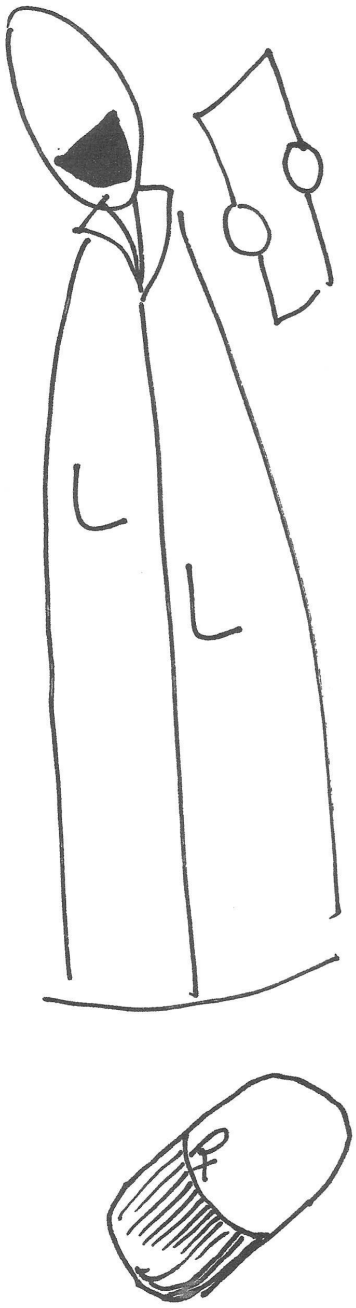
The Monograph

October 2009 Volume 11 Number 2

AHEM... AN ODE TO THE O.M.A.



DIAGNOSIS NEUROSIS

DEAR DOCTOR,
CONTRARY TO POPULAR LORE
I AM WELL AWARE, OF PATIENT CARE
DON'T MEAN TO KNOCK, THE DOC
FROM HIS GREAT HEIGHT WITH MIGHT
OR CAUSE DURESS FOR THE STEWARDESS
FOR I DON'T WANT TO FLY YOUR PLANE
JUST TAXI IT DOWN THE LANE
WHILE YOUR DAY FILLS UP
A BRIMMING CUP
OF PATIENT LAMENTS
AND MISSED APPOINTMENTS
I DO NOT WISH TO TAKE YOUR JOB BY STEALTH
(LIKE WHERE MY TAXES GO WITH E HEALTH)
BUT YOU ARE RIGHT TO BE UPTIGHT
BECAUSE DRUGS ARE MY KNACK
MORE THAN THE AVERAGE QUACK
OFT I HAVE TO DESCRIBE
HOW YOU OUGHT TO PRESCRIBE
AN EXPERT IN DOSING I AM
AS YOU ARE IN A PELVIC EXAM
I JUST WANT TO BE A PUBLIC RESOURCE
BUT IF YOUR ONLY RECOURSE
IS TO SAY...
"STAY OFF MY RUNWAY!"
I GUESS WE ARE AT AN IMPASSE
~~YOU CAN KISS MY~~
BECAUSE THE BILL WILL PASS.

October 2009

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UPS Corner

Once again, hey hey hey Pharmacy!

With the chilly weather setting in and darker walks home, it's hard to believe that 2 months has already gone by! It has been quite an exciting month as we settled back into the faculty and caught-up with old friends (and made new ones!).

Thank you for keeping up the Pharmacy spirit at all the events over the last couple of months! Pharmacy students were EVERYWHERE - waiting patiently on a windy day at the UPS BBQ, showing so much enthusiasm at the annual Tug-of-War that even the rope ripped (congrats to the class of 1T1!), "injecting insulin" at the Shoppers Drug Mart Conference, educating ourselves about remote dispensing at the CAPSI Symposium, celebrating achievements at the Faculty Awards Night, participating in the various athletics intramural teams, and dancing the night away at the Phrosh Banquet, Interprofessional Boat Cruise and London Tap House (and looking good while doing it!).

With midterm season starting up, it's time to start snapping out of summer mode and showing off yours smarts - but don't forget to take a break from the books as well! Those who came out to Phollies last week were undoubtedly awed and entertained by our amazing performers! Thank you to all who shared their talents as well as to the volunteers, audience members, our technical expert Alex Domijan, and especially our Events Coordinators, Maria and Zao. Stay tuned for more fun as UPS has a lot planned for you in the next little while to help with the work-fun balance including the "Star Struck" Semi-formal on November 20th. Lastly, we're hoping each class brings their A-game in getting ready for Charity Week, where we take time to give back to the community and undergo some friendly competition between the classes.

We hope to keep seeing you everywhere in the next few weeks! Also, for the 1T3s especially, keep an eye out for a recap of the UPS Points System as you peruse this issue of the Monograph…you never know if you could end up earning a Pharmacy P Award this year!

Take care and good luck with midterms!

Cheers,

Tina Hwu
UPS President 2009-2010

Joanna Yeung
UPS Vice-President 2009-2010

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Editors' Note

This month's issue focuses heavily on Dr. Bridgeo's comments regarding Bill 179. A special thanks to Maria Schell (1T1) for providing cover artwork and Taj Dhinsa (1T1) for assembling a student panel to write 'Dear OMA: A Response', a feature article.

On a different note, we'd like to introduce our latest member, 1T3 Monograph Rep, Rose Liao and The Monograph's lottery prize system. Not only do contributors receive a UPS point per issue they submit to, they are entered into our monthly and semesterly (*NEW*) draw for a prize. Each submission will receive its own ballot into the draw, so the more you submit, the better your chances! Congratulations to Laura Narducci (1T0), the September winner, and our October winner Anna Huisman (1T0) for her column *The 'F' Word*! Keep the great work rolling in to themonograph@gmail.com!

Finally, in the midst of midterms, we'd like to present The Monograph in full colour at: monograph.uoftpharmacy.com as an adjunct to your procrastination.

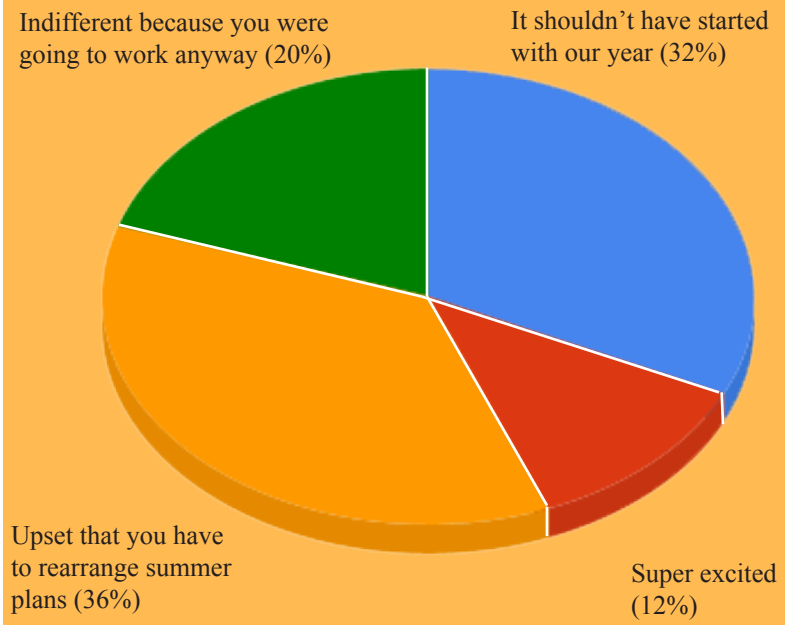
Keep smilin'

Rachel Fu Janet Leung

Monograph Co-Editors 2009-2010

Monograph Poll!

This may come as a surprise to the upper years, but the faculty has plans to implement a summer experience course, a new requirement for graduation starting with the 1T2s. The 1T2s were asked for their opinions on the matter:



Focus on: Nursing

Interview by Janet Leung
Edited by Andrew Ting-A-Kee and Janet Leung, 1T1

Ashlea Patchett is a Nursing student in her final year of a BScN Degree from Ryerson University, among other credentials (B.Sc., Advanced Fist Aid Instructor, NLS Lifeguard). She is a RN candidate who will write the June 2010 Canadian Registered Nurse Examination. Ashlea is also an entrepreneur who runs a first aid training company, First Aid Education (www.firstaideducation.ca). Ashlea graciously responded to our request for an interview:

What are the requirements for obtaining and retaining a nursing license?

All RNs must register with the CNO and be a member in good standing in order to practise as a nurse in Ontario. To maintain the license, practising nurses must participate in Reflective Practice - self-assessment, obtaining peer feedback on practice, creating and implementing a learning plan, and evaluating the learning that has occurred. Every year, CNO randomly selects 400 nurses in direct practice to participate in Practice Review in order to objectively assess a nurse's practice in relation to a set of competencies that have been identified as essential for safe, effective and ethical nursing practice.

What are the different classifications of nurses?

Personal Support Worker (PSW, PSA) – 1-2 year college program
Not a nurse, but some may be confused with this role
Registered Practical Nurse (RPN) – 2 year college program
Registered Nurse (RN) – 4 year BScN, or 2+ years general studies & 2 year BScN
Registered Nurse Extended Class – ~ 2 year Masters program
Nurse Practitioner (NP) – min. 2 years work experience as RN to apply to 2 year Masters program
PhD Nursing – various, like most programs at this level

What topics are covered in the nursing curriculum?

Some courses in the curriculum include: Anatomy and Physiology, Nutrition, Assessment of the Healthy Individual, Child and Adult Psychology, Statistics, Ethics, Leadership, Adult Health, and End of Life Care. The passing grade for nursing courses is 64%.

Is there any type of practical experience or studentship required prior to graduation?

Yes – there is a lot of clinical experience, starting in first year and encompassing long term care, acute care, community health, and rounded out with a consolidation year. There is a minimum of ~400 hours dedicated to placements in years 3 and 4, and ~832 hours in fourth year.

What other staff do you associate with at your placements?

In my summer contract as a Clinical Extern at Sick Kids I practiced many skills but always under an RN. I (and other RNs on the floor) come in contact with in order of # of contacts/ shift: Registered Nurses, Residents, Nurse Practitioners, Ortho Technicians, Staff Doctors/Surgeons, Physiotherapists, Social Workers, Pharmacists/ Pharmacy Department, Dieticians, Respiratory Therapists.

What do you like and what frustrates you about nursing?

I like the excitement and variety in Nursing – I enjoy the challenge of caring for critically ill Patients. Each shift is very different. I have the opportunity to organize my shift and tasks, so I feel in control of my time.

I personally feel frustrated when I do not feel respected for my skills. Nurses are highly educated and skilled individuals. I feel that many people do not realize that nurses are professionals. I believe that since nursing is not seen as a prestigious profession, it creates an environment where nurses are more likely to experience abuse, in all forms, from colleagues and patients.

Nurses seem to have a polarized image – conscientious and dedicated, or otherwise. Is there a stereotype about nurses that is untrue? What is not well known about nurses or might be downright surprising?

This point that you bring up here is a hot topic in nursing. The RN journal recently had an issue titled "Say no to the naughty nurse image." For example, Sketcher's used the image of Christina Aguilera dressed as a 'naughty nurse' in a very sexualised image. You are very right about the multiple images that are present in the media in regards to nurses but the truth is that is the media's portrayal of nurses is mostly untrue. To understand what nurses do, imagine comforting or caring for a dying child, providing dignity to an incontinent adult, interviewing and collecting evidence for a rape victim, or providing end of life care to a deceased patient. Nursing is an art. The role of a nurse is rarely captured accurately in the media, and an unfortunate result is stereotypes that are very difficult to overcome.

What is your view of interprofessionalism?

I think that interprofessionalism is a fantastic movement that is emphasizing the patient and overall improves the care a patient receives. It allows all professions, on an equal playing field, to collaborate plans of care that best suit a patient's needs and goals.

Having been to various institutions

for my clinical placements, I have had the opportunity to see interprofessionalism take increasingly larger roles in patient care. It is becoming a common practice in both community and hospital settings. From my perspective, collaboration between professions is very productive and is a positive experience for all.

I think collaborating with a variety of professions is a step in the right direction for health care. By educating health professionals about the other professions in patient contact, we are better able to serve our clients. I also feel that interprofessionalism helps to create an environment of mutual respect and cooperation. When teams take the time to meet, educate one another, and work on projects together it can foster great outcomes. Interprofessionalism is at the core of a new wave in improving health care.

Nursing promotes interprofessional education starting in first year. For example, dental hygienists and nursing students work together to teach oral care and blood pressure to one another. These types of projects and articles are the stepping stones to promote interprofessionalism throughout careers.

The OMA has recently made a few interesting comments regarding nurse practitioner clinics, saying that "having these roles filled by non-medical personnel is like having a member of a flight crew fly an airplane." (OMA section chair Dr. David Bridgeo) Do you have any commentary regarding that statement?

I think it was a fear tactic. I am sure the general public will have great apprehension using the proposed expanded services of NPs considering OMA will be starting a campaign to state that increasing access to care by using other human resources besides MDs will "compromise" patient safety.

The College of Physicians and Surgeons have a different tone:

"[…]collaborating with nurse practitioners advances the College's goal of working in partnership with other stakeholders to advocate for quality health care. Part of ensuring that the people of Ontario receive quality health care is improving access to this valuable resource[….] We are committed to fostering a collaborative relationship built on trust and mutual respect with our colleagues …[and]… look forward to working together in the interests of the people of Ontario."

I sincerely hope that an open mind and a willingness to participate in the interprofessional care of patients is what the majority of doctors are in favour of. I do not support David Bridgeo's claim and I truly believe that Nurses and especially extended class nurses such as NPs have the knowledge, skill and judgment for a wider scope of practice and use these competencies to deal with unexpected outcomes if they arise. Nurses are very willing to collaborate and seek consultation with other health care providers in order to provide the best possible care for their patients.

What's a great story you've come across as a nurse?

A 43 year old female patient had suffered a great deal of abdominal pain for six months. By the time she had acted on her abdominal pain she had lost a severe amount of weight and was put on Total Parenteral Nutrition (TPN) in preparation of her surgery. By the time she was well enough to undergo surgery she was diagnosed with inoperable colon cancer and nothing could be done. Her TPN was discontinued and she was dying. The patient's nurse assured her that she would help to make her as comfortable as possible over the last weeks of her life. The patient was concerned the TPN had been stopped. Her nurse explained that TPN prolongs life and consequently the patient's suffering and pain.

The patient replied, "I am not afraid of dying. I am concerned over something else. My only daughter and I have not spoken in over a year. Two months ago I heard she was pregnant, and I broke down and called her. Over the past few weeks we have been talking- we are finally becoming friends again. I want to live until she has the baby- she is due in 5 weeks, That's why I want the food in my veins."

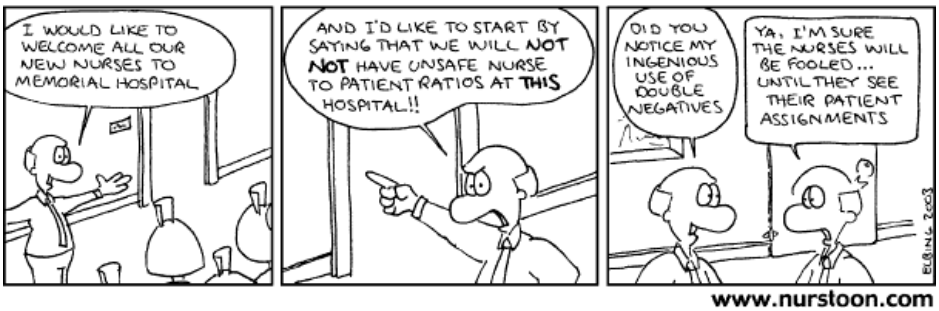
The nurse was touched and asked her patient, "Do you understand that if you get your TPN your dying will be prolonged and your suffering may be greater?"

The patient responded, "Yes. I only care about having one more time with my daughter."

When the nurse felt comfortable that her patient understood what the TPN entailed, she decided to advocate to her Patient's physician to restart the TPN. Her request was denied by the doctor as the TPN was deemed not medically necessary. The nurse took the issue to the ethics committee to continue to advocate for her patient. The multidisciplinary Ethics committee allowed the nurse to find another oncologist willing to help with her patient's request for TPN. She was successful.

Pain control was difficult because the nurses tried to keep the patient comfortable yet alert so that she could enjoy visits with her daughter. The patient's daughter became a frequent visitor. 5 weeks later, the patient's granddaughter was born without complication and visited the patient when she was 4 days old. Almost immediately after meeting the baby the patient became weaker and her pain escalated. The patient then asked her nurse, "Could you help me die?" It was decided with the patient to stop the TPN. The patient died when her granddaughter was 1 week old. Her wishes were honoured – she had reconciled her relationship with her daughter and met her granddaughter.

This is a very touching story that my teacher told to me in my first year of the nursing program that highlights an important role of nurses: patient advocate. I believe that this nurse in this true story exemplifies the art of nursing. M



PharmaFiles - Your Rx for Success

Hey Pharmacy!

Another month has come and gone, bringing us into the heart of midterms. We wish you the best of luck in these academically trying times, and would like to remind you that there is a light at the end of the tunnel!

This month's featured pharmacist is Chris Seto, who is very well-versed in many of the different aspects of pharmacy.

Demographic Info

Name: Chris Seto

Year of Graduation: 2001

Which pharmacy school did you graduate from?

University of Toronto

Job Description

What position do you hold or what is your current practice?

Reviewer, Pharmaceutical Advertising Advisory Board (PAAB) Teaching Assistant, International Pharmacy Graduate (IPG) Program

How did you get to where you are today? What was your career path?

Community pharmacy as a Staff Pharmacist and Pharmacy Manager

What do you like most about your job?

Experiencing the interaction between science, regulatory, and marketing...and seeing how they converge

Just for Fun

What is your best memory of pharmacy school?

Starting a congo line with Bonhomme at PDW

What is your most embarassing pharmacy moment?

Interrupting a lecture by making a loud groan while I was asleep in class

Advice

What advice do you have for current pharmacy students or new graduates?

A pharmacy degree can lead to many different careers...explore all your options!

MY PERSPECTIVE: When Life Hands You Lemons...

Aside: When I actually sat down and started writing this article, my intended topic was a completely different subject. But as I was doing a little research for that article I got side tracked and came across something very peculiar that I couldn't resist writing about it. And so, this is what my procrastination led to.

I was thinking about the original proverb that says, "when life hands you lemons, make lemonade." I thought about this for two seconds before the alternative version popped into my head; the one that goes, "when life hands you lemons…'do something with tequila.'" I couldn't remember the exact phrasing for it so I decided to Google it.

The first few hits gave me the original saying. Halfway down the page, there was a link for a website titled "What should you do if life hands you lemons?" I clicked on the link and it gave me about 50 different responses. Some of the responses made me smile or laugh, some made me wonder what on earth the person was thinking and some made me realize how creative people can get. I'm going to share some of my favourites, or rather the ones I found interesting.

The most creative: "Make your kitty a helmet." At first this might not seem to make sense, but there was a picture with this response where someone had cut and peeled a lemon into slices and left the ends attached together at the top. They then cut one of the slices midway to make a little shield and placed the lemon over the kitty's head as if it were a helmet. It may seem a little cruel, but I thought it was cute.

The most humourous: "Play the evil scientist, mess around with the 'genes' to make SUPER LEMONS." It's funny because it is going to be, if not already, completely plausible.

The one I don't get: "Grate the peels, rent a helicopter and dump 2 tonnes of Zest onto downtown Houston." I'm just confused with this one.

The one that makes me wonder: "Squeeze them into an enemy's eyes." Okayyyy. So this person has some issues.

The most ambitious: "Sell them for profit." Now this person has their head in the right place.

So what would you do if life hands you lemons????

**Christobelle (1T0)

(Christine.Truong@utoronto.ca)

A Portrait of the Pharmacist as a Young Man

By Adam Calabrese, 1T1

Well, what can I say? It's been a slow couple of weeks here in Adam-land. My normal strategy for coming up with writing material has fallen flat, and my idea for a five-part series entitled "Janet Leung is a Big Fat Idiot" was rejected by the editors. So I have returned to my vault of literary ideas: unsubtle James Joyce references that are obscure enough to make me look smart without actually requiring me to be so. For the record, James Joyce wrote the seminal modern novel and is widely considered an arrogant and pretentious prick outside of arrogant and pretentious literary circles. It was a natural fit for me.

Mr. Mann, Tear Down This Wall

I can't be the only one who has noticed the increasingly gaudy new fences being built around our building. Is it part of a larger plot to fence us in entirely, or a nanny-state invention designed to prevent idiots like me from splattering our brains all over the courtyard during our winter bike commute down the icy slope next to the sidewalk? The answer should be obvious, but it isn't: the faculty is at once too logistically inept to successfully build such a fence, and yet clearly has no interest in preserving my life. See attached picture, wherein I put to good use all the time spent this summer climbing six foot walls.

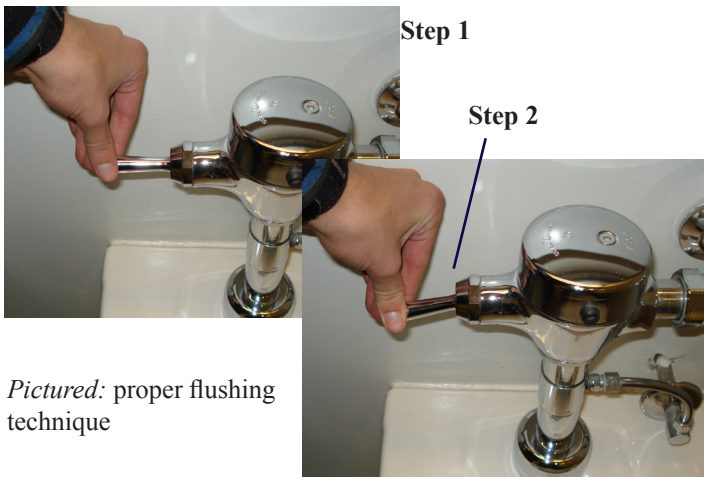
Things I'd Like To See (But Won't)

My current Christmas wish is for UPS to disclose its budget and itemize its spending. I don't say this out of some idealistic notion of transparency in government, but because I've learned some things about the UPS budget over the years that I'm apparently not supposed to have learned, and everyone loves a good scandal. But more realistically: UPS is spending *our* money (read: the Queen's money), and more than a few eyebrows should be raised that UPS does things that it doesn't want us to know about. We are, after all, adults, and we have all been privy to very sensitive information in the course of clinical placements and summer jobs. It's safe to say that we all know about things of far greater consequence.

I'd like to see a Phollies without any male nudity. Which reminds me: UPS has apparently been spending our money so that male Phollies hosts can disrobe in front of us. In fairness to those of us who'd like to see some female nudity, a social night at a strip club seems long overdue.

I'd also like to see Dean Mann referred to as "The Dean Mann" from now on.

And on the topic of all of us being adults, I'd also like to see pharmacy students FLUSHING THE DAMN TOILETS from now on. How in the hell do you expect to dispense medications and make serious decisions regarding someone else's health if you haven't figured this out yet? In fact, how do you expect someone else to have confidence in your ability to do so? I thought I had cleared this all up in an article I wrote in first year for this magazine discussing the inability of male pharmacy students to not pee on the toilet seat and flush afterwards, but it seems that either everyone has forgotten, or the admission standards have fallen and the 1T2s and 1T3s are screwing it up for the rest of us. So none of you have any excuses, see the attached diagram for proper flushing technique.



Pictured: proper flushing technique

PDW 2010

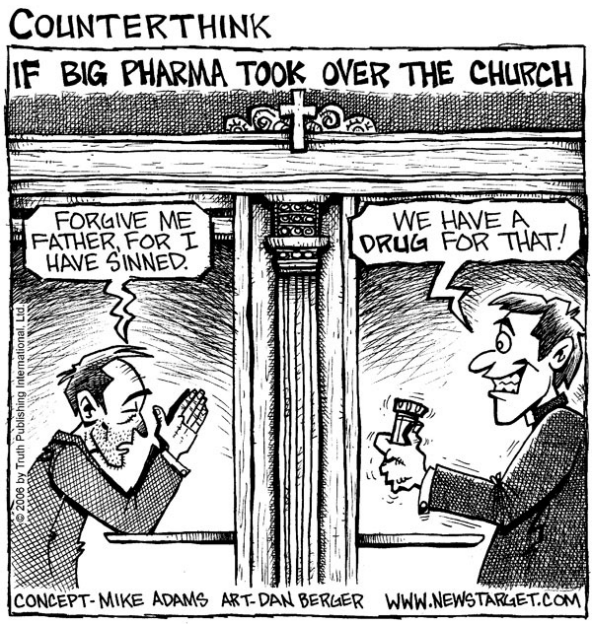
I had written something mean and inflammatory about the PDW 2010 committee for expecting us to pay for a hotel room if we wanted to attend the conference, while at the same time pretending that they were doing us a favour by saving us money on a plane ticket (as though they had, in their infinite mercy, decided to not arrange a flight from Pearson International to City Centre Airport), not to mention the fact that the committee themselves are exempt from the requirement to pay for the hotel room. But, while making some snide comments to some of the committee members, one of them finally had the decency to explain why that requirement was there in the first place, rather than maintaining the farce that this policy existed out of sheer benevolence. The fact that it took so long for any of the committee members to treat me like an adult who is capable of knowing the truth and understanding the situation is pretty shocking; had this attitude been taken from the outset I probably would have signed up for the conference. I'm not saying this out of spite, but because I'm sick of the trend of student government and faculty treating students like children who need the cookie jar hidden from them. M

A Different Perspective on the Pharmaceutical Industry (Part 2 of 2)

By Trinh Kazmierski, 1T0

Last month I attempted to remove some of the stigma surrounding the pharmaceutical industry (or "Big Bad Pharma" as critics like to say). While working for AstraZeneca over the summer, I was able to witness a company culture that values its charity work and responds to its successes by giving back to the community. Furthermore, I discovered that more than 50 of the largest research-based (read: not generics) pharmaceutical companies are governed by a national pharmacy body that ensures their ethical operations in Canada. I attempted to convey the message that the pharmaceutical industry is not all bad, and in fact, possibly even a good place to work.

In this article, I would like to outline some of the careers that a pharmacist may pursue in the pharmaceutical industry based on some of the people I met during my time at AstraZeneca. Pharmacists can be valuable members in all departments of a pharmaceutical company including: medical/scientific affairs, product development and formulation, marketing, sales, production, quality control/assurance, corporate affairs, etc. Although I encourage you to investigate the various roles of a pharmacist within the industry, I will only be writing about the careers that I have learned about through direct interviews and/or personal experience.



Pharmacists and the Industry

The types of people I have encountered while working at AstraZeneca are all of very high calibre. It appears that having a post-secondary degree in business or health sciences was commonplace and in fact, many of those around me had finished their MBA. I wasn't sure how represented pharmacists were in the company until I started asking around. Pharmacists have an educational background that naturally makes them an ideal candidate for working in the industry, regardless of the branch of the company they decide to work in. I found that pharmacists were peppered throughout the company and within each department.

The Medical Information department is a hotspot for pharmacists at AstraZeneca. This department in the company has a preference for hiring pharmacists as Medical Information Specialists. These specialists are responsible for handling inquiries from patients and health care professionals in the community regarding AstraZeneca's medicines. Additionally, the specialists also field questions from internal employees and provide medical support to internal departments including Marketing, Sales, Sales Training, and Corporate Communications. Questions may be related to on- and off-label indications, side effects of the medicines, results of clinical studies, how to take medications, and many others. Often in response to requests from doctors, the Medical Information Specialist will draft an objective report detailing the response with clear references to support the information. In this way, the specialists are committed to providing objective, accurate, and evidence-based information.

The Sales department employs a very strong team of individuals who are very knowledgeable about the medicines that they are promoting. Although a pharmacy degree is not mandatory for a Medical Sales Representative, it gives the person a distinct advantage in the field. Pharmacists are well-known in the health care industry to be "drug experts" and this reputation precedes a pharmacist when he/she walks through the doors of a doctor's office. I was fortunate to meet a sales representative (who happens to hold both a pharmacy degree and an MBA) and job-shadowed him for a day. Being a medical sales representative is an ideal job for those who would rather not work behind a desk, but instead, in the community and interact on a personal level with physicians. The hours are flexible, the work is dynamic, and the perks are great (company car anyone?). The sales representative enjoyed his job so much that he held the same position for over 20 years after he started with the company. He was a great mentor. I learned how an effective sales rep can be regarded as an excellent source of information in their area of expertise and this provides the groundwork for building professional relationships with the physicians.

Finally, pharmacists could also be found in the management team. I delightfully discovered that the Executive Director of my department is a University of Toronto graduate from the Faculty of Pharmacy. He began climbing the corporate ladder as a Sales Representative and from there moved through Sales, Marketing, Business Planning, Business Development, and Regulatory Affairs. After 19 years and the completion of an MBA, he now finds himself as the Executive Director of Patient Access, Reimbursement, and Government Affairs. Despite the fancy title, he is a very down-to-earth man who has succeeded in utilizing both his pharmaceutical knowledge and business background into a very rewarding career. [*Note: true to pharmacy fashion, he also married a fellow pharmacist, his sweetheart from undergrad]

These are only a few examples of careers in the pharmaceutical industry. There is a broad array of career options in the pharmaceutical industry for Pharmacy graduates. These career options may be as clinical as being a researcher in a clinical trial; or it may be at the desk working in Regulatory Affairs; or it may be in the field working in Sales. Although these options may not have crossed your mind before, it may be worthwhile considering them before you accept a lifelong career behind the counter.

Final Thought

Since the work of a pharmacist is so closely linked to pharmaceutical companies, it is in his/her best interest to be knowledgeable about the industry and have some understanding of how the industry operates. So even if you do not choose a career in the pharmaceutical industry, you can still learn about it. Be informed and, when in doubt, do your own research. Pay attention to any policies that might affect how the industry does business and how it might affect health care providers. Meet some of the people that work in the industry and listen to what they have to say. Finally, keep your options open. Remember that there is more than just community and hospital pharmacy.

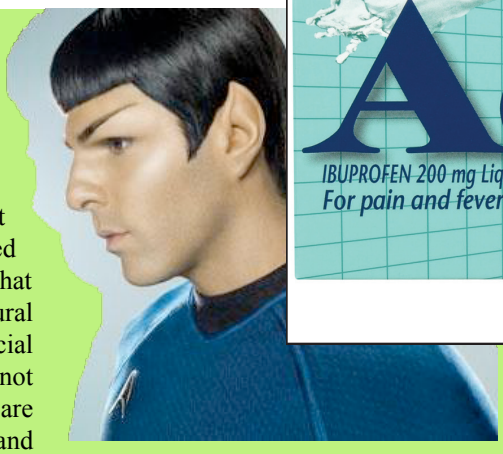
Declaration of conflicts:

The author has previously worked for AstraZeneca, although no longer has professional obligations to the company. This article is not intended to be an advertisement for any companies or affiliations. Opinions written here are that of the author's only.

Simply Complicated

Alien Invasion

By: Milson Chan, 1T0 Monograph Rep
milson.chan@gmail.com



We are all fascinated by things that are different, things that we are not used to seeing, but in a way we are somewhat suspicious about them. That is a natural instinct of all animals that is beneficial for survival. It explains why we do not randomly interact with strangers. But we are still intrigued by things that are strange and unusual. We like to hear about them, like stories and reports about aliens and UFO (Unidentified Flying Objects) regardless of how crazy they may sound. And we all like aliens, not just the movie, but the hypothetical creatures that supposedly live somewhere in space. To a certain extent, we do believe that they exist. If not, why are we looking for them?

It sounds strange that people all over the world constantly look for evidence that might suggest the existence of aliens on our planet. In fact, ten years ago, 1 in 3 people in America held the belief that aliens have visited Earth at some point in time. There are also numerous reports of UFO sightings - although not as much as people claiming to see Santa Claus and his *(Ed: homeopathically)* levitating reindeers. But technically speaking, Santa Claus would not be classified as UFO since he is not really "Unidentified". Interestingly, most people have never come across an alien before, but the general public seems to have a pretty good idea about how these creatures should look like. But how can we know what they look like if they do not actually exist?

One of the biggest controversies in this topic came from Area 51, the well-known military base where the US government was allegedly experimenting on aliens and their spacecrafts. UFO enthusiasts believe that there is a conspiracy to cover-up this sensitive issue. However, Leslie Stahl of 60 Minutes once suggested that the area is only used to dump toxic wastes. There are former workers in the area who filed lawsuits against the government for the injuries resulting from the toxic substances. The skeptics about the whole conspiracy theory believe that there was never any solid evidence supporting the existence of aliens in the first place and most of the "proofs" are based on fantasies and fraud. They also believe people who claimed to have seen UFO or aliens are delusional due to their psychiatric conditions since there are case reports of patients stopped having such delusions after proper medical treatments.

A more interesting point of view came from Professor Edward Condon, former president of American Physical Society, who actually conducted the UFO project in the late 1960s. He came to the conclusion that further studies of UFO will not be justified and they will not bring any benefits to the scientific world since there is basically no UFO coming from outer space.

If we are not looking for aliens or some intelligent life-form, then why are we spending millions of dollars trying to explore other planets? The government might as well put more money into something more reliable, like e-Health. On the other hand, there is no harm in exploring possible vacation spots or places suitable for human beings to live in. But why would we want to move away from Earth? It's not like we actually believe that the apocalypse is really coming at 2012. Right?

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The Dispensary

By Josh Lieblein, 1T0

With all the things that have been falling this month and last—leaves, GPAs, ratings for Jon and Kate Plus 8, hours of sleep per night, and hopes for the Leafs making the playoffs—it's no wonder they call it "Fall". Each person copes with the changing seasons and new school year differently: if you're a Queen's University student, you manage by getting hammered and destroying property at Homecoming, while if you're Milla Jovovich, you take over the Pharmacy Building to shoot the latest (but by no means the last) Resident Evil movie. (Me, I'm still holding out hope for the "Typing of the Dead" movie.) Because we at the Faculty of Pharmacy don't live the lives of famous Revlon models who marry and divorce French movie directors or attend a university in the middle of nowhere, let's all be thankful for The Dispensary, which will never waver in its commitment to deliver hard-hitting fake news reports to bored students looking for something to read during lecture time.

Here's what making fake Pharmacy news this hour, and for the period leading up to mid-November:

PAPER Trial Demonstrates Superiority To ROCK Trial, Scientists Find

Researchers at the Leslie Dan Faculty of Pharmacy have completed the long-awaited PAPER trial, a multi-site two-way variance-controlled chi-square t-test randomized control non-inferiority with extra olives investigation which was conceived by educators in three separate time periods and four astral planes to determine whether paper actually does beat rock.

"For the longest time, controversy raged in the academic world over this important issue," a spokesperson for the researchers said. "Despite traditional acceptance of the paper-beats-rock paradigm among researchers, new data such as the SCISSORS trial, which showed that scissors did indeed beat paper, had challenged that way of thinking. While robust data exists to show that paper is positively associated with covering rock, any two-year-old can see that rock can cover paper, too. The only way to resolve that paper wasn't completely useless was to pit paper against rock, obtain a few billion dollars in research grants from the government, give it a catchy name so fourth-year pharmacy students could remember the name but not what actually happened in the trial, and let the magic happen."

While the results of the PAPER trial show that PAPER beats ROCK, ROCK can still break SCISSORS and SCISSORS beats PAPER. Trials to determine the effect of the newly discovered "lizard" and "Spock" conditions are underway.

Cute New Pharmacy Flight Attendant Uniforms Roll Off Assembly Lines

While Pharmacy students have always been on the cusp of new fashion trends, such as LaCoste cardis, lumberjack shirts, and purses the size and colour of standard luggage, the newly designed Pharmacy Flight Attendant uniforms are sure to give pharmacists across Ontario that added confidence boost as they strut down the catwalk, or even the feminine hygiene article at Shoppers to counsel a patient on Tampax pads.

Introduced shortly after the Ontario Medical Association compared the practice of pharmacist prescribing to flight attendants flying a plane, the new uniforms have seen very high levels of uptake among female pharmacy students, but not as much among male pharmacy students (reportedly because they don't allow banana clips or clamps with teeth). While the uniforms were originally slated to resemble Britney's in the "Toxic" music video, concerns over professionalism led to a reduction in the size of the "chest window" and a change in the gloves from white leather to hypo-allergenic latex gloves suitable for pharmacy work.

However, the response from some quarters of the fashion establishment has been, oddly enough, less than kind. Lindsay Lohan, fresh off of her train wreck of an entry into the fashion world, reportedly dissed the outfits on Twitter, saying, "can the u of T pharmacy students make an attempt not to ruin ANYTHI… zG for their not only COMPLETE, BUT SUBSTANISAN ***FRIENDS**********". Popular fashion blogger LaineyGossip opined somewhat more coherently that the outfits "are the worst fashion crime since Louis Vuitton got really drunk and punched out Gianni Versace."

Students Having Difficulty With New "Imma Let You Finish" PPL

PPL professors from all years have always enjoyed thinking up new evil patient cases to taunt students with, but their latest inspiration has come from a beaten-into-the-floor joke from this year's VMA's. Pharmacy students have come to dread the hated "Imma Let You Finish" lab, in which the counselling is interrupted by a drunken chipmunk-faced rapper with weird designs shaved into his hair, who shouts, "Yo, 4th year, I'm really happy for you and Imma let you finish but….leaving the patient on 40 mg of atorvastatin post-MI is the best cardioprotective regimen of all time! ONE OF THE BEST REGIMENS OF ALL TIME!!!!"

To pass the lab, students are required to point out that the patient's pre-MI levels were high, and this was the dose they were on before, so an increase to 80 mg atorvastatin is recommended by the MIRACL and PROVE-IT trials. They are also required to not be blown away by the standardized patients' Kanyeruption, and offer the confused sunglass-wearing college dropout the chance to go back to college so he won't have an excuse to be such a moron.

However, some students have found that they run out of time before they are able to solve all the DTP's. This is, of course, because the TA never lets them finish.

☑ Epic Fail ☐ Fail ☐ Pass ☐ Honours

Special Feature: Pharmacy Horoscopes

Aries Yes, that girl who sits in front of you in PHM128 is totally trying to punk you out by wearing boots that are $5 more expensive than yours.

Taurus No matter how many times you try, the PHM224 labs still won't make any sense.

Gemini Don't agonize over which answer to choose on Debra Sibbald's multiple choice questions. Remember, most of the time there is no right answer!

Cancer The breakup of your PHM425 research group "family" can be very painful, but only if you don't contribute any work and they form a new group without you.

Leo Remember to announce to everyone about how you scored a job at Sick Kids because your aunt works there, because they love to hear it!

Virgo Your professor will make a mistake and you absolutely MUST go up to them afterwards and correct them. The fate of the universe depends on it!

Libra Moving the PHM428 exam to another day would be convenient for the majority of students in the class, but what about that one person who decided to take a trip across the country to visit their boyfriend???? We have to be VERY CAREFUL about offending them.

Scorpio Learning the Therapeutic Thought Process will be torture for you. Wait a minute….that's true for everybody, not just Scorpio.

Sagittarius Everything, including PHM323 class, makes you happy. Are you some sort of monster or something?

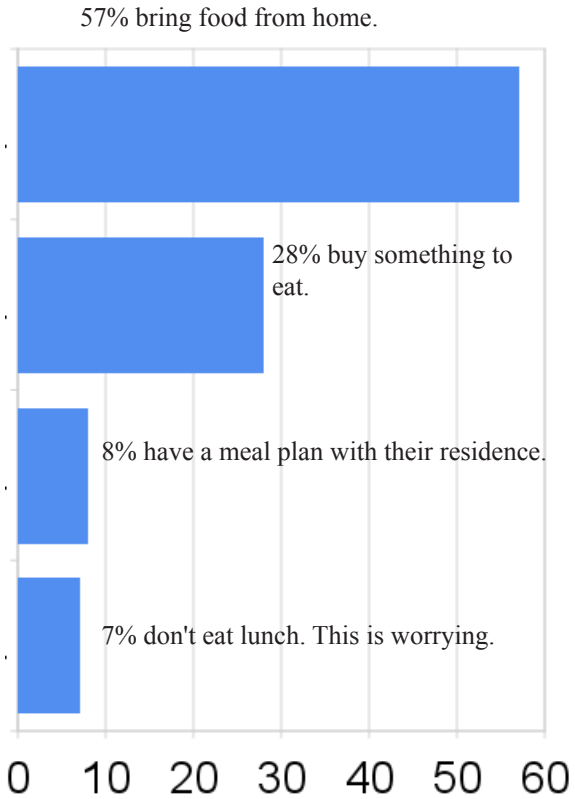
Capricorn Lots of boring work, like PHM120 readings or PHM227 assignments, is coming your way. Awesome!

Aquarius When the patient acts depressed in your PPL lab, you may start crying too! While this is great empathy, your TA will give you something to cry about if you do this.

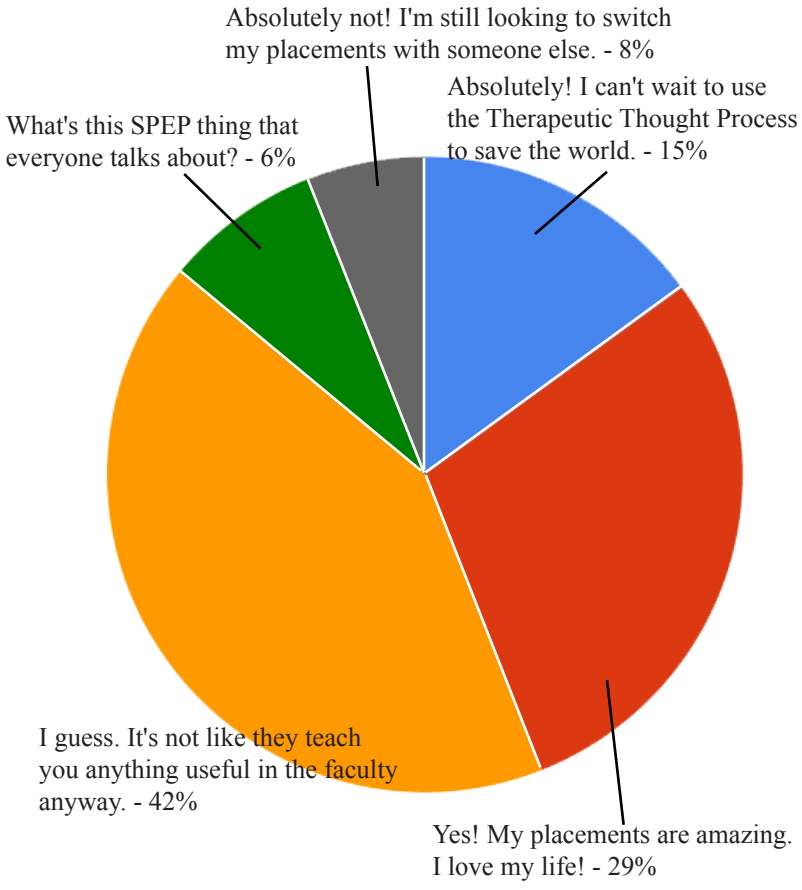
Pisces Do something extra generous today, like let someone photocopy one of your past tests or take notes for someone else. Other people may think you're crazy for giving away your "intellectual property", but that's just how Pisces rolls.

Tune in next time when we reveal the tragic story of how a 1T0 student indicated that they had a car on their SPEP application and was sent to a Shoppers in Wawa, Ontario.

What do the 1T1s munch on between classes?



Speaking of SPEP, here's what the 1T0s have to say about their rotations:



Eating Near PB

By Andrew Ting-A-Kee, 1T1 Monograph Rep

The Pharmacy Building is located near the hospital district, and there are tons of places to eat. However, quite a few of them are expensive or otherwise terrible. Pharmacy tuition is expensive enough, so here are some recommendations for places to eat that won't damage your wallet or your tastebuds (although I do have a few recommendations for pricier ones).

The following nearby buildings have food courts:

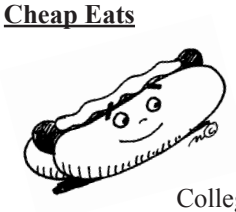
- Medical Sciences Building (cafeteria)
- Hydro Place (southwest corner of Yonge and University)
- MaRS Building (southeast corner of Yonge and University)
- Toronto General Hospital (southeast corner of Yonge and University as well, connected underground to the MaRS Building)
- The Hospital for Sick Children (University and Gerrard)
- College Park (southeast corner of Bay and College)

Morning Coffee

The **Tim Hortons in Hydro Place** is always busy in the morning. A busy place means long lines, and long lines mean potential for screwed-up service. This particular Tim Hortons has given me cold chocolate instead of hot chocolate. On a separate occasion, it has made me late for class by taking seven minutes to cook eggs. The **Tim Hortons in the MaRS building** has shorter lines and better service. There is no reason to go to the Tim Hortons in Hydro Place unless you only have ten minutes to spare.

Surprisingly, you can find the best coffee at **McDonald's**. (Yes, I am recommending McDonald's over Timmy's.) In my opinion, McDonald's coffee is superior to Tim Hortons coffee. In addition, it's cheaper. At Tim Hortons, a medium coffee will cost $1.33. At McDonald's you can get a small coffee (which is about the same size as a medium at Tim Hortons), a muffin, and a Toronto Star for $1.46. Sadly, the nearest McDonald's locations are on Yonge just north of College, and in the food court at the Village by the Grange. For commuters, it is possible to get to these by getting off at College or St. Patrick stations. However, this means you have to arrive well before class.

Cheap Eats



The **hot dog stand** at the southwest corner of University and College is a quick and cheap option. $2.50 for a hot dog is as good as it will get, and you can also get one during a ten-minute break. I don't understand the negative opinion that some people have concerning hot dog stands. Street meat never hurt anybody, except for perhaps whatever animals the wieners are made of.

The **Burger King in the SickKids** Hospital food court has $4.29 King Deals available every day. This is the easiest way to get a fast food combo for under $5 (it comes to $4.84 after tax). My favourite King Deals are the King Supreme on Monday and the Whopper on Wednesday. Sandwiches alone come to $2.09 after tax, filling your stomach with food and your arteries with cholesterol.

On Tuesdays, it's possible to go to the **Kentucky Fried Chicken in College Park** for the $2.79 Tuesday special (doesn't quite have the same ring as 'Toonie Tuesday'). If you do this, beware of long lines and trans fats.

Somewhat More Expensive Eats

There are three locations for **Mega Wraps**: College Park, Toronto General Hospital, and on Bay south of College. The one at College Park and the one on Bay should have $5 large wraps that are healthy, tasty and filling. Without the special, large wraps are ridiculously expensive, and combos cost around $10.

The **Hero Certified Burgers inside Toronto General** has expensive (but tasty) burgers. A combo with fries and a drink will run you at least $7 (probably more), but it's worth it. Their burgers will put you to sleep for the rest of your classes.

For those willing to take a 15-minute adventure away from PB, **Doner Kebab House** at the southeast corner of Yonge and Gerrard is the best shawarma place I've ever eaten at. Wraps cost about $5 and chicken or veal with rice costs $7. I strongly recommend this place to anyone who enjoys shawarma stuff.

Places to Avoid

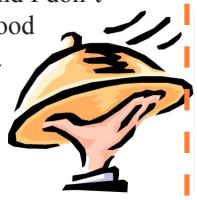
There is a **Swiss Chalet in Hydro Place**, and it is terrible. You don't get nearly enough food to justify the price ($7.50+). There's a reason why it's usually empty...*(Ed: cold mashed potatoes)*

The wraps from **Toronto à la Cart** (right outside PB) taste nice, but the $5 wrap isn't big enough to fill me. I'm more of a lightweight, so I say it's not worth the money. Don't bother. Also, the guy selling the wraps lost points with me for giving me a beef wrap when I asked for chicken.

The $5 footlong special appears to be over, and without that, **Subway** is overpriced. There are $5 subs at **Quizno's** on Yonge south of College that taste better.

Avoid **Tim Hortons** for any 'real food'. Soups and sandwiches are too expensive.

A **Mercatto** recently opened at the bottom of the MaRS East Tower. I've eaten there a few times, and I don't recommend it. The food was absolutely delicious. However, it takes way too long for them to serve it (you don't have enough time in a one-hour lunch to eat there). Also, everything costs over $10.



It's far too expensive to buy anything from the **Medical Sciences Building food court**. With all the other places around, avoid it unless you have some sort of meal plan.

If anyone has any recommendations or anti-recommendations (or disagrees with any of my opinions here) email me at andrew.ting.a.kee@gmail.com. I'd love to hear food recommendations and I'll try to get your messages in the Monograph. M

Confessions of a Chronic Commuter

By Sidika Dhalla, 1T2 Monograph Rep

I commute every day from Mississauga. Now that statement usually gets me one of two very predictable reactions. Fellow commuters will say 'not bad, you get used to it' and non-commuters will either say 'roadtrip!' or 'I'd kill myself.' I swing back and forth between these two extremes on a daily or b.i.d basis. I do find, however, that because I'm so inside my head in transit, I can do a lot of my best thinking! (excellent place to write monograph articles.) So I get on the subway, thank the lords of the underworld that I got a seat during rush hour and start thinking about how I feel about that day's commute...

Sometimes you just want to plug your music into your brain and zone out. The problem with that is that you don't know where to look. It's socially unacceptable to stare at the person across from you even though you may not actually be looking at them. If you look at the floor, either you see something disgusting, or just the normal grime, and you look like you've adopted the 'I'd kill myself' attitude. If you look out the window, it's darkness. Your brain's too tired to read. Casually scanning the subway car gets boring after a while because nothing changes and god forbid the awkwardness of making eye contact with someone doing the exact same thing. And the problem with pretending to sleep is that every time you get bored of that you always open your eyes to some unpleasant site. Once there was a dog breathing right in my face. Once there was a couple who obviously thought that I, along with the 50 other people in that subway car, were unconscious. Sometimes it's some tall guy's crotch – or his rhinestone skull-and-crossbones belt buckle – true story! Something new everyday. It can be exciting if you've lived an insanely sheltered life up until this point.

Like the other day, I was standing right in front of a man who looked exactly like T Pain. Dreads, shades, marijuana pendant around his neck, and a cane! So I'm staring at him, trying to decide if it's actually T Pain. This is an example of a common commuter brain lapse; logical thought processes fail, usually on the way to school. What I should have been asking myself was - what would T Pain be doing on the TTC at 8:30 in the morning on a Thursday in the middle of October? And now I'd just been staring at what looked like a very unfriendly stranger for a prolonged period of time. And for the rest of my trip I was paranoid that he was staring me – and I couldn't even tell because of the creepy shades!

The worst is when the train is moving at a snail's pace and all you're thinking about is how if you could just get out, you could walk faster! You eventually remember that you're underground and its dark and that is not possible and you resort to looking at the ad reel lining the subway cars.

These days, in the midst of this mobile revolution, iPhones and Crackberries have become tools for commuter survival. Or maybe for us more broke folk, just the advertisements of them on the subway or in the beloved Metro. A popular ad theme on the subways recently is 'flirting just got easier with the qwerty keyboard.' It sounds kind of ridiculous but the fact is that we've probably all done it for the exact reason that texting makes it easier to say a lot of things because you're not actually in front of the person. What we forget is that when you're talking to a person, in person, they can't walk away – it's socially unacceptable. But to ignore a text, or a Facebook message is easy. So if an attractive individual ever happens to sit beside you on the subway, tell yourself that and remember that they're stuck sitting next to you for at least the next two stations – that's long enough to impress them with the fact that you're a pharmacy student! Maybe you could even point out the Rexall advertisement on the subway and explain to them the importance of compliance. Can a qwerty keyboard help you have a heated conversation about the evolving role of a pharmacist in Canada's health care system? Doubtful.

My current commuting pastime is George Orwell's '1984' – and, while we're on the subject - I can't help but wonder how far technology can possibly go. Moderate invasion of privacy is already welcomed and encouraged by the public, now mobile, networks like Facebook and Twitter. It's just recently that a few people have started using them for good, or political gain. How long before public access to everyone's life is not a matter of choice? You can already see the outside of some houses in Ontario at any time thanks to Google street now. How long before you'll be able to see the inside of every house? How much more good can technology bring before society deteriorates into a controlling facade, like in '1984', into a miserable world where thoughts and actions are controlled by an overarching dictatorship. The profession of pharmacy probably wouldn't even exist in such a world; medication use would be controlled so tightly that we wouldn't have anything to do. We would probably be brainwashed into killing people with bad drugs. Big brother would be watching us...

Then the horrendous screeching sound of the subway pulled me out of my overly dramatic train of thought – another common version of the chronic commuter brain lapse – and I realized that I had arrived at Queen's Park Station. I suppose my commuting pastime is '1984' and crazy paranoia about the fate of the technological world. So you see, the commute is really not that bad, you get used to it. M

The Tale of Apo-TriAvir-Good Intentions Gone Wrong

By Zenah Surani, 1T2

In August 2003 at the World Trade Organization (WTO) in Geneva, Canada made history in the world of global public health. It became the first country to commit to reform its patent laws so that generic pharmaceutical companies could obtain compulsory licenses in order to produce and export affordable life-saving medications to the less developed world. In signing onto the agreement, then known as the Jean Chrétien Pledge to Africa Act, Canada demonstrated its leadership and responsibility in the field of international development. Although loaded with potential and a source of great pride to Canadians, the outcome of the legislation, now known as the Canadian Access to Medicines Regime (CAMR), has been pathetic, to say the least. There have only been two shipments of life-saving medications—one in 2008 and one in mid-September of 2009. They were shipped to only one country, Rwanda, and by only one Canadian generic pharmaceutical company: Apotex. To make matters worse, there isn't even more where these drugs came from—Apotex, backed by the Canadian Generic Pharmaceutical Association, which represents Canada's Generic Pharmaceutical companies, has declared that they are not willing to ship any more medications to the developing world because CAMR presents too much red tape and too many obstacles to make it worth their while. CAMR, once heralded as an innovative and ground-breaking new law, could soon face a shameful demise if the Canadian government does not take action to reform it.

Last year, I witnessed the wonders of antiretroviral medications for the treatment of HIV-AIDS first-hand. For my first year community site visits, I was placed at a small pharmacy in downtown Toronto, at the corner of Church and Wellesley Streets. This pharmacy specializes in HIV/AIDS antiretroviral drugs—they stock almost everything from Aptivus to Kaletra, and Truvada to Ziagen. Week after week, I would see the same familiar patients coming in to pick up about three or four of these types of medications. Such combination therapy methods will not cure an individual of AIDS, but are effective in abating symptoms in order to improve general health and quality of life and have greatly decreased AIDS mortality in the western world. Thanks to these drugs, the patients picking up these medications are no longer given a death sentence due to HIV-AIDS—their life expectancy has been improved and they can continue to contribute positively to society. Very few of these patients paid for their prescriptions, however. The vast majority of these drugs are extremely expensive and covered by various drug plans. Not all victims of HIV-AIDS are so fortunate, however. An estimated 23 million people in Sub-Saharan Africa are living with AIDS, and about 8000 people worldwide die from AIDS every day. These brand name, patent-protected drugs are just too expensive for people in the developing world to afford, so they pay—with their lives.

In 2004, NGO Medicins Sans Frontiers put in an order for generic antiretroviral drugs for Africa. It approached Toronto based generic pharmaceutical company Apotex, which agreed to develop Apo-TriAvir, a three-in-one antiretroviral therapy (which didn't exist at the time) for export to the developing world. Apo-TriAvir contains 300mg Zidovudine, 150mg Lamivudine and 200mg Nevirapine. Apotex then had to approach the federal government to amend patent law schedules, since this new three-in-one combination treatment was not eligible for export under existing product schedules. Approval was obtained 2006. Next, because the three ingredients are patent protected in Canada, Apotex needed to negotiate with brand name pharmaceutical companies Boehringer Ingelheim Ltd., and GlaxoSmithKline Inc. in order to obtain a voluntary license, or permission, to copy these drugs for its treatment. The two pharmaceutical companies decided not to grant Apotex a voluntary license, so Apotex had no choice but to apply for a compulsory license from the federal Commissioner of Patents. A compulsory license is a form of government intervention in the market in order to correct some market failure—in this case, issue a patent for the export and distribution of medication in the developed world. Apotex finally secured the license in 2007, and, with that license, was only then able to submit a bid to the Rwandan government. Rwanda finally selected Apotex from a group of international offers. The first shipment of Apo-TriAvir was sent out to Kigali in September 2008, and the second in September 2009. The treatment was to be distributed at 19.5 cents per pill—about 30 times cheaper than the brand-name versions. However, because of the unnecessarily cumbersome process, the millions of dollars in research and development and legal fees, and time invested in the project, the latest shipment to Rwanda will also be Apotex's last.

In an ideal world, a country like Rwanda could simply phone a generic company in Canada, order antiretroviral pills, and receive a shipment soon after. However, the process is made extremely complex by lengthy negotiations, international intellectual property rules, and federal patent laws. Who is to blame in this bureaucratic nightmare? This can only be assessed by examining the various players involved. First of all, the World Trade Organization requires generic companies to negotiate patents for every new drug they plan to export and for each and every different country they plan to export to, because of differing drug needs in various parts of the world. This burdensome separate case-by-case process is only made worse by the government of Canada, which requires the addition of the drugs in question to the schedule of acceptable products to be exported. This is a hurdle that could take months to clear. The brand-name pharmaceutical industry also adds to the delays in granting voluntary licenses to generic companies. It is conceivable under any normal circumstance that they are anxious about giving up valuable intellectual property—after all, patents are Big Pharma's biggest asset. However, CAMR makes it clear that lower cost medicines are only made available to those in less developed countries that would not be able to afford brand-name drugs. They would not be made available in the developed world's markets. So, if there is no threat to the brand name companies' profits in these markets, the reason for the complications with license-granting is hazy. The Canadian government's role in this issue has been half-hearted. In 2006, when the Conservatives took power,

Health Minister Tony Clement vowed to fix the CAMR legislation. However, the issue became buried under other domestic issues and was never explicitly addressed by Stephen Harper. Several NGOs are fighting for change. Richard Elliott, Director of the Canadian HIV and AIDS Legal Network, asks, "How many lives could have been saved if this law had worked smoothly the way it should and could?" Elliott supports a "one-license solution", eliminating the current inefficient process of separate, case-by-case and country-by-country negotiations. Only about 31 percent of those who stand to benefit from CAMR in the developing world are being treated with antiretrovirals. These drugs come from clinical trials, donations from brand-name companies and from charities. However, if affordable antiretrovirals are made available to these countries, it is a win-win situation. Victims of HIV-AIDS would not need to depend on limited donations of the drugs—they would be able to buy them cheaply, and in turn would be able to continue working to provide for themselves and their dependents. Canadian pharmaceutical companies would benefit by using their knowledge to come up with innovative drug solutions to help those less fortunate. Finally, in refusing to export any more Apo-TriAvir to the developing world, Apotex cannot be blamed—in a capitalist system, individuals and corporations are naturally driven by incentives. As a large, wealthy, first-world nation, Canada must intensify its presence at the WTO and push for reforms to the various intellectual property rules. Canada has a reputation for being a leader on the world stage in international development and diplomacy, and ultimately, the responsibility lies with the Canadian government to live up to its promise to the third world and reform the Canadian Access to Medicines Regime. Until this happens, Canada will have blood on its hands as millions continue to perish while the life-saving pills they so desperately need remain tangled in a complicated, unnecessary web of red tape an ocean away.

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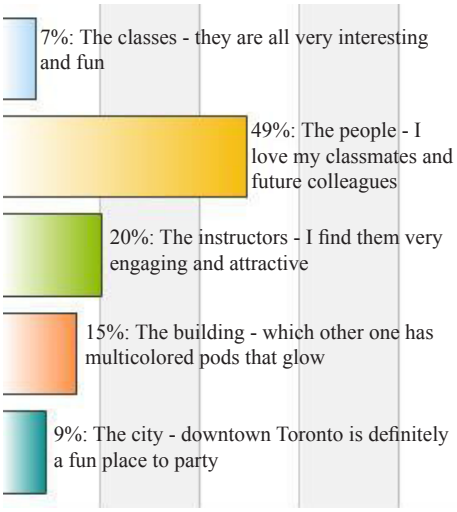
1T3 "INITIATION"

By Rose Liao, 1T3 Monograph Rep

This month's 1T3 poll revealed that the majority (49%) of our fellow classmates believe that the best thing about pharmacy school so far is the friendships we established here. Getting to know new people is undoubtedly a valuable part of the first year experience and I'm glad to see how quickly everyone grew from strangers to life-long friends.



The moment we accepted the offer of admission from Leslie Dan Faculty of Pharmacy at University of Toronto, a new chapter of our lives lay before us. Personally, although I was ecstatic that all my hard work paid off, I was also extremely nervous about becoming a first year again. I immediately joined the facebook group created by the 1T2's and got to know some classmates online. I was instantly struck by the affability of the people I met and was eager to meet them in person. Phrosh week was definitely the highlight of September. During those fun-filled days, we became closer collectively as a class.

As I got to know more classmates better over the past two months, I discovered our strong sense of community. For example, one night as I was studying for physical chemistry, I was completely baffled by the material and posted on Facebook that I feared failing the course. I was pleasantly surprised at the amount of encouraging and supportive responses from the class. People reassured me that I was not struggling alone and offered helpful studying tips. I realized how essential and crucial it is to have friends to share our happiness and sorrows, and it is these relationships that keep us going.

We are a tight-knit group of students and our journey has just started. A journey is best measured in friends rather than in miles, so I heartily agree that it's the people that make our pharmacy school experience the best it can be. I also hope our sense of community will extend beyond these four years. For now, let's treasure the time we have as students. I'm definitely looking forward to getting to know everyone even better! Go 1T3!

Life Will Go On

By Rose Liao, 1T3 Monograph Rep

Memories of the past bind to my heavy chest.
I am unable to leave behind the days of sorrow.

My hands were drenched with the blood of another.
That day, I snatched away a life, and ended my own.

His lifeless body blended with the grime.
And I went numb, sinking into the mud.

When Death came to me with a sneer on his face,
I welcomed him openly, but I did not die.

I thought I fought to protect my values,
But instead I left them behind, on that damp, forlorn shore.

They called me a hero, because I was a murderer.
They gave me a medal, because I was brave.

Everything in my life lost their momentum.
I loathed this new me, emotionally drained and living in fear.

But life seems to continue around me.
As long as I am alive, I do not want to lose to it.

Life will go on, I want to be reborn.
I want to recapture it with these blood-stained hands.

Life will go on, I can feel my heart in motion.
Deep down there is hope and passion.

Life will go on, I send my prayers to the sky,
And find life breathing within me.

Dear OMA: A Response

From Multiple Contributors

Zenah Alisha Surani,
Students Panel 1T2 Representative

In comparing pharmacists post-Bill 179 to flight attendants who want to start flying airplanes, Ontario Medical Association Family and General Practice section chair Dr. David Bridgeo is completely off the mark. A better analogy to illustrate the relationship between physicians and pharmacists is that of co-pilots, working together to ensure that all passengers (i.e. patients) have a pleasant trip and reach their destination (i.e. a healthy status) safely and efficiently. Physicians don't realize, or perhaps don't want to admit, that sharing duties with pharmacists and nurses will allow for the best possible patient outcomes.

Bill 179, if passed, will allow pharmacists to enjoy a wider scope of practice. However, the idea that pharmacists may be able to prescribe medications for smoking cessation as well as extend refills where appropriate is apparently causing a lot of doctors to suffer sleepless nights.

In supporting this fallacy, Dr. Bridgeo goes so far as to say "How many people would be comfortable with having someone with less education, training, and experience replacing pilots?" Ok doc, let's clear some things up. Sure, maybe we don't spend much time in the hospital as our counterparts over at MedSci. Maybe we aren't trained in the anatomy lab and maybe we don't undergo an intensive residency process. I'll give you that much. But we are not asking to perform surgeries or even diagnose patients. We are highly trained in medication and medication management, and the reforms to pharmaceutical care practice proposed by Bill 179 fall completely within our scope of knowledge and capabilities. In fact, pharmacists are already prescribing safely and successfully under similar limitations in British Columbia and Alberta.

The OMA's principal argument concerns patient safety. Dr. Jim Stewart wonders, "Even as the most trained and educated primary care providers, we make mistakes, so how can lesser educated individuals not make mistakes?" Dr. Stewart, I can assure you that, at least at the University of Toronto, pharmacists are trained to become extremely detail-oriented - thanks to Professor Doris Kalamut and company! Also, under our existing scope of practice, pharmacists can potentially do harm to a patient if a medication error is made. By increasing the scope of practice to simply extending refills where appropriate and prescribing smoking cessation medication, it does not follow that patients will be at even more risk than they already are. Finally, pharmacists are healthcare professionals and can be trusted to use critical thinking and professional judgment when dealing with patients. As James Poston, executive director of the CPhA argued at the time when Alberta's pharmacists began prescribing, "Pharmacists are not going to be stupid about this. The patient who's got a headache and is also dizzy and has blurred vision - you're not going to sell them a new headache tablet. You're going to refer them to the emergency room straight away."

As Ontario deals with a recession and an aging population whose medical needs will skyrocket, healthcare dollars are a scarce resource. Doctors opposed to pharmacists' expanded scope of practice need to realize that the patient is at the centre of the healthcare system. They need to look to their healthcare team members and trust them more…isn't that what the whole interprofessional meeting at Ryerson in first year was about? In an age where lineups are long and patrons are unsatisfied, something needs to change. So, patients, unless your doctor lets us into the cockpit and shares the piloting duties, you'd better buckle up…this is sure to be a bumpy ride.

Co-Piloting a Plane: a Learning Opportunity

Aly Haji, Students Panel 1T3 Co-Representative

Since the advent of modern health care in Canada, pharmacists have been front line medical professionals dealing with patients directly in terms of patient well-being, patient health and above all - something unique to the field to pharmacy as a profession - pharmaceutical care. As such, the comment of the president of the OMA comparing the role of a pharmacist and a physician as to that of flight attendant and pilot respectively has galvanized the pharmacy community and the profession in totality. In my personal opinion, this is the wrong attitude when it comes to health care, and ultimately the root of many problems in the modern health care system in Canada.

The relationship between pharmacists and physicians has always been tenuous at best; this can be seen historically in the interactions of the early apothecaries and physicians. The foundation of pharmacy, as well, is built on a dependence on the physician in a traditional sense, in that physicians are able to prescribe medications which pharmacists dispense. However, with the advance of the profession of pharmacy, the role of the pharmacist has extended to patient counseling, management of pharmacological therapy and intervention, and above all pharmaceutical care. These roles of the pharmacists have been consolidated and formalized through the passing of Bill 102. Indeed, the role of pharmacists will continue to be expanded with the passing of Bill 179 later this month.

It is in fact Bill 179 itself - and the ability to prescribe medication - that fueled the above unfounded and frankly, rude remarks. Using the analogy that pharmacists are flight attendants in a world where doctors are pilots is similar to saying that car can operate without wheels if it has an engine (one bad analogy deserves another, doesn't it?). Bad analogies aside, the point remains that rather than the traditional notion of pharmacists being dependent on physicians there is a certain sort of mutual codependency between the two professions and indeed between all health professions. These positions, in totality, must work together in order to strive for the best possible outcomes for the patients. Though our two professions have distinct roles there is, required in these roles, a prerequisite of cooperation and pluralism in the roles performed by the two professions. As such, the sense of infringement - which I believe was the root of the inflammatory remarks - that physicians feel when the word "prescribe" is mentioned in the context of pharmacy (aside from in prescription) is completely unfounded, even ludicrous. If anything, by endowing pharmacists with the ability to prescribe within a regulated framework,

the government will be advancing the health care system and the medical profession reducing medication related errors, costs the province with regards to the drugs prescribed and ultimately, in the overall efficiency of the healthcare system as a whole. In disregard and in my albeit biased opinion, physicians should embrace Bill 179 and its implications for the profession of pharmacy and see the legislation not as it tracks to the medical profession but rather as a way in which to improve the state of the healthcare system, increase interprofessional ties and, most importantly, improve the health of patients.

As such, in the context of a modern world with the ever increasing number of diseases and ailments affecting patients, a shortage of health care professionals and a rapidly aging population is essential that we professionals in the health care industry embrace one another's duties and attempt to work cooperatively. This not only applies for physicians and pharmacists but also for medical professionals of all other kinds. In this sense, the remarks of the president of the OMA seem an extremely myopic in terms of the current climate of the healthcare system. Perhaps this is a wake-up call for all medical professionals and we must begin to come together and work in a framework of clear communication and interprofessional collaboration not only for the sake of our own professions but for the sake of a common goal in patient care. In this context, rather than pharmacists being flight attendants on the proverbial plane of healthcare perhaps we, like all health professionals, should be looked at as co-pilots all attempting to reach a single destination.

Re: Like Flight Attendants Flying Planes

Sabrina Pietrobon,
Students Panel 1T3 Co-Representative

Throughout the course of our education towards becoming a pharmacist, we become familiar with hundreds of drug names and their various effects on the body. We learn about various infectious diseases, how the human body functions, and which drugs can treat certain problems. While our training is not as extensive as that of physicians in regards to recognizing symptoms and connecting them to an ailment, we are well aware of common everyday ailments and their treatments. Furthermore, we know far more about drug interactions than physicians. Clearly, pharmacists and physicians specialize in two different yet complementary areas: diagnosis and medication. And it is in the best interest of the health care system to allow each profession to maximize the use of their knowledge. The expanded scope of practice and prescribing allowances for pharmacists are specific and definitely within the capabilities of pharmacists. It will finally allow us to use the knowledge we learn in school to a greater extent. I think many students look forward to the patient interactions they expect from a career in pharmacy; however, that hasn't truly been the case until now. Patient counseling is at last being recognized as an important component of the pharmacist's responsibilities in the pharmacy and with the expansion of certain prescribing capabilities, the province is making better use of the pharmacist's capabilities. With the current state of many citizens without family physicians, the option to visit their pharmacist for less serious ailments or prescription renewals is very attractive, and this will help to free up physician's schedules so that they can see patients with more serious ailments. As we wait to hear more on the developments of Bill 179, we hope that the government will make a decision that makes full use of each professional's knowledge in order to benefit the public and improve Ontario's health care system!

Re: Like Flight Attendants Flying Planes

Joshua Lieblein,
Students Panel 1T0 Representative

I think the OMA is a little mistaken: Pharmacists are a lot more like co-pilots than flight attendants. Co-pilots correct the pilot's mistakes, ensure passenger safety by providing a double check, and take over critical functions of the plane when the pilot is overwhelmed. Maybe the OMA thinks health care is a simple single-engine prop plane, but the rest of us know that it's a lot more complicated, like a 747, and it's up to *all* health care professionals, working together, to keep this plane from crashing.

Flight Attendants? I Think Not. How About A Cure For Our Ailing System?

Taj Dhinsa,
Students Panel 1T1 Representative

Our health care system is tired and needs a facelift. In order for us to shorten wait times and improve accessibility, things must change. The status quo is not going to cut it for much longer and as the population ages and as drug costs increase, an innovative solution to our problems can begin with the passing of Bill 179.

Plain and simple: pharmacies are accessible and pharmacists are knowledgeable. Approximately 50% of Ontario's budget is spent on healthcare. How can we make the most of that budget? We must make the most of the resources we already have.

Being taught under the pharmaceutical care model gives current pharmacy students unique insight into the patient-care process and we are eager and willing to take on an expanded scope of practice. Kudos to Premier Dalton McGuinty for showing remarkable leadership with his support of Bill 179. I am proud that our government is beginning to embrace change.

M.E. Schell (1T1)

Critically Exploring Our Responsibility in Global Health

Based on the GMI seminar "An Ethical Framework for Global Health Development: The Role of Affluent Universities and Countries" – Dr. Benatar

By Matt Koehler, 1T0

Just more than a week had passed by since the end of final exams and a number of pharmacy students found themselves sitting beneath the pods once again. This was because in May, GMI was very privileged to have global health expert Dr. Solomon Benatar lead a seminar here at the Faculty of Pharmacy. Dr. Benatar, who is a professor at the University of Cape Town and the University of Toronto, has acted as president of the International Association of Bioethics, an ethics advisor to UNAIDS and Doctors without Borders, and has published over 300 peer reviewed journal articles and book chapters. So what did he have to say about our place in global health?

Perhaps the best place to begin is to define who is referred to when I say "*our responsibility*" in global health. Most broadly, this refers to us Canadians, people from a wealthy nation that is in a position to make profound contributions to global health development. It also refers to us, the University of Toronto, which routinely engages in influential health research. Most directly, it refers to students training to be health professionals, who wish to use our expertise to contribute in relieving some degree of the inequitable global health burden.

Rather than stating what we as students can do, Dr. Benatar made certain what students should not do. A clear point was made that it is not useful, from an aid perspective, for students to become involved in "feel-good" student exchange opportunities that result from many undergraduate exchanges where the students and their supervisors are not educated or prepared. Without questioning the compassionate intentions of many of these students, it needs to be recognized. Although the students may learn a great deal, they tend to be a burden on their host facility. As such, a great deal of preparation is required for a student exchange, and a great deal of experience is required for their supervisors in order to make such activities valuable to not only themselves, but also for the facility they intend to provide aid to.

Global Health development doesn't depend on altruism, but simply long term self investment

While discussing health research done at U of T and elsewhere, Dr. Benatar purports that researchers often maintain a micro, biological view of health problems and solutions. For global health dilemmas, we also need to step back and be conscious of broad level issues that cannot be addressed by medicine. Some of these issues include critical consideration of global structures: Canadian foreign policy, our university's actions and ourselves – the privileged, all of which are necessary to determine what our role is in propagating the division between rich and poor. Complacence as privileged society has had a role in generating global health gaps. Society's priorities can be evaluated by comparing the amount of money pledged towards the Millennium Development Goals against the money pumped into the financial crash – which was over 20 times more. Of course, that is assuming the Millennium Development Goal pledges are actually met, which would be an unlikely achievement. Health is deeply political and the gap between the rich and the poor is getting larger every day. In South Africa, for example, the poorest 45% of the population is now poorer than during the apartheid era.

A unique perspective offered during the seminar is that global health development doesn't depend on altruism, but simply long term self interest. The majority of the world's population lives on less than three dollars a day. One of the reasons poverty is immensely important to health is that it has led to the emergence and spread of several new diseases, as well as multi-drug resistant organisms. Decades ago there were aspirations to eradicate tuberculosis. It now appears that a time will come where we won't have any effective drugs to treat resistant TB. Widespread HIV resistance is around the corner in the developing world, where first line ARVs have yet to reach their full potential. We should be looking upstream to find solutions to prevent this because as Dr. Benatar put it, it's more likely that microbes will kill us than weapons of mass destruction will.

These practices have led to economic slavery ... "Liberty for wolves is death to the lambs."

Health has become commercialized to a point where most people from affluent countries feel entitled to any medical intervention given that they have the money to pay for it. Realistically it is not sustainable and this has only been achieved by extracting resources from someone who has yet to reach a minimum level of access. Ontario is struggling as it is to have enough health care professionals to care for its population. Now recall the criticism Shoppers Drug Mart has recently received for aggressively recruiting pharmacists from South Africa. Our own health system has become dependent on extracting health care workers from developing countries, leaving those countries in dire circumstances where they cannot provide medical access, particularly to marginalized populations.

We tend to think we can ensure decent lives through fulfilling terms such as the right to freedom, health and democracy, but these terms have become sloganized and are poorly defined in practical terms. Is there no such thing as economical rights that we should also concern ourselves with? Corporations are granted more rights than people and evade taxation in magnitude of $100 million annually. Revisiting the problems in global structures, coffee beans bought in Africa are sold for 50 times more in North America and Europe. National debts are so immense in certain developing countries that any financial growth goes toward paying interest, not decreasing their debt. Behind the façade, these practices have led to economic slavery. Banks have imposed conditions that typically impede the growth of developing countries and result in discounts for countries like

Canada. "Liberty for wolves is death to the lambs."—Isaiah Berlin

Dr. Benatar also identified some weak points specific to Canada. He referenced a study showing a substantial gap between Canadian HIV related policy and practice. Furthermore, Canada's contributions towards development are only half of that requested by the UN; Canada extracts 50 times more value in resources from Africa than it contributes through aid. Dr. Benatar also made the argument that it wouldn't take a great deal of sacrifice for us, the wealthy, to dramatically improve the situation of the most underresourced demographics. To strive for equal lives is unrealistic, but we should strive to ensure decent lives for everyone.

Health is deeply political and the gap between the rich and the poor is getting larger every day.

The university has a responsibility to take the enthusiasm of students and build our capacity. As students, we need to be sensitized to broader issues in order to cultivate solidarity and ensure the needs of the global poor are being met in a way that they can be afforded a decent, healthy life. Provoking global health discussions can be achieved by students especially with the support of faculty. We can go to war with words from our university campuses and be a catalyst for change. As we have seen with environmental change, a complacent society will ignore an issue until they realize their personal risk. And profits only act to deepen the inertia. To some extent, the same has been true for global health and poverty, but the question remains: What will move us to action and when will we gain the foresight to make it our problem? M

Getting That Pharmacy P

By: Joanna Yeung, UPS Vice-President

Remember back in high school when there would be a multitude of awards given out for all the fun, non-academic aspects of school? We are no exception here at the glorified high school known as the Faculty of Pharmacy where we reward the efforts and participation of students outside of the classroom through the UPS Points System!

As outlined below, points are awarded through participation in various athletic, social, and professional development activities and accumulated throughout your years at the Faculty. The UPS Secretary tabulates the points as the year progresses and students meeting the point requirements receive the coveted awards at the annual UPS Awards Night held near the end of each year.

With such a spirited faculty, it is important to recognize all forms of achievements. As cool as they are though, getting that "P" or plaque should not be the only incentive to get involved outside of the classroom. Our school years here are limited so take every opportunity to learn new hobbies, challenge yourself, and just enjoy school life.

Feel free to contact our UPS Secretary, Vanessa Cho (vymcho@gmail.com), for any specific questions regarding UPS Points (she'll be the one keeping track of them) or myself at joanna.wy.yeung@gmail.com.

Start accumulating and I'll see you at Awards Night! M

OPA Study Highlights the Value of Pharmacists

By: Taj Dhinsa, OPA Student Board Member

In the spring, the Ontario Pharmacists' Association commissioned an Economic Evaluation to measure the impact of an enhanced pharmacist scope of practice on the healthcare system. As it turns out, the numbers were very positive, and having pharmacists take on an expanded role is economically prudent, and can free up physician time to see more complex patients. The key findings of this study are summarized below:

Reduced Emergency Department Visits

- Expanding pharmacists' professional services would increase access for 350 000 of Ontario's 700 000 unattached patients; this is an equivalent of 1.3 million general practitioner visits each year

- Ontario GPs spend more than 1.3 million hours, the equivalent of 155 years assessing patients with minor ailments

- Estimated that 107 000 Emergency Department visits could be avoided in the first year alone

- Finding is meaningful for areas of the province where the local emergency department serves as the primary access point to health care

Cost Savings with Proposed Legislation

- A health, wellness and disease education program for patients with asthma, diabetes and hypertension would result in benefits of $13.6 million over 5 years

- Refill extension program saves system $46.1 million over 5 years

- Therapeutic modification program would provide savings of $3 million in the first year alone

The OPA is currently using this study in discussions with government in order to develop compensation plans for pharmacists that support these findings. If you want to learn more about the value of pharmacy study, visit www.opatoday.com.

By: William Khong, 1T2

U.T.S.U.'s Got You

Drop Fees for a Poverty-Free Ontario – A Pharmacy Perspective

By Rachel Whitty, UTSU Rep

This month, I'd like to share some information with all of you about something called the Campaign for a Poverty-Free Ontario and the November 5th Day of Action that will be taking place at Queen's Park, right across the street from our faculty! I hope that all of you choose to come out and help show the government that investing in social programs, including health care and education, is crucial to breaking the cycle of poverty we are facing in Ontario, especially during this economic recession.

POVERTY IN ONTARIO–FAST FACTS

• 1.3 million Ontarians are currently living in poverty. It is estimated that an additional 474,368 Ontarians will be driven into poverty in the next two years. (Ontario Association of Food Banks, 2009)

• 234 000 jobs were lost in Ontario between October 2009 and May 2009, resulting in the highest unemployment rate in fifteen years (Statistics Canada)

• Youth between the ages of 15 and 24 have been particularly vulnerable to the effects of the recession, losing 134 000 jobs since October 2008. (Statistics Canada 2009)

• 70% of all new listed jobs require some form of post-secondary education, making it a basic necessity for access to the labour market, yet skyrocketing tuition fees have left Ontario students owing over $1.7 billion in provincial public debt alone. (Statistics Canada, Ministry of Training, Colleges and Universities Estimates Committee)

THE CAMPAIGN FOR A POVERTY-FREE ONTARIO

The overall goal of the campaign is to call on the government of Ontario to invest in social programs (including health care, education, housing, and childcare), to help people break the cycle of poverty. It involves students, staff, and faculty from across the province, including your University of Toronto Students' Union, but it also involves labour unions, and various health care and social organizations.

THE DROP FEES CAMPAIGN – THE STUDENT PERSPECTIVE

Our students' union's campaign within the larger Poverty-Free Ontario campaign is called Drop Fees. Education has proven to be the best way for people to get out of poverty, and it's not hard to imagine why. If you have access to education, you can learn skills and become employable, get a job, earn money to pay for basic necessities like food and housing, and ultimately you will pay taxes, and give back to economy. Accessible education leads to employable citizens. And as mentioned above, 70% of all new listed jobs require some form of post-secondary education. It takes education to make money. But it takes money to get an education. Money is one of the major barriers to education, especially in Ontario, since our government funds post-secondary education less than all other provinces. Someone who wants to get an education in our province, but cannot because of funding, continues to live in poverty and may be unable to break out of that cycle. So what can we do about it?

ONTARIO HAS HIGHEST PHARMACY TUITION IN THE COUNTRY – BY A LONGSHOT!

So why is the Drop Fees campaign important to us as pharmacy students? Because our Ontario government funds us less than all the other provinces fund their pharmacy students. Check out the latest tuition fees for undergraduate pharmacy programs across the country*:

British Columbia - $7401

Alberta - under $4500

Saskatchewan – $4380-6840

Manitoba - $7336

Quebec – Montreal - $500/course, Laval – per course fees, max you can possibly pay is $1824.14 (!!! And Canadian non-Quebec students pay $3000!)

Nova Scotia – $9580

Newfoundland and Labrador – $2550

ONTARIO – Toronto - $11,567 - $11,904 (not including ancillary fees)

Waterloo - $22 000 (this is for a full year, which includes three terms – two terms would be about $14 700)

*All figures were taken from the websites of the universities offering accredited pharmacy programs in each province.

In the late 1980s, the University of Toronto used to receive 70% of its operating budget from the provincial government. The remaining 30% came from student tuition fees.

Now in 2009, the university only receives 45% of its funding from the province, 43% from student tuition, and 12% from corporate and private donations. (Are we still a public university if the majority of our funding comes from private sources?)

(figures from a Budget Presentation given at the University of Toronto Governing Council meeting on April 16, 2009)

THE DROP FEES CAMPAIGN IS ASKING FOR…

These are just a few of the highlights of the Drop Fees campaign. We're asking for:

• an end to differential fees for international students and students in professional programs (Did you know that in the early 1990s, there were NO differential tuition fees anywhere in Ontario? Whether you were studying history, pharmacy, psychology, or dentistry, and regardless of which country you came from, everyone paid the same tuition fees!)

• an end to the charging of interest on late tuition fees (Students who need more time to pay their fees should not have to pay more overall for their education.)

• a portion of every student loan to be

converted into a grant (Students should not be saddled with years of debt because they require assistance to pay for their education.)

• an increase in per-student funding above the national average (instead of below it, like we are right now!)

• dropped tuition fees and ancillary fees for ALL students

DOES PROTESTING EVEN WORK? PAST SUCCESSES

Campaigns like this one have had success in the past in our province, and across the country.

ONTARIO

Last year, 10,000 students across the province took part in the Drop Fees campaign Day of Action on November 5th. There were 7000 students at Queen's Park alone! The campaign resulted in commitment from the provincial NDP and PC parties to reduce tuition fees to 2004 levels and increase per student funding to the national average. We also got an extra $150 million in the provincial budget for universities. Although this is not nearly enough, it was progress, and we certainly hope to build on that progress this year.

NATIONAL LEVEL

This is the first year of a new national system of needs-based grants. This system came out of lobbying by the Canadian Federation of Students, of which U.T.S.U. is a member.

OTHER PROVINCES

Believe it or not, Newfoundland and Labrador actually eliminated interest on provincial loans as a result of student union lobbying! This province has the second lowest tuition in country, and their government's investment in post-secondary education is way above the national average. Their student unions asked the government for something they didn't even conceive was possible, and they achieved it. It's amazing what united students can do!

IT'S NOT JUST PROTESTING!

This week as I write this, the Canadian Federation of Students is meeting with MPs to discuss issues of education. These sorts of meetings happen between student unions and the government in Ontario as well. But it's when thousands of students give up their time to show the government how important these issues are to us that the government really starts to listen.

WHAT YOU CAN DO

Join us on Nov. 5th for the Day of Action! We'll be meeting other schools from the GTA outside Convocation Hall in the afternoon, and we'll be at Queen's Park from 4pm until 6pm. Stop by after class and help us show the government how important access to education and social programs are to us!

If you have any questions, please don't hesitate to ask me, e-mail me at rachel@utsu.ca, or e-mail Hadia Akhtar, the VP External of U.T.S.U. at vpexternal@utsu.ca. Special thanks to Adam Awad, VP University Affairs of U.T.S.U. for all his help in putting together this article!

PDW 2010...FEATURING KEYNOTE SPEAKER: DR. JAMES ORBINSKI

The excitement around PDW 2010 is rising to a boil as this conference comes in less than 3 months! January 13th, 2010 marks the first day of what promises to be one of the most highly anticipated PDW conferences in years! PDW 2010 boasts of an amazing diversity of speakers/events so with each Monograph issue leading up to PDW 2010, we will be featuring one speaker or event!

Did you know that Dr. James Orbinski……

…..Accepted the Nobel Peace Prize on behalf of MSF (Doctors Without Borders) in 1999?

…..Worked as a physician in Rwanda and witnessed first hand the atrocities of genocide?

…..Produced an award-winning documentary film "Triage" in 2007? (see below)

…..Co-founded Dignitas International, a medical humanitarian organization that increases access to life-saving treatments and preventions?

Full Registration for PDW 2010 is now SOLD OUT!!!

But don't despair, there may still be spots available for single day registration! Only a limited number of spots remain for Friday and Saturday Day Registration, so register ASAP to avoid disappointment! Don't delay, as your spot at PDW 2010 may be just a click away!

For more information about PDW 2010 and for the full schedule of events, please visit our website at: http://pdw2010.uoftpharmacy.com.

If you have any questions, please post on our FAQ site and we will get back to you ASAP!

The CAPSI Column

Hey Pharmacy!

School is back in full swing, and so is CAPSI! This month, we'd like to introduce the CAPSI Local council at U of T. Feel free to stop us when we're out and about at PB if you have questions about anything CAPSI related!

Meaghan Linseman (Senior CAPSI Rep)
Favourite CAPSI moment: Witnessing the organized chaos of last year's local compounding competition
Did you know?: I've been sky-diving in Australia

Anne Sylvestre (Junior CAPSI Rep)
Favourite CAPSI moment: CPhA Conference in Halifax-
Did you know?: My first language is French

Ruby Liang (1T0 Rep)
Favourite CAPSI moment: Going a little crazy buying raffle tickets during CAPSI charity week
Did you know?: I love riding roller coasters

Anne Wilbur (1T0 Rep)
Favourite CAPSI moment: Buying delicious desserts at the CAPSI bake sales
Did you know?: I have a cat named Brutus

Michelle Baker (1T1 Rep)
Favourite CAPSI moment: Attending PDW in Newfoundland
Did you know?: I hope to travel in Europe this summer

Mandy Hung (1T1 Rep)
Favourite CAPSI moment: Baking cupcakes at a friend's place for CAPSI charity week
Did you know?: I enjoy working with children & art so I volunteer at the AGO

Esther Lee (1T2 Rep)
Favourite CAPSI moment: free Apotex backpack last year (woo!)
Did you know?: I watched a triple bypass in the OR this summer

Sandra Wong (1T2 Rep)
Favourite CAPSI moment: Getting to know the other reps with the help of a toilet paper roll at the first CAPSI meeting!
Did you know?: I've gone rock climbing and snorkelling in Alaska.

Back row (left to right) - Monica, Sabrina, Sandra, Mandy, Anne W
Front row (left to right) - Kit, Ruby, Meaghan, Michelle, Ester
Absent - Anne S

Monica Chung (1T3 Rep)
Favourite CAPSI moment: Gaining insight on pharmacy issues at the Remote Dispensing Symposium
Did you know?: I make and shape my own oboe reeds, and I love orchestral music - especially the lush, romantic kind!

Sabrina Pietrobon (1T3 Rep)
Favourite CAPSI moment: Finding out I was chosen as the 1T3 CAPSI Rep!
Did you know?: I went on a 50 K bike ride through the mountains from Italy to Austria!

Kit Chan (IPSF Rep)
Favourite CAPSI moment: attending the Novopharm Leadership Seminar, especially the DELICIOUS dinner at Courtyard Mariott!
Favourite IPSF moment: hanging out with exchange students from all over the world during the summer!
Did you know?: I fired a rifle when I was 14, legally!

What has CAPSI been up to lately?

- Summer discounted textbook sale
- FREE Novopharm CAPSI water bottles for 1T3 class
- FREE CAPSI agendas
- Novopharm Leadership seminar for students on UPS, CAPSI, & PDW planning committee
- Fall Symposium (a panel on Remote dispensing with representatives from the OCP, the OPA, and PharmaTrust)
- Over-the-Counter Competition
- Guy Genest Passion for Pharmacy Award
- PDW promotion
- Distribution of COMPRIS interview guides
- CAPSI Birthday cupcakes in 1T2 and 1T1 classes

What's coming up?

- Student Literary Competition
- Patient Interview Competition
- Compounding Competition

YOUR VOICE:
THE ONTARIO PHARMACISTS' ASSOCIATION

By: Taj Dhinsa (OPA Student Board Member), 1T1

WHAT IS THE OPA?

Besides giving you swanky new lab coats in first year, the Ontario Pharmacists' Association is a provincial professional organization and advocacy body that advocates for the profession of pharmacy in Ontario. It represents more than 11 000 pharmacists who practice in community retail stores, family health teams, long term care facilities, hospital clinical settings, education, business and government.

A lot of students don't understand the difference between the Ontario College of Pharmacists (OCP) and OPA. The chart below outlines the differences:

Ontario Pharmacists' Association (OPA)
• Voluntary membership
• Addresses issues of provincial concern
• Advocacy work with provincial government, third party payors, patient groups and others
• Coordinates with the CPhA on national issues

Ontario College of Pharmacists (OCP)
• Mandatory membership
• Pharmacy regulatory body
• Responsible for licensure, registration and accreditation
• Serves and protects PUBLIC INTEREST
• Sets the standards of practice

This is an exciting time to be a pharmacy student. With a wide range of issues affecting our profession now more than ever is the time to join YOUR advocacy body. It is time for pharmacists and pharmacy students to present as a united front to overcome the challenges and embrace the opportunities facing our profession. The OPA needs your support to move the profession forward.

WHY YOU SHOULD JOIN THE OPA:

- To support your professional association
- To help influence and shape the future of your profession
- To make your voice heard (participate in district meetings)
- To stay informed about current and emerging issues that affect the practice and profession (e-blasts, quarterly magazine)
- To enjoy benefits available only to members (discounts on Goodlife, car rentals and much much more!)
- To network and meet with leaders of the profession! It looks great on your CV as well!

For more information on how to become a student member contact OPA's Membership Coordinator, Wendy Furtenbacher at: wfurtenbacher@opatoday.com

The 'F' Word

By: Anna Huisman, 1T0

'Everything is learned, everything can be unlearned and you can learn new things'

In this edition of the 'F' Word, as a salute to Zubin Austin and the PHM 428 course, I am dedicating this article to psychology, the behavioural model of change, how this applies to weight loss or a change in lifestyle and how I have used it to accomplish these things.

I am sure many 1T0's sat through the behaviouralism lecture thinking 'ok that sounds cool but I don't think I would ever use this or care about this after the exam.' Then there may have been people like me, who sat there and realized everything they have ever done to lose weight, to quit smoking or to make some other change in their life was based on this model. They may or may not have known they were using this model.

Behaviour Modification Therapy - 'F' Word Style:

1) Identify a target behaviour: not exercising
2) Describe environmental conditions: lack of time because I am involved in too many things, commuting 2 hours everyday, homework, exams, assignments, football, PS3, Wii… I could go on but I think you get the picture.
3) Map out antecedents that predict behaviour: tired after long day of class/studying and I have no energy.
4) Map out consequents that positively reinforce behaviour: who wouldn't choose curling up on the couch with their dog and watching the Green Bay Packers over sweating their tail off at the gym?
5) Develop substitute positive reinforcers (substitute to get the same psychological benefit and reward that): Swimming and working out with a friend. I used to love to swim and when I hit the pool again after many years away from it, I found that pleasure again and was able to harness it to keep swimming. Working out with a friend was great because we worked out and then chatted about our boyfriends and life in general. So instead of curling up on the couch with the dog, to reference Maslow, I meet a social need by hanging out with a friend.
6) Implement environmental changes to sustain behavioural changes: this is probably the hardest thing to do. I try to schedule times to workout alone or with a friend and generally just push myself to workout.

As an update, other progress made this past month include: a 4lbs weight loss, training for the CN Tower climb (all those stairs …), and I have starting running on the treadmill!

ATHLETICS

TUG-OF-WAR AND ATHLETIC CHALLENGE

After being delayed multiple times, the annual Tug-of-War was FINALLY able to happen on a cool, October, Friday afternoon. Both the 1T2s and 1T3s had large numbers to start the event with the 1T1s and 1T0s struggling to find enough to compete against the young keeners. The round robin saw the 1T2s winning all of their heats which wasn't surprising but the 1T1s were able to win 2 out of 3 and make it to the final for the 3rd straight year due to a strong showing in the final few heats. Though the 1T1s have never won the Tug-of-War before, their past experience in the finals allowed them to beat the 1T2s in probably the strangest finish to a Pharmacy Tug-of-War that has ever occurred. After a long battle that went back and forth for several seconds, the rope TORE IN HALF! Obviously a $200 rope wasn't strong enough for the extremely tough 2nd and 3rd year students. The 1T1s were able to squeak away with a win because they were able to pull the majority of the rope over to their end based on where the rope tore. A tough break for the 1T2s (no pun intended)! Athletics would like to thank everyone for the great turnout this year, even after the delays due to weather. We hope to see you soon for our next Athletic Challenge. More to come and we'll keep you posted!

An honourable mention to the dozen or so 1T0s who braved it out and made an impossible attempt to defend their title against the throngs of 1st, 2nd and 3rd year students.

With this, the Robax Platinum Athletic Challenge has begun, and here are the standings so far:

1T1 – 4

1T2 – 3

1T3 – 2

1T0 – 1

Paul Bazin
COED Athletic Director

CO-ED Athletics

The first month of intramurals is in the books and so far things are looking good in COED Pharmacy athletics. Softball, the first tournament of the year, had a great turnout with Pharmacy fielding two teams; but we couldn't quite pull through with the tournament win. However, in broomball we came out champs for the 4th consecutive broomball tournament after an exciting finals win in a shootout.

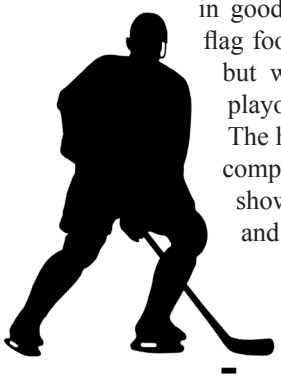
The inaugural COED Flag Football league is being dominated by our Pharmacy team who is running over the competition so far this season and starting out with a very strong 3-0 start. Continuing off a strong year last year, our Ultimate Frisbee team is also off to a quick 3-0 start and are looking to repeat as finalists again this year with hopefully a little better result. Both of our COED basketball teams are playing well and are in the running for the playoffs this semester. However, our volleyball teams are struggling right now but hopefully they can pick it up at and finish the remainder of the season strong.

Remember that athletics are selling our T-shirts so if you are interested in buying them or have questions about our athletics program please send us an email!

Paul Bazin
UPS COED Athletics Director

Male Athletics

Sports are now in full swing for our fall season and many of our mens teams are doing very well. Our soccer team has so far gone undefeated and looks to be in good position for the playoffs. Our flag football team is off to a slow start but we're still hoping to make the playoffs and defend our championship. The hockey team is enjoying the stiff competition in Division 1 this year, showing a 1-0-1 shuting out Trinity and tieing Meds.



This year we have 3 mens Basketball teams. All are doing well but the Div 4 team could use more players. Unfortunantly we were unable to get a volleyball team, but hopefully we will next semester. So guys, let's keep up the good work and we will hopefully come out with a few more championships this semester.

Brandon Thomas
UPS Male Athletics Director

Female Athletics

Nerves were high as pharmacy women started their first football game in Div 1. But thanks to the stellar leadership of quarterback Linda Plong, the great hands of 1T2 receiver Sophie Adam, and phenomenal defensive play overall, the team was successful in its first game beating Victoria College by a score of 19-0. So far our 1-2 record is keeping us in the running to make playoffs.

Pharmacy women's first weekend soccer game in Division 2 had eight hardworking women show up and although playing short and losing the game 4-0, the team played very well. A full squad showed up and ran hard for our second game against PT/OT; unfortunately the result was similar with a 3-0 loss. Our defense has been led by returning players Giana, Linda, and Michelle. The offense has been progressively getting more shots and is hoping to create an even stronger presence in Div 2 than shown by our 1-3 record.

The basketball team has been gaining momentum and offensive scoring with each week. Although we haven't yet won a game, we are definitely having lots of fun and have been led by newcomers to the team - Shirley Lin and Monica Tsui. Additionally, the pharmacy/meds IP hockey team's record is 1-1. In our second game (a loss of 2-1) Jody Morris dug hard along the boards to create quality scoring chances for our team. Lindsay Ottaway also played conservative yet aggressive defense to shut down the other team's forwards.

In volleyball div 1, all three of our games have boiled down to playing a tie-breaking third set. Brittany Goodman (power) and Heather Bannerman (middle) have provided strong offense that has been the key to kicking us off with a winning start with a 2-1 record. Additionally, the Div 2 team has started with a 1-2 record and hope to improve upon that to secure a spot in playoffs.

All teams have been doing really well so far this year - the only thing that seems to threaten our winning is midterms! Athletes of the month are: Sophie Adam for September and Kayla Castonguay for October. Both are varsity figure skaters who hail from Sudbury:

- Sophie was a pivotal player in the football team's first win. Additionally, she has a strong presence on the field during soccer games and is a key to driving our offensive momentum. Sophie is also a leader with her sportsmanship and team play in addition to bringing out fans regularly!

- Kayla is a valued member of the hockey and volleyball teams. Her dedication is amazing considering our heavy work load and the fact that she is also a figure skater on U of T's varsity team! Congrats to our female athletes of the month and to all of our athletes.

FYI: Badminton Doubles tournament Friday, November 20 from 5-11PM. Also women's hockey clinics are Wed, Nov 18 and Dec 2 from 8-9PM. Contact me for more information at Lisa_m_l@yahoo.com.

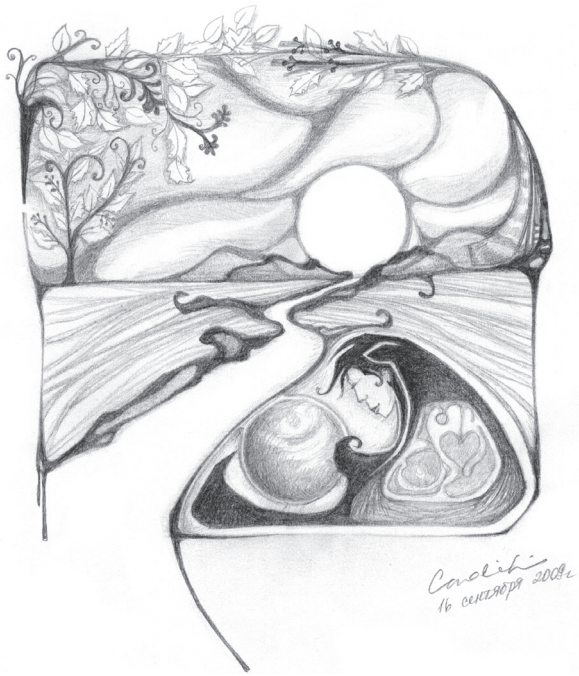
Lisa Levangie
UPS Female Athletics Director

ANECDOSE

BY M.E. SCHELL

Mask
Marva Zvenigorodskaya (1T0)

Batman
Abdullah Musa (1T3)



Earth
Mavra Zvenigorodskaya (1T0)

SHOUTOUTS!

Dear Kayla, Good luck this year's FNCC
PUMP IT! - compound like you've
xoxo S never compounded before!

Happy birthday to the [claw-meow-stare-"im gona kiss u"-woman] <3 - from mango

Many thanks to whoever found my keys on the 2nd floor and gave it to the front desk!! - Grateful Pharmie

I'd like to make a shout out to my TRIPOD (S.M.A all the way)!!! I'd be nothing without you guys :) <3

Happy Birthday Eve! Lots of love from all your friends!

to my psm:
pharmacy would not have been the same without you. thanks for all the memories and all the food.. and here's to MC which started it all back in the summer of '02.
love, your psm

Flight Above Mountains
Mavra Zvenigorodskaya (1T0)

for your amusement

A judge tells a condemned prisoner that he will be hanged at noon on one weekday in the following week but that the execution will be a surprise to the prisoner. He will not know the day of the hanging until the executioner knocks on his cell door at noon that day. Having reflected on his sentence, the prisoner draws the conclusion that he will escape from the hanging. His reasoning is in several parts. He begins by concluding that the "surprise hanging" can't be on a Friday, as if he hasn't been hanged by Thursday, there is only one day left - and so it won't be a surprise if he's hanged on a Friday. Since the judge's sentence stipulated that the hanging would be a surprise to him, he concludes it cannot occur on Friday. He then reasons that the surprise hanging cannot be on Thursday either, because Friday as already been eliminated and if he hasn't been hanged by Wednesday night, the hanging must occur on Thursday, making a Thursday hanging not a surprise either. By similar reasoning he concludes that the hanging can also not occur on Wednesday, Tuesday or Monday. Joyfully he retires to his cell confident that the hanging will not occur at all. The next week, the executioner knocks on the prisoner's door at noon on Wednesday — which, despite all the above, will still be an utter surprise to him. Everything the judge said has come true.

--- Unexpected hanging paradox

M.E. Schell (1T1)

An Afternoon at the Coffeehouse
Timothy Luk (1T1)

Pharmasave / far-ma-say-v /

Noun
1: a vibrant group of independently owned community pharmacies across Canada
2: the best of both worlds; an opportunity to be your own boss but never on your own

Pharmasave is unique. Ever since we began operating in 1981, we have subscribed to "member governed" philosophy. This means our Board of Directors are elected from Pharmasave owners so their decisions truly represent the member needs. At the same time, each Pharmasave store still operates independently to serve its individual community.

At its core, this means Pharmasave offers its pharmacy owners the best of two worlds. They have the freedom to run their own pharmacy while being able to take advantage of Pharmasave's proven products and services, such as leading edge professional programs, operations, marketing and merchandising support.

Pharmasave's National and Region offices do not retain any revenue and as such maximizes profitability for each pharmacy.

If you want to start your career in a progressive, independently owned practice, come join our Pharmasave team!

For more information go to
www.pharmasave.com
or email us at **info@on.pharmasave.ca**

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CALENDAR

Nov 5th	Drop Fees Day of Action
6	Job Fair
9	CAPSI Compounding Competition
12	PIC Competition
13	OPA Lunch & Learn
16	Charity Week Begins
17	HBC Pharmacy Experience Career Fair
20	Semi Formal UPS Prof Auction
27	Canadian Forces Presentation
30	Last day of class for 1T0s

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#2122343351 Moderate (111 points)