

# OUCH

Optimism and Understanding Creates Hope

Volume 2 Issue 1 October 2010

## A Road Painfully Travelled

For 92-year-old Will Geerts the journey to the third ACTION Ontario Pain Symposium during National Pain Awareness Week is, in his own words, "a road painfully travelled." After seeing forty doctors in eight and a half years, Mr. Geerts finally found relief when he arrived at the pain clinic of ACTION Ontario's founder and Chairperson Dr. Angela Mailis-Gagnon. Due to this "great blessing" in his life, Mr. Geerts has offered to share his story and journey as one of this year's patient panellists at the symposium titled "Patient Input for System Change."

Mr. Geerts's journey was a painful road but if not for the dedication and determination of doctors, like Angela Mailis-Gagnon and organizations such as the Canadian



Will Geerts

Pain Society (CPS), he may never have had the opportunity to even share the experience. As unbelievable as this seems, chronic pain is not a priority for legislators in this country.

This year marks the celebration of the fifth anniversary of the inaugural National Pain Awareness Week in Canada as well as the inception of ACTION Ontario. Both have been instrumental in the acknowledgement and advancement of people with chronic pain issues. It

took years of passionate lobbying and an act of Parliament to decree the former and the undaunted determination of a strong-willed, committed woman to pursue the latter.

Pain management, research and advocacy were not new concepts prior to the 2004 parliamentary announcement of National Pain Awareness Week. In 1976, physicians, clinicians and researchers collaborated to form the Canadian branch of the International Association for the Study of Pain and the CPS was born.

The 1981 move towards the development of a "Charter of Rights and Freedoms" in Canada opened the door for many "special interest" groups to begin seeking

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## Information on Mindfulness Meditation

**By:** Rachel Weisz

Mindfulness meditation was originated by John Kabat-Zinn at the Stress Reduction Clinic at the University of Massachusetts Medical Center. He adapted ancient meditative techniques to modern loving. Over the years thousands of people, with many different

complaints have been trained and they all report having gained valuable coping skills that eased their pain, improved their health and gave them a whole new outlook on life.

As there is clear evidence of the effect of a person's mind on his/her health condition, the great value of the

practise of Mindfulness meditation is without a doubt. It also points to the fact that we have forgotten how to pay attention to the signals our bodies are sending us.

When encountering an opportunity to learn Mindfulness, becoming hesitant due to the word "MEDITATION" is

*(Continued on page 2)*

### Did You Know?

On September 15th the Liberal government introduced new legislation, **Bill 101**, to control the distribution of prescription narcotics in the province. **Only two days** of public hearings were held, both in Toronto, and a motion to take the hearings on the road to outlying communities for further discussion was defeated. This Bill, if left to stand as is, could have a huge impact on pain patients and the distribution of narcotics for the relief of their pain. Call your MPP with YOUR concerns!

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## Painful Road

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protection under this legislation. A "Special Interest Group" (SIG) is defined as a "community with an interest in advancing a specific area of knowledge, learning, or technology."

Acknowledgment of the professional pain community notwithstanding, in 2002 the CPS created and began a partnership with the Canadian Pain Coalition (CPC) as an umbrella patient group with the mandate to "promote sustained improvement in the treatment of all types of pain through the development of Charter of Rights and Responsibilities of

Pain Patients, the education of professionals, the public, and the government about the significance of the problem of pain in Canada and the declaration of National Pain Awareness Week."

At the same time then CPS President Celeste Johnston and CPC President Lynn Cooper, along with researcher Dr. Jim Henry and his colleagues, were working behind the scenes with Senator Sharon Carstairs, a long time socially motivated advocate, for the recognition of chronic pain as an illness as well as a "National Pain Awareness Week."

On October 28, 2004 the Honourable Senator Yves

Morin moved: "That this House call upon the Government of Canada to establish the first week of the month of November in each and every year, throughout Canada, as "National Pain Awareness Week."

One year later, in November 2005, Dr. Henry and his wife, Dr. Kiran Yashpal hosted one of many inaugural National Pain Awareness Week events in their hometown of Burlington. The theme of the forum was "Give Pain a Face." One of the three keynote speakers was Dr. Angela Mailis-Gagnon. This same year Drs. Mailis, Henry, and Barry Sessle would come to the table with other scientists and clinicians to form ACTION Ontario.

In 2007 ACTION PNP, People with Neuropathic Pain, was born and in 2008 ACTION Ontario hosted the first Neuropathic Pain Symposium titled "One Face, Many Causes."

Just like Will Geerts's journey, the road to this year's neuropathic pain symposium was one "painfully travelled." But for all the attendees the ability to even come together, share the experience and make their voices heard is a reason to celebrate; not only past victories, but present hopes and future accomplishments with a common goal, the formation of a Comprehensive Pain Strategy for the Province of Ontario.

[www.actionontario.ca](http://www.actionontario.ca)

## Mindfulness Meditation

(Continued from page 1)

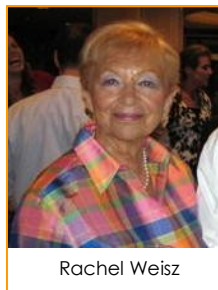
a mistake. It is easy, very versatile and soon becomes individual. For many years I have practiced another form of meditation and was surprised at the great differences. Of course it requires commitment to regular practice. There is no Mantra. Thought intruding is just noted and we bring back the mind to internally observe our body and its sensation.

Our first homework was to pay very close attention while eating a meal, noting tastes, colours, sounds and anything else that occurred. As an alternative we could choose a different daily activity and report our observations on either one. My choice was brushing teeth and I had an astonishing result. It became apparent that the friction

caused by the bristles produced various sounds depending on speed and location. When I started playing with it, a simple song emerged. My description of this experience created great hilarity and we even referred back to it at a later meeting.

At the next session we were guided by a recording called "Body Scan." It could be done sitting or lying down, with eyes open or closed.

Being able to choose the most individually suitable components and having unexpected benefit early on is encouraging to continue. Many times we were reminded by our Leader that there is no "proper" way of Mindfulness practice. Every



Rachel Weisz

person experiences it differently and what happens could change at every practice.

The basis is deep breathing. When short on time or encountering sudden increased stress, doing deep breathing as long as possible and practically any place, provides relief. In my group of twelve people we had amazing discussions of the various experiences we each had every time. One member related how doing a short meditation while sitting in a traffic jam made her smile. At one session we had a lovely and moving poem read to us, which lead into visualizing a lake or mountains or even any place of pleasant memory. Once more it was a personal

choice. It is possible to meditate while walking and some find it very effective.

All of us were dealing with miscellaneous kinds of physical pain that made it difficult to follow some easy yoga exercises. Again, we were often cautioned to do only what was comfortable and assured that it would not lessen the benefits. We also learned various little tricks from each other, worked out over long periods of time living with pain.

Jon Kabat-Zinn's book "Full Catastrophe Living" is an excellent read and guide but to learn Mindfulness Meditation properly needs a Leader trained at his Stress Reduction Clinic in Massachusetts. Being disciplined about keeping up the daily routine helps to avoid drifting away from the practice.

## Editor's Message

### Dear Readers:

Autumn is always the busiest and most exciting time of year for the ACTION Ontario/PNP group and this year is no exception.

Dr. Angela Mailis-Gagnon was an integral member of the Narcotics Advisory Panel and provided the Health Minister with advice and expertise on the problem of opioid abuse in our province. Because of her involvement the patient voice is an essential part of potential sweeping reforms as we move towards a Comprehensive Pain Strategy in the province of Ontario. To this end, I had the honour of presenting to

the Standing Committee on Social Policy with regards to Bill 101 on behalf of ACTION PNP.

ACTION Ontario/PNP will be hosting its inaugural Lobby Day at Queen's Park on November 1<sup>st</sup> on behalf of all chronic pain sufferers. If you are planning on attending the luncheon, it is **imperative to RSVP** so your name will be on the guest list. This is for Queen's Park security purposes.

On November 9<sup>th</sup> ACTION will be hosting a third Neuropathic Pain Symposium at the MaRS Centre. This year's theme is "Patient Input for System Change." As always, there is a thought provoking patient



panel with heart-warming and heart rendering stories to tell about a system which does not meet the needs of pain patients and caregivers alike. Thank you in advance for coming forward and sharing your difficult stories. We look forward to yours and everyone's participation.

This issue is dedicated to all the "pain warriors" who have spent countless hours to further the cause of pain. You are too

many to mention but you have personally made my pain and journey bearable and given it a purpose. For this, I thank you.

Thank you also to our contributors, Rachel Weisz, and Dr. Mailis-Gagnon and to Dr. Jim Henry and Olga Benvenuto-Whitham, whose profiles are featured in this edition.

Don't forget to send any story or topic ideas to:

[editor.ouch@gmail.com](mailto:editor.ouch@gmail.com)

See you at Lobby Day and the Symposium!

As Always  
Janice Frampton  
Editor

## INTRODUCING.....

As part of ACTION Ontario's continued commitment to the ever evolving issues surrounding pain and pain management we are pleased to announce the addition of two new members of the board.

### Bill Daya B. SC. PHARM.

Bill Daya is an independent pharmacist in the city of Pickering. After receiving his Pharmacy degree from the University of Sussex in Brighton, England, he moved to Toronto in 1976. In 1985 he bought his current pharmacy location where he just recently celebrated 25 years. Mr. Daya's 35 years of experience as a pharmacist and frontline distributor of medication to and the education of pain patients, gives him unparalleled insight into the potential pitfalls of not only pain management but narcotics abuse.

He is eager to lend his expertise and knowledge to the ACTION board as Ontario enters into a new phase in the distribution of narcotics with the introduction of Bill 101. He is a member of the Canadian Pharmacist Association and the Ontario Pharmacy Association.

### Paul Taenzer Ph.D.

Dr. Paul Taenzer has worked in various aspects of pain management as a clinician, researcher and administrator for the past 35 years. He received his doctoral degree in clinical psychology from McGill University. After completing his studies Dr. Taenzer managed a rehabilitation based multidisciplinary pain clinic in Tulsa, Oklahoma and moved back to Canada in 1985 to work for the Alberta Cancer Board. In 2000, after many years of trying, Dr. Taenzer, with the assistance of other pain based specialists, established a comprehensive pain clinic in Calgary. This clinic is considered a model for multidisciplinary pain care in Canada. Having recently retired from Alberta Health Services and moved to the Kingston area, Dr. Taenzer is eager to continue his long standing collaboration with ACTION Ontario chair, Dr. Angela Mailis in an effort to improve pain management for all Ontarians.

ACTION Ontario is pleased to announce its inaugural **Lobby Day**, for the promotion of chronic pain sufferers in the province of Ontario. Please join us at our Queen's Park reception.

**Chronic Pain Awareness Day**

ACTION Ontario invites you to attend their Queen's Park Reception

Monday, November 1, 2010  
Time: 11:45 a.m. – 1:00 p.m.  
2nd Floor, Committee Room 228  
Main Legislative Building

ACTION Ontario is the voice of people living with neuropathic pain, a particularly debilitating form of chronic pain. ACTION is an innovative not-for-profit organization that is made up of doctors, researchers, other healthcare professionals and patients committed to seeing improvements in the diagnosis and care of people with this condition and other forms of chronic pain.

Lunch will be served.  
Please RSVP to Patrick Harris at 416-413-4651  
[patrick.harris@billandknowlton.ca](mailto:patrick.harris@billandknowlton.ca)

**ACTION** ONTARIO  
For People with Neuropathic Pain  
[www.actionontario.ca](http://www.actionontario.ca)

# THE HURTING NUMBERS

**By:** Dr. Angela Mailis-Gagnon

I have often said "Chronic pain is the elephant in the room that no one wants to see". New evidence shows the elephant that has grown so big even the walls of the room are unable to contain him now.

## **So, HOW BIG is the problem?**

In a recent CARP survey on chronic pain I analyzed the results of 3508 responders and would like to share the shocking numbers with you. (Numbers in brackets, my comments in italics)

\*Nearly half of the responders (48%) had chronic pain (pain lasting more than 3 months) or knew of a family member who did (*clearly chronic pain has affected the lives and families of half of all responders*);

\*The most common pain problem was arthritis (for 43% of those with chronic pain), followed by low back pain (21%), other types of pain including neuropathic pain (14%) and chronic wide

spread pain or fibromyalgia (8%) (*indeed studies show that musculoskeletal problems become common as we age*);

\*Half of the chronic pain sufferers had experienced some or a lot of difficulty having their pain diagnosed correctly (*I knew this*);

\*7 out of 10 chronic pain sufferers felt that their physicians had poor or only partial knowledge of how to diagnose and treat their pain (*I had an intuitive feeling this was the case but the numbers now confirm it*);

\*A third of chronic pain sufferers had their life affected very much by their pain (*that is a very high number*);

\*While 10% of the chronic pain sufferers were receiving no treatment (*I assume that their pain is mild*), of those who did, one third found their treatment partially or totally ineffective (*not surprising*);

\*In regards to the primary treatment they were receiving, the majority of chronic pain sufferers (58%) were taking prescription medications, 9% pain medications over the counter, and one in six physiotherapy or complementary medicine treatments (massage, acupuncture, naturopathic treatments etc) (*in reality, many chronic pain sufferers use more than one treatment at the same time*);

\*In regards to coverage for treatments/ medications, 38% of the chronic pain sufferers had private insurance, 27% were covered by government old age pension plans and 25% had benefits from their job. Despite this coverage, one third could not afford to pay for some or many treat-

ments (*this is bad but not unexpected*);

\*One in four chronic pain sufferers had been referred to a pain clinic (*this is a very high number for a sample of the general population and I never expected it*);

\*One in four chronic pain sufferers had visited the emergency department at least once for their pain (*consider how much taxpayer's money is spent in seeking health care*);

\*When the question was asked if "they feel patients in their province suffering from chronic pain are being properly served with the current system of care", of those who had an opinion (*which means they were familiar with the system of care for themselves or their family member*) 70% of all the responders felt the current system does not serve well patients with pain;

\*When readers were asked if they saw a need for a comprehensive pain strategy, of those who had an opinion, a whopping 90% believed a comprehensive strategy was needed to address the problem of chronic pain in their province (*this was a "no brainer"*).

**So, who answered the questionnaire?** One third of all respondents were 55- 64 yrs of age, 49% 65-74 years old and 17.6% more than 75 years of age, 64% were men and 36% women, 60% were living in Ontario and 26% in BC/ territories and Alberta. Wow! While some respondents could be patients in my pain clinic or other pain clinics, the vast majority of the respon-



Dr. Angela Mailis-Gagnon  
Founder & Chairperson  
ACTION Ontario

dents are seen by their family doctors and not by pain specialists. These are the same people who tell us they are unhappy with their doctors' knowledge, the treatments they receive or the treatments they cannot afford and the dramatic changes in their lifestyle. It does not take a rocket scientist to realize that only a well thought, multifaceted approach to chronic pain, a "comprehensive pain strategy" will address this huge problem of chronic pain in Canada.

Furthermore, in May of 2009 the Canadian Pain Society released data from different research studies as well as surveys of 4,000 Canadians conducted in 2007 and 2008 on behalf of painexplained.ca (an advocacy and awareness campaign committed to raising awareness of the issue of undertreated pain in Canada).

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Direct health care costs for Canada for chronic pain sufferers by 2025 can be expected to rise to \$10.3 billion per year

(Continued from page 4)

## More than 18% of Canadians over the age of 18 suffer from chronic pain.

This is what these numbers tell:

\*More than 18% of Canadians over the age of 18 suffer from chronic pain

\*Of those surveyed who had moderate to severe chronic pain, almost 60% had lost their job, suffered loss of income or had a reduction in responsibilities as a result of their pain and 70.5% were currently under the care of a doctor for their pain

\*Among those who were employed, the mean annual number of lost work days as a result of pain was 28.5

\*Direct health care costs for Canada were estimated to be \$6.02 billion per year (in year 2000 dollars) for chronic pain sufferers. By 2025, with the aging of our population, these costs can be expected to rise to \$10.3 billion per year

\*Almost 28% of chronic pain sufferers were diagnosed with depression, while 20% were diagnosed with an anxiety disorders. Since these diagnoses can overlap, 11.5% of chronic pain sufferers reported having both diagnoses

\*Chronic pain sufferers have lower quality of life than

patients with depression, renal failure and cardiac disease.

\*Pain accounts for over 20% of all doctor visits, 10% of drug sales and costs to developed countries of \$1 trillion each year

\*Patients suffering from chronic pain deteriorate while waiting for access to care - a national survey identified that wait times for treatment at publicly funded pain clinics across Canada exceed 6 month benchmarks with wait times 1-5 years in some clinics and with large areas of Canada having no service

\*Less than 1% of total funding from the Canadian Institutes of Health Research (CIHR) is allocated to pain-related studies for a problem that at minimum affects 18% of the population.

Canada is not alone. In 2006, an international journal reported a survey of 46,394 people in 15 European countries and Israel, finding that 19% had suffered pain for 6 months, seriously affecting the quality of their social and working lives. Very few patients were managed by pain specialists and nearly half received inadequate pain management. The researchers concluded that chronic pain is a major health care problem in Europe that needs to be taken more seriously.

Please think of all people afflicted by chronic pain: Older individuals, patients with cognitive impairments, young children, adults in the middle of their most productive years, patients who suffer from chronic diseases where pain is an unwanted companion (patients with diabetic neuropathy, post herpetic

neuralgia, AIDS, neuropathies after cancer treatment, multiple sclerosis etc), and the list is endless. These people could be you, a loved one in your own home or your next door neighbour.

### So what is this all leading up to?

I have looked at other Canadian jurisdictions and provinces that have "done something" about chronic pain. Ontario is NOT among them. My organization ACTION Ontario has been driving the message to patients, administrators, policy makers, physicians, other health care providers, politicians and the industry: we must look at chronic pain from a "whole person" point of view in ways which can prevent, treat early and treat appropriately pain.

On November 9, ACTION Ontario will host a pain forum open to the public at the MaRS Auditorium in downtown Toronto. The theme of the forum is "Patient Input for System Change". Please join your voice with ours, so we can keep bringing the message home: PAIN is a huge problem and we need comprehensive strategies to address it.

### Submitted by:

Angela Mailis Gagnon, MD, MSc, FRCPC (PhysMed)

Director, Comprehensive Pain Program,

Senior Investigator, Krembil Neuroscience Centre Toronto Western Hospital,

Chair ACTION Ontario  
[www.actionontario.ca](http://www.actionontario.ca)

**ACTION ONTARIO** invites you to attend

## Patient Input for System Change

A symposium on neuropathic pain

Neuropathic pain is the result of damage or disease to the nervous system. It has one face – that of suffering and distress – but its causes are many, including multiple sclerosis, diabetes, AIDS, shingles, cancer, spinal cord and nerve injuries.

Unfortunately, people with neuropathic pain often have difficulty receiving proper diagnosis and appropriate treatment, prolonging suffering, and at great cost to the individual, their family and the health system.


Patient Input for System Change, a symposium being held during National Pain Awareness Week, will bring together patients, clinicians, researchers and other interested people to share ideas on how our health system can more effectively meet the needs of people suffering from chronic pain.

**When:** Tuesday, November 9, 2010  
1:00-4:30 p.m.      **Where:** MaRS Auditorium  
101 College Street, Toronto


Refreshments will be served following the event.

For more information, and to RSVP, please email  
[email@actionontario.ca](mailto:email@actionontario.ca)


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## Profile—Dr. James (Jim) Henry



Dr. James (Jim) Henry  
Executive Board Member  
ACTION Ontario

When the Michael G. DeGroote Institute for Pain Research and Care opened its doors in January 2005 only one researcher fit the profile to become the inaugural Scientific Director, Dr. James (Jim) Henry. The institute's philosophy of "people first" aligned perfectly with his reputation as Canada's foremost authority on mechanisms of pain.

According to Dr. Henry, "Pain is a complex phenomenon that combines information from the nervous system with thoughts, emotions and social context." His research career has been spent exploring the underlying mechanisms of acute and chronic pain.

Born and raised in Toronto, Dr. Henry received his Bachelor of Science degree from the University of Toronto, Victoria College, in 1965 following graduation from North Toronto Collegiate Institute. After completing the Zoology program at the University of Toronto in 1965 he received his Teacher's Certificate from the Ontario College of Education and a brief career as a high school teacher.

In 1969 Dr. Henry graduated with his Masters of Science from the University of Western Ontario in Physiology obtaining his Ph.D. in the same discipline in 1972. By 1973 he was awarded a postdoctoral fellowship of the Canadian Medical Research Council for further training at McGill.

In 1974 Dr. Henry began doing research into the neurotransmitter peptide, substance P. His pioneering discovery that substance P helps pain signals travel to the brain provided definitive evidence of a chemical theory of pain, contradictory evidence to the long held "gate control theory." Because of this discovery Dr. Henry had "no option" but to stay in the field of pain and defend his theory that, although correct, went against current thought of the time. His first invitation to speak about his theory was by the Nobel Foundation and, his proposal of the chemical specificity of pain pathways remains unchallenged to this day.

In 1975 he was awarded the Fellowship for Extra Meritorious Candidates, of the Conseil de la recherche en santé du Québec (CRSQ) and from 1976 to 1982 he was awarded the Chercheur-Boursier of the CRSQ.

Dr. Henry was appointed to the academic staff at McGill University in 1977, and remained in the Departments of Physiology and Psychiatry as a professor until 2002. In 2002, Dr. Henry was recruited to the University of Western Ontario to create and chair the new Department of Physiology and Pharmacology all the while securing millions of dollars in research funds for the advancement of understanding chronic pain.

At McMaster, he remained a "basic scientist." However, the underlying philosophy

regarding his research now began to include "public accountability" and the social and psychological repercussions of pain.

In 2000 Dr. Henry was awarded the Millennium Distinguished Career Award of the Canadian Pain Society. Also while at McGill, he founded the Canadian Consortium on Pain Mechanisms, Diagnosis and Management, a multidisciplinary, all Canadian think-tank comprised of the 40 top pain researchers in the country. The objective of the organization is to promote pain research, improve pain management and to disseminate information on pain to patients, practitioners and policymakers.

"When you're in pain nothing else matters," he says. "You don't care about the news, sports results, vagaries of bonds and securities. All you can think about is being pain-free."

Since 2002 he has given 75 speaking engagements. He has also delivered over 200 papers on the mechanisms of chronic pain and continues actively publishing his current work in peer-reviewed scientific journals.

He is a past President of the Canadian Pain Society and President and Chair of the Board of Directors of the Canadian Pain Foundation. He is on the editorial boards of Pain Research and Management, Osteoarthritis and Cartilage, and Pain Research and Treatment.

He was the inaugural recipient of the Raymond W. Houde Memorial Award of the Eastern Pain Society of the USA in 2006 and was awarded the Gunn-Locke Award from the Multidisciplinary Center of the University of Washington in 2008, where the International

Association for the Study of Pain was launched.

Dr. Henry's dedication to a "pain-free" society aligned perfectly with the philosophies of the newly created ACTION Ontario in 2005. He is a founding member and was co-chair of the ACTION Board.

In keeping with his philosophy of a "social contract and network" for people with pain, Dr. Henry and his wife of 35 years, Dr. Kiran Yashpal, have created a local chronic pain support group in their hometown of Burlington, and have recently launched another support group in Guelph. They are also aiding the growth of new support networks in other municipalities.

The Henrys' have close ties to Kiran's native India where they are personally sponsoring the development of a physiotherapy, rehabilitation center for the poor with the assistance of two Rotary clubs.

Dr. Henry has been an avid wine maker for the past 25 years and is a member of the local wine club. He is currently in the process of setting up two wine companies, in Niagara and India. He enjoys travel writing and has had an article published in an Indian Air in-flight magazine.

[www.actionontario.ca](http://www.actionontario.ca)

His research career has been spent exploring the underlying mechanisms of acute and chronic pain.

## Profile—Olga Benvenuto-Whitham

In the time it takes to read this sentence someone's life will change forever. I know, because a simple slip and fall in the driveway of my own home in the autumn of 1999, at the age of 38, was all it took for my life, as I knew it, to be altered forever.

Immediately after the fall I was taken by ambulance to the hospital where after two hours it was decided surgery was needed to repair my displaced left ankle and fractured left tibia. After the surgery I developed a severe burning sensation under the cast, as if someone was holding a hot iron on my leg. It was a pain I had never experienced before. I spent eight weeks walking around with the cast on trying to ease my pain but nothing I did seemed to work.

When the cast was finally removed it was discovered that both my knee and left foot were fractured. More surgery, more casts, more pain.

At the same time I had been telling the doctors about my right wrist which was also in excruciating pain. Finally,

after much urging and complaining, a MRI of my wrist was preformed and showed a complex fracture which required a surgical reduction complete with plates and screws.

This, however, was only the beginning of my nightmare. I developed full blown neuropathic pain so severe I refused therapy. The sensation of touch and manipulation was torture to me. I began a series of hot and cold bath treatments as well as numerous nerve block injections but without success.

So many doctors who either didn't listen or didn't know, so many tears and no relief from the horrible burning sensation that now consumed me. Finally I fell into a very deep depression wondering if I would ever get some semblance of the life I had known before back.

Almost a year after my accident I was referred to the pain clinic of Dr. Angela Mailis-Gagnon for an insurance consultation. I talked and cried and she listened. After examining me, the first words out of her mouth were

"You're not crazy." I couldn't stop crying. She was the first doctor to acknowledge me and my pain and give me hope.

The relief wasn't immediate but working with Dr. Mailis we developed a regime of medication that has given me an opportunity to become a competent human being again – both mentally and physically. Angela's strength has given me strength.

In February 2007 I was one of the patients invited by Dr. Mailis to be a founding member of ACTION PNP where I remain active to this day, recently accepting a position on the editorial board of OUCH.

While I still see my life in two distinct parts, life before the accident and life after the accident, meeting Dr. Mailis and getting involved with a group like ACTION PNP has given me hope. Hope that one day I will eventually own my own business as a graphic artist again, hope that I may be pain free one day and without hope, we have nothing.



Olga Benvenuto-Whitham  
ACTION PNP Committee Member

"While I still see my life in two distinct parts, meeting Dr. Mailis and getting involved with a group like ACTION PNP has given me hope."

**Chronic Pain Awareness Day**

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Monday, November 1, 2010  
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2nd Floor, Committee Room 228  
Main Legislative Building

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Lunch will be served.  
Please RSVP to Patrick Harris at 416-413-9607  
patrick.harris@actionontario.ca

**ACTION** Ontario

We couldn't leave you without one last reminder of two very important dates:

**LOBBY DAY:** Monday, November 1, 2010

**AND**

**Neuropathic Pain Symposium:**  
Tuesday, November 9, 2010

*Optimism & Understanding Creates Hope*

**SEE YOU THERE!**

[www.actionontario.ca](http://www.actionontario.ca)

**ACTION ONTARIO** invites you to attend

**Patient Input for System Change**  
*A symposium on neuropathic pain*

Neuropathic pain is the result of damage or disease to the nervous system. It has one face – that of suffering and distress – but its causes are many, including multiple sclerosis, diabetes, AIDS, shingles, cancer, spinal cord and nerve injuries.

Unfortunately, people with neuropathic pain often have difficulty receiving proper diagnosis and appropriate treatment, prolonging suffering, and at great cost to the individual, their family and the health system.

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**When:** Tuesday, November 9, 2010  
1:00-4:30 p.m. **Where:** MaRS Auditorium  
101 College Street, Toronto

Refreshments will be served following the event.

For more information, and to RSVP, please email [email@actionontario.ca](mailto:email@actionontario.ca)

Event Sponsored by:

PHARMACIA (OTC)

**ACTION** Ontario



ACTION Ontario is an innovative not-for-profit organization whose mandate is to advocate on behalf of people with Neuropathic Pain (resulting from injury or disease of the nerves, the spinal cord or the brain), in order to secure better and faster access to pain management. The board is comprised of university associated physicians, researchers and other health care professionals. As members of ACTION PNP each and every one of us is committed to improving the lives of People with Neuropathic Pain.

Optimism and Understanding Creates Hope

## Application Form for ACTION Ontario PNP Committee Associate Membership

Please print and mail this form to the address provided below or email to: [email@actionontario.ca](mailto:email@actionontario.ca)  
Membership application may also be made online at: [www.actionontario.ca](http://www.actionontario.ca)

Name: \_\_\_\_\_ Gender: M F  
Surname Given Name Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_ - \_\_\_\_ home ( ) \_\_\_\_ - \_\_\_\_ work ( ) \_\_\_\_ - \_\_\_\_ cell

(Optional) Age Group: 18-35 36-55 55+

There are two types of membership on the PNP committee:

- 1) Regular members who are elected to serve on the PNP committee
- 2) Associate members who support the activities in meeting the goals and mandates of ACTION Ontario

Please check applicable designation: ( ) \*people diagnosed with Neuropathic Pain  
( ) \*people who wish to support the initiatives of ACTION Ontario/PNP  
( ) \*people who work with people with Neuropathic Pain and wish to support the initiatives of ACTION Ontario/PNP

Communications and newsletters are distributed by e-mail. Please provide a valid address for this purpose.

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