

Family Pharmacare Program Welcome news for cancer patients



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Rodney and Trish Cole with
daughter Jessica. Rodney has
CML and is doing well on the
drug, Gleevec.

Prescription drug insurance is something we seldom think about and perhaps even consider 'a nice to have' until we need it. But, imagine being diagnosed with cancer and worrying about how you will pay for your groceries as well as your cancer drugs. This is the reality for about 25 per cent of cancer patients in Nova Scotia. While drug costs vary depending on the kind of cancer you have, expenses can quickly wreck havoc with any budget.

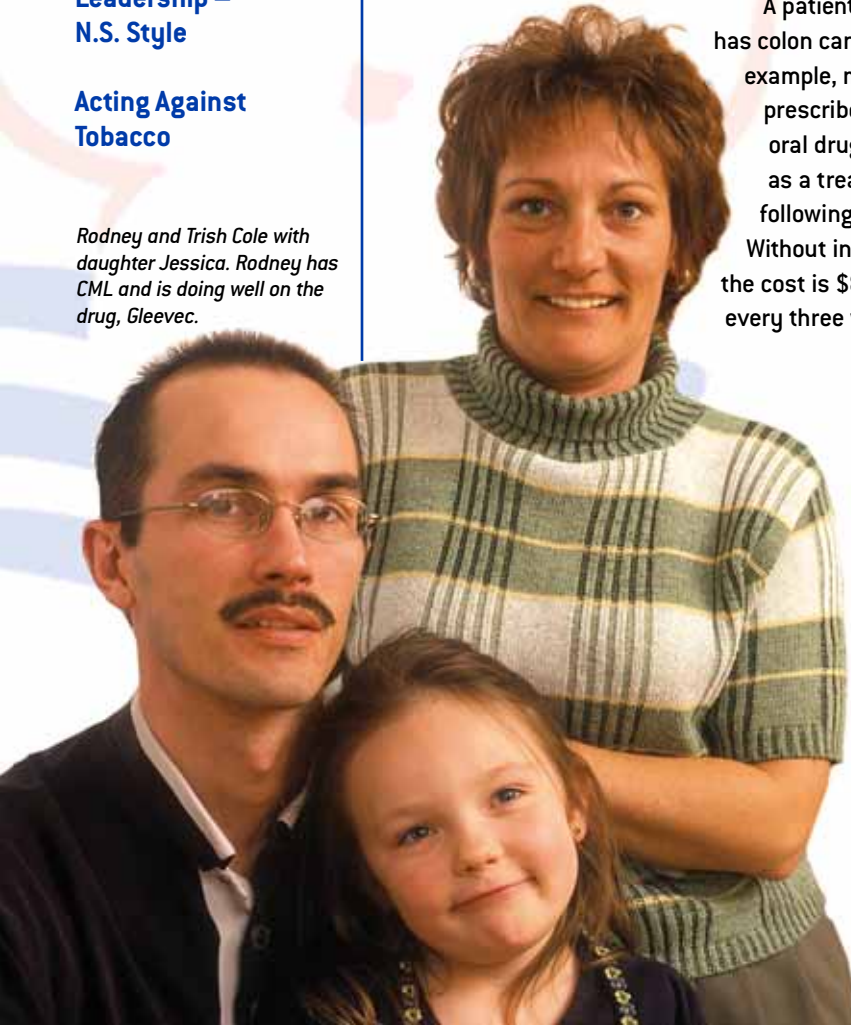
A patient who has colon cancer, for example, might be prescribed the oral drug, Xeloda, as a treatment following surgery. Without insurance, the cost is \$850 every three weeks.

While this may seem high, some drugs are considerably more expensive. Consider a patient who has chronic myeloid leukemia (CML). The drug of first choice to fight this disease is usually Gleevec, which costs about \$3,000 a month. Add to this, the other drugs that a patient might need and the costs are enormous – even for those who have drug coverage. Assuming an average copayment of 20 per cent, a patient (with insurance) needing Gleevec would still pay \$600 a month.

Recognizing the tremendous burden drug costs place on Nova Scotians, the provincial government recently created the Nova Scotia Family Pharmacare Program. Its mandate is to help Nova Scotians who do not have drug coverage, as well as those who are experiencing high drug costs not covered by their private insurance plans.

"The creation of a Family Pharmacare Program is particularly good news for cancer patients and for the health professionals who care for them," said Larry Broadfield, Manager, Systemic Therapy, CCNS. "It will provide some much needed relief for patients who do not currently have drug coverage, and will also be helpful to those who have private insurance with a high co-payment. I commend our government for developing a program which will benefit so many Nova Scotians."

The program helps cover the costs of certain prescribed medications and supplies. All Nova Scotians with a valid Nova Scotia health card may register for the program. There is no registration fee and no yearly premium. The family deductible and 20 per cent copayment only apply when you fill a prescription. The deductible and copayment cap depend on the family's income and size. *[continued on next page]*



Family Pharmacare Program (cont'd from front page)

Since none of us know what the future holds or how much prescription insurance is enough, it is important to enroll in the program now so coverage is available if and when you need it. Even those with private insurance can register for the program. You just need to make your pharmacy aware that you have both private insurance and Family Pharmacare so they can coordinate benefits between the two programs.

However, individuals who are already receiving drug coverage from some other provincial insurance programs do not qualify. These include: NS Seniors' Pharmacare,

Diabetes Assistance, under 65-long term care, as well as those registered with any Department of Community Services pharmacare program.

To enroll in the Family Pharmacare program, families must complete a registration form. The forms, as well as more information about the program, are available on the Pharmacare website at www.nspharmacare.ca or by calling 1-877-330-0323.

*The Nova Scotia Family Pharmacare Program takes effect on March 1, 2008.

RESEARCH

Radon and Cancer Risk

Could something colourless, odourless and tasteless really be harmful; even cancerous? Yes, especially if it's radon or radioactive gas.

While there are many sources of radiation (e.g. x-rays and CT scans), radon gas is released from rock that contains uranium as part of a normal radioactive decaying process. It naturally seeps into our homes from underlying rock through cracks and other openings in basement walls and floors. For this reason, radon levels are higher in basements, especially if there are openings to the underlying soil. The danger: if inhaled over the long-term, radon can cause lung cancer.

Naturally, this phenomenon has many health

professionals concerned, including Dr. Louise Parker, Professor of Pediatrics, Community Health and Epidemiology, Dalhousie University and CCS Chair in Population Cancer Research. Dr. Parker has researched the effect of radiation on cancer risk and other health outcomes for years. Currently, she is part of the Nova Scotia Advisory Group on Radon, which is providing expert advice and guidance to government

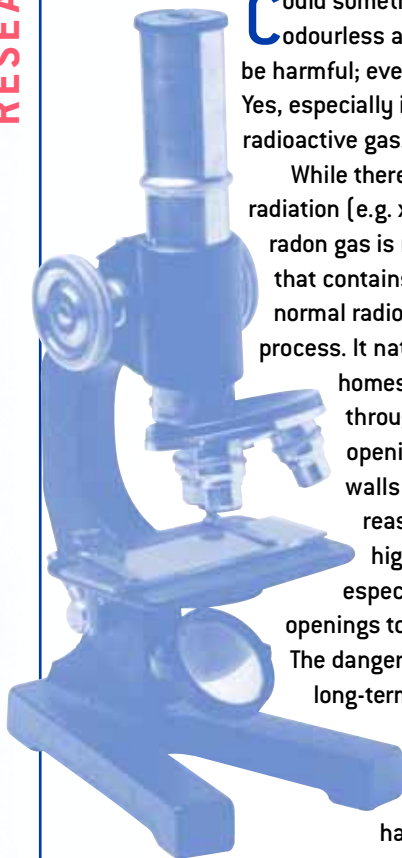
on how to lower radon levels in private as well as public buildings.

"World wide, around one-in-eight of all cases of lung cancer are caused by inhaling radon and in Nova Scotia, lung cancer accounts for a third of all deaths due to cancer," says Dr. Parker. "People who smoke are more susceptible to the effect of radon and stopping smoking reduces the risk of lung cancer both from tobacco smoke and from a combination of tobacco smoke and radon."

This information has prompted Health Canada to advise building and homeowners to reduce the risk of lung cancer to themselves and others by taking steps to reduce radon levels in their dwellings. As radon tends to enter our homes through the basement, Nova Scotians are encouraged to test their homes for radon levels and based on the findings, take appropriate action. While newer homes are being constructed to protect against excess exposure to radon, all homes should be tested.

"The first thing to do is to measure the amount of radon on the lower floors to determine if there is a problem," explains Dr. Parker. "The new guideline is for domestic radon levels to be below 200 Bequerels [a measure of radioactivity] per cubic meter. If the level is above this guideline then it's possible to reduce the amount of radon in the air through ventilation and sealing cracks and surfaces."

For more information on radon – including radon safety, how to measure it and what to do if levels are high — contact the Nova Scotia Department of Environment and Labour at 1-877-9-ENVIRO (368476) or visit their website at www.gov.ns.ca/enla.





Leadership – Nova Scotia Style

While we might think of a 'leader' as the person 'out front' conducting and directing others, often a leader is the person 'behind the scenes', the ardent motivator who quietly maintains the operations and empowers others to do their best. Radiation Oncologist, Dr. Rob Rutledge passionately embraces this concept of leadership and views it as a group effort.

"I'm really uncomfortable with the term 'leader,'" said Dr. Rutledge, who practices within Capital Health and is an Associate Professor with Dalhousie University's Faculty of Medicine. "I think of myself more as a catalyst and facilitator. I don't separate myself from the people I work with or from the patients and families I serve; we are all in this together."

In fact, Dr. Rutledge says there are many layers of 'leaders' in the process of providing supportive care. From the medical team of nurses and physicians to the psychologists/social specialists, community-based organizations, and patients and families, supportive care is multi-dimensional.

That said, aside from being a renowned physician, lecturer and presenter, Dr. Rutledge sees his role as helping to raise awareness for what others are doing for supportive care. This includes everything from providing information about diagnosis and treatments, to promoting healthy living and helping people delve into their fears and problems. In recognition of his contribution to physician health and health promotion in oncology patients, Dr. Rutledge was recently presented with the Doctors' Nova Scotia award for Health Promotion. He continues to use his passion and enthusiasm to teach patients, families and health professionals how to empower and advocate for themselves.

In 1999, he and Dr. Tim Walker – a psychotherapist and spiritual teacher – along with social worker Susan Kenny, developed the *Skills for Healing Weekend Retreats*. Held throughout Canada, these sessions provide cancer patients and families with an opportunity to talk with supportive care specialists and learn mindfulness-based stress reduction strategies (e.g. meditation) to help them deal with their cancer more effectively. To date, Drs. Rutledge and Walker have run 19 sessions in 13 cities, reaching out to more than 600 people. The response has been great with many benefits, not the least of

which is their ability to connect people with each other.

"A recent study, *The impact of psychological interventions on medical cost offset: A meta-analytic review**, showed that supportive care not only increases a patient's quality of life, but saves money," said Dr. Rutledge. "It found that families use fewer services when they receive early supportive intervention."

While providing timely supportive care to patients is critical, Dr. Rutledge said that it is equally important to have supports for health professionals, considering that more than 50 percent of all physicians are in advance stages of burn-out.

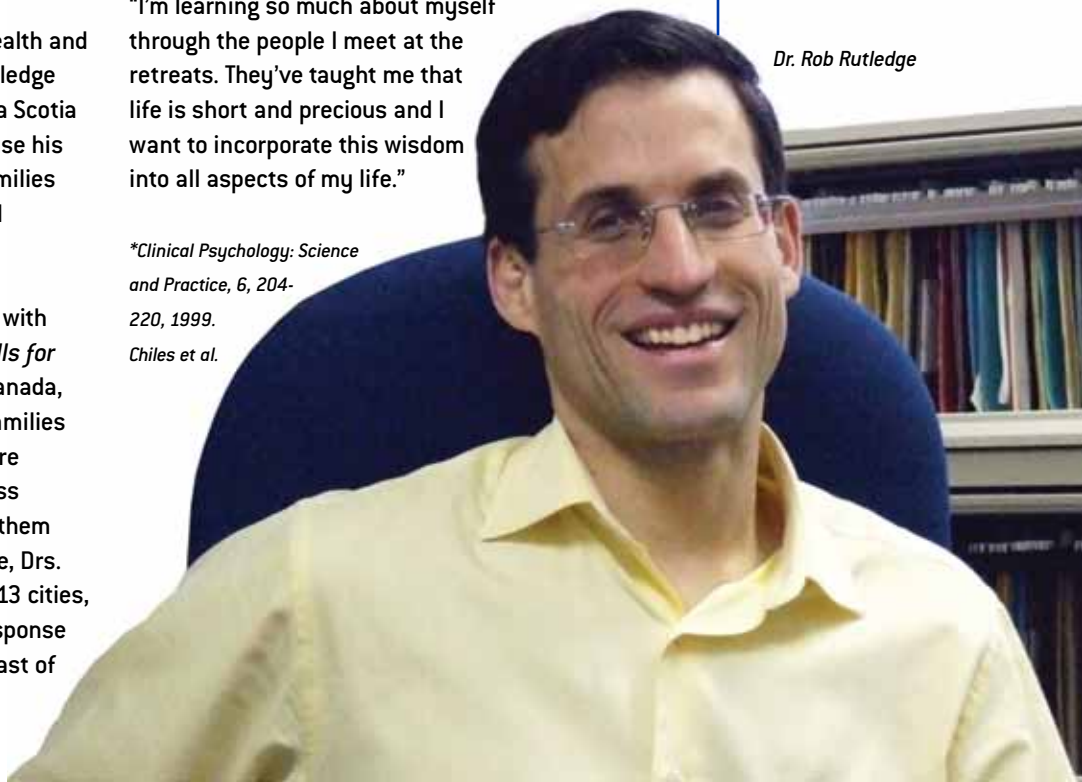
"Offering compassion and a means for self-care to health professionals is huge," says Dr. Rutledge. "Moreover, finding a balance in our own healing process as professional caregivers, helps to sensitize us to what our patients/families are experiencing. There is an obvious overlap between our self-care and how we care for others. We realize that our behaviour influences outcomes."

Dr. Rutledge believes that life is a journey and currently, his path is leading him to create a not-for-profit organization called *Healing and Cancer* to help promote the role of supportive care.

"Supportive care happens every day. It's that human connection between people," said Dr. Rutledge. "I'm learning so much about myself through the people I meet at the retreats. They've taught me that life is short and precious and I want to incorporate this wisdom into all aspects of my life."

**Clinical Psychology: Science and Practice, 6, 204-220, 1999. Chiles et al.*

Dr. Rob Rutledge



Acting against Tobacco We've come a long way...Nova Scotia

Most people of a 'certain' age remember when it was cool to smoke. In the early 80s, university students and professors smoked in class and often in small, unventilated rooms. People smoked just about everywhere including hospitals.

We've come a long way since then. In the early 90s more than 33 per cent of Nova Scotians smoked. Today, as the result of a comprehensive approach to tobacco control, only 22 per cent of Nova Scotians smoke.

"Over the past 15 years we've been working with our partners to reframe the whole approach to tobacco use, said Steve Machat, Manager, Tobacco Control, Nova Scotia Health Promotion and Protection. "Tobacco use is no longer viewed as an individual problem, but a community problem that impacts individuals, families, work places and the health system."

While legislation and taxation has been essential in advancing the agenda for tobacco control, providing the necessary infrastructure to support, educate and empower Nova Scotians to act against tobacco in their own communities has been an equally important ingredient in preventing and reducing tobacco use over time.

A strong proponent of the importance of building capacity in communities, *Cancer Care Nova Scotia* has been a key partner in tobacco control since the beginning. Action in your Community against Tobacco (ACT), led and developed by CCNS, in partnership with the Canadian Cancer Society, has played an important role in bringing tobacco control stakeholders together to learn from each other and share ideas and work.

"CCNS recognizes the value of providing communities with the supports necessary to take action on issues of concern such as tobacco," said Judy Purcell, Prevention Coordinator. "ACT provides the structure to foster capacity building in communities.

As we build a community's capacity to take ownership, great things are happening."

Tobacco Free Sport and Recreation is a wonderful success story. An activity included in the ACT tool kit, it began as Tobacco Free Soccer when introduced by the Cole Harbour Soccer Club in 2003. Today, this program has grown to include all manner of sports and recreation organizations, such as Girl Guides. Their participation provincially, prompted Girls Guides of Canada to implement a national tobacco-free policy.

Strong community capacity has resulted in other successes as well. Most recently, the Town of Wolfville introduced a by-law which will prohibit smoking in

vehicles when children under the age of 18 are present. During the last sitting of the House of Assembly, our MLAs passed similar legislation. It is expected to take effect in Spring 2008. And, Town council in



Bridgewater has proposed a by-law that would completely ban smoking in the town including public streets and parks.

Momentum to be the first non-smoking province in Canada is building. We have come a long way, Nova Scotia, but we're not there yet.

"We've fulfilled our initial order, said Mr. Machat. We have infrastructure, a smoker's helpline, legislation and policy. We've seen success and have moved from having the highest percentage of smokers in the country to the middle of the pack. The next step is to work with our stakeholders to develop a renewed tobacco control strategy. Targeting tobacco use among youth and young adults will be among our priorities as we move forward. Continuing to strengthen community capacity for action on tobacco will also be a cornerstone of the renewed strategy."