

# OPINION

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## How about saying sorry?

Re: "Isn't this awful?", Jan. 24.

I was so sad after reading Jeanne Ker-Hornell Clarke's account of her late husband's treatment in the emergency room at Markham-Stouffville Hospital.

I have elderly grandparents and the thought of something like this happening to them made me sick.

Then I read the response from hospital chief of staff David Austin and was angry.

Sure, he said he was disappointed and gave a lengthy explanation about the problem of overrun ERs and limited beds, but to say that the "emergency physicians and nurses do their utmost to provide every patient with the best possible care every day" doesn't seem true in this case.

If they did their utmost to provide the best care, why did this man have no help to go to the bathroom and why didn't anybody clean up the urine on the floor or change the bloody sheets after his IV needle came out?

I find it hard to believe during the several hours in which his wife went home for the night, not one person at the hospital could spare five minutes to clean the floor.

But what bothered me most about the chief of staff's response was the lack of apology. I know "sorry" doesn't fix everything — not even close — but sometimes it's needed and helps the pain just a little.

**TANYA COULTHARD**  
MARKHAM

## Hard to find family doctor

Re: "Isn't it awful?", Jan. 24.

I was touched to read this article.

Indeed, it must have been a very difficult experience for Jeanne Ker-Hornell Clarke and her husband. I thank her for sharing such a touching and personal story.

Also, I appreciate the chief of staff responded. Let's hope solutions are found quickly so another family does not have to go through a situation like this again.

My own experiences with the health care system have been, for the most part, good. Yes, I've endured long waits at emergency and have had difficulty finding good health care for members of my family.

But my own doctor is a wonderful and committed physician, who delivered my first child. My next two children were delivered by wonderful, committed midwives.

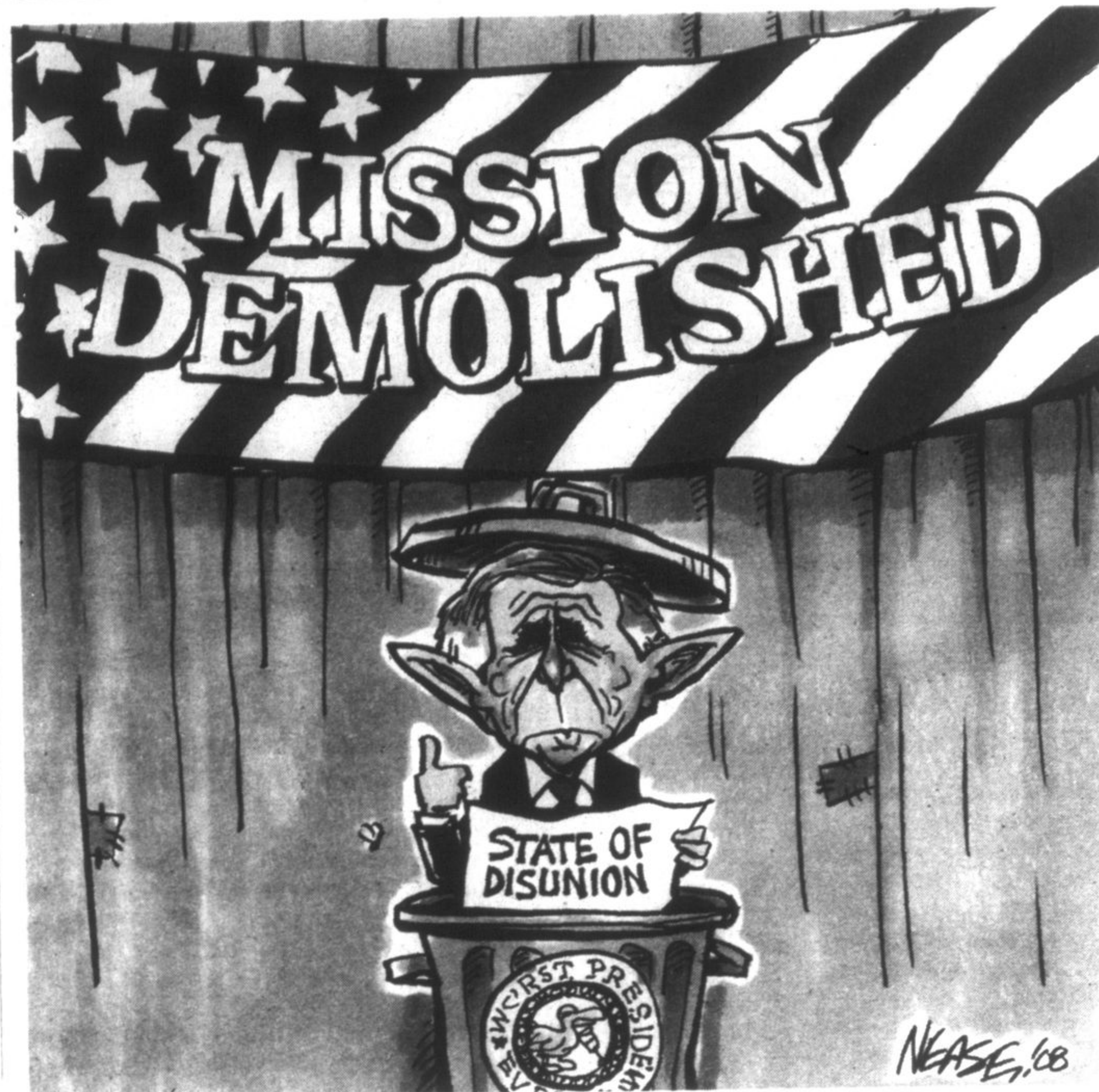
Also, I was fortunate to have found a very good pediatrician in Markham. I was only able to be accepted into this practice through the reference of a friend.

I have volunteered in hospitals since I was a teenager. I met some fantastic volunteers during my time there.

I was not able to meet many hospital staff as I volunteered in the evenings.

It has been difficult to find a family physician who is accepting new patients. And it is even more difficult to find specialists without having to wait months.

**SADIA BAIG**  
MARKHAM



# You are part of loved one's health care team

My husband, Paul Donahoe, passed away at Markham Stouffville Hospital in the emergency department Oct. 9, 2007 and I can only sing praises about this hospital and its dedicated physicians, staff, volunteers and administration, who work long, stressful hours, often short-staffed, with limited funds.

Many of the individuals who have cared for my husband know how I feel about this hospital and the individuals who work there.

My husband was a 25 year veteran of the Markham fire department who died of Non-Hodgkin's lymphoma. He fought the disease for five years and, unfortunately, died of a pulmonary embolism, a complication of this disease.

We were at Markham Stouffville several times for setbacks such as life-threatening strep pneumonia or a subdural haematoma and no, each and every visit wasn't perfect.

I would agree our health care system is very strained at the moment, resources are limited and the Health Ministry doesn't make the life of a hospital any easier with

constant changes in the system and limited funding.

Without a doubt, if there was some consistency and stability for an extended period, hospital administrations could spend less time jumping through hoops and get down to the business of running hospitals and caring for patients.

That said, I am a strong believer of trying to be a part of the solution, trying to help the system.

I have become a strong advocate for taking responsibility for your own health care whenever possible and with whatever resources are available to you.

The question is for many, how can we do that?

I have learned a few tips that were invaluable in our many crises.

One of the first things you should do, especially when you have a large family, is assign one person to speak with the doctors and nurses.

This will eliminate an endless number of phone calls to the nurse's station and allow the physicians and nurses more time to care for the patient, less confusion and



**Luanne Donahoe**

*Guest Column*

more streamlined information.

Second, ask questions and lots of them.

When you are sitting countless hours in an emergency room or as an inpatient in the hospital, you have lots of questions and you must ask them. Don't just accept what is taking place.

Understandably, you can't go and interrupt the physician every time you have a question, so write a list and present them to the doctor or nurse when you have an opportunity.

Your questions get answered in an efficient manner, they are written down so they won't be forgotten by the medical staff and you don't have to try to remember them when the time comes. If necessary, arrange for a family meeting with the attending physician or nurse.

Finally, I am strong advocate for ensuring you have a medical history typed up and ready to go, especially if you or your family member has a long-term illness.

When someone is in a crisis, they are emotional and don't think clearly and important details may be forgotten. A medical history eliminates having to worry about remembering the details. I speak from personal experience on this.

Health care providers love them because it makes their jobs easier and more efficient and, believe me, they refer to them.

Medical histories greatly assist emergency personnel such as paramedics, firefighters and police.

Without question, the more information they have at their fingertips and the quicker they receive

it, the more efficiently they can assist that patient.

Once I typed up a medical history, it made my husband's medical care much more efficient. It also allowed for the possibility I may not be with my husband or be the one taking him to emergency.

Over these past five years, we all did the best we could to care for my husband, however, I learned not go in with "blind faith" and without doing my bit to help.

I believe whenever my husband was in the hospital, it was never "them" (the hospital) or "us" (my husband, myself, and my family), but I always felt I was a part of my husband's "caregiver" team. I felt compelled to do what I could to assist with that care.

There were times when I questioned a treatment plan or had a concern and, yes, I was listened to, my concerns addressed and, in fact, one time, a treatment plan was changed as a result of my inquiries.

We are all in this together and the best way to improve the system is to work as a team.

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