RALUT REPORTER

RETIRED ACADEMICS AND LIBRARIANS OF THE UNIVERSITY OF TORONTO

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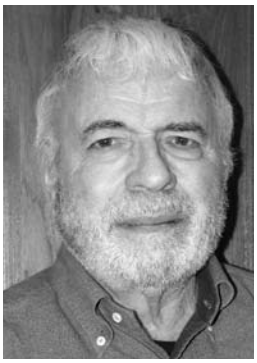
President's Report

Doug Creelman



This May, on the 24-25th, CURAC is meeting in Windsor; all are welcome. CURAC? College and University Retiree Associations in Canada. This time the parallel American group, AROHE, are sending their Executive board to meet concurrently. And they will share their expertise and experiences with us, a great opportunity. For the program and registration see the CURAC web site, www.curac.ca. It's a pleasant train ride to Windsor, so why not come along?

According to the agreement that went along with the end to mandatory retirement, the Senior Scholars/Retiree Centre was to be on the way last April. Finally, this month, the report of the Planning Committee, which has strong representation from RALUT, will go forth. Not bad speed for such a project.

Those of us teaching a course or two are coming down to the final few weeks. March may have come in like a lion, but around me it goes out in a miasma of exam and research paper anxiety. Someone (Woody Allen?) has said that nostalgia is over-rated and not what it used to be. Spring end-of-term nostalgia is definitely over-rated. But as I write this the sun is trying to break through and the last (?) of the snow is almost gone. I'm starting to think Spring thoughts. Hope you are too.

The RALUT Memorial Award —A Major New Initiative!

Beate Lowenberg

RALUT's Executive Committee has approved a proposal from its Commemorative Initiatives Sub-Committee to inaugurate an endowed named undergraduate student award that when funded will provide, in perpetuity, an annual award. Since this will be a *named* award, it will help to further raise RALUT's profile within the university community–an associated and welcome bonus!

The RALUT Memorial Award will, like our current bursary, honour our deceased members and be awarded primarily on the basis of financial need and secondarily on that of academic excellence. For the present, RALUT will continue to maintain our current annual $1000 bursary which has just been awarded for 2007 to another undergraduate.

RALUT has received expert advice regarding the implementation of this named endowment award from the Student Awards Officer at the University of Toronto. The fund will be fully operational and ready to receive donations as of April 2nd 2007, and members will by then have full information on how to make a contribution to the award. Since contributions will be made through the university they will therefore be eligible for income tax receipts, to be issued for each and every donation-whatever the amount!

Our objective is to raise at least the minimum amount of $20,000 required for this endowed award by donations from our members and even from *continued on page 2*

In this Issue

WHAT AILS HEALTHCARE FOR UNIVERSITY/COLLEGE RETIREES? — What is the Prescription?

Dr. Tarun Ghose, Professor Emeritus, Department of Pathology, Dalhousie University

(Reprinted from the CURAC Newsletter, with permission of the editor and author)

I am starting with the arguable assumption that the problems that university/college retirees face with Canada's healthcare delivery system (i.e. Medicare) are not different from those faced by seniors at large. This assumption is based on the observation that the majority of CURAC Member Associations is open to all university/college retirees and thus, CURAC's clientele represent a fairly representative cross section of the senior population of the Canadian society with the probable exceptions of the very rich and the very poor. However, this territorial demarcation excludes that minuscule fraction of retirees who take early retirement and are probably looked after by their workplace Employee Associations or Unions.

So what (if anything) ails the existing healthcare delivery system for seniors in Canada?

I shall first consider the systemic problems of Medicare faced by all members of our society including seniors (who also have their own age related problems). The systemic problems of Medicare include long waiting times; overcrowding in Emergency Rooms; shortage of physicians and other healthcare professionals; lack of space in nursing homes resulting in unacceptably long waiting times; and the rising cost of healthcare in general but more specifically the rising cost of prescription drugs. What can we suggest for remedying these systemic problems of Medicare? What should CURAC advocate?

Canadians are divided about the future of Medicare and the reforms necessary to make Medicare more effective. The June 2005, (3 against 2 majority) Supreme Court ruling on Chaouilli v. Quebec not only generated intense discussion on Medicare but also further sharpened the divide. For example, at least 927 articles including 290 editorials appeared in the Canadian press within six months of the Supreme Court ruling. A small but significant majority of these opinion pieces favoured private health insurance (QuesnellValle A, Bourque M, Fedick C, Maioni A. In the aftermath of Chaoulli v. Quebec: whose opinion prevailed? *CMAJ* , 175:105-152, 2006). However, this might reflect more the opinion of the editors and owners of newspapers than the majority Canadian public because : i) Ralph Klein's Health Policy Framework, introducing substantial privatization in Medicare, had to be hastily retracted in April, 2006, just two months after it was made public, because of the outrage it provoked among Albertans and in Klein's own Conservative Party, and ii) Quebec's Bill 33, that followed the Supreme Court decision, allowed private insurance only for three surgical procedures and imposed strict restriction on further intrusion of private care and "double dipping," i.e. simultaneous participation in public and private healthcare by physicians.

The terrain of healthcare policy debate is crowded with myths created by ideologues and lobbyists. Productive discussion about Medicare is possible only after evaluating existing evidence and the facts on the ground. Let us begin by visiting two Canadian "holy cows" tethered to the opposing edges of the ideological divide.

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the wider community during the customary five year contribution period. For example, if 200 donors contributed a single donation of $100, or 40 donors pledged $100 per year for five years, we would be able to reach the $20,000 target. However, donations in any amount will be welcomed. The interest generated during this period by invested donations will be allowed to accumulate and thus contribute to the final total. A $20,000 endowment normally generates an award of $800–$1000 annually in perpetuity.

Contributing to such an award will be an appropriate way for us, whose lives have been enriched by our University of Toronto experience, to repay some of that benefit by assisting deserving students. Even those who have not directly benefited from association with the University of Toronto will thus be provided with an opportunity of helping its promising students.

By providing assistance to deserving students in need, this significant new initiative will mark a further major and appropriate milestone in RALUT's progress since its founding in February 2001.

The members of the Commemorative Initiatives Sub-Committee are: Beate Lowenberg (chair); Diane Henderson; Helen Rosenthal. Many thanks for all your help!

RALUT Member Endel Tulving Honoured

The Canadian Medical Hall of Fame has elected University Professor Emeritus Endel Tulving as one of five 2007 inductees. He joins other Canadian health professionals who have contributed to the understanding of disease and the improved health and well-being of all people.

Prof. Tulving was born in Estonia and received his doctorate at Harvard University. He has been a leader in research in cognitive psychology since the late 1960s. He is internationally recognized for his work in bringing the study of memory into prominence, and in particular for his work on memory processes and systems. He was appointed a University Professor at the University of Toronto in 1985 and also served as chair of the Department of Psychology.

Prof. Tulving was retired in 1992 but remains active in the field. He is currently the Anne and Max Tanenbaum Chair in Cognitive Neuroscience at the Baycrest Centre for Geriatric Care's Rotman Research Institute. He has published extensively and has won many national and international awards, including the Gairdner International Award in 2005. Last July, he was named an officer of the Order of Canada.

The 2007 Canadian Medical Hall of Fame inductees were selected by an independent committee of prominent leaders from the medical sciences community. They will be formally inducted on Oct. 2 in London, ON.

The Canadian Medical Hall of Fame is the only national organization dedicated to recognizing the accomplishments of outstanding healthcare workers in Canada. The Hall of Fame sponsors exhibits and a national educational programme with the aim of encouraging Canadians to consider careers in the health sciences while gaining an appreciation of Canada's contributions to health care globally.

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The first holy cow bellows out the mantra that privatization or "two tier" medicine will cure Medicare's ills. The problems of private and two tier medicine are best seen in the US, where private medicine coexists with federally funded Medicare and Medicaid. In spite of the highest governmental expenditure for healthcare in the world (~13.6% of the GNP), 46 million Americans, including over 11 million children, remain uninsured. In the US it now costs ~$500/person/month (and many co-payments) to have Canadian standard health care. Health insurance premiums are soaring at ~13.5% per year. It is no wonder increasing numbers of Americans are remaining uninsured or under-insured and the California legislature passed a bill this year proposing a Canadian model universal access health care scheme only to be vetoed out by the Governor on the ground that it was "socialist medicine".

"For profit" hospitals spend only half their money on patient care. The rest is spent for administration and generating profit. To augment profit, they cherry-pick low-risk, high volume diseases leaving the most needy and seriously ill for public care. Yet, for comparable procedures, private hospitals have higher mortality and morbidity rates than accredited public hospitals. The Canada Health Act does not prohibit "for profit" private clinics but they siphon off trained personnel from the public system. This may be very detrimental in the context of Canada's current state of serious health-worker shortage.

From the above we can conclude that privatization is unlikely to cure the current ills of Medicare. Furthermore, a recent study (Hsu J, Price M, Huang J et al. Unintended consequences of caps on Medicare drug benefits. *New England Journal of Medicine* 354:2349-2359, 2006) confirms the conclusion of several previous studies that users' fees and caps only discourage the poor and the elderly to seek necessary help resulting in suffering and increased expense for treating more advanced disease.

The second holy cow embodies the belief of the of majority of Canadians that Canada's publicly funded single-tier, single-payer health care system, where access is determined by need and not the ability to pay, is economically efficient and ensures the best medical outcome. One criticism of Medicare, in this context, is it's "out of control cost" and the corollary that many European countries provide comparable care at much lower costs. A CIHI (Canadian Institute for Health Information) bulletin reveals that in 2005 (the latest available data) Canada's health expenditure amounted to 10.4% of its GDP thus ranking Canada in the middle of an OECD (Organization for Economic Cooperation and Development) listing of countries based on health-care expenditure. Canada is preceded by France, Germany, Switzerland (all with equivalent levels of care) and the US which spends ~15% of its GDP on health care with a much worse outcome. Furthermore, many countries pay larger shares of their healthcare expenses than Canada does. A perusal of OECD data from 1990 to 2004, reveals that in 2004 Canadian

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CURAC Conference

The Annual Conference of CURAC (College and University Retiree Associations of Canada) will take place at the University of Windsor on May 24/25. Our colleagues at the University of Windsor and St. Claire College have organized a most interesting program. It will include sessions on Health Resources for Seniors, Safeguarding Retirees' Interests and Retiree Centres. Two scholars from the University of Toronto, Raisa Deber and Mary Seaman, will be making presentations on seniors' health issues. Visits to sites of historical interest are being arranged. The on campus accommodation is first class and low cost. Check it out on CURAC's website (www.CURAC.ca) and register soon.

RALUT members Peter Russell and John Dirks discussissng the future

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Governments paid 69.8% of total healthcare expenses compared to 85.5% by the UK, 78.4% by France, 79.5% by Ireland, and 76.4% by Italy. 17 out of the 28 countries listed in the Report pay higher proportions of total health-care expenses than Canada. On a per capita basis, the USA spends twice the amount of money for health care than Canada does. A surprising finding is that all levels of Canadian Government have been slowly offloading health-care expenses on the public. For example, Canadian governments paid 74.5% of its total health-care expenses in 1990 but only 69.8% in 2004. As a result private insurance payments rose in Canada from 8.1% of health-care expenses in 1990 to 13% in 2004. The OECD average of governmental share of health-care expense has remained unchanged. Interestingly, the proportion of Governmental payment in health care has been steadily increasing in the USA e.g. from 39.7% in 1990 to 44.7% in 2004 (also see: Gross D. National health care? We're halfway there. *The New York Times*, Dec. 3, 2006, BU p. 4). Nevertheless, there has been a steady increase in the inflation adjusted average annual rate of growth of health-care expenditure both in the public and private sectors of Canada over the last three decades (CIHI *Bulletin*, Nov. 2006). The annual rate of growth of health-care expenditure has accelerated over the last five years, i.e. 6.05% in the private sector and 4.9% in the public sector. The rate of growth of health-care expenditure is faster in the young and the old. Hospitals (30%), retail drugs (17%) and the compensation for physicians (13%) are the three most expensive items in our healthcare budget. The cost of drugs is the single most rapidly rising item of our healthcare budget.

From the above, we can conclude that Canada's health-care expenditure is roughly on par with that of other OECD countries with comparable levels of care and outcome. Nevertheless, as pointed out by the Romanow and Kirby Commissions, the rising cost of health care needs to be controlled and reforms are necessary to remedy Medicare's current problems. However, the consequences of any major cut in health-care budget should be properly examined because a number of studies including one by CIHI show a positive correlation between health-care spending and life expectancy (also see the well-researched article: Cutler DM, Rosen AB, Vijan S. The value of medical spending in the United States. *New England Journal of Medicine* 355: 920-927, 2006).

It may be appropriate now to briefly discuss the age-related health-care problems of seniors in Canada. Canada's population has been growing and graying since the twentieth century. For example, in 2001, ~ 4million Canadians were 65 years or older, ten years later their number will be ~7 million. By 2031, 1 in 5 Canadians is projected to be a senior. There are two contradictory scenarios regarding the impact of Canada's aging population on health-care delivery (see CIHI *Bulletin*, 2005). The "doom/gloom" school worries that the growing number of seniors will overwhelm the existing health-care system.

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RALUT member appointed to the Order of Canada

Timothy Murray, Professor Emeritus in the Faculty of Medicine was named Member of the Order of Canada. His appointment was announced by Governor-General Michaël Jean Feb. 20.

Cited for his significant contributions to osteoporosis research and education in Canada, Professor Murray's clinical studies have enhanced understanding, diagnosis and treatment of this disease. He is a former director of the metabolic bone clinic at St. Michael's Hospital and served as director of the Toronto site for the Canadian multi-centre osteoporosis study. A founding member of the Osteoporosis Society of Canada, he has helped raise public awareness of the risks and prevention of this condition.

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The "sunshine" school points out that today's seniors are much healthier, and Canadians' use of health-care facilities, especially hospital use, has dropped in spite of the aging population. This school believes that any extra demand due to Canada's aging population could be accommodated within our evolving Medicare system. Past evidence favours the "sunshine's." Statistics Canada's 1970s projections on hospital use, based on 1970s morbidity experience, widely over-estimated the current use of hospitals.

Still there are several health-care related matters concerning seniors that need further attention of CURAC. These include:

- Comprehensive Homecare for seniors
- Access to nursing homecare and quality control of nursing homes for seniors
- Advanced and Terminal Care
- Combatting the culture of "benign neglect" towards seniors that permeates our present health-care system
- Healthcare for persons with disabilities
- Evaluation of "fitness to drive"

In an article published by CARP (Canadian Association of Retired Persons) on April13, 2006, Cynthia Cravit points out that over 2 million Canadians over the age of 45 are looking after seniors in addition to doing their regular job and saving Medicare over $ 5 billion /yr. These care-givers do not get any financial compensation even though Mr. Romanow pointed out that Medicare would simply collapse without these unrecognized care-givers. Canada lags behind the UK, Australia, Germany and several other countries, including the US, in developing a national care-giving strategy.

CURAC should consider joining CARP in urging federal, provincial and territorial governments to take immediate fiscal and legislative action creating a national home and community care system as outlined in CARP's open letter of April 2003 to Canada's various levels of government.

Unfortunately, there is an ingrained culture in medical practice that regards seniors as secondclass citizens. This ill-concealed prejudice becomes manifest in the written and unwritten codes of many hospitals for considering the suitability and prioritization of transplant recipients. This prejudice also surfaced in the preparation of triage protocols for pandemics. In one model protocol, persons over 65 years were automatically excluded from receiving ICU (Intensive Care Unit) care. Such a brazen utilitarian approach to healthcare framed by "experts" should be challenged (see Melnychuk RM and Kenny NP. Pandemic triage: the ethical challenge. *CMAJ*, 175:139-394, 2006). This prejudice is also quite blatant in cancer care. Even though cancer largely affects people over 65, older patients are often denied adjuvant chemotherapy which might be beneficial. In fact, older cancer patients are routinely excluded from clinical trials of anti-cancer drugs on the wrong assumption that these drugs are too toxic for the elderly (for concise reviews see, *Journal National Cancer Institute*. 98: 1516-1518, 2006 and Trimble EL and Christian MC. Cancer Treatment and the Older Patient. *Clinical Cancer Research*. 12:195-859, 2006).

One in eight Canadians lives with disabilities and many disabilities increase with aging. There is evidence that people with disabilities are less likely to have access to their basic health-care needs. The problem is deep and cannot be resolved simply by building more wheelchair ramps. The present culture of medicine is oriented more towards curing acute diseases than managing disabilities and chronic conditions. Patients with disabilities usually have complex medical afflictions and need longer examination by properly trained physicians. Even though some provinces have favourable fee schedules for chronic care services,

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Public Policy Committee: Report

The Public Policy Committee has consulted with specialists in residential development to obtain the benefits of their long experience. These included a consultant who has given professional leadership in building many retiree residences at colleges and universities in the U.S.A. We have also approached Canadian consultants to give us their ideas about proceeding at the University of Toronto, with the important feature of including continuing care with the retiree residence.

In the next stage, the committee plans to find a suitable location for the multipurpose residence, to study alternative approaches to finance and manage the project, and then to move into the construction phase.

Don Bellamy
Chair

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trained man power is lacking (Marks MB, and Teasell B. More than ramps. *CMAJ* 173:329-330, 2006). Targeted deployment of "hospitals on wheels" may help health-care access for persons with disabilities.

In Canada, car crashes kill ~3000 and injure another 250,000 persons per year. Even though the majority of car crashes involve the 15-55 age group, the crash rate increases after the age of 75 and more so after 80. The primary cause of such crashes is medical conditions that impair driving. CURAC should encourage retirees to cooperate with their physicians and licensing authorities for establishing and implementing proper licensing regulations for the safety of retirees themselves and the public at large (also see DJM Butcher. Fitness to drive. *CMAJ* 175:57-576, 2006).

I am summarizing below a few thoughts as to how some of the current problems of Medicare can be temporarily resolved. I shall emphasize the importance of the recommendations in the Romanow and Kirby Reports, 2002, and in the National Waiting-time Advisor, Brian Postl's report (July, 2006) that only fundamental changes can make Medicare effective and sustainable.

Emergency room overcrowding and long waiting lists are the results of systemic deficiencies, compounded by inappropriate management, improper deployment of resources and past and current underfunding.

Determining priority in waiting lists is difficult because there are no reliable data on the effect of waiting on the quality of patients' life and outcome. Auditing and pooling of waiting lists and the use of internet have considerably reduced waiting times. Patients' watchdog committees and patient evaluation by third parties may reduce waiting list abuses. In Canada, the Armed Forces, the RCMP and Employee Insurance patients receive automatic priority. This practice should be challenged.

The use of Physician Assistants (PA), Nurse Practitioners (NP) and Trainees (under supervision) along with the use of "Clean Rooms" in Outpatient and Primary Care Centres (instead of operation theatres) for minor surgeries and simple procedures would cut cost and waiting times, improve the utilization of operation theatres, and increase the productivity of surgeons, ophthalmologists and anesthetists. In contrast to the UK experience, in the US both PAs and NPs have improved productivity and decreased workload of physicians especially in the rural setting (Hooker RS. Physician assistants and nurse practitioners : the US experience. *MJA* 185:47, 2006).

Recently, hospitals in Edmonton and Halifax have demonstrated that waiting for joint surgeries can be substantially reduced by temporarily focusing available resources to overcome bottlenecks. The surprise was that all resources already existed within the public system.

Waiting queues have also been eliminated in other facilities by identifying and removing the cause of bottlenecks. The cost for overcoming blocks is offset by eliminating treatment during waiting. Patients also suffer less.

The proposed national or regional centres for cataract and cardiac surgeries and joint replacements would avoid future bottlenecks.

" For profit" clinics do not significantly cut down waiting in public hospitals.

One cause of Emergency Room overcrowding is that, outside family practice office hours, *continued on page 7*

RALUT Member Joan Winerals Honoured

Retired librarian Joan Winerals received an Arbor Award at a ceremony held by the University of Toronto this past September. Joan has continued her involvement with the University, on a voluntary basis, using her expertise in early maps and her many ties to the map community in Canada. She has also been active in initiating and organizing, in collaboration with the Library, three special sessions to update library skills for members of Retired Academics and Librarians of the University of Toronto.

The annual Arbor Awards were created by the University in 1989 to recognize volunteers for their outstanding personal service to the university.

Joan Winerals accepting the award from Joan Leishman,the Director of the Gerstein Science Information Centre. She was representing the Chief Librarian at this event.
(from UofT Library Newsletter)

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health care is delivered via expensive Emergency facilities. It is necessary to establish 24/7 Primary Care Centres staffed by teams of family physicians with diverse expertise, NPs, psychiatrists, pharmacists and public health workers.

Approximately 10,000 patients die every year in Canada because of prescription errors. The inclusion of pharmacists in health care teams will eliminate prescription errors as well as the prevalent practice of over-prescription for seniors.

Primary care centres would filter off patients who do not need major interventions or acute care and thus cut cost. If necessary, they would provide chaperones to guide patients through the maze of tertiary care hospitals and help them to use information technology for making treatment related decisions. Primary care centres would also provide vaccinations along with information on preventive health care and lifestyle; and maintain patients' records for future reference and studies.

Another cause of Emergency room overcrowding is the scarcity of beds in long term facilities. More space must be created in nursing homes and home care should also be extended. "The hospital at home" model of home care provides acute health care at home (either after early discharge or after assessment) to relieve demand on inpatient acute care; and avert hospital hazards. There is no difference in patient outcome between "at home" and inpatient models. At home models do cut cost but stress caregivers. The manpower shortage in health-care was created by cuts in the intake of medical students, residents, nurses and medical technicians during Mr. Martin's cost-cuttings. Recent federal funding has reversed the situation but a physician shortage persists. Uneven distribution also causes physician shortage. According to a recent OECD study Canada has now the lowest number of physicians/ per capita among the OECD countries and per capita, there are far fewer family physicians in rural Canada than in cities. As regards the quality of training and education, Canadian doctors have been found to be lacking in health literacy (Rootman I. Health literacy: Where are the Canadian doctors? *CMAJ* 175: 50-68, 2006) and especially in modern information technology. This needs prompt attention and appropriate remedial measures.

About 40% of Canada's 60,000 working doctors are scheduled to retire in 15 years. In addition to increasing the intake of medical schools (which take ~7 years to produce family physicians), this gap can be filled by increasing physicians' productivity by transferring a part of physicians' responsibility to PAs, NPs, nurses, audiologists, optometrists etc. Another way of relieving physician shortage is licensing foreign medical graduates (FMGs). They now constitute ~25% of working Canadian physicians. The existing pool of unutilized FMGs in Canada can readily fill the gaps in Medicare. However, the will to do so is lacking in certain quarters. *continued on page 11*

Retiree/Senior Scholar Centre Planning Committee Completes Its Work

Peter H. Russell

The committee appointed by the University to draw up plans for the Retiree/Senior Scholar Centre on the St. George campus has completed its work. The committee was co-chaired by Edith Hillan, Vice Provost Academic and Elizabeth Sisam, Vice-President Campus and Facilities Planning. Its membership included Dr. Sara-Jane Finlay, Director of Faculty Renewal, Professor Brian Corman, Chair of the Department of English, Professor David Cook, Principal of Victoria College, Professor Wayne Hindmarsh, Faculty of Pharmacy, Leanne Pepper, Manager of the Faculty Club, Professor Tom Alloway, UTFA Vice-President for Salaries, Benefits & Pensions, Professor Alan Jacobs, a retired faculty member from the Scarborough campus, and three members of your RALUT Executive Committee, Doug Creelman, Lino Grima and myself. The Committee began meeting in November 2005 and agreed on its final report on March 6, 2007.

In developing its plan for the Centre, the Committee learned much from the experience of retiree centres at universities in the United States. The report proposes the following functions for such a centre at the University of Toronto.

- supporting the continued involvement of retired faculty and librarians who work towards the University's mission and commitment to the student experience
- pension and benefits counseling
- liaison with the Centre for Community Partmerships to co-ordinate community outreach
- scheduled visits from Research Services, Information Commons, Library Services, etc.
- academic and social programmes

It is proposed that a Board of Governors, on which the university administration, RALUT and UTFA will be represented, be responsible for the overall direction of the Centre and that an Executive Director be in charge of program development and the day to day to administration of the Centre.

Guided by the University's space-planning office, the Committee concludes that the best available space for the Centre, in the short term, is the third floor of the Faculty Club. That floor has become available because it is no longer needed to house Faculty Club staff. The third floor could accommodate offices for the Centre's Executive Director and RALUT, a reception area, space for counseling and small meetings, a few lockable carrels for individual study and a kitchen/refreshment area. In addition the Centre will be able to book other rooms in the Faculty Club for meetings and activities. A crucial component of the plan is the installation of an elevator to serve the Club's upper floors. If over time the Faculty Club space proves to be insufficient for the Centre's activities, it is proposed that long-term accommodation be sought elsewhere on campus.

The report proposes an operating budget to be funded by the University that will provide salaries for the Executive Director and an Administrative Assistant and basic office supplies and services. The capital budget for the proposal comes close to $1 million, two-thirds of which is the cost of the elevator. Much of this will have to be raised by the University through fundraising with help we have pledged from active and retired faculty and librarians.

While the Committee's report focuses on the St. George campus Retiree Centre, it does not overlook the commitment in the University's Agreement with the Faculty Association on ending mandatory retirement to establish retiree/senior scholar centres on all three of the University's campuses. Plans for the Mississauga and Scarborough centres will be developed by their own committees. Planning committees for each of these campuses are now being formed.

The report of the Planning Committee, with its plan for the St. George campus Centre, will now go forward to the appropriate committees of the Governing Council. If Governing Council approval is obtained this spring, work could begin right away on the Faculty Club third floor renovation so that the first of our three retiree centres would be ready for occupancy at the end of 2007 or early in 2008.

RALUT Members' Current Publications and Honours

This is the last "Current Publications and Honours" for a while. As you know, we need to re-organize our way of handling this valuable project in order to deal with the volume of work which RALUT members are producing – articles, books, performances, exhibitions. Please watch future REPORTERs for developments, and keep track of your own work for submission when we announce the new system. With thanks to all for contributing, Germaine Warkentin

Mary Jane Ashley (Public Health Sciences) has recently published, (with eight others) "The effect of smoking on the relationship between alcohol consumption and all-cause mortality in Canadian women," *Contemporary Drug Problems* 32 (2005), 373-386; with eight others, "Smoking cessation and lung cancer mortality in a cohort of middle-aged Canadian women," *Annals of Epidemiology* 15 (2005), 302-9; with seven others, "Body mass index and mortality in women: follow-up of the Canadian National Breast Screening Study cohort," *International Journal of Obesity Related Metabolic Disorders* 29 (2005),792-7; with six others, "On the front line of smoking cessation: Canadian pharmacists'practices and self-perception," *Canadian Pharmaceutical Journal* 138 (2005), 32-38; with J.M. Brewster, "On the front line of smoking cessation: Survey and workshop for faculty," *Canadian Pharmaceutical Journal* 138 (2005) 24-25; and with two others, "Pharmacists' smoking cessation practices: relationship to their knowledge and skills, attitudes and perceptions of roles," *Journal of the American Pharmacists' Association* 46 (2006), 729-737.

Cornelia Baines (Public Health Sciences) was invited to lecture on "Mammography screening: lessons learned" at the Association of Oncologists of Latvia. Riga, Latvia. 2006, and on "Are current ethical barriers in epidemiological research excessive?" Joint Center for Bioethics, UofT, 2007. She has published C.J. Baines et al., "University of Toronto Case-Control Study of Multiple Chemical Sensitivity–3: Intra-Erythrocytic Mineral Levels," *Occupational Medicine* (Advanced Access published October 17, 2006); and with J. Freeman, "Epidemiological research in cancer: are current ethical barriers excessive?" Commissioned by the Canadian Cancer Etiology Research Network. 2006. Her invited book chapter, "The Canadian National Breast Screening Study: science meets controversy" has appeared in *Exce$$ive Medical $pending*, eds N.J. Temple and A. Thompson (Abingdon, Oxon, UK, 2007:121–4). She is a member of the Health Sciences II Research Ethics Board 2005–7.

John Beckwith (Music) was honored on the occasion of his eightieth birthday by an all–day symposium on 10 March organized by the Faculty of Music's Institute for Canadian Music and consisting of four papers on various aspects of his career; and the following day, 11 March, by a concert of his music, sponsored jointly by the Faculty and the Canadian Music Centre. Beckwith's new composition, "Fractions", for microtonal piano and string quartet, receives its premiere in the New Music Concerts series in Toronto on 28 April. He will be the invited "honored speaker" at the joint conference of the Canadian University Music Society and the Canadian Association of Music Libraries at the Université de Montréal on 12 May.

C.S. Churcher (Zoology) has published: "Reconstructing Quaternary pluvial environments and human occupations through study of the stratigraphy and geochronology of fossil-spring tufas, Kharga Oasis, Egypt," *Geoarchaeology*, 19.5 (2005), 407-439; in collaboration with six others, "An unworn example of a *Ceratodus tuberculatus* tooth plate and a new genus, *Retodus* n. gen., for the species," *Geodiversitas* 28.4 (2006), 5-17; with two others, "A Pre-Dynastic Ass (*Equus asinus*) from the Sheikh Muftah Cultural Horizon of the Dakhleh Oasis, Western Desert, Egypt," in K. Kroeper, et al., eds., *Archaeology of Early Northeastern Africa, Studies in African Archaeology* 9, Poznań: Poznań Archaeological Museum (2006), 1-10; with M.R. Kleindienst, "Distribution and history of the Cape zebra (*Equus capensis*) in the Quaternary of Africa," H.B.S. 'Basil' Cooke Festschrift. *Transactions of the Royal Society of South Africa* 61.2 (2006), 89-96. The Society of Vertebrate Paleontology made him an honorary Life Member in October, 2006.

Ursula Franklin (Engineering; Massey College) received the honorary degree of Doctor of Science from McGill University in May, 2006.

Lino Grima (Centre for Environment and Geography) published "Will Canada's Well Run Dry?" in *idea&s,the arts & science review*, 3.1 (Spring, 2006), 42–43.

Gwynneth Heaton (Library) has published *All about me, or is it I? Beware the wild pronoun!* (Trafford Publishing, 2006).

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Joseph Houpt (Medicine) co-authored with four others a poster, " Secondary Osteonecrosis in Paediatric Knee Joints," presented at the World Congress on Osteoarthritis in Prague (2006) and published in *Osteoarthritis and Cartilage*, 14, supp. B, p. S147.

Jose Jiminez (Rehabilitation Medicine) received the decoration "Encominenda de la Orden al Merito Civil" from King Juan Carlos of Spain in July, 2006.

John McClelland (French and Faculty of Physical Education and Health) has published *Body and Mind: Sport in Europe from the Roman Empire to the Renaissance* (Routledge, 2007).

John S. Moir (History) has continued active research since his retirement in 1989: seven papers, six edited volumes, and nine books. Most recently, with Paul Laverdure and Jacqueline Moir he edited Emile Petitot's *Travels Around Great Slave and Great Bear Lakes 1862-1882* (Champlain Society, 2005). From the Canadian Catholic Historical Association he received the George E. Clerek Award in 1991, and an honorary Life Membership in 2005 for his services to Canadian religious history.

Brian Parker's (Trinity College) critical edition of *Coriolanus* (Oxford 1994) has been chosen as a required text for France's nation-wide Agrégation and Capè examinations in 2007, and the Shakespeare Association of France is holding a conference on the play at the University of Tours for which he will be the keynote speaker. He also lectured on the play in 2006 for the Festival Theatre at Stratford, Ontario, and will be doing the same for King Lear in the summer of 2007. His main area of publication remains Tennessee Williams, for which his SSHRC fellowship has been renewed for two more years.

Peter Russell (Political Science) has edited (Kate Malleson) *Appointing Judges in an Age of Judicial Power: Critical Perspectives from Around the World* (University of Toronto Press, 2006); and has published "Constitutional Politics: In a new era Canada returns to old methods," in Hans J. Michelmann and Cristine de Clercy, eds., *Continuity and Change in Canadian Politics: Essays in Honour of David E. Smith* (University of Toronto Press, 2006) 19-39; "Fiscal Federalism: Not Resolvable by Constitutional Law," in Sujit Choudhry, Jean-Francois Gaudreault-Desbiens and Lorne Sossin, eds., *Dilemmas of Solidarity: Rethinking Redistribution in the Canadian Federation* (University of Toronto Press, 2006), 175–184; and "Canada and Its Indigenous Peoples: Consensus or More Colonialism?" *Literary Review of Canada*, 14.8 (October 2006), 5–7. He was awarded the American Political Science Association's 2006 C. Herman Pritchett Award for the best book on law and the courts in the past year, for his *Recognizing Aboriginal Title: The Mabo Case and Indigenous Resistance to English-Settler Colonialism*, (University of Toronto Press, 2005 and University of New South Wales Press, 2006).

Roger Savory (Near and Middle Eastern Civilizations) has published a review of Charles Kurzman, *The Unthinkable Revolution in Iran* (Harvard 2004) in *Canadian Journal of History / Annales canadiennes d'histoire* 41 (2006), 415-7.

John H. Simpson (Sociology) has published "The Politics of the Body in Canada and the United States" in Lori B. Beaman, ed., *Religion and Canadian Society; Traditions, Transitions, and Innovations* (Toronto: Canadian Scholars' Press, 2006).

Germaine Warkentin (English) has published (with Peter Hoare), "Sophisticated Shakespeare: James Toovey and the Morgan Library's 'Sidney' First Folio," *Papers of the Bibliographical Society of America* (100.3) 2006, 313-56. Her edition of Northrop Frye, *"The Educated Imagination" and Other Writings on Critical Theory, 1933–1963* has also appeared (University of Toronto Press, 2006), and her *Canadian Exploration Literature* (Oxford Canada, 1993) has been re-issued in a new edition by Dundurn Press (2006).

John W. Wevers (Near and Middle Eastern Civilizations) has published "The Dead Sea Scrolls and the Septuagint, BIOSCS (Bulletin of the International Organization for Setpuagint and Cognate Studies" 38 (2005), 1–24.

Irving Zeitlin (Sociology) has published *The Historical Muhammad* (Cambridge: Polity Press, 2007).

Do you know of any upcoming meetings, seminars, symposia or other events that would be of interest to Retired Academics and Librarians? If so, please notify the editor of the REPORTER so these events can be advertised to RALUT members. Although the REPORTER is unable to publish complete programmes, we would be happy to announce the title, date, time, and location as well as the coordinates of an appropriate contact person.

A Note concerning Benefits

If you are having problems with your benefits, a problem with Greenshield for example, then help is available from U of T's Benefits Specialist in Human Resources.

The Benefits Specialist is Keithann Newton
She has her office on the 8th floor at 215 Huron St.

Telephone 416 / 978-4673
FAX 416 / 978-5702
e-mail keithann.newton@utoronto.ca

What Ails Healthcare continued from page 7

The rising cost of Medicare must be controlled. The price of prescription drugs and physicians' compensation are two fast growing items in Medicare's budget. The pricing of patent medicines is based on "what markets can bear". In Canada, the cost of prescription drugs (including the cost of over-prescription) is rising by 10 to 15% per year, was $20.6 billion in 2005, and is projected to be $30 billion in 2010. Cost of prescription drugs can be controlled by bulk purchase, discouraging over prescription and the use of the less expensive but equally effective generic drugs. Only drugs of proven effectiveness should be provided by public funding. The best way of controlling the price of drugs is to reintroduce compulsory licensing which would allow marketing cheaper generic versions of patent drugs after paying reasonable licensing fees. Drug patents are protected by WTO agreements but negotiated pricing is possible especially under government pressure.

Medicare is beset with a contradiction: it assures up-to-date diagnostic procedures and surgical interventions, but prescription drugs are only provided in the hospital setting. The paradox deepens with the almost exponentially decreasing hospital stays (which is desirable) and the increasing use of ambulatory and home care. The worst victims are the 3.5 million Canadians who cannot afford drug insurance and suffer until they are ill enough for hospital admission.

The "catastrophic drug program", an important addition to Medicare, is of little help to the poor. There is a need for a federal strategy for universal and affordable access to prescription drugs. CURAC should consider advocating such a strategy.

The salary of physicians is an important component of the rising cost of healthcare. Replacement of the inefficient "fee for service" method of compensating physicians by well-structured scales of salary would cut cost and render rational deployment of physicians possible. Computer literacy and electronic medical records may save ~$6 billion /year. Health care delivery via ambulatory care, home care and community-based Primary Care centres would also cut cost.

The elderly, the poor and the homeless are most vulnerable to illness and are also the least capable of accessing health-care. Canada should consider adopting Scotland's "health coaching" innovation in which workers get out into communities, identify persons and groups at risk and take early preventive measures.

In conclusion, the experience of the OECD countries supports the contention that Canada's Medicare has the potential for delivering universal high quality health care. However extensive systemic changes are necessary to make Medicare sustainable and optimally effective. The areas that need reform include the method of health-care delivery (i.e. emphasis on care delivery through primary care centres and multi-disciplinary healthcare teams instead of Emergency Rooms); control of the price for prescription drugs; replacement of the present fee-for-service method of compensating physicians by the employment of salaried physicians; and an urgent need for increasing the number of healthcare professionals.

CURAC should consider joining other senior citizens groups and healthcare activists in formulating and advocating the necessary reforms.

Please send your comments by email to

curac@curac.ca
or by post to
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Toronto ON
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RALUT
Annual General Meeting

Tuesday, May 1, 2007 12:00-3:00 pm

Alumni Hall, Victoria College

1:00-1:30 pm, Special Speaker:

Professor David Naylor

President, University of Toronto

Topic: U of T's Third Century: What direction should we take now?

Refreshments–a light lunch– will be provided 12:00-1:00 pm

Note of Thanks

For the preceding number of the REPORTER, I was away during the period when it was going to press, giving a paper at a conference in Aix-en-Provence on the ontology of Gustav Bergmann (who was my dissertation supervisor). Ken Rae took over, and did a wonderful job for which I would like to thank him.

Fred Wilson
Editor,
RALUT Reporter

Contributions Wanted, Welcomed

Members of RALUT should remember that the REPORTER welcomes articles, pieces of news, complaints, what have you. The only criterion is that they should be of interest to retired academics and librarians at the University of Toronto. Send your submissions to the editor, by e-mail, or by ordinary mail to the RALUT office.

Fred Wilson
fwilson@chass.utoronto.ca

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The RALUT REPORTER is published by RALUT, (Retired Academics and Librarians of the University of Toronto), a non-profit association of retirees, near retirees, and surviving spouses/partners of the faculty and librarians of the University of Toronto. RALUT or any of its officers can be reached by post at its office at
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