identified ...there was only one discussion of caregiver pain-related concerns ... this despite the finding that 38% of the time involved in a patient discussion is spent on pain-related talk.

<http://www.jpsmjournal.com/article/PIIS0885392408002005/abstract?rss=yes>

### Barriers remain to effective pain management for cancer and other chronic diseases



AMERICAN CANCER SOCIETY | Press release – 15 July 2008 – States continue to make steady progress in adopting balanced policies that help people with pain to alleviate their suffering, according to a report that evaluates state policies to improve pain management and patient care. Only five states, however, received a grade of 'A' for enabling health care professionals to effectively alleviate the suffering of their patients without encountering barriers in legislation or regulation. *Achieving Balance in State Pain Policy: A Progress Report Card* was prepared by the University of Wisconsin Pain & Policy Studies Group (PPSG). PPSG evaluated state pain policies in 2000, 2003, 2006 and 2007 to determine what changes have been made over time.

- American Cancer Society press release:  
[http://www.painpolicy.wisc.edu/Achieving\\_Balance/08pressrelease.pdf](http://www.painpolicy.wisc.edu/Achieving_Balance/08pressrelease.pdf)
- *Achieving Balance in State Pain Policy: A Progress Report Card*  
[http://www.painpolicy.wisc.edu/Achieving\\_Balance/PRC2008.pdf](http://www.painpolicy.wisc.edu/Achieving_Balance/PRC2008.pdf)

Of related interest:

Kathleen M. Foley MD, Memorial Sloan-Kettering Cancer Centre

- **Managing pain in dying patients.** (Online interview)  
[http://www.pain.com/sections/professional/expert\\_interviews/interview.cfm?id=41](http://www.pain.com/sections/professional/expert_interviews/interview.cfm?id=41)
- **Pain and palliative care: What the future holds.** (Lecture on YouTube)  
[http://video.google.ca/videoplay?docid=157498919277675638&ei=7C\\_mSL3oPIKM-QHv2-3lBq&q=pain+and+palliative+care&vt=lf&hl=en-GB](http://video.google.ca/videoplay?docid=157498919277675638&ei=7C_mSL3oPIKM-QHv2-3lBq&q=pain+and+palliative+care&vt=lf&hl=en-GB)

## Regimens: Whites more often given opioid drugs, study finds

U.S. | *New York Times* – 8 January 2008 – Opioid medications, the powerful painkillers that experts say have been underused by doctors because of their stigma, are increasingly being given in emergency rooms – but white patients are more likely to get them than minorities, a new study finds. But the researchers, whose report appears in the *Journal of the American Medical Association (JAMA)*, wanted to see if the increase extended to emergency rooms.<sup>1</sup> They also wanted to know if there was still a tendency among doctors to withhold opioid drugs from blacks and non-white Hispanics. The answer to both questions is yes, the study found.  
<http://www.nytimes.com/2008/01/08/health/research/08regi.html>

1. *JAMA*, 2008;299(1):70-78. **Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments.** <http://jama.ama-assn.org/cgi/content/abstract/299/1/70>

Of related interest:

*MedScope Today*: **Disparities in pain management: An expert interview with Carmen R. Green, MD.** <http://www.medscape.com/viewarticle/581003>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. *Oncology News International*, 2008;17(6). **U.S. cancer patients still plagued by undertreated pain.** [06.01.08.] <http://www.cancernetwork.com/display/article/10165/1165435>
2. FOX-TV (Kansas City, MI): **U.S. patients fear pain relief may bring addiction.** [05.19.08.] <http://www.myfoxkc.com/myfox/pages/Home/Detail;jsessionid=FD41E34FD2E7A78EC33A8FC12EBDE553?contentId=6577534&version=3&locale=EN-US&layoutCode=TSTY&pageId=1.1.1&sflg=1>
3. *Plain Dealer* (Cleveland, OH): **Pain relief efforts target children.** [05.06.08.] <http://www.cleveland.com/living/plaindealer/index.ssf?base/living-0/1210062652307540.xml&coll=2>
4. Reuters (Newswire report): **Nursing homes undertreat dementia patients' pain.** [04.30.08.] <http://uk.reuters.com/article/healthNews/idUKCOL06888120080430>

Journal article cited by Reuters: *Journal of Pain & Symptom Management*, 2008;35(4):388-396. **Disparities in pain management between cognitively intact and cognitively impaired nursing home residents.** [April 2008] <http://www.ncbi.nlm.nih.gov/pubmed/18280101>

5. Statistics Canada: **Chronic pain in Canadian seniors.** <http://www.statcan.ca/Daily/English/080221/d080221b.htm> [02.21.08.]
6. *Journal of Pain & Symptom Management*, 2007;34(5):523-532. **The effects of analgesic prescription and patient adherence on pain in a Dutch outpatient cancer population.** [November 2007] <http://www.ncbi.nlm.nih.gov/pubmed/17664055>



7. Report for World Hospice & Palliative Care Day 2007: **80% of the world's cancer sufferers have no access to pain relief** [http://www.worldday.org/documents/access\\_to\\_pain\\_relief.pdf](http://www.worldday.org/documents/access_to_pain_relief.pdf)

**N.B.** See: **Many of world's poor suffer in pain** (below).

8. Oncology Channel: **Cancer Pain: Overview, Incidence, Prevalence.** [Last reviewed 12.01.07.] <http://www.oncologychannel.com/pain/index.shtml>

Cont.

9. **Canadian National Pain Study** [PowerPoint presentation by Pamela Squire MD dated 09.12.07.] [http://www.canadianpainsociety.ca/francais/Tramadol/Tramadol\\_Slides\\_SQUIRE.ppt](http://www.canadianpainsociety.ca/francais/Tramadol/Tramadol_Slides_SQUIRE.ppt)
  10. *Pain Research Management*, 2002;7(4):170-184. **Chronic pain in Canada – prevalence, treatment, impact and the role of opioid analgesia.** [Winter 2002] <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&uid=12518174&cmd=showdetailview&indexd=google>
  11. *Medicine, Health Care & Philosophy*, 2001;4(3):277-288. **The undertreatment of pain: Scientific, clinical, cultural, and philosophical factors.** [November 2001] <http://www.ingentaconnect.com/content/klu/mhep/2001/00000004/00000003/00322381>
  12. *British Medical Journal*, 2000;321:1309. **Survey of patients shows that cancer pain still undertreated.** [11.25.2000] <http://www.bmj.com/cgi/content/full/321/7272/1309/b>
  13. *Journal of the American Medical Association (JAMA)* 1998;279(23):1877-1882. **Management of pain in elderly patients with cancer.** [06.17.98.] <http://jama.ama-assn.org/cgi/content/abstract/279/23/1877>
- Online editorial comment on *JAMA* article: **New research indicates that untreated pain is a major problem among older nursing home residents with cancer.** [07.01.98.] <http://www.law.uh.edu/healthlaw/perspectives/Bioethics/980701Untreated.html>

### Incidence, Prevalence: Additional References & Resources

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. Michigan Cancer Pain Initiative (MCPI) is an association of health professionals, patient advocates, and representatives of clergy, government, and higher education, dedicated to addressing the problem of unrelieved pain from cancer and other sources. <http://www.mipain.org/>
2. *The Pharmaceutical Journal* 2007;278:679-682. **Pain in Palliative Care: A Review.** [06.09.07.] [http://www.pjonline.com/pdf/cpd/pj\\_20070609\\_palliativecare01.pdf](http://www.pjonline.com/pdf/cpd/pj_20070609_palliativecare01.pdf)
3. *Managing Cancer Pain.* The Canadian Healthcare Professional's Reference. Ed. Gallagher, R. The Canadian Pain Society, 2005.
4. *Managing Pain.* The Canadian Healthcare Professional's Reference. Ed. Jovey, RD. The Canadian Pain Society, 2002.
5. Pain Management. Ian Anderson Continuing Education Program in End-of-Life Care (Module 2). University of Toronto, 2000. <http://www.cme.utoronto.ca/endoflife/Modules/PAIN%20MANAGEMENT%20MODULE.pdf>

## Global perspective

### Many of world's poor suffer in pain

The World Health Organization estimates that 4.8 million people a year with moderate to severe cancer pain receive no appropriate treatment. For other causes of lingering pain – burns, car accidents, gunshots, diabetic nerve damage, sickle-cell disease and so on – it issues no estimates but believes that millions go untreated. Figures gathered by the International Narcotics Control Board make it clear: citizens of rich nations suffer less. Six countries – the United States, Canada, France, Germany, Britain and Australia – consume 79% of the world's morphine, according to a 2005 estimate. The poor and middle-income countries, where 80% of the world's people live, consumed only about 6%.



Photograph | Ruth Fremson

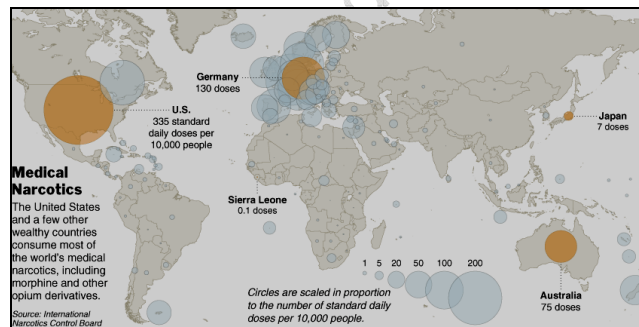
**Source:** *New York Times* (09.10.07.)

[http://www.nytimes.com/2007/09/10/health/10pain.html?\\_r=1&scp=3&sq=dying%20in%20pain&st=cse&oref=slogin](http://www.nytimes.com/2007/09/10/health/10pain.html?_r=1&scp=3&sq=dying%20in%20pain&st=cse&oref=slogin)

Sidebars to *New York Times* article:

▪ **'Millions dying in pain.'**

[http://www.nytimes.com/slideshow/2007/09/07/science/20070910\\_PAIN\\_FEATURE.html#](http://www.nytimes.com/slideshow/2007/09/07/science/20070910_PAIN_FEATURE.html#)



▪ **'Medical narcotics.'**

[http://www.nytimes.com/imagepages/2007/09/10/health/20070910\\_PAIN\\_MAP.html](http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_MAP.html)

▪ **'About opiates.'** [http://www.nytimes.com/imagepages/2007/09/10/health/20070910\\_PAIN\\_SIDE.html](http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_SIDE.html)

### Painkillers in short supply in poor countries

U.S. | *New York Times* – 10.09.07 – A survey of specialists in Africa, Asia and Latin America has produced a disturbing portrait of the difficulties in offering pain relief to the dying in poor countries. Many suffer routine shortages of painkillers, and the majority of specialists got no training in pain relief or opioid use during their medical education. <http://www.nytimes.com/2007/10/09/health/09pain.html>

## Legal Liability

### Doctors' legal fears leave patients in pain, Oklahoma Attorney General says

U.S. (OKLAHOMA) | *Tulsa World* – 25 September 2008 – Oklahoma Attorney General Drew Edmondson said that arrests of a few doctors for prescribing drugs inappropriately scares the "bejesus" out of the rest of the medical community. Testifying before the U.S. Senate Special Committee on Aging, Edmondson linked that concern to the large number of Americans who suffer pain that could be managed. Those numbers include as many as 50 million Americans and as many as 40% of the nation's nursing home residents. Edmondson has been working with the Drug Enforcement Administration (DEA) to change the perception among doctors who might fear prosecution if, for example, they choose to treat a patient with OxyContin instead of Tylenol III. [http://www.tulsaworld.com/news/article.aspx?articleID=20080925\\_16\\_A7\\_WASHIN110403](http://www.tulsaworld.com/news/article.aspx?articleID=20080925_16_A7_WASHIN110403)

### Legal risk for prescribing painkillers is small, study says

AMERICAN MEDICAL ASSOCIATION | *American Medical News* – 8 September 2008 – Primary care doctors say the greatest obstacle they face in prescribing opioids to treat chronic pain is scrutiny from regulators and law enforcement, according to a survey released earlier this year. But that fear is misguided, says a study in the September issue of *Pain Medicine*, the journal of the American Academy of Pain Medicine. Researchers reviewed nine years of medical board and local, state and federal law enforcement charges against doctors for improperly prescribing opioid analgesics. They found that 725 doctors were accused of criminal or administrative offenses from 1998 to 2006. The figure represents about one-tenth of 1% of practicing physicians, or one of every 954 doctors. "The conclusion of our study is that there is risk (in prescribing opioids); we're not denying that," said study co-author Myra Christopher. "But the risk is manageable and the risk has been exaggerated." <http://www.ama-assn.org/amednews/2008/09/08/prsb0908.htm>

### Misuse of narcotics may call for additional doctor training

U.S. | PharmaTech.com – 21 August 2008 – The Food & Drug Administration (FDA) may soon ask doctors to undergo special training to be able to prescribe powerful narcotics, Dr. Bob Rappaport told *The New York Times*. Rappaport, director of FDA's Anesthesia, Analgesia & Rheumatology Products division, said the agency is considering recommending additional education for doctors in early 2009, as FDA doesn't have the authority to require such training. That authority rests in the hands of state medical boards. More attention is being paid to this controversial issue as reports of improper use of painkillers have increased in recent months, despite FDA alerts. The drugs under concern include methadone, fentanyl, and some forms of oxycodone. <http://pharmtech.findpharma.com/pharmtech/Regulation/Misuse-of-Narcotics-May-Call-for-Additional-Doctor/ArticleStandard/Article/detail/543483?contextCategoryId=35097>

- *New York Times*: 'Better pain treatment.'  
<http://www.nytimes.com/2008/08/23/opinion/lweb24methadone.html?ref=opinion>

*To leave a person in avoidable pain and suffering should be regarded as a serious breach of fundamental human rights [and] can be regarded not only as unethical, but also negligence (I am tempted to say criminal negligence). It also should be regarded as unprofessional conduct; that is, it should constitute a basis for disciplinary action by the relevant professional licensing body.*

Margaret A. Somerville  
The McGill Centre for Medicine, Ethics & Law.

From the proceedings of the 7th World Congress of Pain, 1994.  
'Death of pain: pain, suffering and ethics.'

## Understanding and navigating the laws and regulations governing pain relief with opioids

*MEDSCAPE NEUROLOGY & NEUROSURGERY* | Online report – 12 August 2008 – Recent reports suggest that many healthcare practitioners express concern about prescribing controlled substances, including opioid analgesics, to patients with chronic pain, especially chronic non-cancer pain. Two of the primary causes of such concern are the reluctance to contribute to drug abuse, addiction, and diversion, and the possibility of being investigated or disciplined by a regulatory agency. <http://www.medscape.com/viewarticle/577999>

- Texas (RedOrbit.com): '**Politics of pain demonized by Drug Enforcement Administration.**' [http://www.redorbit.com/news/health/1522564/politics\\_of\\_pain\\_demonized\\_by\\_dea/](http://www.redorbit.com/news/health/1522564/politics_of_pain_demonized_by_dea/)

## Debate over prescribing narcotics: Treatment for pain divides physicians

U.S. (KENTUCKY) | *Lexington Herald-Leader* – 3 August 2008 – While federal investigators try to track down Kentuckians who go out of state to secure prescription pain pills to sell or abuse, many Kentucky doctors are wrestling with questions of how and when to treat thousands of legitimate patients who need those same drugs. It's all part of perhaps the hottest national debate in medicine today. The discussion revolves around two camps. One holds that pain essentially is an illness in its own right that should be treated aggressively, up to and including the use of powerful narcotic drugs. The other side contends that doctors must be much more conservative, offering narcotics only when they're absolutely sure patients actually need the potentially addicting drugs and are not seeking them to abuse them. Some nationally known experts, like Dr. Russell Portenoy, say the debate has left many doctors reluctant to prescribe narcotics because they fear being investigated by authorities. <http://www.kentucky.com/211/story/478782.html>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. Associated Press: **Advocacy group sues (Washington) State over guidelines for pain medications.** [06.24.08.] [http://seattlepi.nwsource.com/local/368462\\_pain26.html](http://seattlepi.nwsource.com/local/368462_pain26.html)  
Pain Relief Network website <http://www.painreliefnetwork.org/prn/category/mainpage>
2. End of Life Palliative Education Resource Centre Fast Fact & Concept #63: **The legal liability of undertreatment of pain.** <http://www.mywhatever.com/cifwriter/library/eperc/fastfact/ff63.html>

## Legal Liability: Additional Resources & References

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. University of Kansas School of Law: **Ineffective treatment of pain for the elderly, an annotated bibliography of sources pertaining to the emergence of liability for ineffective treatment of pain.** <http://www.law.ku.edu/library/elrp/warren.pdf>
2. *Journal of Law, Medicine & Ethics*, 2001;29(1). **The undertreatment of pain – legal, regulatory and research perspectives and solutions.** [http://www.painandthelaw.org/mayday/jlme\\_29.1.php](http://www.painandthelaw.org/mayday/jlme_29.1.php)
3. *Journal of Law, Medicine & Ethics*, 1998;26(4):308-331. **Criminal act or palliative care? Prosecutions involving the care of the dying.** <http://www.aslme.org/research/mayday/26.4/26.4a.php>

## Related Clinical Issues

### Can opioids make pain worse?

U.S. | *Pain Treatment Topics* – 20 August 2008 – Healthcare providers are becoming increasingly aware that ongoing opioid therapy for chronic pain might paradoxically worsen the pain in some patients – a condition called Opioid-Induced Hyperalgesia (OIH). According to Peggy Compton, author of this evidence-based review, present indications are that OIH does not arise in the majority of patients taking opioid analgesics, but when it does occur it can be difficult to manage. It is essential that healthcare providers carefully monitor patients' responses to opioid therapy and recognize that several conditions other than OIH – including worsening disease, opioid tolerance, withdrawal, pseudoaddiction, or addiction – can lessen opioid-analgesic effectiveness. In some cases, higher opioid dosing is needed; however, if OIH occurs, other strategies should be employed to provide pain relief. Strategies described in Compton's review include keeping opioid doses as low as is clinically effective, the use of adjuvant medications, opioid rotation, and new applications of low-dose opioid antagonists. <http://pain-topics.org/pdf/Compton-OIH-Paradox.pdf>

### Online resources for pain management health professionals

CANADIAN PAIN SOCIETY | Press release – 23 July 2008 – A new website, Advancing in Pain Management ([www.advancingin.com](http://www.advancingin.com)), provides healthcare professionals with an interest in pain management, access to a free, online, interactive resource. Dr. Roman Jovey, Immediate Past-President of the Canadian Pain Society, notes: "The problem of undertreated pain in Canada is huge and the training of currently practicing health care professionals has largely been inadequate. <http://www.newswire.ca/en/releases/archive/July2008/23/c6800.html>

### National Patient Safety Agency issues warning on pain killers

U.K. | NursinginPractice.com – 8 July 2008 – National Patient Safety Agency is issuing a Rapid Response Report to healthcare practitioners following concerns over incorrect and unsafe dosing of opioids ...pain killers such as morphine, methadone, oxycodone and fentanyl ...are used to relieve severe pain. Opioids are widely used across all sectors of the National Health Service. In the primary care setting alone – between 2001 to 2006 – there has been a 62% increase in opioid use in England. The Rapid Response Report requests that health practitioners follow new guidance when prescribing, dispensing or administering opioid medicines. <http://www.nursinginpractice.com/default.asp?title=NPSAissueswarningonpainkillers&page=article.display&article.id=12207>

- *The Guardian*: 'Doctors are warned over drug deaths.' <http://www.guardian.co.uk/society/2008/jul/06/health.nhs>
- *Medical News Today*: 'Pharmacists urged to implement new opioids guidance immediately.' <http://www.medicalnewstoday.com/articles/114420.php>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. *Las Vegas Sun*: **The painful truth about Nevada**. [07.06.08.] <http://www.lasvegassun.com/news/2008/jul/06/painful-truth-about-painkillers/>

Geography of prescription narcotic consumption in the U.S. [http://www.lasvegassun.com/multimedia/rx\\_interactive/](http://www.lasvegassun.com/multimedia/rx_interactive/)

2. Australian Broadcasting Corporation: **Brisbane scientists close to pain-free chemo**. [05.20.08.] <http://www.abc.net.au/news/stories/2008/05/20/2249649.htm?section=justin>

Cont.

3. *Annals of Oncology* doi:10.1093/annonc/mdm462. **Opioid analgesics for cancer pain: symptom control for the living or comfort for the dying? A qualitative study to investigate the factors influencing the decision to accept morphine for pain caused by cancer.** [12.10.07.] <http://annonc.oxfordjournals.org/cgi/content/abstract/mdm462v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>
4. *Science Daily*: **Morphine: A comfort measure for the dying or pain control for the living?** [12.11.07.] <http://www.sciencedaily.com/releases/2007/12/071210212155.htm>
5. *National Review of Medicine* 2004;1(15). **Undertreated pain festers in our anti-opiate culture.** [08.30.07.] [http://www.nationalreviewofmedicine.com/issue/2004\\_08\\_30/feature05\\_15.html](http://www.nationalreviewofmedicine.com/issue/2004_08_30/feature05_15.html)

### Related Clinical Issues: Additional References & Resources

#### **Cancer pain management training for healthcare professionals on CD-ROM**

*BRITISH JOURNAL OF HEALTHCARE COMPUTING & INFORMATION MANAGEMENT* | Online report – 16 September 2008 – The Institute of Cancer Research has produced an interactive CD-ROM, 'Breaking Barriers: management of cancer-related pain, for medical professionals to help manage their patients' pain.' Developed in collaboration with the Royal Marsden Hospital it describes accurate ways of measuring pain, the combination of drug treatments that may assist in pain management, how to tailor treatments to individual patients and the importance of communication skills. 'Breaking Barriers' is the first CD-ROM to combine such depth with a user-friendly interface that maximises a healthcare professional's understanding of cancer pain management. Animations, videos and interactive elements all combine to rapidly educate and assist the user. The first 10,000 copies were produced with the help of a donation and allow them to be made available free to medical professionals worldwide. <http://www.bjhcim.co.uk/news/2008/n809020.htm>

#### **New tool helps pain advocacy community address growing public health crisis**

U.S. | PharmaLive.com – 9 September 2008 – Healthcare professionals and patient advocates working to alleviate suffering and improve the care of millions of Americans with undertreated pain now have a new resource to help them achieve greater awareness and understanding of this serious national health problem. In the Face of Pain® is a free interactive toolkit to create individualized action plans, educational materials, and presentations tailored to a specific area of focus. <http://www.pharmalive.com/News/index.cfm?articleid=569580&categoryid=22>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. *The Lancet*, 2007; 369 (9570):1325-1326. **Morphine kills the pain, not the patient.** <http://linkinghub.elsevier.com/retrieve/pii/S0140673607606114>
2. *Palliative Medicine*, 2007;21:77-80. **Lethal opioids or dangerous prescribers?** [http://pmj.sagepub.com/cgi/pdf\\_extract/21/2/77](http://pmj.sagepub.com/cgi/pdf_extract/21/2/77)

Cont.

In the first article in a three-part series, Canadian palliative care physician Romaine Gallagher looks at the forces that demonized opium and its related compounds from the mid-1800s to the mid-1900s, finding they had little to do with medicine. The series continues with the emergence of addiction amid great societal changes at the end of the 19th century. In the final article in the series, the author discusses how global politics affected the domestic agenda.

3. Part I: **Under the influence: Opium's fall from grace.** *The Medical Post* [12.05.06.]
4. Part II: **Opium: Demonizing addiction.** *The Medical Post* [01.09.07.]
5. Part III: **Opium: How business interests hurt the future of pain management.** *The Medical Post* [01.23.07.]

**N.B.** Access to the online edition of *The Medical Post* by subscription only.

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