Herald Special

North Halton Palliative-

Hospice Care Interest Group

will be held at Acton District

High School May 20 at 8 p.m.

This is the third meeting in a

series of four that are plann-

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

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 commu-

nity interest and involve-

ment in Palliative-Hospice

Care. Karen Ferguson of

Glen Williams, Marguarite

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

At the last meeting in

Milton, the topic of bereave-

ment was discussed.

Reverend Clinton Rohr of

Toronto differentiated

speak at group meetings.

nurse's understanding.

ed for this season.

The next meeting of the

# RN to share ideas on care of dying

### **UPSTREAM SWIM**

Several First Georgetown, "A" Colony Beavers recently swam up to Cubs in a ceremony at St. John's United Church. Pictured with Keeo-Cub Shawn Gambles (right) are Joe Billk, Robbie Crawford, Shawn Curry, Trevor Elinesky, Scott Friend, John Jickling, Nicholas Kilpin, Scott Lightowier, David Lipp and Jimmy Stites. Other new Cubs not pictured are Peter Lee, Michael James and Alastair Kernack.

Leader Brenda Lee handcrafted the new Beaver flag for

(Photo by Jean Layman)

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transmission

problems . . . .

878-8426

the First Georgetown "A" Colony recently and presented it to Trevor Elinesky and his fellow Beavers last week. Trevor, meanwhile, was one of 13 Beaver veterans who swam up to Cubs at a ceremony in St. John's United Church. See photo inside.

It's Time for

MR. TRANSMISSION

MILTON

18 THOMPSON ROAD

UNITS 9 & 10 (AT MAIN)

transmission

(Photo by Jean Layman)

# between an individual and a Halton had 3,000 on UIC - StatsCanada

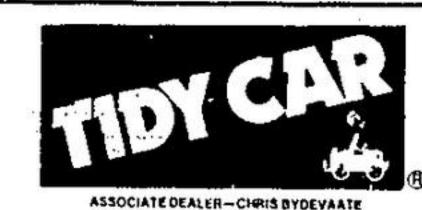
From the Ottawa Bureau Of The Herald

There were exactly 3,158 unemployment insurance beneficiaries in Halton region as of last July, Statistics Canada has reported.

In a detailed report on the operation of the Unemployment Insurance Act, the federal agency said that 3,219

benefitted from the act in June and another 3,817 collected benefits in the month of May.

During the three-month period, the agency found that on average, 37 per cent of the eligible claimants resided in Quebec, 30 per cent in Ontario, 17 per cent in the Atlantic provinces, 10 per cent in British Columbia and seven per cent in the Prairies.



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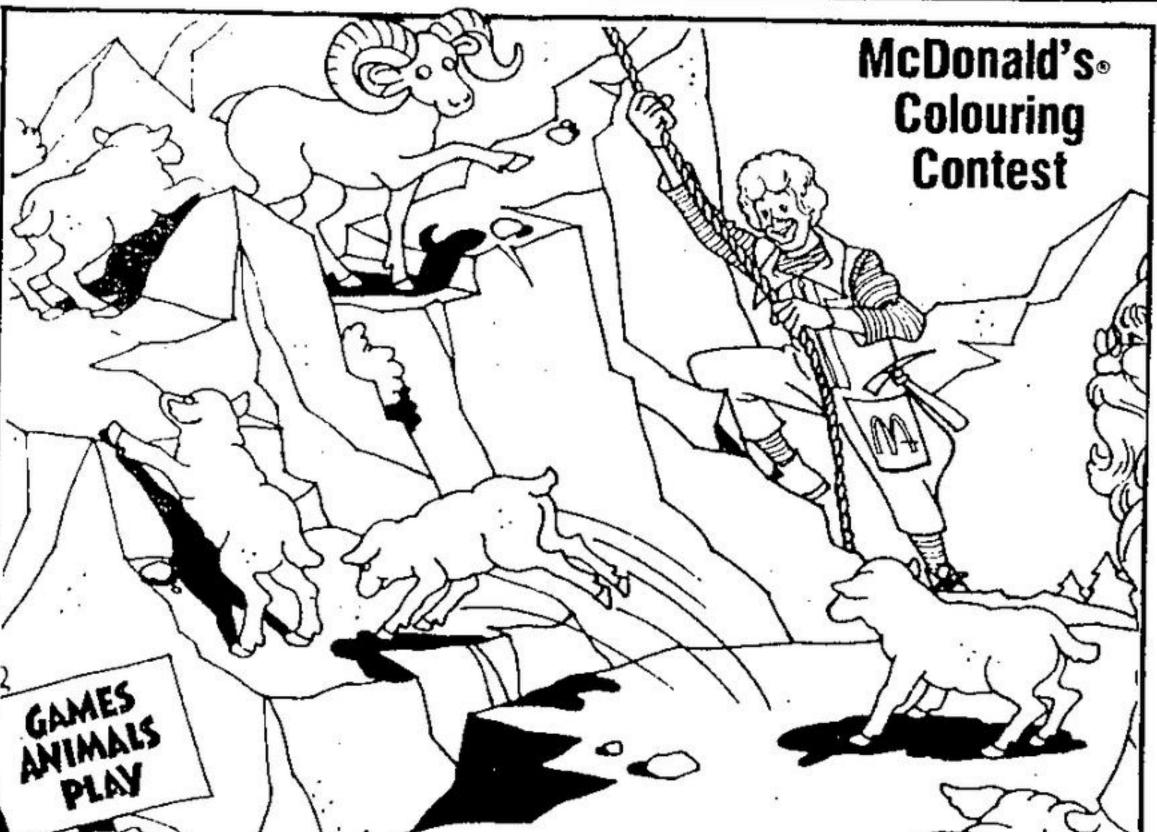
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WEEK

Georgetown



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person in the following ways: 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

The concept of hospice care is based on the idea of personal rather than individual contact. Getting involved in 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 contact, the other side of this coin is that every personal contact between two persons enriches both lives

immeasurably. It takes a great deal of emotional energy to protect others and oneself from the idea of death and to carry out the pretense and denial. This applies equally to the dying and to their familles and friends. What is left then, for sharing and living? Where is the dignity in a lonely life no matter how close to death?

Because of the emotionally taxing experience of sharing in a death, hospice care takes into consideration the needs of the survivors and thus can provide measures of support and relief that help to reinte-grate the bereaved gently

back into the community.

It is important, for example, to understand that grief takes a long time to work through, for if rushed, it may create physical as well as emotional problems.

Grief may take several forms and although the use of formulas, when dealing with people, is strongly 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.

These may be: 1. Numbness and shock The person seeks to protect self from the loss and needs emotional distance to "lick the wounds". He-she is able to make everyday decisions but not complex ones. The feeling is one of isolation, being totally lost, suspended animation; something like

As the numbness wears off anger and-or gullt may surface, but as these emotions break through, so do other emotions and one is able to start breathing again.

holding one's breath.

2. Disorganization As the numbress subsides, there is the feeling of over-

Joe Harwood defeated Ron

Ness as Ontario Secondary

School Teacher's Federation

president for District 9 at a

recent OSSTF election in

Harwood assumes office

Bill Bowman and David

Trueman will be the new

joint vice-presidents of Dist-

rict 9, taking over from Kit

Rankin, Joe Harwood and

Ron Nelson from George-

Mr. Nelson said that the

position was "too demanding

town District High School.

Burlington, President-elect

June 30.

whelming loneliness and sadness. This may include self plty, 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 death. 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 rush-Ing to "get it over with", the

of his time". As executive

liaison on both the hiring and

salary committees and as a

member of the bargaining

team, Mr. Nelson has spent

an average of three evenings

a week at meetings in Burl-

"It was an enlightening

Phil Pedin's two-year term

as OSSTF district counsellor

for Georgetown ends in June.

At a local OSSTF election

Monday, Bill Coates retained

his title of district counsellor

ington over the past year.

experience," he said.

bereaved slowly begins to experience more 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. Help is needed to be born, one cannot journey through life in isotation 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 import-

ant 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-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

The North Halton Palliative-Hospice Care Interest Group invites you to take part in such a community of support. For further information please call either Karen Ferguson, 877-3431, Marguarite Knechtel, 878-5933 or Evu Sansom,

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