

A Publication of **Pharmacists Manitoba Inc.**

COMMUNICATION

The Voice of Pharmacists in Manitoba

Events

Continuing Professional Development – Brandon, Manitoba

Updates

Member Update

Public Relations

Features

Hemorrhoids

Prescribing for Amubulatory Ailments



**PHARMACISTS
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President's Message - Innovation

Manitoba pharmacists are INNOVATORS. This I know because of the many years I have worked in pharmacy, the many amazing pharmacists I have worked with and the numerous committees I have been a part of. Manitoba pharmacists CARE about their patients. This I know for the same reasons.

I recently re-read an old *Communication Journal* from 2000. The theme throughout the journal was patient care and how pharmacists were equipped to do more than they were allowed through regulations.

This is where the College of Pharmacists of Manitoba stepped in with some highly INNOVATIVE legislative changes enhancing and advancing patient care in Manitoba. These changes were introduced long before other provinces began their legislative journeys. The College worked diligently to have these legislative changes passed to enhance our abilities to CARE for our patients.

NOW IT'S OUR TURN. Pharmacists Manitoba is implementing a public affairs campaign for pharmacists, to continue with our INNOVATIVE Manitoba traditions. This campaign is the first

of its kind in Canada. It centres on the PHARMACIST, and is our opportunity to highlight our role in healthcare. I feel it is important for you to become familiar with our campaign and take the lead in promoting ourselves to patients, customers, and other healthcare professionals.

A successful campaign that highlights our expanded role in patient's health may influence our patients to demand more government funded pharmacy services. Talk to your MLA, family, friends, and anyone who you feel can help.

Keep watching the Pharmacists Manitoba communications for the upcoming website and video launch. Spread it around and let people see how INNOVATIVE and CARING we pharmacists are.



Sharon Smith - President



CEO's Message

Recently, I took an online personality type test based on Jung and Briggs Meyer's theories of personality. The test is called the Mental Muscle Diagram Indicator (MMDI) and is available to complete at <http://www.teamtechnology.co.uk/mmdi/questionnaire/>.

Before getting to my results, the reasoning behind taking the test is important to understand. We are well underway with developing our Public Affairs Campaign visual logo, tagline, and website. Our dynamic team at Edelman in collaboration with our community stakeholders and Board members have done fantastic work. They have defined Manitoban's health care needs and perceived gaps in health services and have translated this into messaging, imagery, and stories to drive public advocacy for pharmacist recognition and compensation. This work is really the start of this process. The next and bigger part requires Manitoba pharmacists, our members, to inform their patients and health care colleagues about what is missing and what exactly we are looking for as a campaign outcome.

The success of our work and that of the campaign requires everyone's interest, willingness, engagement and participation. How do we make sure you are kept up to speed on our developments and you feel supported to go out and communicate the campaign message? How do we encourage you to become a part of what we have developed? What is the best way to share materials and strategies with you so you are well prepared for the steps of political and public engagement?

We have seven months to ensure all our pieces are in place, everyone is aware, those who are eager to be involved feel prepared, and those who consider becoming involved are encouraged and supported to do so. And that is why I took the online personality test. Do I understand my personality style so that I can be an effective recruiter of the campaign leadership team?

What can I learn about myself to foster greater engagement of those who work on the front lines?

Now is the time for self-disclosure. My MMDI results suggest that my personality type is probably ENFJ followed by ENFP. According to Team Technology, I am "someone who seeks to develop and promote personal growth in friends, family or colleagues. I have a sense of their potential which may extend beyond how they see themselves. I seek to develop the potential within relationships or the team. I am enthusiastic about new projects or causes that offer the potential for a beneficial impact on people, especially when it involves breaking new ground."

For those of you who have worked with me, talked with me, been in meetings with me or simply have heard of me, I would be interested in hearing if you would agree with any of the above (or not). My personality type seems completely in harmony with how we need to work together for this campaign to be successful. So, when you call to "discuss and analyze" my personality, please note that I will be completing the following tasks. First, I will be evaluating if writing in this journal is an effective way of reaching out to you. Secondly, you can expect that I will enthusiastically recruit you to promote your professional role and sign you up as a leader in our campaign and to quarterback the pharmacists' message to political candidates and your clients. I am aware of your potential before you even call me.



Brenna Shearer - CEO

Member Update

The Member Services Committee would like to thank all Pharmacists Manitoba members for their support. Every year in the fall the committee includes an article in our member newsletter thanking our members and stressing the importance of your support to the organization. This year is no different. Pharmacists Manitoba membership continues to be strong.

The work of the committee does not stop when the member renewal process is complete. The committee continues to be active, seeking new ways to engage and involve members in Pharmacists Manitoba initiatives and activities. This can be challenging as our membership is as diverse as it is specialized. The committee has conducted surveys to determine where members want the organization to focus efforts and the next year will provide an opportunity to achieve member expectations.

Professional Development Events

Members have always expressed interest in professional development and this fall Pharmacists Manitoba in conjunction with various partners is offering several events in advance of the October 31st PD deadline.

- **Respiratory Training Workshop for Pharmacists** - September 19, 2015 - Winnipeg
- **Prescribing for Ambulatory Ailments** - October 3, 2015 - Winnipeg
- **Asper School of Business - Creativity & Innovation in Business for Manitoba Pharmacists** - October 6, 2015 - Winnipeg
- **QUIT** - October 17, 2015 - Winnipeg

Rural Professional Development Event

We have heard from many rural members wanting Pharmacists Manitoba to host an educational event outside of Winnipeg. We are happy to announce that two sessions will be held over one weekend in Brandon, Manitoba.

- **Respiratory Training Workshop for Pharmacists** - October 23, 2015 - Brandon, MB
- **Prescribing for Ambulatory Ailments** - October 24, 2015 - Brandon, MB

Advocacy - Public Affairs Campaign

In the lead up to the April 2016 provincial election, Pharmacists Manitoba is launching an advocacy campaign to let Manitobans know about pharmacists' medication management expertise.

The goal of the campaign is to secure fair reimbursement for medication management services pharmacists provide today and will provide in the future. The campaign will have a robust digital component that includes a campaign-branded website to act as a central hub to engage members and stakeholders. The campaign will launch with a focus on how Manitoba's pharmacists improve access to health care by independently assessing a range of minor ailments such as acne and seasonal allergies.

There will be many opportunities with varying degrees of commitment for Pharmacists Manitoba members to be actively involved in the campaign. Stay in touch, choose how involved you want to be and watch the campaign build steam.

Benefits

Members already know about the great benefits offered with membership including access to liability insurance, group, store and home insurance, the legal assistance program, wealth management services, and many others. The Member Services Committee introduced two new benefits this renewal period including member discounts with **Polar Windows** and **Imagewear, a Division of Mark's WorkWearhouse**. We hope members are able to take advantage of these programs.

In addition to this, Pharmacists Manitoba now offers members:

CPhA Membership - As you are aware, Pharmacists Manitoba has made several changes over the past year to enhance the member experience. The inclusion of Canadian Pharmacists Association (CPhA) membership with Pharmacists Manitoba membership is one example. We are working closely with CPhA to introduce additional member benefits that would not be accessible without the volume of membership achieved by a national body.

Social Events - We have heard from our members that social events would add value to Pharmacists Manitoba membership and the Member Services Committee is planning to share information about an upcoming event shortly.

Pharmacists Manitoba is working hard to meet the needs of our members. Our weekly emails will keep you up to date on professional development opportunities, advocacy efforts, member benefits and events you don't want to miss out on.

If you are not receiving our emails please email info@pharmacistsmb.ca or call (204)-956-6681 to be added to the distribution list.

Sound Familiar?

Increased work volumes
Staffing problems
No breaks
Patients with no patience

Ever feel like saying
"who peed in your corn flakes this morning?"
We have all experienced some trying moments
at work - some more challenging than others.

Read what your colleagues have said
in the Survey Says results at the
Manitoba Pharmacists at Risk website.

Please visit us at
www.pharmarisk.mb.ca
Let us know what you think



"let us help...YOU...keep it together"





CREATIVITY AND INNOVATION IN BUSINESS

For Manitoba Pharmacists

The pharmacy industry is growing and expanding in a way that is charting new territory. More than ever before, there are greater opportunities for growth, unique and different ways of reaching out to clients and customers, and new service offerings to be developed!

In this session you will:

- Learn hands on techniques to develop, launch and implement new services.
- Learn how to determine market value for those services.
- Develop techniques to assist you in feeling comfortable in charging market value for those services.
- Tap into the larger group as we work together to generate new and exciting service offerings.
- Learn strategies to increase your own creativity and innovative thinking so that you can continue to create and develop your own ideas today and into the future.

Register today by email ExecEdInfo@umanitoba.ca or phone (204) 946.0232

www.pharmacistsmb.ca



PHARMACISTS
MANITOBA

October 6, 2015
8:30 am – 4:30 pm

Have you injected the creativity and innovation into your thinking that will be required in order to meet the demands of what could be, a very exciting future?

Join Pharmacists Manitoba as we partner with the Asper School of Business, Executive Education, in bringing you “Creativity and Innovation in Business: For Manitoba Pharmacists”. This one day course, presented by Sheila Molloy, an expert in creativity and innovation, will provide you with the tools and ideas to help you manage, develop and expand while becoming part of the movement to differentiate the Pharmacy industry from all other service industries within Manitoba.



HELP YOUR PATIENTS **HELP THEMSELVES** THROUGH...

THE PHARMACIST HEALTH COACHING CARDIOVASCULAR PROGRAM



Green Shield Canada's (GSC's) Pharmacist Health Coaching is a new reimbursed professional pharmacy service through which pharmacists coach and empower patients to take responsibility for their own cardiovascular health.

WHAT'S YOUR ROLE?

- Providing guidance and support in achieving target blood pressure and cholesterol
- Implementing strategies to improve adherence to drug therapy
- Coaching to support positive lifestyle changes

**YOUR REIMBURSEMENT
(OF COURSE, YOU'LL GET PAID)**

UP TO \$120 PER PATIENT.

**DON'T
WORRY**

THE PROGRAM'S NOT COMPLICATED...

You and your patient meet one-on-one to complete an initial cardiovascular assessment and then meet again three more times throughout the year.

WHO'S ELIGIBLE?

PATIENTS WHO ARE:

- Covered for GSC drug benefits
- Under 65 years of age
- Diagnosed with hypertension **and** high cholesterol (taking at least one qualifying drug to treat each condition)



Learn
more

www.providerconnect.ca/HealthCoaching/ProgramInformation.aspx

Change **4** Life™

gsc
green shield canada



As pharmacists, we know we are more than pill dispensers. We already play an important role in our communities, providing guidance and support to regular and new patients alike. But while we have the skills and know-how to do much more than we're currently doing, we lack the funding to deliver additional services. It is time we changed that.

With an election fast approaching, pharmacists in Manitoba have an opportunity to influence all three major political parties and to garner their support for funding additional services (e.g. prescribing refills, treating minor ailments, assessing cardiac risks, etc.). To make this a reality here – as it is in a number of other provinces – we are set to launch a large-scale public awareness campaign aimed at gaining support from Manitobans.

We began by conducting in-depth research to understand unmet healthcare needs. Our survey targeted 25-to-55 year olds that are likely to take action on issues they care about. All of our respondents manage care for their children and half of them do the same for their parents; two-thirds of them work outside their homes.

Most importantly, we discovered that our respondents care deeply about their own time and about maintaining a feeling of control. With those insights at the forefront of our thinking, we developed a campaign name, tagline, and logo, all of which we will be unveiling in the coming weeks.

To broaden our reach, build momentum, and encourage action, we will soon launch a new website featuring a video highlighting real patient and pharmacist stories, giving users a place to learn more, and compelling Manitobans to contact local candidates and politicians on our behalf.

To learn more about our forthcoming campaign and what you can do to take part, please reach out to Chris Tsang at chris.hy.tsang@gmail.com, or info@pharmacistb.ca.

Hemorrhoids

Meera Thadani, M.Sc. (Pharm.)

What are hemorrhoids?

Hemorrhoids are vascular cushioning structures in the anal canal that help to control the passage of stool. When they become inflamed the condition is called hemorrhoidal disease or piles (Figure 1). Hemorrhoids can resolve by themselves or cause discomfort and pain.



Figure 1 Internal, external and thrombosed hemorrhoids

They can be internal or external. *Internal* hemorrhoids lie inside the anus or lower rectum, beneath the anal or rectal lining. Internal hemorrhoids usually do not cause pain unless there are complications. *External* hemorrhoids lie outside the anal opening. They can be very painful because this area has a rich supply of nerves. Both kinds can be present at the same time. Blood clots that form within prolapsed external hemorrhoids are thrombosed and very painful. Hemorrhoids are common medical complaint. About 75% of North Americans will have hemorrhoids during their lifetime, typically after age 30. Pregnant women often develop hemorrhoids, but the condition usually resolves after childbirth. Men are more likely than women to suffer from hemorrhoids that require medical intervention.

What are the symptoms?

First degree hemorrhoids are in swellings in the anal cushion caused by straining during the passing of stool and are usually painless. *Second degree hemorrhoids* may protrude at the anus while passing stool. After the stool has passed, the hemorrhoid can return to its normal position. *Third degree hemorrhoids* can stay in the prolapsed position but can be pushed back manually into the anus. *Fourth degree hemorrhoids* cannot be replaced after the bowel movement and become a bulge at the anus (Figure 2).

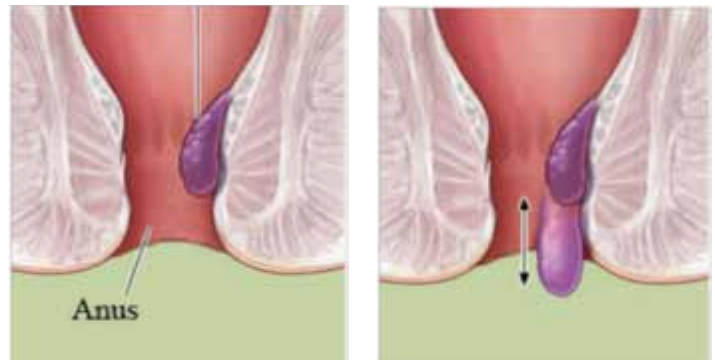


Figure 2 First to fourth degree hemorrhoid.

What causes hemorrhoids?

Factors which may contribute to hemorrhoids include:

- constipation and the resulting straining to pass dehydrated hard stool
- diarrhea that can be chronic or acute can cause straining during the bowel movement
- pregnancy can cause constipation resulting in hemorrhoids
- physical exertion caused by lifting heavy loads, or a desk-job requiring long periods of sitting.

How can hemorrhoids be prevented?

Increasing fibre and fluid intake can prevent constipation. A diet rich in fruits and vegetables increases bulk in the bowels which helps the passing of stool. Adding prunes, pears and their juice containing sorbitol, a natural laxative can also help to maintain a bowel routine. Adequate fluid intake helps to keep the stool soft and easy to pass.

The colon is most active in the morning after breakfast and mornings are the best time for a bowel movement. A bathroom routine that responds to the body's desire to pass the stool and not delay the urge helps to keep the bowel regular.

The lack of exercise and obesity is associated with constipation. Walking is by far the easiest and least expensive form of exercise. Following an exercise regiment to maintain a healthy body weight promotes overall well-being.

Non-pharmacologic therapy includes:

- healthy diet and exercise
- sitz bath up to four times a day to ease swelling and itching
- replacement of the prolapsed hemorrhoid with a soft moist tissue followed by a gentle soap and water wash after the bowel movement.

Pharmacologic treatment of hemorrhoids

Products available provide symptomatic relief for the pain, itching, burning and discomfort of hemorrhoids so that healing can take place on its own. These include products formulated in emollient ointments or suppositories that can contain combinations of:

- Local anesthetics (benzocaine, dibucaine, pramoxine)
- Anti-inflammatory agents (hydrocortisone)
- Astringents (zinc oxide, Witch hazel)
- Protectants (glycerine, white petrolatum, zinc oxide)
- Vasoconstrictors (naphazoline, phenylephrine)

The choice of product depends on patient compliance and preference. Suppositories are best used at bedtime because they tend to slip into the rectum and melt out during daytime activity. Ointments are easy to apply and adhere to the area better during daytime.

Pain relief with oral analgesics such as acetaminophen is a suitable addition to topical therapy.

Alternative treatments (horse chestnut, butcher's broom bioflavonoids and others) are often suggested in topical ointments. Whether it is the herbal ingredient or the emollient ointment base that is soothing to the hemorrhoid is difficult to determine because the information available is sparse and confusing.

When should patients be referred to a physician?

The goal of therapy is to relieve symptoms, promote healthy bowel habits and prevent complications. Patients who come for help will describe bleeding after bowel movements, itching, swelling and burning in the rectal region. The extent of discomfort depends on the degree to which the hemorrhoid has advanced (Figure 2). Referral is required after one week if:

- there is no improvement from symptoms that include itching, burning, pain and bleeding after bowel movements or if symptoms worsen
- the hemorrhoid is prolapsed and must be replaced manually,

- bleeding (frequency, whether the color is dark, quantity of blood) worsens

Patient counseling strategies

- Suggest non-pharmacologic measures
- Determine if the patient is constipated and suggest treatment
- Ensure proper use of medications and their side effects
- Monitor symptoms and recommend physician referral if symptoms do not improve

References:

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4. Canadian Pharmacists Association, <https://www.e-therapeutics.ca/>



PHARMACISTS MANITOBA IS WORKING HARD TO MEET THE NEEDS OF OUR MEMBERS. OUR WEEKLY EMAILS WILL KEEP YOU UP TO DATE ON PROFESSIONAL DEVELOPMENT OPPORTUNITIES, ADVOCACY EFFORTS, MEMBER BENEFITS AND EVENTS YOU DON'T WANT TO MISS OUT ON.

IF YOU ARE NOT RECEIVING OUR EMAILS PLEASE EMAIL INFO@PHARMACISTSMB.CA OR CALL (204) 956-6681 TO BE ADDED TO THE DISTRIBUTION LIST.

Prescribing for Ambulatory Ailments: Is it for me?

By Drena Dunford, Sheila Ng

In January of 2014, pharmacy practice in Manitoba changed with the proclamation of the new Pharmaceutical regulations. As of September 2nd, 2015 there are 425 of 1486 members of the College of Pharmacists of Manitoba authorized to prescribe for Self-limiting Conditions and only 225 authorized to prescribe for smoking cessation¹. Although we, as pharmacists in Manitoba, worked diligently to pass the regulations and obtain the opportunity to expand our scope of practice; we have spent little time reflecting on the benefits of utilizing these increased capabilities.

Pharmacist prescribing for ambulatory ailments (also referred to as minor ailments or self-limiting conditions) has value and benefit for our patients, the healthcare system and our profession. One of the most important benefits to patients is the ease of accessibility of pharmacists, particularly in rural areas. There are 365 community pharmacies in Manitoba which could provide a dramatic increase in access points to quality health care professionals for patients². Many of these are in rural areas which may be underserved or have no other health care services. In addition, our patients are spending unnecessary time waiting for appropriate care that pharmacists can provide. In Manitoba, over 50% of patients requiring non-urgent care wait over 1 week until the first available appointment with their family physician or a general practitioner; 38.3% of patients requiring urgent care wait over 24 hours for the first available appointment with their family physician or a general practitioner³. Offering of

these services in community pharmacies can result in patients receiving care within the same day and often very quickly. Furthermore, it has been suggested that contact with a pharmacist when providing services for ambulatory ailments could promote earlier recognition of and referral for more serious or concerning conditions⁴.

A pilot project in Scotland found that having pharmacists involved in the diagnosis and treatment of minor ailments, resulted in approximately one third less physician visits for these conditions⁵. The outcome of this shift in patient care would have economic implications for the health care system. Additionally, there would be a decreased demand on physician's time, allowing for the opportunity to focus on other areas of their practice. Lastly, this change in practice

would also create more opportunities for inter-professional collaboration and strengthen our role as integral members of the health care team.

As pharmacists we are aware of the benefits our services can provide to patients and the health care system. It is also essential to reflect on the value and benefit they bring to us. The expansion in scope allows the utilization of our knowledge and skills to their

full extent, providing us with the opportunity to push the boundaries of current practice. This can result in an increased sense of professional satisfaction and a renewed energy for our chosen profession. Providing these services will enhance the opportunity we have to build meaningful professional relationships with patients, both new and existing. Pharmacists are already seen as one of the most trusted health-care providers⁶. The offering of expanded cognitive



services by pharmacists will further enhance patient understanding, respect and trust for our profession. Establishing our role in cognitive services is also important as we consider the effect that the evolving role of pharmacy technicians will have on our profession in the near future.

Can offering this service also provide an alternate source of revenue for pharmacists? As discussed through this article, the value of prescribing for ambulatory ailments services is noteworthy. Implementation must include sustainable reimbursement that will ensure continued provision is viable, regardless of current government funding. It is only with delivery of these services that patients' awareness of the value will increase and they will become our best advocates, creating the swell of support needed to sway government policy forcing the issue of reimbursement for this and other cognitive services forward. This will put us on par with other provinces to provide equal access for all Manitobans to this valuable service.

The prospect of pharmacists embracing prescribing for ambulatory ailments is a step forward for the advancement of our profession. It is time that we practice to our full abilities to enhance health care in Manitoba. Barriers can be overcome with innovative and progressive thinking. The successful implementation of this expanded scope of practice will create the prospect of further advances within the profession of pharmacy. As the founder of healthcare in Canada, Tommy Douglas once said "Courage, my friends; 'tis not too late to build a better world."

Drena Dunford, B.Sc. (Hons), B.Sc.(Pharm), CDE, PharmD candidate University of Colorado and Sheila Ng, B.Sc. Pharm, PharmD candidate University of Colorado, are Instructors with the College of Pharmacy, Faculty of Health Sciences, University of Manitoba.

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As part of that mandate, **D'ARCY & DEACON LLP** is proud to provide legal services to Members of the Manitoba Society of Pharmacists ("MSP"). In consultation with the MSP, the Firm has developed a unique Legal Assistance Program to maximize advantages available to Manitoba Pharmacists. Written information regarding **D'ARCY & DEACON LLP** and the Legal Assistance Program is available to all Members from both the Firm and MSP.

Election 2015 – Take Action!

Contact your local candidate and make your voice heard.
Visit pharmacists.ca/election

A Prescription for Better Health, Better Care and Better Value



Health Care Needs to be Part of the Federal Election 2015 Agenda

This October, Canadians will be electing their next federal government. Elections are a prime opportunity for Canadians to pose questions and seek policy commitments from election candidates and future leaders. As key stakeholders in the Canadian health care system, pharmacists have a big stake in the upcoming election.

If you have been following the federal election campaign, you may have noticed that something has been missing from the discussion. Despite the fact that Canadians consistently rank health care as a top issue of national concern, the topic has been absent from the election agenda, receiving very little attention from any of the federal parties up to this point.

We need to let the federal political parties and candidates know that health care needs to be a key issue

on the election agenda. Parties and candidates have to engage in meaningful discussions about the challenges facing our health care system, such as sustainability, access, drug safety and quality of care.

To this end, the Canadian Pharmacists Association (CPhA) recently launched its election platform, “A Prescription for Better Health, Better Care and Better Value,” calling on federal political parties and candidates to commit to addressing the key health care concerns of Canadians.

Canadians deserve a health care system that delivers high-quality and value for their tax dollar. CPhA’s federal election platform identifies three priorities to achieve that goal:

- Introduce a Pan-Canadian Pharmacare Program
- Implement a National Plan for e-prescribing
- Develop a Strengthened National Immunization Strategy

Pharmacists are the solution to many of the challenges facing our health care system. By following CPhA’s prescription, federal politicians will provide Canada’s 39,000 pharmacists with the tools to deliver more innovative, accessible and sustainable health care to Canadians.

Make your voice heard

Add your voice to ours by asking your local candidates where they stand on pan-Canadian pharmacare, a national plan for e-prescribing and an enhanced National Immunization Strategy. CPhA’s candidate contact tool makes it easy to contact the candidates in your riding and share your thoughts on these important issues. Together we can ensure that health care becomes a key issue on the election agenda.

CPhA will be advocating for these recommendations throughout the Election 2015 campaign and is encouraging pharmacists, other health providers and all Canadians to discuss these issues with local candidates and utilize its candidate contact tool to ensure that health care becomes part of the Election 2015 agenda.

For more information on CPhA’s key recommendations, visit www.pharmacists.ca/election.

Richness is:
Being at my best when others aren't.

You define richness. With the Scotia Professional[®] Plan, customized for your unique banking needs, we can help with the money part.

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The Value of Financial Planning

You've worked hard to build a solid financial footing for you and your family, so you want to be sure that everything is protected. A financial plan will enable an appropriate analysis of the risk you have associated with your financial affairs.

What is Financial Planning?

Financial planning isn't just about investments and building a portfolio. It's about receiving the professional advice you need to get the most out of your assets so you can finance your dreams and plan for your future.

Financial planning has various components and should be thought of as a road-map for your future. Since each of us has a different view of the future, a financial plan can add value by being as complex or as simple as you need it to be to fit your circumstances. An ideal financial plan should incorporate both short-term and long-term goals and needs. Some of these goals may include a major asset purchase, saving for your children's education future, planning for retirement, leaving a legacy or ensuring your wealth is preserved for future generations. Financial planning gives you a strategic understanding of the steps you need to take to reach future stages in your life with peace of mind and certainty.

What are the Benefits of Financial Planning?

Financial planning is a long-term process that begins and ends with your goals, and it can be particularly important in the lead-up to and throughout your retirement. Here are some of the most common areas where a plan can add significant benefit:

1. Cash Flow Analysis

Generally, when you are working, your income comes primarily from employment or a business. Your expenses or cash outflows generally follow your income level. When you retire, it's important to ensure that your resources will support you for the rest of your life. Income in retirement is likely to come from a combination of sources such as investments, including registered retirement accounts, pension plans or government sources. Understanding the complexity of the government benefit system is difficult and the question of when to take Canada Pension Plan benefits requires analysis. A financial plan can help ensure that cash inflows and outflows are properly matched to meet your lifetime needs and goals.

2. Taxation

A financial plan will help to map out different strategies which can reduce or defer the amount of tax you're paying. This in turn can significantly boost your assets and ultimately your wealth. Proper financial planning will enable tax efficiency by providing a range of options that may be able to provide you with regular stream of tax efficient income.

3. Pension Analysis

It can be daunting trying to make a decision about whether to take the commuted value of your pension in a lump sum rather than the monthly pension payment. There are many quantitative and qualitative factors to consider such as risk

tolerance, estate considerations, survivor benefits and your dependency on the pension income. A financial plan will help you understand the implications of available options and provide information to guide you through this process.

4. Diversification Strategies

Diversification involves spreading your wealth across a range of different investments, depending on your goals, the amount of time you have available to invest and your risk tolerance. Diversification is important because every type of investment has risk associated with it. Owning a diverse range of investments should help you achieve smoother, more consistent investment returns over time while avoiding the

pitfalls of trying to time the market. A financial plan will enable an analysis of your investment portfolio so

you can make appropriate decisions about risks and returns to suit your financial and lifestyle objectives.

5. Security and Protection

Today, insurance has evolved to meet a broad spectrum of needs and it should play a critical role in the "risk management" of your life and financial portfolio. A financial plan will provide valuable information to enable decision making about different types of insurance coverage including life, disability, and critical illness. In addition, the use of insurance in estate planning can ensure that your future generations have financial security through the tax efficient transfer of your wealth.

6. Estate Planning

For some, estate planning is difficult to think about, let alone engage in. While we understand the vital importance of getting our finances and legal affairs in order for our heirs, few of us make the time. All of us will have an estate to pass on and we want our beneficiaries— be they family or a favourite charity— to receive their inheritance according to our own intentions.

7. Business Succession

It's tempting to wait until retirement is near to start making succession plans for your business, but there can be substantial savings when you plan further ahead. Leaving business succession to chance could allow someone else to decide what happens to your business, and potentially at significant cost. Planning early also helps reduce the tax impact of ownership changes, as well as ensure a smooth and successful transition of the business to the new owner or owners. A successful plan will also help the overall value of your business today.

8. Philanthropy

You may also wish to consider making gifts to charities during your lifetime or in your Will. There is a tax benefit available to an estate on death if specific bequests are made to charities, and this may assist in reducing any taxes payable upon your passing while fulfilling your charitable giving goal. Additionally, there is the added satisfaction of having made a donation to a charity that is important to you. Many charitable organizations, including post-secondary institutions, today allow you to set up endowed bursaries in your memory, which can continue in perpetuity.

Proper planning can ensure that you are making the best use of your resources over your lifetime while ensuring that you leave a legacy well beyond your lifetime.

Why do you need a Professional Financial Planner?

Most people today are time starved and working harder than ever. This being said, they would most likely prefer to spend their time engaged in more enjoyable activities rather than looking after their finances.

One of the main reasons to use a professional financial planner is that the financial world has become extremely complicated and as a result can be time consuming to navigate. Financial planners offer a broad well rounded skill set that can help clients improve their financial and emotional well-being. Creating a financial plan requires skill, knowledge and experience in many functional disciplines. The most common planning elements include retirement, estate, investment and insurance planning. In addition, these areas are all interrelated and therefore just about every decision will impact net worth, cash flow and taxes.

As a result of the broad range of knowledge, skill and effort required to complete an effective financial plan, it simply makes sense to engage a professional financial planner. So what does this mean? Creating a financial plan and implementing it takes effort and perseverance but it is worth it.

To learn more about the financial planning process and how a financial plan can help you achieve your goals and deliver peace of mind, please contact:

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-
- Describe the importance of pulmonary rehabilitation on quality of life
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TIME: 5:30 - 6:00 PM - REGISTRATION AND DINNER
6:00 - 8:30 PM - PRESENTATION

SPEAKER: Kristine Petrasko, BScPharm, CRE, CTE, Certified Respiratory Educator

FEE: Complimentary – Pharmacist Manitoba Members Only

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PRESCRIBING FOR AMBULATORY AILMENTS

Prescribing for ambulatory ailments is part of the pharmacist's scope of practice in Manitoba. The goal of this workshop is to provide information about the pathophysiology of minor ailments and to delve into the important assessment criteria for each of the various conditions. As well as, treatment options for each condition and their place in therapy. This workshop will be of interest to pharmacists who want to increase their confidence and apply their knowledge and skills into



Please Note: This workshop is complementary to the “Self-Limiting Conditions Independent Study Program” and will provide you with the confidence and tools required to put your knowledge into practice. It is not necessary to have completed the Independent Study Program to participate in the workshop. This program does not replace the “Self-limiting Conditions Independent Study Program” required for Authorization to prescribe for Schedule 3 drugs for Self-limiting Conditions.

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8:30 - 4:30 PM - PRESENTATION (LUNCH INCLUDED)

FEE: PHARMACISTS MANITOBA MEMBER \$250
NON-MEMBER \$450

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NEED A HOTEL ROOM?

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PPIs: Are we doing no harm?

Ongoing stomach and digestive problems can be miserable for patients – and are a common cause for visits to a healthcare professional. Patients are often looking for a prescription to help ease their symptoms and healthcare professionals want to be able to help their patients. But what if the medication prescribed puts patients at risk?

Proton pump inhibitors (PPIs) are some of the most commonly prescribed medications in Canada. They suppress acid production in the stomach and are highly effective in the treatment of common conditions such as peptic ulcers and gastroesophageal reflux disease (GERD). They may be used for ulcer prevention as well, in people taking ASA or NSAIDs, or in hospitalized patients at risk of stress ulcers.

PPIs can bring relief to patients with long-standing or severe heartburn, and complaints about any side effects are rare. And, with generic versions of the drugs available, PPIs are also less costly. So, what's the harm?

Dexlansoprazole, esomeprazole, omeprazole, pantoprazole, pantoprazole magnesium, and rabeprazole are indeed very tolerable, with few day-to-day side effects. But as we've gained more experience with these drugs, a list of complications has emerged: pneumonia, hypomagnesemia, fractures, and *Clostridium difficile* infection have all been associated with PPI use.

Clostridium difficile infection (CDI, or as it's commonly called "C. diff") is a bacteria that can cause watery diarrhea, fever, loss of appetite, nausea, and abdominal pain. It is transmitted through stool or through spores in the environment. *C. diff.* is a constant concern in the hospital. It's reported to occur in 4.6 cases per 1,000 patient admissions, with a mortality rate of 5.7 deaths per 100 cases. Hospitalization and the use of broad spectrum antibiotics are well-known risk factors for *C. diff.* Other risk factors include

residence in a long-term care facility, advanced age, immunosuppression, surgical procedures, comorbidities – and the use of acid-suppressing drugs.

In fact, Health Canada in 2012, issued an advisory about the possible association of *C. diff* and PPI use. Today, PPI product monographs all carry warnings that a decrease in stomach acid may increase the risk of gastrointestinal infections such as *Salmonella*, *Campylobacter*, and *C. diff*.

CADTH — an independent, evidence-based agency that assesses health technologies — finds and summarizes the research on drugs, medical devices, and procedures. CADTH's Rapid Response service recently completed three reviews of the evidence on PPIs and *C. diff*.

The first CADTH review looked at the evidence for the risk of developing a *C. diff* infection in adults taking PPIs. The review of the evidence showed that there is indeed a link between *C. diff* infection and the use of PPIs – but that the nature of the link is unclear. There just isn't enough evidence to prove that PPI use *causes* the development of a *C. diff* infection.

The second review looked at whether natural health products such as probiotics could help to prevent *C. diff* infections in hospitalized patients taking PPIs. A previous CADTH review had found that the probiotic *Saccharomyces boulardii* may reduce the risk of recurrent *C. diff* infections in patients taking antibiotics, but wasn't specific to patients also taking PPIs. However, the question of probiotics for *C. diff* prevention remains unanswered – the CADTH review was unable to find any evidence on this.

The final CADTH PPI review addressed another question important to this issue. It's estimated that a significant proportion of patients taking PPIs are actually being prescribed these drugs inappropriately – in other words, they don't have conditions requiring ongoing PPI treatment or they

may be taking the medication at the wrong dose or for too long. With this in mind the CADTH review looked at cessation programs that have been developed to help reduce the use of PPIs. The review of the evidence showed that cessation programs focused on clinicians or patients may be effective in reducing PPI use but it's unknown whether that reduction leads to fewer *C. diff* infections or better health outcomes for patients.

So what does all this mean for clinicians prescribing PPIs and for patients taking them? Given that there is a link between PPI use and *C. diff* infection, careful and thoughtful use of these drugs is warranted. Strategies could include using PPIs at the lowest dose and for the shortest duration possible, depending on a patient's condition. On demand treatment, rather than continuous treatment, could be tried for some conditions. A careful review of a patient's medications can help prevent patients that start taking a PPI in hospital inadvertently taking the medication long-term.

If you'd like more information about the CADTH Rapid Response reports on PPIs – or on a variety of other drugs, devices, or procedures – they are all freely available on the CADTH website: www.cadth.ca/RapidResponseReports. Here you'll find the reports listed chronologically as they are completed or you can use the search function at the top of your screen.

To learn more about CADTH, visit www.cadth.ca, follow us on Twitter: @CADTH_ACMTS, or talk to our Manitoba Liaison Officer, Michelle Gibbens michelleg@cadth.ca.

Article by: Dr. Janice Mann and Sarah Jennings, PharmD, Knowledge Mobilization Officers, Canadian Agency for Drugs & Technologies in Health (CADTH)

This article originally appeared in the November 2014 edition of *Hospital News - Canada's health care newspaper since 1987*.





Backgrounder

- Canadian Patient Safety Week (CPSW) and Canada's Virtual Forum on Patient Safety and Quality Improvement (Forum) are engaging and informative national events that increase awareness of patient-safety issues.
- Canadian Patient Safety Week and Canada's Virtual Forum aim to share information about best practices in patient safety with healthcare professionals, patients and their families across Canada.
- Thousands of healthcare professionals, patients and their families will take part in Canadian Patient Safety Week 2015 by offering events and activities in their organizations, facilities and communities.
- The mantra of CPSI is *Ask.Listen.Talk*. This year's theme will focus on the importance of improving communications, and how this can have a positive impact on patient safety.
- This year's theme of the Forum is *When workplace joy thrives, patient safety comes alive!* Preceding the Forum on October 28th, will be a *Safer Healthcare Now!* day, which is themed "*Looking back, reaching forward – the new Safer Healthcare Now!*"
- Send CPSI your video for Tips for Talking [at info@cpsi-icsp.ca](mailto:info@cpsi-icsp.ca). They will share with others what you do to improve communications and keep patients safe.
- CPSW spreads these messages to thousands of healthcare professionals, patients and their families from October 26th to October 30th, 2015.
- This year, the Forum takes place in Edmonton on Oct. 28th and 30th. It is free to login and participate or join us in person for only \$20.
- All that participants need for Canada's Virtual Forum on Patient Safety and Quality Improvement is a computer and an Internet connection. The exciting line-up of experts will share the latest in patient safety and quality improvement from across the continuum of care.
- By registering for CPSW, participants will receive a package of posters, tent cards, magazines and many other tools and resources to help promote the importance of patient safety. This year's theme is improving communication to make care safer.
- The Canadian Patient Safety Institute provides patient safety tools, resources and information to everyone participating in Canadian Patient Safety Week.
- To get involved in any of these exciting events, visit www.asklistentalk.ca.



Join the conversation #asklistentalk | asklistentalk.ca



Getting to Know Your Manitoba Pharmacists - Lisa Zaretsky-Arnold

Name: Lisa Zaretsky-Arnold

Place/Year of Graduation: Bachelor Degree from University of Manitoba, Doctorate Degree from University of Colorado

Years in Practice: 20

Currently Working: Owner of Apothecary of Morden

Accomplishments in pharmacy: Doctorate degree, making a professional image for myself in community practice.

Family: Husband (Robin Arnold); children: Matthew (29), Daniel (24), and Elizabeth (23); step-children: Jordan (24) and Lacey (21), and 3 (step) grandchildren.

Hobbies: Yoga, swimming, biking, reading (book clubs), knitting and cooking up a storm

Community activities: Supporting our community handi-van service, South Central Cancer Resource Centre, previous volunteer with Friends of Honduran Children, promotional activities for teen smoking prevention and cessation, donations to our local pet shelter.

Favorite thing about Manitoba: Our numerous lakes, our lovely summers, and friendly people.

Most relaxing vacation choice: Santorini, Greece

Pet peeves: Patient's thinking pharmacists can "fax the doctor" for anything.

Favorite fictional character and why:

The Bionic Woman – because she could just about do anything!

What could you do without forever: 3rd party insurance issues

What couldn't you do without for even a day: the love of my family, AND my great staff.

What you love about pharmacy: I just love being a part of a healthcare team, where I am acknowledged for my expertise area and my compassion for caring for individuals in my community.



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Curing Moral Hazard - When others cause a person's illness, the treatment may be financial

By Andrew Allentuck

In the inventory of diseases that affect us, a large number – estimates range up to 70% or even 90% of illnesses can be said to be caused by the way we live. Heart disease and what we eat, lung disease and smoking, infectious diseases and where we go and who we see, musculoskeletal problems and how we drive, play and lift things...the list and the connections are vast. The paradox of all this is that many, perhaps most of these problems involve the perception of cost and who pays. Our foolishness or prudence can affect others and others' foolish or wanton actions can affect us. It is the problem of shifting consequence where one misstep can have large consequences.

When the player is not the payer, an economic phenomenon arises. The Nobel prizewinning economist Paul Krugman has described moral hazard as occurring when "one person makes a decision on how much risk to take and someone else bears the cost if things turn out badly." Moral hazard is common, as in the NIMBY phenomenon ("Not In My Back Yard") where my garbage becomes your problem.

Cost shifting is the foundation of moral hazard. Thus when the consequences of bad driving are insured, some people neglect to observe the direct costs of causing accidents and so drive carelessly, causing accidents. Birth control products can change behaviour and make communicable diseases more likely. Likewise, when medical and hospital insurance shifts the costs of such common sins as frequent overeating or uncommon actions such as base jumping off tall buildings, the actors' expenses for treating circulatory and heart problems in the former case and cracked bones in the latter are no longer a deterrent. One might think that pain, loss of income while in treatment and recovery, the expense of drugs, therapists and so on would be a deterrent, but drug insurance and disability payments patch over those costs. Direct cost to the patient is no longer an issue, especially if disability insurance or sick time allowances cover temporary loss of income.

Moral hazard was the economic mechanism behind the cutting off of hands and arms by the so-called Revolutionary United Front (RUF) in the Sierra Leone civil war in the late 1990s. As writer Philip Gourevitch reported in an Oct. 11, 2010 New Yorker story, "Alms Dealers," casual violence in the RUF campaign against the government included cutting off limbs of children. Relief organizations such as Doctors without Borders flooded into the country bringing equipment, money, tents, and portable operating theatres to deal with the flood of amputees. Much of this was stolen by the RUF who sold it in the global market for such equipment. The RUF then made the connection that cutting off arms and hands produced employment. Rank and file RUF soldiers got jobs working for relief workers. As one rebel turned peacenik explained, "the white men are soon gonna need drivers, security guards, and houses. We're gonna provide them." The cynicism of this statement is evident. Unfortunately, the idea of hiring a fox to watch the hen house has a logic that can defeat the immorality of the idea.

Moral hazard involves choice, that is, the decision to do something perilous because someone else will pay. The examples are legion, for example, if smoking in bed leads to a fire which burns down a house, the insurance company must pay for rebuilding. Failures by many people to get immunization inoculations promotes an epidemic.

What should society do? If one assumes that people are rational

and well informed, then doing away with most forms of insurance for self-caused harm would presumably reduce harmful actions. The problem for most of us is that it is difficult to calibrate the cost of action and even more difficult to estimate the cost of inaction. Moreover, where the cost of personal action or lack of it is diluted in the costs of others' behaviour, making rational choices is hard, even if we take the time to do it. In the end, taming moral hazard and turning others' costs into one's own depends on the visibility of the costs.

What to do? The drug business could be poorer if everybody ate properly, exercised sensibly, gave up smoking, drinking alcohol, etc. Most people are sensitive to rewards and penalties, so a financial system to reward good behavior and punish undesirable behavior would be likely to reduce illness.

The question, of course, is how far industry, government and ultimately voters and taxpayers would want to go. Government could reward those who are physically fit and penalize those unfit with an additional tax. Of course, there would be gnashing of teeth over processes to determine levels of fitness.

How about coping with multi-stage disease vectors such as influenza which can go from ducks kept in China to pigs that drink the water in which infected ducks swim? People tend the pigs and then catch this very portable kind of avian flu. The disease vector is complex, though no more so than others which require a host parasite such as mosquitos to transmit germs they carry in their guts or fleas harbouring plague while living on rats. The problem for controlling moral hazard is to decide where to intervene. Ban pigs or ducks or penalize Chinese peasants? Even if the theory is fine, the application of it would be problematic.

The key, say economists who dwell on these matters, is to find human behavior which is changeable after purchase of some sort of insurance or loss deferral device. Studies show that people with medical insurance seek and use medical services more than those who do not. A deterrent tax on excessive visits to health care providers might fix some of the moral hazard problem, assuming that there could be a measure of what is excessive, but the adverse consequences could be worse than the cost of the problem.

The problem with laws that take licenses away from service providers is measurement. The penalty can be greater than the harm or perhaps not as great as the harm. How would operators of restaurants with filthy kitchens be penalized? Health inspectors have tools at their disposal such as fines and closing down uncooperative or repetitive offenders. A more creative procedure would be variable cost licenses in which license price is based on previous health checks. That's already the basis for automobile insurance in which the accident record is part of the cost setting process.

The process of shifting the costs of moral hazard to those who cause them would not add to total societal costs, only to their distribution. We already have mechanisms for making those who pay for automobile or workplace accidents pay for some of their costs though insurance premiums that are based on performance. It would be optimistic to think that every cost shift from one who causes to one who suffers could be rebalanced. But for conspicuous costs, such things as fines for polluters, road tolls that are based on use and even vehicle weight, compensation mechanisms are already in place. All that is good business. It could be a model for improved health care.





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