



Don Pearson of the Georgetown Kinsmen presents a cheque to Laura Spaldin of Acton High School for the Bump-For-Life-Cystic Fibrosis program. He also gave Acton High School teacher Bill Taylor a plaque in recognition of his organizational work with the fund. High School students will Bump-for-life May 23.

## Personal view of terminal illness discuss at May 20 meeting

The next meeting of the North Halton Palliative/Hospice Care Interest Group will be held at Acton District High School on May 20 at 8:00 p.m. This is the third meeting in a series of four that are planned for this season.

The guest speaker will be Karen Bojin, R.N., who has been diagnosed as having a potentially terminal illness. Mrs. Bojin will discuss her own feelings and reactions to the disease and her personal experiences in a hospital setting as a patient with a nurse's understanding.

In this series of meetings there is a focus on the needs and experiences of the dying and their families with the hope of stimulating community interest and involvement in Palliative/Hospice Care. Karen Ferguson of Glen Williams, Marguerite Knechtel of Milton and Eva Sansom of Acton, arrange public presentations and distribute information to interested persons. The organizers are looking for support from community groups and are available to speak at group meetings.

At the last meeting in Milton, the topic of Bereavement was discussed. The Reverend Robr of Toronto differentiated between an individual and a person in the following ways: (1) Individualism suggests independence, living lives separate from the group. This may isolate and lead to loneliness and estrangements. Suffering is done alone because one tends to respond to suffering with the idea of being vulnerable and thus one withdraws from the community. (2) To be a person is to co-operate interdependently and to live in community with our fellowmen. It is to enter into the journey of life with others and together face hopes, struggles and even death.

The concept of Hospice care is based on the idea of personal rather than individual contact. Getting involved is sharing one's life and in caring for the dying on this basis requires the statement: "I'm willing to experience this pain" for each time another person dies, a part of us dies with them. Although this pain does not get easier with every con-

stantly discouraged, three general phases may be identified. These phases may also be similar to the grief experienced by a patient informed of his/her terminal illness.

1. Numbness and shock—The person seeks to protect self from the loss and needs emotional distance to "lick the wounds." He or she is able to make every day decisions but not complex ones. The feeling is one of isolation, being totally lost, suspended animation; something like holding one's breath. As the numbness wears off anger and, or guilt may surface, but as these emotions break through, so do other emotions and one is able to start breathing again.

2. Disorganization—As the numbness subsides, there is the feeling of overwhelming loneliness and sadness. This may include self pity, weeping, sleep problems. In contrast to the initial withdrawal, the need here is for personal intimacy; sensitive caring to facilitate the ventilation of feelings. The person needs to acknowledge the impact of the loss, to talk about the loved one, about

This is a critical phase and often unfulfilled since it may not occur until several weeks or months after the initial shock and by then relatives and friends have lost the continuous contact with the grieving person. They may unknowingly communicate the expectation that grieving should be ended and may not be willing to listen to reminiscences about the life as it was or accounts of pain endured.

3. Re-organization—If the grieving is allowed to take its course without rushing to "get it over with"; the bereaved slowly begins to experience more and frequent peaceful periods, a lessening in the intensity of sadness and a willingness to renew participation in life. At this time the person needs to make sense of what has happened and to accept control for the further development of his/her life.

Neither living nor dying is easy. Hello is

needed to be born, one cannot journey through life in isolation and help is needed for dying. The word "Hospice" means a community for travellers along the way, a place for replenishing, refreshment and care. Any feeling of community cannot but enhance the welfare of all involved, thus everyone benefits. The whole idea behind Hospice can only be achieved if there is time to listen, to understand and to care. This idea is as important to the terminal patient as it is to the survivors. People tend to forget that a dying person is still alive, growing and can still contribute to life, so these opportunities are removed from his or her control; then "the living are frightened to think that they can be so disregarded when their turn comes."

Hospice/Palliative care seeks to correct these mistakes so that everyone may live with dignity until they die and in this way, the legacy that is left behind will make the grieving easier to bear.



Doug Magwood, principal at M.Z. Bennett school and chairman of North Halton Music Festival presents a cheque worth \$588 to Betsy Cornwell, head librarian of Halton Hills. The money was leftover in the Festival's bank account after it was disbanded last year. Magwood said they were donating the \$588 each to the music departments of Georgetown, Acton and Milton libraries.

## Acton is refuge for south's foster child

Acton absorbs by proportion more foster children than all other Halton towns.

"In Acton, we have some of the best soil for transplanting children," Halton Children's Aid Society (CAS) director Ron Coupland told the M.Z. Bennett Home-School Association meeting Thursday.

This town produces two to three times as many foster families—by proportion—than Oakville, indicated Coupland.

And like old fashioned families, the families with foster children take care of each other. "Foster parents in Acton work in a hospitable way," said the CAS director. "They will back each other up like old extended families."

M.Z. Bennett Home-School Association invited Coupland to discuss the role of the CAS with schools as part of Education Week. Acton is somewhere in between what Coupland described as an open community with small families, lack of solid church role, and absence of local government and the closed community which has characteristically larger families, local town council and the church as the centre of the community. The open community seems to be more common in the rest of the region.

Coupland indicated that the Halton CAS has more success in placing foster children in Acton than elsewhere in the region.

Other pictures emerged from Coup-



Ron Coupland

land's talk. Acton is in step with the rest of the region in single parent families. There's been a 50 per cent growth in the number of single parent families. M.Z. Bennett school principal Doug Magwood estimated ten per cent of the children in the school are from single family while about four years ago the percentage was just over six.

Coupland often spoke in terms of trends. What statistics indicate is going on. The family of the future? Answer is—"The Blended Family." "It's the most rapidly growing." That's one where the woman has some children; the man has some children and they put together a family.

Coupland painted a bleak picture of the fate of some children in contemporary society. "Child abuse is a rising

tide as the family shrinks". The CAS director was optimistic though.

The one institution which remains important in the open community is the school, according to Coupland. For a newcomer to best meet the community it is through the school.

The CAS is another important institution. Where families fall apart in open communities the CAS has authority to step in a place a child in another home. "We have about 200 children in our care at any one time." Coupland estimated that about three-quarters of that figure "are cases of life and limb"

"The law we work with determines the welfare of the child in two steps," said Coupland. The child may become a CAS ward for two years—when efforts are made to place him back in the family—or he becomes a ward of the state and may be adopted.

"The school has a critical role. The child must make the adjustment in the family and the school... Often the foster child will feel he is a second hand child. It's not a good feeling. So it's important to have good environment."

Coupland urged the home-school association to join the school in helping it join the community.

## Obituary Ethel Ritchie

A resident of Acton for 46 years, Ethel Gertrude Ritchie died April 11 at her home at 139 Crescent Street. She was in her 79th year.

Born December 2, 1902, daughter of Joseph and Isabel Andrews, Mr. Ritchie married Herbert Lewis Ritchie June 19, 1935, at Grace Anglican Church in Milton.

She attended Boyne Public and Milton Continuation schools graduating from Guelph General Hospital as a nurse in 1931.

She was affiliated with the Milton Gospel Hall. Mrs. Ritchie is survived by her husband; daughters Isabelle (Mrs. Don Heaven) of Minden; Beth (Mrs. Earl Brears) of Walkerton and Laurie (Mrs. David Johnson) of Milton; sister Hazel Andrews of Milton; and six grandchildren. She was predeceased by brothers Henry and Joseph, and sister Isabel Marsh.

Funeral service was held April 14 at Shoemaker Funeral Home. Rev. Robertson of Knox Presbyterian Church, Acton, and Mr. Murray Regis of Milton Gospel Hall officiated. Interment was at Fairview Cemetery.

Pallbearers were grandchildren Douglas, Robert and Jim Johnson, Paul and Carmen Brears and nephew Keith Andrews.

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