

From the Editor

In this issue, we begin a discussion of topics relevant to ourselves as ‘seniors’, the beginning edge of that ‘silver tsunami’ that has our health care system leaders and politicians scrambling. As members of ADRP and CURAC, we have significant capacity to demonstrate leadership not only to our fellow members but to the community at large in terms raising awareness of the pressing health care needs of seniors, and to advocate for compassionate strategies to address chronic illness and end-of-life issues. ADRP member, **Dr. Tarun Ghose’s** article in this newsletter provides us with an opportunity to reflect on some of the latter. I hope it will start a discussion and encourage other members to submit articles on their perspectives, be they similar or not. **Randy Barkhouse** has added some thought-provoking documents on the ADRP website that might encourage each of us to think further about these issues, and his **CURAC Report** includes an excerpt from its draft position paper on Homecare that should be of interest to many.

In his more senior years, my father used to say, “if you keep moving, the Grim Reaper will stay away”. Eventually at ninety-one years of age, he stopped moving and more or less died ‘peacefully’ on his terms.

As active seniors, I believe most of us plan to keep moving, and engage in activities that promote good health and well-being, opportunities that perhaps were previously precluded by our busy career and family responsibilities. Eventually though, we will need to confront our own end points. What do we want to see happen in the event of catastrophic illness or injury; who will we want to see make decisions on our behalf; have we made our wishes very clear and available in terms of continuing care or not; have we listened carefully to our family members to hear what they would like to see happen to us in the short and long terms; are there facilities and caregiving supports easily available to help coach us and our families through those times? As Pogo said, “we have met the enemy and he is us”. As individuals, it is up to us. We need to produce our own specific, written plans, sooner rather than later, and having done so, perhaps it might serve to encourage us to keep moving as independently as we can..

Denise Sommerfeld, Co-editor

Editorial Policy: The ADRP intends to publish the newsletter every three months. We hope the newsletter will serve the following purposes: To provide pertinent information; To provide a forum for the free exchange of views on issues relevant to our membership; and to serve as a documentary record of matters relating to the ADRP . The Editorial Board, under the ultimate direction of the ADRP Board, takes responsibility for the contents of the newsletter. Signed contributions will take the form of short articles and letters to the editor; these will normally represent the opinions of the author, and need not represent the views of the ADRP. Anonymous material will not be considered for publication. The Editorial Board retains the right to edit or reject contributed material and to elicit similar and opposing views surrounding any issue raised.

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President's Report: January 8, 2015
Carolyn Savoy

I have continued to pursue the ADRP Memorandum of Understanding (MOU) with Dalhousie University's Human Resources (HR) Department. It is currently being held up by the Legal Department at Dal. I followed up with HR with a letter in mid-September to encourage movement on this issue. HR has indicated it is comfortable with the MOU, so it is up to the Legal Department to give its approval. In the meantime the new Vice President - Administration, Ian Nason, was injured in early November, I believe, and away from work only to return this week, and at the moment the Administration is consumed by the recent Dental misogyny scandal that has rocked the campus. I hope though, to have our MOU resolved this semester.

We have had a request from an ADRP member to pursue direct deposit of his pension to his international bank account. We have pursued this and now have support from Human Resources to allow direct deposit of pensions to international bank accounts. This process is currently a work-in-progress and has not been finalized as a procedure at this time.

The ADRP Board is in discussions about establishing an academic award for a current Dalhousie student. At the ADRP General Meeting in December, the concept of establishing this award was well received by our members attending and the Board was directed to come up with parameters for the award for the AGM in April. The results of further discussions by the ADRP Board are described in the article following this report. Your comments and suggestions continue to be welcome.

This past fall I became the alternate representative for the Pension Advisory Committee and the Joint Committee on Pensions. In my role, I attend all meetings as our alternate delegate. A letter received from George MacLellan, Chair of the Retirees Trust Fund, indicated that there would be some indexation to our pensioners. Indexation will occur in 2015 for some retirees and letters will be sent to all pensioners explaining the impact on their pension.

The ADRP continues to work to improve relations with Dalhousie University and to advocate on behalf of our members. If you have questions or concerns please contact us directly or through our website.

I would be remiss if I did not thank my ADRP Board of Directors for their efforts. They have been supportive of me and willing to step up when asked. I have been involved with many teams all of my life and I can honestly say that this Board is a first class team and I want to thank them on behalf of all retirees for their commitment to the ADRP.

The Establishment of an ADRP Academic Award Fund - Steps to Implementation: Carolyn Savoy & Randy Barkhouse

At the ADRP General Meeting in December 2014, response was very favourable to a proposal to create an **ADRP Annual Academic Award Fund** to be administered through the usual Endowment Fund procedures of Dalhousie University. Following that General Meeting, your ADRP Board discussed that response and some possible parameters for the award as well as how to proceed with its establishment. The initial goal will be to raise enough capital to make a \$2000 annual award, an amount that can grow as the fund accumulates. Under present Endowment Fund guidelines of spending no more than 4.25% of capital annually, the capital required will be just over \$47,000.

The next steps to implementing the Fund will come at our **Annual General Meeting in April 2015** where **two motions** will be presented. The **first motion** will be to approve creation of the Fund and the criteria associated with the award. Among the latter are that it be an in-course award for a student in the 2nd or subsequent year of study. Whether the award will be a scholarship, bursary, or prize is undecided. The award should not be restricted by program of study; all disciplines should be eligible. Feedback from members on these principles would be welcome before or at the AGM.

The **second motion** will be to seed the fund with up to 50% of the \$19,000+ in our Accumulated Surplus Account. The accumulated surplus is undesignated money, separate from our Contingency Fund into which a portion of annual memberships are paid. At the end of 2015 it is likely that the accumulated surplus balance will still exceed \$10,000.

Should the motions pass at the AGM, the Board will arrange with External Relations to have the necessary procedures established for member donations to be received including by online donation, and tax receipts issued. The selection criteria for the award will also be finalised.

It is our hope that within 2-3 years, sufficient donations will have been made for granting of the award to commence.

Treasurer's Report, January 16, 2015: Anne Dunsworth

Re-investment of ADRP's \$20,000 Rate Riser Cashable GIC:

ADRP's \$20,000 GIC reached its maturity date in late December 2014. As approved by the Board, it was invested in late December as a three year Rate Riser Cashable GIC.

Grant Money Request to Human Resources for CURAC Conference:

This month, on behalf of ADRP, I will be contacting the Assistant Vice President of Human Resources, Katherine Frank, requesting grant money for this year. This grant money would be to assist with the costs of attending the annual CURAC Conference. Grant money has been gratefully received, on an annual basis, for a number of years.

Audit Report for 2014:

The 2014 Audit Report is currently being drawn up to submit to ADRP's Auditor, Dr. John Rutherford.

Financial Report:

The ADRP Financial Statement for 2014 and Budget for 2015 will be presented at the Annual General Meeting in April.

Report of the Benefits Committee (BenComm) – January 18, 2015
David Tindall, Chair

Cross-Experience rating of the Blue Cross Plan:

There continues to be no progress on this issue. As reported last April, the Dalhousie Faculty Association (DFA) committed their support of our proposal, however other employee groups and the Employee Benefits Committee (EBC) itself have not made a decision.

Dalplex Rates for Retirees:

As the situation stands, ADRP members now get treated no better than general members of the community who are over 60 years of age! We continue to press the Administration to open up the restriction on access hours that presently applies to our members.

Health Plan Renewal and Premium Holiday:

All members of the Health Plan should soon receive a letter from the Retiree Benefits Advisory Committee (RBAC) advising the approved changes to the Plan premiums effective April 1, 2015.

There has been a slight decrease in the Medavie Blue Cross (MBC) component but a doubling of the Travel Insurance (SSQ) premium – partially a result of the lifting of the restriction on coverage for travel to “War Zones” (The only countries in the world to which the “war” restriction now applies are Canada and the USA!)

At the time we instituted Travel Insurance we had been advised that the SSQ quote appeared to be on the low side, so the increase, while disappointing, did not come as a complete surprise.

The new monthly premiums (Effective April 1) will be:

Single: \$19.02(MBC) + \$12.85(SSQ) = \$31.87

Family: \$38.06(MBC) + \$25.84(SSQ) = \$63.90

In addition, the Committee reviewed the **premium holiday** that is currently in place for those born in 1940 or earlier. (You may recall that this had been instituted to offset the overcharging of premiums prior to 2009)

The Retirees Benefits Advisory Committee (RBAC) has approved the premium holiday to continue from April 1, 2015 to March 31, 2016 for those members whose

date of birth is in the year 1938 or earlier. In other words, those members who have a date of birth falling in 1939 or later will return to full premium on April 1, 2015.

However, this will still leave nearly 50% of the members of the Plan continuing to pay no premium at all for another year.

As always, we look forward to your suggestions and contributions!

ADRP Benefits Committee:

Randy Barkhouse, John Barry, Michael Bradfield (Secretary), Dianne Pothier, Carolyn Savoy, David Tindall (Chair), Peter Wallace and Philip Welch.

The ADRP nominees to RBAC are:

Michael Bradfield (Secretary), Dianne Pothier and David Tindall (Chair).

From the BoG: Lee Crowell (Vice-Chair) and Darryl Warren with Kirk Shand (Mercer) as advisor.

Communications Report - January 19, 2015

Webmaster Report - Randy Barkhouse

Four new information links for ADRP members have been added to the ADRP web site, two on the home page [<http://adrp.dal.ca>], and two in the “Reports and Articles” section.

The first, *Catch-Up Indexing Yearly Factors*, attempts to answer some questions raised at the recent ADRP General Meeting following the Retiree Trust Fund (RTF) trustees report on the award of catch-up indexation. Why only certain of the years 2002-2010 were added, and how to calculate indexation due for a lesser period are explained.

The second, *We’re the “Silver Tsunami” of the Health System* links to a January 16 Globe and Mail editorial on the problem foreseen given that, for lack of adequate alternatives, our acute-care health system is inappropriately over-burdened with many aspects of senior health care. This issue is at the centre of the campaign being waged by the President of the Canadian Medical Association, Dr. Chris Simpson, as well as by our own CURAC Health Committee. While it seems likely that politicians at both federal and provincial levels are aware of the increasing problems, perhaps they need to know that we senior voters are also aware, and interested in having the problem addressed. This Globe and Mail article provides some useful background.

The third is a link to report of Health Quality Ontario’s recent (December 2014) comprehensive review of the evidence regarding end-of-life care, *Health Care for People Approaching the End of Life: An Evidentiary Framework*.

The fourth is a link to a recent (2014/12/19) article in the National Post about the need for health care professionals to develop skills in using “plain talk” to describe end-of-life issues with patients and their family members, assuring that what is said, is understood by all involved.

Newsletter – Denise Sommerfeld

The ADRP Newsletter is intended to be a timely report to the membership of what is happening at the ADRP Board and its Committees, and what is not happening but might/could be, in terms of the our mission.

As indicated in the Editorial Policy, it is also intended as “a forum for the free exchange of views relevant to our membership”.

We welcome your ideas and feedback on how we’re doing so far and what might make us better. You will note that throughout this issue, there are requests for comments in the various Reports. Successful systems work best with constructive feedback and creative, relevant input. We invite you to send in yours [adrp@dal.ca].

Membership Committee Report – January 19, 2015 Colin Stuttard, Chair

There has been some “turnover” since November 2014: two members have died (Gordon Duff and Michael Martin); two formerly delinquent members regained their good standing at our December General Meeting; and we have one new member. As of January 23, 2015, members in good standing include **366 paying dues by monthly pension deductions**, another **59 who usually pay by cash or cheque** (some pay at the AGM or at the December GM for the year ending, rather than in January for the new year), and one honorary member, for a total of **425** (another 9 are delinquents who paid no dues for 2014).

So, although we are slowly adding to the number of members registered for monthly dues deductions, we still need to advance further towards our goal of having at least 50% of Dalhousie retirees and pensioners as members of our Association. Most members probably could contact one or two past colleagues who also have retired, but may not yet have joined the ADRP. With more recruiting efforts we should be able to achieve that elusive goal and gain more leverage in our struggles to improve the benefits for our members.

Anyone who can handle an Excel spreadsheet and would care to join me on the Membership Committee would be most welcome. Call me at 902-429-0252 and let me know your preferred e-mail address, or better yet, e-mail me at <c.stuttard@ns.sympatico.ca>.

To any pensioner members who have not yet registered for the **memory-free dues-payment method**, please seriously consider doing so (a copy of the monthly deductions application form is at the end of this Newsletter), but **please note**: You only need to do this **ONCE**.

For those without a Dal pension, paying dues (\$20) before the end of the first quarter of each year will ensure your membership is in good standing; the fiscal year of the Association is the calendar year.

As a retiree, you can continue to use your Dal ID card (e.g., for Library access), which can be updated at the DAL ID card office located in Howe Hall, 6230 Coburg Rd.

A reminder too that membership dues paid to the ADRP are **not** income tax deductible as the ADRP is neither a registered charity nor an employee union.

Report on Pension Issues - January 18, 2015
Randy Barkhouse (for Paul Huber, ADRP Representative to the
Pension Advisory Committee)

The Joint Committee on Pensions has continued to meet and will resume its bi-weekly meeting schedule in late January. To date the Joint Committee has focused on potential measures to improve funding of the Pension Trust Fund (PTF) into which active employees and the employer pay contribution, and to strengthen the purpose of the defined benefit plan. In spite of recent years of excellent asset returns, for which the trustees and fund managers deserve credit, the Pension Trust fund remains in serious going concern deficit near \$100 million. Payments on that deficit will remain an \$8 million annual cost to Dalhousie's operating budget until it is paid off. Fortunately N.S. universities were exempted by provincial legislation from a more onerous solvency deficit in the PTF.

A measure to change the crediting rate of all contributions by active employees to the Pension Trust Fund to that used for the supplementary contributions was taken forward from the Joint Committee to the Pension Advisory Committee (PAC) in early January. Due to aspects of that measure which touched on recent collective bargaining with the DFA, a vote on the measure was deferred. A decision on the proposed change was to be taken by e-mail at a future date. Recall that ADRP has observer-only status at the PAC so has no vote.

The intent of the change is to reduce the incentive for retiring employees to take their money out of the Plan, but instead to take a Dalhousie pension.

The terms of reference for the Joint Committee included examining governance of the Plan as well as structural changes such as that mentioned. One governance change of continuing interest to ADRP is the membership of the trustees on the Retirees Trust Fund. **Although the RTF comprises more than 40% of the billion dollar of assets in the Pension Plan, we do not have the right to even nominate a single trustee.** The ADRP Board believes this lack of representation at a time when reducing the PTF deficit is paramount, could lessen attention paid by trustees to issues of importance to pensioners.

We have been encouraged by the recent award of about half the missing indexation of Dalhousie pensions, as this has been a matter which we have encouraged the trustees

to consider for some time. The RTF's funding position at June 30, 2014, was sufficient to persuade the trustees to use their discretionary power in this regard, in spite of the jump in liabilities that followed introduction of new mortality tables in the fall of 2013.

The catch-up indexation award increased RTF liabilities by about \$12.5 millions, roughly 3% of fund assets, but has still left the RTF in a 106% funded position. Market volatility and prudent management require a buffer of at least that amount to prevent the RTF going into deficit.

Even though ADRP has only voice-without-vote membership on the PAC, it seems that voice has been effective. Late in 2013 ADRP member Paul Huber suggested a review of the indexation provisions in our pension plan was in order. The plan has provision for such review, but none had ever been done. The subsequent work done on this review was very instructive with respect to the cost of each year of catch-up indexation. That background work seems likely to have been important for the trustees' recent favorable decision.

For those receiving catch-up indexation, their \$20 annual ADRP membership fee has thus been a high return investment. Add that \$12.5 million to the \$700,000+ retrieved for over-65 Blue Cross subscribers, and the annual savings for early retirees who subscribe to Blue Cross and the collective annual return on ADRP membership has been enormous.

Explanation of the 2015 Catch-Up Pension Indexation Randy Barkhouse

The December general meeting of ADRP brought forth several questions from pensioners on the recent catch-up indexation announcement. The "Dalhousie Retirees' Trust Fund Annual Report to Retirees as of June 2014" was rather brief in its explanation, stating only the years and amount of indexation for each year covered by the announcement. This short article is intended to answer some of those questions. Individuals with questions about the change in their own pensions should direct them to the Pensions Office at Dalhousie.

First, why are only certain years in the 2002-2010 period listed in the report, as the indexation is to cover all years from 2002-2010?

There are two answers to that question. First, in 2006 and 2007 full indexation had already been paid, so no additional indexation is warranted for those years. The catch-up indexation factor for each is 1.0. Second, in 2009 there was no inflation as measured by national CPI, so again the indexation factor for that year is also 1.0.

Another question was the basis for the indexation percentages listed for each year. The answer lies in the amount of unpaid indexation compared to the maximum CPI change. Again there is a two-part answer.

The table below shows, in the penciled second column, the cumulative pension catch-up indexation to be awarded by year of first missed indexation. That column applies to

pensions that began in July of the relevant year, 18 months previous to the commencement of indexation, as per Dal Pension Plan Rule 9.

If your pension started in a month other than July another multiplier is applied to roughly equalize the indexation due over the shorter or longer period. A pension that started in January has a factor of 1.5 applied to the initial indexation factor. A pension that started in December has a factor of .5 applied. See Dal Pension Plan Rule 9c for factors applied to other starting months.

The penciled cumulative values in the table below are obtained by multiplying the missed indexation for each year from the first year missed, up to 2010. These annual values are in the column titled "Missed Catch-up Indexing".

The factor for indexation missed from 2002 forwards to 2010 is thus $1.008286 * 1.02605 * 1.02457 * 1.006144 * 1.02687 * 1.006932 = 1.1027$, i.e. a 10.27% increase.

For 2003 to 2010 it is $1.02605 * 1.02457 * 1.006144 * 1.02687 * 1.006932 = 1.0937$ or 9.37%.

Again note that in some of the past years listed, full or partial indexation had already been awarded, and that for 2009 there was no inflation (as measured by national CPI).

Extract from a Pension Advisory Committee Report of February 2014

Appendix A
Dalhousie University Staff Pension Plan - Cost of Providing Catch-up Indexing

Per Rate of Return Letter June 30th	Jan 1 2015	Indexing Date	Actual Indexation*	Permitted Indexation	Missed Catch-up Indexing	Cost of Catch-up "Alone"	1
2002	10.27%	1/Jan/2003	0.4441%	1.2766%	0.8288%	590,000	
2003	9.37%	1/Jan/2004	0.0000%	2.6050%	2.6050%	2,131,000	
2004	6.59%	1/Jan/2005	0.0000%	2.4570%	2.4570%	2,184,000	
2005	4.03%	1/Jan/2006	1.0578%	1.6787%	0.6144%	611,000	
2006	3.40%	1/Jan/2007	2.5157%	2.5157%	0.0000%	n/a	
2007	3.40%	1/Jan/2008	2.1918%	2.1918%	0.0000%	n/a	
2008	3.40%	1/Jan/2009	0.4293%	3.1278%	2.6870%	4,341,000	
2009	.69%	1/Jan/2010	0.0000%	0.0000%	0.0000%	n/a	
2010	.69%	1/Jan/2011	0.0000%	0.6932%	0.6932%	1,628,000	
2011		1/Jan/2012	0.0000%	3.0981%	3.0981%	7,751,000	
2012		1/Jan/2013	0.0000%	1.5025%	1.5025%	4,128,000	
2013		1/Jan/2014	0.0000%	1.1513%	1.1513%	3,546,000	
					16.7264%		

Actual indexation at January 1, 2003 is comprised of 0.3047% granted effective January 1, 2003 and 0.139% granted effective January 1, 2009 under

CURAC Representative's Report: January 15, 2015
Randy Barkhouse

The board of our national College and University Retiree Associations of Canada (CURAC) reports substantial progress on two major projects – the annual conference being held this year at Queen's University, and the position paper on a national home care program for seniors.

The National Conference dates are May 20-22, 2015 with a theme of "Looking Ahead".

Here is an extract from the web site [<http://www.queensu.ca/retirees/curac-arucc>] :

*"The opening sessions on Thursday morning will be on **Healthcare for Seniors**. **Dr. Chris Simpson, President of the Canadian Medical Association (a Dalhousie medical graduate)**, has agreed to be the first speaker. Two speakers (one of whom will be **Dr. Ken LeClair, a specialist in geriatric psychiatry**) will address **Mental Health issues of seniors**.*

The Conference Banquet will be held Thursday evening in the new Discovery Centre of historic Fort Henry.

*Another confirmed speaker will be **Dr. John Smol, a world-renowned Canada Research Chair in Climate Change**. We are still awaiting confirmation of speakers on the **Future of Post-Secondary Education in Canada and on the Future of Pensions**.*

Friday is traditionally given over to "Best Practices" presentations by Delegates. We are planning something a little different and are still working out the details, Rather than have most of the audience passively listening to presentations, we'd like to try having everyone find a table around which a small group will be discussing a pre-announced topic ("What can CURAC/ARUCC do for you?", "The Challenges of Recruiting New Members", "Renewing Group Leadership", CURAC/ARUCC's Role in Public Advocacy" are some potential discussion topics.). Delegates would have the opportunity (and time) to participate in multiple discussions, all of whose results would be reported at the end of the Conference...."

CURAC conferences are open to all members of ADRP. Registration information is available through the link mentioned above.

CURAC's position paper on Homecare has been prepared by the CURAC Health Care Policy Committee led by Committee Chair Linda Kealey of the UNB Retirees Association. The final version is to be submitted to both federal and provincial legislators as well as local and regional media consistent with the advocacy agenda outlined in the CURAC Strategic Plan.

Below is an extract from the draft version.

“January, 2015

In light of the often-cited concern about population aging and its effects on Canadian society, it is worth examining homecare as an alternative to hospital or nursing home care. According to Health Canada’s website, “home and continuing care” is defined as services for “recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social or therapeutic treatments and/or assistance with the essential activities of daily living.” However, home care is also necessary for generally healthy, able, aging persons who may need episodic and perhaps minor assistance with bathing, house cleaning, cooking, shopping and transportation. As the Canadian Medical Association’s Pre-Budget Submission for 2014-15 noted, “the aging of Canada’s population is the most pressing policy imperative of our time.” Its President, Dr. Chris Simpson, has pointed out that around 3 million health care beds a year at a cost of \$1000 per day are taken up by seniors because long term or home care is not available. ... And the CMA’s National Report Card for 2014 reveals that 8 out of 10 respondents are concerned about the quality of the health care they will receive in the future; only half say they can afford or will be able to afford extra health care services not covered by medicare or private insurance. Three-quarters of the 1000 respondents surveyed by Ipsos Reid for the CMA worried about having enough money to pay for a long stay in a care facility or for nursing care at home.

Given the high cost of warehousing seniors in hospitals while awaiting a place in a short or long term care facility, how feasible is homecare as an alternative? Depending on the level of care and hours required, home care may be more suitable and affordable.”

It is expected that the final version of this position paper will be available by April for distribution to all member associations.

CURAC National Secretary Ed Williams of MUNRA has reported the following on an earlier initiative –

“Last August, the CURAC Health Care Policy Committee Paper “Population Aging: Long Term National Strategies a Must for Seniors” was sent to the Prime Minister and other legislators. On November 10, 2014, CURAC received a response from the Hon. Rona Ambrose, Minister of Health. CURAC has drafted a response intended to be sent to the Hon. Ms. Ambrose.”

Although it was encouraging to receive a reply, that reply was mostly a recitation of unrelated activities of the federal government respecting health care. The CURAC board feels strongly that a national strategy is essential to avoid continued inappropriate use of the expensive acute care system for seniors health care needs that could be addressed less expensively by other means.

Seniors' College Association of Nova Scotia (SCANS) - Jan. 22, 2015
ADRP Representative to SCANS Board of Directors: Colin Stuttard

1. **Board Nominations & Elections** – The SCANS Board of Directors comprises a minimum of 12 members (five officers, including the Past-President, and seven directors at large, including a director appointed by and from the ADRP Board) and a maximum of twenty members. As of January 20, 2015, the Nominations Committee chair (Past-President Wayne Grennan) had received nine nominations for Director at Large, and apparently none yet for any of the elected officer positions. Only one elected member of the current Board has been nominated. The deadline for nominations to be included on a list that (with brief individual biographies) will be distributed to all SCANS members is February 1, 2015. Subsequent nominations can be made, including any from the floor at the SCANS Annual General Meeting (AGM) on March 11, but will not be circulated to the general membership before the AGM.

So, **more nominees are needed**, especially candidates for officer positions (President, V-P, Secretary, Treasurer).

2. **HST** – One year ago, SCANS received a CRA ruling that the College must collect HST from members' dues. The ramifications of this ruling are being explored by current Board members and the Office Manager. It is possible that the College might be able to make existing dues inclusive of HST. SCANS membership is now over 700, including more than 200 in the satellite chapters.
3. **College Structure** – The size and structure of the Board (including Standing Committees), relationship between Halifax ("home") chapter and satellites, role of the Office manager, and division of labour between academic and administrative functions, are questions that will confront the new Board in March.
4. **ByLaws and Policy & Procedures Manual** – The status of the latter, and a need to update the former will also need the new Board's attention.

OPINIONS AND COMMENTS

Eight Reasons Why Physicians Shouldn't Take Responsibility

**Tarun Ghose, MB, BS, PhD, FRCPath. (London), Professor *Emeritus* in Pathology,
Dalhousie University, Honorary Member of ADRP**

[Ed.note: This article first appeared in DoctorsNS and appears here with the permission of the author who submitted it for inclusion in this Newsletter.]

The Supreme Court of Canada heard an appeal of Carter v. Canada in October 2014 to determine if physician assisted suicide (PAS) contravenes the Canadian Charter of Rights and Freedoms. The Court had not ruled at the time this article was written. If Canada's laws prohibiting PAS are found to contravene the Charter, PAS will be a legal option

across the country, as it is already in Quebec after its Provincial Assembly passed the Medical Aid in Dying law.

If PAS becomes legal, doctors will face questions such as who decides patients' suitability for PAS, how can we ensure unwilling patients aren't subjected to assisted death, and how can doctors be protected from the legal implications of PAS, to name a few.

I suggest that doctors shouldn't assume the responsibility nor take any direct role in life or death decisions concerning their patients for eight reasons:

1. Patients believe their doctors' goal is to heal; however, this trust would erode on learning that their doctors are also licensed to kill.
2. Doctors take the Hippocratic Oath to do no harm, but PAS or withdrawal of life support is harmful to patients. Supreme Court Justice MacLachlin ruled in the Rasouli case, "In forstalling death, life support arguably falls within 'therapeutic' and 'preventative' purposes".
3. Natural justice demands doctors shouldn't terminate life on the basis of a prognosis they have made.
4. It is extremely difficult to make a correct prognosis; as an example, a proportion of patients diagnosed as brain dead were found to have retained brain function on functional brain imaging.
5. Doctor's moral and ethical values vary widely as they do in the rest of society.
6. Most medical schools do not provide any structured course on the technical, legal, and ethical aspects of PAS or euthanasia.
7. Doctors might be conflicted; for example, doctors are often under pressure to vacate hospital beds and save scarce resources, and while most doctors resist this pressure a few might succumb.
8. Distancing doctors from any form of killing is a powerful bulwark against legal entanglement or forced participation in state-sponsored torture, mutilation, and murder as happened in Europe during and after the Second World War.

For the same reasons, doctors should not take upon themselves the responsibility for withdrawal of life-sustaining treatments even with patients' (or their families') consent. Studies show a significant proportion of patients change their minds about terminating their life especially when they come out of mental depression. The terminally ill might opt for PAS because of a feeling of guilt or from real or perceived pressure from tiring caregivers and family members. Consent of family members for life-ending procedures should be carefully examined for conflict of interest.

What should doctors do? Follow the ruling of the Supreme Court of Canada (in the Rasouli case) which states decisions over disputed end-of-life cases should be resolved by an independent body. As recommended in the Canadian Medical Association's (CMA) 2007 position paper, which is consistent with the Rasouli ruling, life-ending should be the prerogative of society at large.

A more comprehensive article by the author, on assisted suicide has been published in the October 2014 issue of Monitor, a publication of the Canadian Centre for Policy Alternatives [<https://www.policyalternatives.ca/publications/monitor/time-move-beyond-debate-assisted-suicide>].

Opportunities

Seniors' Art & Photo Gallery is seeking members for new Board of Directors:

The Seniors' Art & Photo Gallery is looking for community members with fresh ideas and a love of art to sit on the Board of Directors. The Seniors' Art & Photo Gallery has been an integral part of the community for over 26 years and promotes the importance of seniors in the arts. The Nova Scotia Department of Seniors has been pleased to support the Gallery for a number of years but the time has come to transition the Gallery back to the community. This is a unique opportunity to breathe new life into the gallery and ensure its future success. Anyone who has an interest in art and would like to contribute their ideas should contact the NS Department of Seniors by January 30, 2015 to discuss. To find out more, please contact the Nova Scotia Department of Seniors by calling Kate Scott at 902-424-4255 or email to kate.scott@novascotia.

IN MEMORIAM

We regret to announce the passing of two of our ADRP members. We extend our sincere condolences to their families and friends.

DUFF, Dr. J. Gordon - Halifax, passed away peacefully on Thursday, December 11, 2014. Born in Rosetown, Sask. on April 3, 1930, he earned a Bachelor of Science in Pharmacy and Master of Science degrees at the University of Saskatchewan and a Doctor of Philosophy degree in pharmaceutical chemistry from the University of Florida. After serving the University of Saskatchewan as an Instructor of Pharmacy from 1958 to 1961, Gordon became the first director of the College of Pharmacy in the newly formed Faculty of Health Professions at Dalhousie University, serving in that capacity from 1961-1972. The College flourished through his hard work and leadership. He continued as a faculty member at the College of Pharmacy until his retirement in 1990 at which time he was appointed Professor Emeritus. Gordon was considered a giant among pharmacy educators in Canada and received many awards and honours throughout his career. In 2012, he was awarded the degree of Doctor of Laws *honoris causa* from Dalhousie University for his outstanding contributions to pharmacy education, the profession and the University. Keenly interested in pharmacy history, Gordon was a major force behind the establishment and furnishing of the historical pharmacy in Sherbrooke Village, NS and the J. Gordon Duff Pharmacy Museum at Dalhousie's College of Pharmacy. At his request, his body was donated to the Department of Medical Neuroscience, Dalhousie University. Donations to the College of Pharmacy in memory of Dr. Duff may be made c/o External Relations, Dalhousie University.

MARTIN, Dr. Michael - died on Nov. 24, 2014 in Exeter, Devonshire, England. Born in England in 1931, Mike graduated from Nottingham University and received a Ph.D from Sheffield University where he then became a faculty member. He worked in the electronics and fuel industries as a computer physicist and later as a management scientist. He joined the faculty at Bradford University, developing research and teaching programs and founded the Management Science and Computer Group. In the early 1970s, he was a Visiting Professor of Industrial Engineering at Iowa State University and a Visiting Professor of Business Administration at the University of Illinois. Mike arrived

in Halifax in 1973, going first to Saint Mary's University as Director of the then new MBA program, and then moving to the faculty of the School of Business at Dalhousie University where he remained until his retirement in 1996. Mike was regarded as a pioneer in Canada in the field of Management of Technological Innovation and Entrepreneurship. He was described as a practical academic, paving the way for future technology professors, and was a popular teacher with the gift of clear explanations, humour and a generous spirit. He was known to enjoy real ale and a strong cup of tea! Mike was very much loved by his family.

Photos from the Holiday Reception following the General Meeting December 2014



Clockwise from upper left – ADRP membership chair Colin Stuttard chats with a member; ADRP President Carolyn Savoy poses with two members; Long service ADRP board members Paul Huber and Philip Welch

Association of Dalhousie Retirees and Pensioners



Room 2831 Life Sciences Centre
Dalhousie University
PO BOX 15000
Halifax, Nova Scotia
B3H 4R2
Telephone: (902) 494-7174
E-Mail: adrp@dal.ca

Membership Application for Payment by Pension Deduction

Employee Number (from your pension stub): B _____

Name _____

Address _____

Postal Code _____

Phone Number: _____

E-mail: _____

Date of Retirement: _____

Dalhousie Department: _____

I request that ADRP monthly dues (\$1.66) be deducted from my pension starting (month and year) _____, and continuing until I inform you otherwise in writing.

(Signature)

Please return this form to:

Payroll Office
Room 152, Henry Hicks Academic Administration Building
Dalhousie University
PO BOX 15000
Halifax, N.S. B3H 4R2

The information you provide to us will be used for our records and to allow us to contact you or distribute to you information. Information that identifies you will not be shared with any other organization.

Association of Dalhousie Retirees and Pensioners (ADRP)

Membership

Open to all Retirees from the University staff, Non-Academic and Academic. Associate membership is available to those within 5 years of retirement.

Mission

To facilitate and promote the dissemination of information to Dalhousie Retirees; and
To enhance and promote continuing membership in the Dalhousie Retirees' family.

Formal Objectives

To represent the interests of retirees from Dalhousie University, their spouses and beneficiaries;
To further the understanding of the retirement pension and benefits;
To cooperate with other groups that have similar objectives; and
To provide a conduit for information, when necessary, between the university and retirees.

Informal Objectives

To promote social interaction among its members;
To investigate and negotiate group benefits desired by a significant number of members;
To provide information to its members about general and specific retirement issues; and
To pursue other issues as the membership directs.

For Further Information

Visit us at our Web Site: <http://adrp.dal.ca> or phone us at (902) 494-7174. Our E-mail is adrp@dal.ca . Our office is in the basement of the Life Sciences Centre, Room 2831.