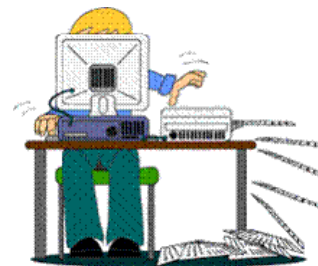


Media Watch

...is distributed weekly to colleagues active or with a special interest in **hospice palliative care and end-of-life issues** – to help keep them abreast of current, emerging and related issues, and to inform discussion and encourage further inquiry. Following is an annotated listing of recent articles, reports, etc., with links to the original source

21 July 2008 Edition | Issue #54



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Compiled & Annotated by Barry R. Ashpole

Medical students' perspectives on caring for the dying:
Scroll down to [Journal Articles of Interest](#) and 'Five-year experience:
Reflective writing in a pre-clinical end-of-life care curriculum.'

Canada: National

Euthanasia: A choice or a copout?

WINDSOR STAR (ONTARIO) | Editorial – 16 July 2008 – 'The Case Against Euthanasia' (link below) was an excellent and timely article. However, while addressing "the suffering argument," Margaret Somerville seems to have paid little attention to the recent and innovative advances in pain and symptom control and the sophistication of current palliative care, both of which have significantly mitigated the intensity and the extent of patient suffering. Stripped of its euphemistic overtones, euthanasia ...is merely a deliberate act with the intention to kill. Whether this act is committed directly by a physician or delegated to the patient through an assisted suicide is a matter of semantics. Since the respect for human life is the basis of our legal, moral and ethical systems, the deliberate act of killing is repugnant to most people, including physicians.

<http://www.canada.com/windsorstar/news/editorial/story.html?id=7080e648-a3b5-492b-b540-6b3beb106bd7&p=1>

From Media Watch dated 06.30.08.

- *Ottawa Citizen*: 'Margaret Somerville: The case against euthanasia.'
<http://www.canada.com/ottawacitizen/news/story.html?id=de02045d-51b1-4f4b-aa1a-157f3f79651b>

Links

Please alert this office if you encounter any difficulty. Every effort will be made to find an alternative means of access. Alternatively, copy/paste the URL into the address bar of your browser. All links are confirmed as being active before Media Watch is distributed; they remain active, however, for only a limited period of time.

Students support (B.C.) professor's right to controversial (assisted suicide) research

WWW.CANADA.COM | Online report – 15 July 2008 – Kwantlen Student Association (KSA) is supporting Russel Ogden, whose funding has been cut off. Ogden researched assisted suicide and euthanasia at Exeter University in Britain and Simon Fraser University (SFU) before making his way to Kwantlen University College. "SFU allowed almost the exact same research over a decade ago," said KSA's Ashley Fehr. "The only difference is this is assisted suicide among people with terminal illnesses, at SFU it was assisted suicide among people with HIV and AIDS." Ogden's research was shut down by the ...administration because of legal implications.
<http://www.canada.com/surreynow/news/story.html?id=17153fef-e9e6-4a2f-80d5-649d53fc4989>

From Media Watch dated 07.14.08.

- **GLOBE & MAIL: 'The ethics of witnessing suicides.'**
<http://www.theglobeandmail.com/servlet/story/LAC.20080714.LTAYLOR14/TPStory/National>

From Media Watch dated 07.07.08.

- **VANCOUVER SUN: 'Academic freedom: Instructor wants to witness assisted suicide for his research.'** <http://www.canada.com/vancouversun/story.html?id=8ccd8993-940c-476f-b03b-226112ce1044>

Canada: The Provinces

Ontario's watchdog investigating province's monitoring of nursing homes

ONTARIO | Canadian Press – 16 July 2008 – Ontario's government watchdog is launching a full investigation into the province's monitoring of nursing homes, provincial ombudsman Andre Marin announced. Marin said his office intends to look into whether the governing Liberals are holding nursing homes to account and ensuring they meet provincial standards. The investigation – prompted by a recent investigation by The Canadian Press that found three-quarters of Ontario's nursing homes consistently fail to meet some of the province's 400 standards of care – will explore two issues. "First, we will investigate the ministry's monitoring of long-term care facilities to ensure compliance with statutory requirements and policy standards," says Marin. The second part will examine an issue raised by businesses which run long-term care the facilities: "Are the standards imposed by the ministry unrealistic, trivial or irrelevant to the extent that they detract from effective compliance monitoring?"
http://canadianpress.google.com/article/ALeqM5g1FdSVT_N17n7IT1Hcl3Rfp5_gaA

- Ontario Ombudsman website: <http://www.ombudsman.on.ca/en.aspx>
- Ontario Ministry of Health & Long Term Care (Reports on Long Term Care Homes):
http://www.health.gov.on.ca/english/public/program/ltc/26_reporting.html

Barry R. Ashpole



My involvement in palliative and end-of-life care dates from 1985. As a communications specialist, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My work focuses primarily on advocacy, capacity building and policy development in addressing issues specific to those living with a life-threatening or terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class courses and facilitating workshops for frontline care providers.

[U.S.A.](#)

Linda Edmondson on end-of-life care (in Oklahoma)

OKLAHOMA | Newsok.com (Interview) – 20 July 2008 – Linda Edmondson is co-chair of the Attorney General's Task Force to Improve End of Life Care in Oklahoma and a member of the Governor's Hospice Advisory Board. A longtime social worker, she has been executive director of the Oklahoma Association for Healthcare Ethics and program manager for the Oklahoma Alliance for Better Care of the Dying. <http://newsok.com/linda-edmondson-on-end-of-life-care/article/3272314/?tm=1216514177>

The spiritual care role in a hospice setting

NEW YORK | *Ithaca Journal* – 18 July 2008 – From the moment a person makes that first call ...seeking hospice services for themselves or a loved one, all members of the hospice team (doctor, nurses, social workers and chaplains) are intricately involved in the care and well-being of that patient and his or her family. This holistic approach provides the kind of support a family needs when someone is terminally ill; providing not only the very best medical care, but attending to often complex emotional and spiritual needs as well.

<http://www.theithacajournal.com/apps/pbcs.dll/article?AID=/20080718/OPINION02/807180305>

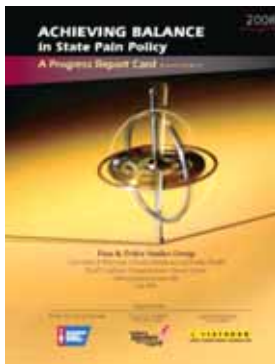
Addicted to grief?

SCIENTIFIC AMERICAN | Online report – 17 July 2008 – Losing a loved one is always painful, but for most people time eventually heals the wounds. For about 10-20% of the bereaved, however, accepting and getting over a loss remains extremely difficult, even years later. Now researchers are a step closer to elucidating the neurobiological underpinnings of this condition called complicated grief (CG). A new functional magnetic resonance imaging (fMRI) study, published in the journal *NeuroImage*, shows that in CG patients reminders of the deceased activate a brain area associated with reward processing, pleasure and addiction.

<http://www.sciam.com/article.cfm?id=addicted-to-grief>

- Abstract of original journal article: *Neuroimage*, May 2008 'Craving love? Enduring grief activates brain's reward center.' <http://www.ncbi.nlm.nih.gov/pubmed/18559294>

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
- *Achieving Balance in State Pain Policy: A Progress Report Card* http://www.painpolicy.wisc.edu/Achieving_Balance/PRC2008.pdf
- U.S. National Conference on Pain (4-7 September 2008): <http://www.painweek.org/default.aspx?>

Bill to put patients in charge of end-of-life care decisions sent to (California) Governor

CALIFORNIA | *Chronicle* – 15 July 2008 – The State Assembly sent to the Governor legislation to enable patients with a serious illness resulting in a life expectancy of a year or less to use a new process of expressing precise instructions for their end-of-life care. Assembly Bill 3000, which passed on a 73-0 vote, requires that the Physicians Orders for Life Sustaining Treatment (POLST) form, a form that clearly documents a patient's treatment preferences, be treated as a doctor's order. <http://www.californiachronicle.com/articles/68476>

- Tennessee: 'End of life issues should be brought up by doctors.' <http://www.knoxnews.com/news/2008/jul/21/end-of-life-issues-should-be-brought-up-by/>
- Tennessee: 'Act lets Tennesseans make home first choice.' <http://www.tennessean.com/apps/pbcs.dll/article?AID=/20080715/OPINION01/807150329/1008>

Integrating palliative care for dementia into primary care

MEDICAL NEWS TODAY | Online report – 15 July 2008 – Greg A. Sachs has received an award from the National Palliative Care Research Center to conduct a study aimed at improving quality of life and decreasing suffering for older adults and their family caregivers. Dr. Sachs will evaluate the feasibility of incorporating an outpatient palliative care program for patients with dementia into the primary care setting. His multidisciplinary team will build on a successful model that he previously developed for a geriatrics specialty; the Palliative Excellence in Alzheimer Care Efforts Program provided improved symptom management, enhanced family support, and assistance with difficult decision making. <http://www.medicalnewstoday.com/articles/114963.php>

- U.K.: 'People with dementia still at risk of exclusion from end of life and palliative care services.' <http://www.medicalnewstoday.com/articles/115471.php>

Cases of abuse by home aides draw scrutiny

WALL STREET JOURNAL | Online report – 15 July 2008 – Killings by home-care providers remain rare, but they are only the most extreme examples of what prosecutors and advocates for the elderly say is a growing number of cases of abuse, neglect or fraud in which home caregivers take advantage of the frail and the ill. And that's prompting calls for better oversight of an industry that's expanding fast as more Americans age and try to avoid nursing homes. About 1.6 million people are employed in home care, split about equally between those who provide basic health services, and those who provide housekeeping, cooking and nonmedical help. The two kinds of jobs are the second- and third-fastest growing occupations in America, behind only data processors. The trend toward home care has generally been hailed as a way to keep seniors happier and healthier, and at a lower cost, than they would be in an institutionalized setting. http://online.wsj.com/article/SB121608526216553105.html?mod=googlenews_wsj

Victimizing the elderly

- As employment in home care rises, so is abuse of the elderly who receive home care.
- Most abuse cases involve non-medical aides hired to help around the house.
- Many states don't require criminal background checks of home aides.
- Older people are sometimes afraid to report abuse.

- American Association for Retired Persons: 'New report finds older Americans have limited access to home and community-based services under Medicaid.' <http://www.marketwatch.com/news/story/new-aarp-report-finds-older/story.aspx?guid=%7B9E25720B-0742-4721-A394-793E17AE6D53%7D&dist=hppr>

Faced with caregiving, even experts struggle

NEW YORK TIMES | Online report – 14 July 2008 – The most compelling narratives on eldercare are hidden away in medical and professional journals. Excruciatingly detailed and heartfelt as only first-person accounts can be, they are written by doctors, nurses, social workers, administrators of nursing homes and the like, all of whom thought they knew everything about America's flawed and overburdened long-term care system – until they had to navigate it and found themselves just as flummoxed as the rest of us. Some of these accounts are available on the websites of the journals that published them, notably the journal *Health Affairs*. In a section called 'Narrative Matters,' Dr. Jerald Winakur, a geriatrician at the University of Texas, wrote [What Are We Going to Do With Dad?](http://newoldage.blogs.nytimes.com/2008/07/14/faced-with-caregiving-even-experts-struggle/?em&ex=1216180800&en=607abd8e62415a78&ei=5087%0A) in 2005, and two years later [Dad's Legacy](http://newoldage.blogs.nytimes.com/2008/07/14/faced-with-caregiving-even-experts-struggle/?em&ex=1216180800&en=607abd8e62415a78&ei=5087%0A), about the last year of his father's life. <http://newoldage.blogs.nytimes.com/2008/07/14/faced-with-caregiving-even-experts-struggle/?em&ex=1216180800&en=607abd8e62415a78&ei=5087%0A>

- *Journal News* (Lower Hudson Valley, NY): '**The care that wasn't.**' <http://lohud.com/apps/pbcs.dll/article?AID=/20080716/OPINION/807160324/1015/OPINION01>
- *Daily Planet* (Minneapolis, MN): '**Crises-preventing respite care: Need grows while funding shrinks.**' <http://www.tcdailyplanet.net/article/2008/07/11/crisis-preventing-respite-care-need-grows-while-funding-shrinks.html#>

A delicate talk with the dying

CALIFORNIA | www.sacbee.com (Sacramento) – 13 July 2008 – While doctors have become more skilled at discussing end-of-life issues with people who have terminal cancer, we still hesitate to bring up the topic with those who have other types of serious illnesses. Surely, bringing up the topic of impending death makes doctors feel uncomfortable and may contribute to our feelings that we have somehow failed. A recent study suggested that nurses are better at predicting survival times than doctors. To be fair, providing people information on prognosis is fraught with uncertainty. Sometimes doctors are just plain wrong. When we stick to "good," "guarded" or "poor" we are more accurate than when we try to predict a set number of months to live. <http://www.sacbee.com/107/story/1075015.html>

International

More Britons will be helped to die at home under new health plans

U.K. | *Daily Telegraph* – 16 July 2008 – More people will be helped to die at home under a range of measures and £286 million funding announced by the Health Secretary. Alan Johnson announced more support for carers, community nurses on call 24/7 in all areas, and better training for staff in his 10-year strategy for England. He said that how we care for the dying is the "hallmark" of how we care for all ill and vulnerable people. It is hoped the new measures will help more people to die at home instead of in anonymous hospitals. <http://www.telegraph.co.uk/news/newstoppers/politics/health/2303854/More-Britons-will-be-helped-to-die-at-home-under-new-health-plans.html>

- *Times*: '**End-of-life care: The key facts (of the government's 10-year strategy).**' <http://www.timesonline.co.uk/tol/news/uk/health/article4343418.ece>
- *Times*: '**Promise may fit manifesto: will it meet the need?**' http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article4347657.ece
- *Guardian*: '**The end-of-life care strategy is a welcome step towards dying with dignity, but the vital services are still patchy and unequal.**' <http://www.guardian.co.uk/commentisfree/2008/jul/16/health.health>

Swiss government official wants assisted suicide death tourism to stop

SWITZERLAND | LifeNews.com – 14 July 2008 – A leading government official in Switzerland wants the European nation to stop the infamous practice of "death tourism." That's where residents of other countries come to the mountainous nation to have pro-euthanasia groups help them engage in an assisted suicide. Swiss Justice Minister Eveline Widmer-Schlumpf says the practice is giving her nation a bad name. Widmer-Schlumpf wants to see legislation introduced that would help slow down the practice, since it is unlikely that she can get the Swiss parliament to ban assisted suicides. <http://www.lifeneews.com/bio2510.html>

During the past week or so:

- Australia (Geelong): **'Strict proviso for ...euthanasia parley.'**
http://www.geelongadvertiser.com.au/article/2008/07/16/16132_news.html
- Australia (Victoria): **'Doctor's back euthanasia change.'**
<http://www.news.com.au/heraldsun/story/0,21985,24026502-661,00.html>
- Czech Republic: **'Minister views proposal to legalise euthanasia unfortunate.'**
http://www.ceskenoviny.cz/news/index_view.php?id=324110
- Mexico: **'In Tijuana, market for death in a bottle.'**
<http://www.nytimes.com/2008/07/21/world/americas/21tijuana.html?ref=americas>
- Netherlands: **'Deliberations continue on complex topic of infant euthanasia.'**
<http://www.medicalnewstoday.com/articles/115129.php>
- U.K.: **'Euthanasia no answer to the 'problem of old.'**
<http://www.timesonline.co.uk/tol/news/uk/scotland/article4363814.ece>
- U.K.: **'One in three medics back mercy killing.'**
<http://scotlandonsunday.scotsman.com/health/One-in-three-medics-back.4306232.jp>
- U.K.: **Julie Walters to star in BBC1 assisted suicide drama (A Short Stay in Switzerland):**
<http://www.thestage.co.uk/news/newsstory.php/21308/walters-to-star-in-bbc1-assisted-suicide>
- U.S.: **'Half of Americans would choose death over disability: Survey.'**
<http://www.lifesitenews.com/ldn/2008/jul/08071505.html>

Journal Articles of Interest

Hospital mortality: when failure is not a good measure of success

CANADIAN MEDICAL JOURNAL, 2008;179(2). Mortality for specific conditions and procedures has figured prominently among outcomes-based performance measures. Although efforts to measure performance represent welcome developments, the focus on the hospital standardized mortality ratio, especially when the ratio is derived solely from administrative data, goes against the results of decades of investigation. <http://www.cmaj.ca/cgi/content/full/179/2/153>

Quotable Quotes

The impact of a terminal illness can reverberate throughout the family and they can experience both emotional and physical stress. If we do not care for and support families through this difficult time they may well become our next patients. Linda Kristjansen *Pain Management Newsletter*, 1997;10(5):1-3.

Shared decision making: Have we (physicians) missed the obvious?

ARCHIVES OF INTERNAL MEDICINE, 2008;168(13):1368-1370. The last several years have brought a proliferation of literature about shared decision making, participatory decision making, decision aids, and related topics. A recent (literature) search for "shared decision making" resulted in 1,891 articles. Although (physicians) may be tempted to think that (they) know all that (they) need to know about it, (this) article adds a twist to the thinking about this somewhat unsettling topic. The (authors) ...found the physicians in their study engaged in very little shared decision making ...(and) a very minor action by patients stimulated a little more sharing of decisions on the part of physicians. <http://archinte.ama-assn.org/cgi/content/extract/168/13/1368>

Relationship, communication, and efficiency in the medical encounter

ARCHIVES OF INTERNAL MEDICINE, 2008;168(13):1387-1395. While there is consensus about the value of communication skills, many physicians complain that there is not enough time to use these skills. Little is known about how to combine effective relationship development and communication skills with time management to maximize efficiency. The authors offer a model blending the quality-enhancing and time management features of selected communication and relationship skills. <http://archinte.ama-assn.org/cgi/content/abstract/168/13/1387?lookupType=volpage&vol=168&fp=1387&view=short>

Medical visit companions as a resource for vulnerable older adults

ARCHIVES OF INTERNAL MEDICINE, 2008;168(13):1409-1415. Medical visit companions are commonly present in older adults' routine medical encounters, actively engaged in care processes, and influential (*vis-à-vis*) patients' satisfaction with physician care. More systematic recognition and integration of visit companions in health care processes may benefit quality of care for a particularly vulnerable patient population. <http://archinte.ama-assn.org/cgi/content/abstract/168/13/1409?lookupType=volpage&vol=168&fp=1409&view=short>

Of related interest:

- *Baltimore Examiner* (Maryland): 'Caregivers help ease communication, study says.'
http://www.examiner.com/a-1491427-Caregivers_help_ease_communication_study_says.html

Care dependence: A struggle toward moments of respite

CLINICAL NURSING RESEARCH, 2008;17(3):220-236. The author's describe people's experiences of being dependent on others for care in their final stage of life, as well as what they felt made their experience of being dependent easier or more difficult. Care dependent is described as: changed relationship with oneself and with others, striving to adapt oneself to the situation, obstacles, and opportunities along the way while dependent. The result is described as an effort, a journey from independence to moments where it was possible to rest and recuperate while struggling with care dependency. **N.B.** Link unavailable.

Was Something Missed or Overlooked?

If you come across a media report, journal article, etc., relevant to hospice palliative care or end-of-life issues not mentioned in this edition of Media Watch, please alert this office so that it can be included in a future issue of the weekly report. Thank you.

Five-year experience: Reflective writing in a pre-clinical end-of-life care curriculum

THE PERMANENTE JOURNAL, 2008;12(2)
This article examines the use of reflective writing in a pre-clinical end-of-life curriculum. The authors identify major themes of student concerns related to caring for dying patients (see sidebar), curricular components, and use of reflection. They observe that without the formal inclusion of reflective writing in end-of-life curriculum, it is not clear how many students would have spent much time reflecting on their personal experiences and concerns related to death and dying. Reflective writing exercises caused students to personalize both the experiences and the information provided in lectures. Especially telling, regarding the value of reflection, is that more than half of the essays began with a reference to having thought little about caring for dying patients – as a major aspect of their role as health care professionals. The students attributed this to consciously

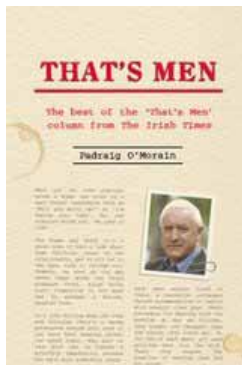
avoiding the topic or their emphasis on treatment and curing as best actualizing their motivation to pursue a medical career. http://xnet.kp.org/permanentejournal/spr08/nd-of-life_care.pdf

Themes and concerns

- Emotional responses to caring for the dying
- Own emotional response
- Appropriate emotional sharing and connection
- Failing to portray, or even feel, enough emotion or empathy
- Communicating support
- Shifting emphasis from curing to caring
- Feeling ill prepared

Books & Resources

The distress of the business of caring



IRELAND | *Irish Times* – 15 July 2008 – Both carers and those being cared for can find it a very wearing and exhausting experience. The other day I (Padraig O'Morain) heard ...Jon Nicholson talk ...about caring for his wife when she was dying of cancer. What struck me most was his account of how the relationship between himself and his wife suffered during this experience. She found it impossible to accept that the children were turning to him, and not to her, for help with everyday things. Her emotional responses to issues of this kind and to her own impending death brought much anger into the relationship and he came to quite dislike her. This isn't to say he stopped loving her, but his love was now of a different kind, changed by conflict, upset and sickness. In bringing these experiences into the open, Nicholson has given voice to a rarely-acknowledged truth about

caring. This is that the caring relationship can be wickedly hard on everyone involved. The generous, self-sacrificing carer and the grateful carer are probably figments of the imagination. The carer is likely to be distressed at what is happening to the person he or she is caring for ...and at the endless struggle to get help from the health and other social services.

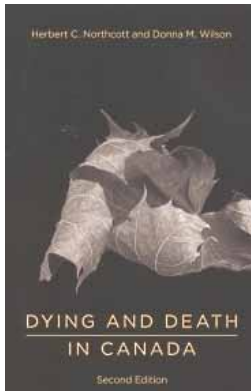
<http://www.irishtimes.com/newspaper/health/2008/0715/1215940925038.html>

N.B. Padraig O'Morain is a counsellor. *That's Men*, the best of the 'That's Men' columns from *The Irish Times* is published by Veritas.

Back Issues of Media Watch

Back issues of Media Watch are held on file for a limited time and available on request.

Dying and Death in Canada



This new edition of *Dying and Death in Canada* is designed for students who wish to learn about dying and death, for practitioners who work with the dying and the bereaved, for the dying and the bereaved themselves, and for the general public. Part I explores the causes of dying and death in Canada both historically and at present. Part II examines the collective constructions of – that is, the social and cultural response to – dying and death in Canada. Part III discusses dying and death from the personal points of view of the dying and the bereaved. Death, like sexuality, is ever present but was rarely discussed before the 1960s. Since then there has been a growing discourse in the social sciences and helping professions about how to discuss the social construction of death. Dying and death in a society reflect the material and social conditions of that society. In turn, the society and culture in which we live influences what we think and do

about dying and death. Similarly, dying is both a personal experience and a social role given shape and meaning by social practices and cultural definitions. The bereaved grieve and mourn in both personal and social terms, and the meaning assigned to dying and death is both personally and socially constructed. Authors: Herbert C. Northcott & Donna M. Wilson, University of Alberta. Publisher's website: <http://www.utphighereducation.com/product.php?productid=823>

Arts & Entertainment

The influence of death and bereavement on composers

U.K. | BBC Radio 3 – 15 July 2008 – With guest Simon Russell Beale, Iain Burnside looks at the influence of death and bereavement on composers. Music includes Schubert's 'Death and the Maiden' and Janacek's Piano Sonata. (Access to the program is only for the seven days following the initial broadcast.) <http://www.bbc.co.uk/radio3/iainburnside/pip/pfotu/?focuswin>

- *Ottawa Citizen*: 'Bach and Beethoven, surrounded by death.'
<http://www.canada.com/ottawacitizen/story.html?id=01478187-400e-4a7a-9b12-9bd2051e2c51>

Worth Repeating

A good death? I'll take a pass

U.S. | *Daily News* (Detroit, MI) – 14 November 2007 – Do I have to have a living will? Last year, I had an experience that gave me the distinct impression that if I didn't have one, my life was hardly worth, well, living. A routine mammogram had revealed that I had early-stage breast cancer. This kind of cancer is non-invasive and thus not particularly life-threatening if promptly attended to, and the required outpatient surgery isn't especially risky. Nonetheless, one of the shoals I had to manoeuvre through at the hospital (which otherwise afforded me excellent care) was a series of efforts to persuade me to sign on to the currently fashionable notion of a "good death."

<http://www.detnews.com/apps/pbcs.dll/article?AID=/20071115/OPINION01/711150317/1008>

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