



Wills and Estate Planning are a Key to Planning

by Dan Litten

Benjamin Franklin wrote, "...in this world nothing can be said to be certain, except death and taxes."

The November meeting of PCCN Ottawa featured a discussion of how to plan for one while minimizing the other. Wills, estate planning, and power of attorney were on the menu as Frank MacMillan of the law firm Honey/MacMillan gave an abbreviated but very informative version of his usual three hour presentation on what happens to assets after death.

Those at the meeting had an hour or so to get to know him. He likes to do the same thing when clients first visit his Richmond Road office by discussing goals, assets, and potential estate executors.

Without a will, the province has rules for the distribution of assets. For



▲ Frank MacMillan

instance, without a will to designate where assets go, a surviving spouse and one's own or adopted children, but no step-children, will be beneficiaries. Parents, siblings, and others may also be left out without a will. A will is especially important for a couple in a common-law relationship.

Various types of wills were discussed. Wills that can be obtained from the internet or fill in the blank forms available in many retail stores may contain errors and don't provide the level of guidance that a lawyer can offer. MacMillan also discussed holographic wills that are sometimes created in emergency situations. Formerly called soldier wills, holographic wills must be handwritten

and signed in person. Frank stressed that making handwritten changes to an existing will is not a valid way of updating a will. In many cases, such as when business assets or out-of-province assets are to be dispersed, having multiple wills is a viable option. Multiple wills can allow for multiple attorneys who best understand jurisdictional regulations as well as multiple executors.

Another is the living will, which is used in the event of traumatic injury or terminal illness to limit use of heroic methods to sustain life.

Creating a will is an integral part of ensuring one's estate wishes are

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CRACKING OPEN THIS WALNUT

"Yule" really love this month's meeting. Aside from the usual holiday season's boundless frivolity and imbibing, we've invited comic Ruvin Geller to raise some yuks at the December meeting. Plus, member Hal Floysvik and his Trillium Dixieland Band will perform, we suspect, seasonal Dixieland music. Please stop reading this issue and come out to the festivities instead. As for The Walnut, yes, we have stuff in it.



Summary of Steering Committee Meeting, Thurs., Nov. 28, 2013

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

Co-chairmen	John Arnold and Bill Dolan
Past Chair	Wliff Gilchrist
Vice Chair	Vacant
Treasurer	Jim Thomson
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Program Director	Bill Dolan
Mentoring Director	Harvey Nuelle
Outreach/Awareness	John Arnold
Volunteer Coordinator	Bill Lee
Peer Support Director	Knowlton Constance
Newsletter	Editor: Richard Bercuson Layout: Shannon King Photos: Bill Dolan Distribution: Andy Proulx, Arland Benn Contributors: Chuck Graham, Dan Litten

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PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

Co-chairs Report

PCCN Ottawa is supporting “Stache for Ca\$h.” 100% of the funds raised will support research by Dr. Anthony Bella’s program, cancer coaching by the Ottawa Regional Cancer Foundation, and the purchase of state-of-the-art equipment for local hospitals.

50% of donations to Winchester District Memorial Hospital Foundation’s Dare to Flash a ‘Stashe campaign go to the Winchester Hospital to fund a Cancer mentoring/Coaching program (with Maplesoft) and 50% goes to the Ottawa Hospital Foundation to fund Dr. Anthony Bella’s men’s health study program.

Members are asked to renew their PCCN Ottawa memberships. They can pay by cheque or on the website via CanadaHelps.org, which keeps a fee of 3% but automatically sends out a tax receipt.

Andrea Simone, a Windsor nurse who works at the Henry Ford Hospital in Detroit, will speak at an upcoming monthly meeting. She has developed an innovative program on prostate cancer patient penile rehabilitation. An example of her work is available on the PCCN Windsor website (wpcsg.com/news.htm).

The Prostate Cancer Support Group Regional Meeting held in Huntsville on Nov. 8th to 10th, was a great success. A summary of the meeting will be posted on the website.

Dan Faber and Saad Hanna are trying to revive the Warriors Group and there are now five members. The group has cancelled their December meeting. They have asked for ideas on how to get people involved. Bill Dolan thanked them for their hard work.

Program Director’s Report

The November meeting featured lawyer Frank Macmillan who gave an interesting talk about wills.

The annual Christmas party in December will feature comedian Ruvin Geller and the Trillium Dixieland Band, including our own Hal Floysvik.

PCC CEO Rocco Rossi will be the guest speaker at the January meeting. Dan Litten, Martien de Leeuw and Larry Peckford, who attended the Huntsville regional meeting, will also speak about their Huntsville experience. ■

In Memoriam

PCCN Ottawa lost two members in recent weeks.

John Philpott passed away on Oct. 17 at the age of 94 while on Nov. 10, Klaas Korver passed away at the age of 77.

We send our condolences to the families of both men.

2014 Membership Campaign Reminder

by Chuck Graham, PCCN Ottawa Speakers Bureau

Many of you would have received a letter over the last month or so regarding the 2014 membership campaign. Membership in PCCN Ottawa is free but your financial support is always appreciated and the suggested annual donation of \$25.00 help us to continue our efforts helping those diagnosed with prostate cancer, promoting awareness and providing support to men and their families dealing with recurrent cancer.

If you've already renewed your commitment for 2014, many thanks! Membership donations can continue to be mailed in and they can also be made online via

www.CanadaHelps.org, see the direct link on the "Membership Registration" section of the PCCN Ottawa website (www.pccnottawa.ca) for details. If you'd like a membership form mailed to you please call us at 613-828-0762.

PCCN Ottawa members are reminded that membership is effective January to December each year.

PCCN Ottawa protects the privacy of its members by not sharing the membership list with any outside organization, including the national level PCC. PCCN Ottawa is a registered charitable organization and tax receipts are issued for both online and mailed-in contributions. ■



NEXT MONTHLY MEETING

Thursday, December 19

6:30 – 7:30 p.m.: Mentoring for newly diagnosed in the Shalom Room

6:30 – Last call p.m.: Fun and frolic with some pre-Christmas festivities, lovely snacks, chocolate macaroons (we hope) and adult beverages.

Comedian Ruvin Geller entertains. Then the Trillium Dixieland Band, featuring our own Hal Floysvik, will perform an array of toe-tapping, knee-slapping favourites.

Stay away at your own risk!



We meet the third Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street. Follow the Queensway to the Pinecrest exit and proceed north, past the traffic lights, to St. Stephen's Steet on the left. Parking is at the rear of the church.

Please remember your contribution for the St. Stephen's food bank.

WARRIORS SUPPORT GROUP

No meeting this month due to the Christmas Party on Dec. 19

We meet the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care 1500 Alta Vista Drive (at Industrial in Cancer Survivors Park, across from Canada Post)



When Hormone Therapy Leads to Osteoporosis

from johnshopkinshealthalerts.com

Men treated with hormone therapy for advanced prostate cancer are at high risk for developing osteoporosis – fragile bones due to loss of bone mineral density. Men's bones may actually take a double hit because prostate cancer tends to spread to the bones and weaken them. When that happens, the prostate cancer is typically treated with androgen-deprivation therapy, which further contributes to bone loss because androgens help maintain bone density in men.

Research suggests that men can lose 2 to 6 percent of their bone mineral density in the first year of androgen-deprivation therapy for prostate cancer. Bone loss continues in the second year but at a much slower rate. Bone loss can result in painful fractures and falls, loss of ability and independence and a reduced quality of life.

To detect osteoporosis early, men with advanced prostate cancer

should undergo regular bone-density screening with dual-energy X-ray absorptiometry (DEXA) scanning.

Fight back to strengthen bones. Effective medications are available to strengthen and protect bones. First-line therapy is usually a bisphosphonate, such as alendronate (Fosamax) or zoledronic acid (Reclast), which slows the breakdown of bone. Some men may benefit from a selective estrogen receptor modulator (SERM), including raloxifene (Evista) or toremifene (Fareston). These drugs stimulate bone building and shut down the activity of osteoclasts, which destroy bone.

Finally, a promising new drug called denosumab (Prolia) blocks the formation of a protein that causes bone to break down. A study in the *New England Journal of Medicine* found that Prolia reduced the risk of vertebral fractures by 62 percent. ■

The Walnut Laureate



NUMBERS

by Glenn Kletke

My doctor and I
disagree on numbers.

He sticks to the glue
of statistics.

Thousands of men
tossed on a heap.

Where do I belong
in that clogged scrum?

Each man is a different war.
I stubbornly stick

to the value of one.

Glenn Kletke's poetry has most recently appeared in "Whistle for Jellyfish" published by Booklands Press

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met, however, it is not enough to just create the will. MacMillan suggested reviewing the will every five years to make sure it is up-to-date.

One way of preserving property and providing for a new spouse is through a marriage contract. A prenuptial contract can dovetail nicely with a will. A big part of estate planning is the naming of an executor or executors. An executor takes over the management of the estate and determines the future of assets.

Executors make sure bills are paid and property is taken care of.

Powers of attorney enable someone else to manage your life and affairs while still alive. Such powers can be assigned for personal property, to manage affairs, and for personal care to deal with health decisions. He also addressed the possible need to probate property in other jurisdictions as well as taxes. "What you are trying to do," he said, "is avoid cost and confusion in looking after your loved ones."

While hiring a lawyer is not the only way to create a will and develop an

estate plan, it can aid in ensuring that wishes and obligations are met and loved ones are cared for. He noted that wills and powers of attorney are not that expensive. A lawyer has the knowledge and experience to guide clients through the complex world of estate planning. Planning for the inevitable can be a daunting task; talking to a lawyer about it doesn't have to be. As MacMillan said, "It's not that painful."

Frank MacMillan has been practicing law since 1977. He is a partner at the law firm Honey/McMillan and can be reached at 613-722-2493. ■

Advice on Avoiding Medication Mishaps

from johnshopkinshealthalerts.com

The more you know about your medications, the less likely you'll suffer preventable side effects and the more likely you'll be able to recognize them. Here are basic strategies for avoiding side effects and adverse drug reactions.

- ▶ When you're prescribed a new drug, ask your doctor or pharmacist to describe the most likely side effects and to distinguish between the most common side effects and the rare but more dangerous ones.
- ▶ Ask for specific instructions on the best way to take the drug – with or without food, for example. Also, ask whether the prescription drug could interact harmfully with any over-the-counter medications, dietary supplements or alcoholic beverages. Take your medications only as directed.
- ▶ Always keep follow-up appointments. If you're supposed to return to the doctor regularly for physical exams or blood tests to check your response to the drug, make sure you go. Don't forget to discuss your test results.
- ▶ Know which drugs you can't stop taking all at once. Some drugs must be tapered off gradually to prevent withdrawal or "rebound" effects. For example, you may experience a sharp rise in blood pressure if you suddenly stop taking an antihypertensive medication, or you could become dangerously depressed if you go several days without your usual antidepressant.



If you suspect you're having a bad reaction to a drug, contact your doctor, who can often recommend a way to make you more comfortable. (If the symptoms are potentially life threatening, call 911.)

Here are four drugs that put older adults in the hospital most often. They are responsible for seven in 10 emergency hospitalizations among adults 65 and older (editor's note: U.S.A statistics):

1. **Warfarin (Coumadin, Jantoven)**
2. **Insulin**
3. **Oral antiplatelet agents, such as aspirin or clopidogrel (Plavix)**
4. **Oral hypoglycemic drugs for diabetes**

These can be life-saving medications, but they do require extra monitoring by doctors and patients to prevent side effects and interactions. Warfarin accounts for one-third of the emergency visits. ■

Talking About TUMT

From johnshopkinshealthalerts.com

The goal of minimally invasive treatment for benign prostatic enlargement or BPE is to reduce lower urinary tract symptoms and thereby improve quality of life, while minimizing treatment side effects.

A variety of minimally invasive procedures have been introduced as alternatives to transurethral resection of the prostate (TURP), which is considered the gold standard for BPE treatment. These therapies use heat to vaporize tissue in the prostate, a process known as thermoablation. Here's a look at transurethral microwave thermotherapy (TUMT).

In TUMT, a catheter inserted through the urethra delivers microwave energy that heats prostate tissue to temperatures above 113 degrees F, causing death (coagulative necrosis) of prostate tissue. At the same time, a cooling system prevents damage to the surrounding tissue, particularly the urethra. TUMT requires only a local anesthetic, which is placed within the urethra.

TUMT is most appropriate for men who have moderately sized prostates (30 to 60 g, approximately 1 to 2 oz.) and symptoms that are moderate to severe (International Prostate Symptom Score of 8 or higher). Research shows that TUMT typically results in a 40 to 70 percent reduction in symptom scores.

Side effects of TUMT? TUMT is less likely than TURP to cause bleeding or sexual dysfunction, but it is associated with a higher risk of urinary tract infection. These infections usually result from catheterization, and the longer the catheter is in place, the higher the risk. Men undergoing TUMT usually have a catheter in place for two to 14 days. Antibiotics are often prescribed either after the procedure or after catheter removal to reduce the risk of infection. Other side effects of TUMT include short-term incontinence and urinary retention.

Aphorisms to Brighten Your Day

- ▶ Light travels faster than sound. This is why some people appear bright until you hear them speak.
- ▶ A fine is a tax for doing wrong. A tax is a fine for doing well.
- ▶ He who laughs last thinks slowest.
- ▶ A day without sunshine is like, well, night.
- ▶ Change is inevitable, except from a vending machine.
- ▶ Those who live by the sword get shot by those who don't.
- ▶ Nothing is foolproof to a sufficiently talented fool.
- ▶ The 50-50-90 rule: Anytime you have a 50-50 chance of getting something right, there's a 90% probability you'll get it wrong.
- ▶ It is said that if you line up all the cars in the world end-to-end, someone from Toronto would be stupid enough to try to pass them.
- ▶ If the shoe fits, get another one just like it.
- ▶ The things that come to those who wait may be the things left by those who got there first.
- ▶ Give a man a fish and he will eat for a day. Teach a man to fish and he will sit in a boat all day drinking beer.
- ▶ Flashlight: A case for holding dead batteries.
- ▶ God gave you toes as a device for finding furniture in the dark.
- ▶ When you go into court, you are putting yourself in the hands of twelve people, who weren't smart enough to get out of jury duty.



A group of our PCCN members attended October's Wake Up Call breakfast at the Hampton Inn hosted by Prostate Cancer Canada. They are, from left to right, John Arnold, Chuck Graham, Ed Acheson, John Temple, Lionel Burns, John Dugan, Harvey Nuelle and Bill Dolan.

