

GROUPE DE SOUTIEN DU CANCER DE LA RÉGION DES LAURENTIDES LAURENTIAN REGION CANCER SUPPORT GROUP

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DECEMBER 2005 NEWSLETTER

A WORD FROM THE PRESIDENT

OUR MISSION

Our mission is to offer support services to English-speaking cancer patients and their families in the Laurentian Region from Lachute to Mont-Tremblant, including St-Jerome.

OUR OBJECTIVE

Our objective is to provide a warm and welcoming meeting place where cancer patients and their families have the opportunity of exchanging and sharing their experiences with other patients.

They are able to obtain written information and meet with the guest speaker of the evening and other cancer patients. Time is allocated so that patients are able to speak if they wish to do so.

Our meetings are conducted in English.

We meet on the third Thursday of the month in the Hall of the Anglican Church St. Francis of the Birds, 94 St. Denis Street, St-Sauveur from 7:00pm to 9:30pm.

6:30pm - registration and orientation
of new members

7:00pm - Support Group meeting

Our Charity Number:
88387 3101 RR0001

Greetings friends, supporters and first time readers,

We are at the end of another year. Much has been accomplished. I would like to thank our volunteers and donators for their continued support and dedicated work.

We held eleven monthly public meetings in Saint-Sauveur. Seven guest speakers came to make interesting and informative presentations. In September, we hosted our third annual spaghetti Dinner to a capacity crowd of friendly and generous supporters which brought in \$5,505. Thank you very much to all who participated in this event.

Just a reminder that we are the only cancer support group operating north of Montreal. We offer support services to English speaking men and women who suffer from cancer in the Laurentian Region. Our monthly meetings are held in a comfortable and secure environment where patients and their families can exchange with the guest speakers and other cancer patients. A library table is set up with a number of books on cancer, hope and survival, facing death, grief and bereavement. All kinds of printed materials, CD's and audio tapes are also available.

We believe in Self-Help and Mutual Aid Initiatives. When an individual faces challenges, he or she can count on our members and volunteers for support. Our team is sincerely looking forward to helping you during an emotional period. Just give us a call, we will be there for you.

EMERGENCY

Police, Firefighters, Ambulance
For all municipalities 9-1-1

MEDICAL EMERGENCY

Centre de médecine familiale
75, avenue de la Gare
Bloc L-4, St-Sauveur, J0R 1R6
Tel : (450) 227-1864

CSSS des Sommets
(Hospital and CLSC's)
234, rue St-Vincent
Ste-Agathe, J8C 2B8
Tel: (819) 324-4000

Clinique médicale St-Sauveur
70, rue Principale
St-Sauveur, J0R 1R6
Tel : (450) 227-8436

Clinique médicale Ste-Adèle
1150, rue du Bourg-Joli
Ste-Adèle, J8B 1W8
Tel : (450) 229-6633

Hôpital Hôtel-Dieu de St-Jérôme
290, rue Montigny
St-Jérôme, J7Z 5T3
Tel : (450) 431-8400

Centre médical de St-Jovite
910, rue de l'Ecole
Saint-Jovite, J0T 2H0
Tel : (819) 425-2728

Clinique médicale 201
104, rue Ste-Agathe
Sainte-Agathe, J8C 2K3
Tel: (819) 326-2020

Clinique médicale Ste-Agathe
1070 rue Principale
Sainte-Agathe, J8C 1L6
Tel : (819) 326-2441

Argenteuil Health Center
(Hospital and CLSC)
145 ave de la Providence
Lachute, J8H 4C7
Tel: (450) 562-8581

Article taken from the booklet **Taking Time** published by the
Canadian Cancer Society

SHARING THE DIAGNOSIS

- Cancer can be unutterably lonely. No one should try to bear it alone.
- Patient, family and friends usually learn the diagnosis sooner or later. Most people find it easier for all if everybody can share their feelings instead of hiding them. This frees people to offer each other support.
- Patients usually agree that hiding the diagnosis from them denies them the right to make important choices about their life and their treatment.
- Families say patients who try to keep the diagnosis secret rob loved ones of the chance to express that love and to offer help and support.
- Family members and intimate friends also bear great emotional burdens and should be able to share them with each other and the patient.
- Even children should be told. They sense when something is amiss, and they imagine a situation worse than it really is.
- The patient might want to tell the children directly; or it may be easier to have a close friend or loving relative do so.
- The children's ages and emotional maturity should be a guide in deciding how much to tell. The goal is to let children express their feelings and ask questions about the cancer.
- By sharing the diagnosis, patient, family and friends build foundations of mutual understanding and trust.

One question many people ask after diagnosis is, "Should I tell?" Perhaps not. A family member could be too old, too young or too emotionally fragile to accept the diagnosis, but people are surprisingly resilient. Most find ways to deal with the reality of illness and the possibility of death – even when it involves those they love most. They find the strength to bounce back from situations that seem to cause unbearable grief.

The way in which people differ is in the speed with which they bounce back. The diagnosis of cancer hits most of us with a wave of shock, of fright, of denial. Each person needs a different amount of time to pull himself or herself together and to deal with the reality of cancer. You should remember that only you really know your emotional timetable. Think about sharing at a time when you are ready to do so.

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SHARING THE DIAGNOSIS (CONT'D)

OUR VOLUNTEERS

Angus, June	Advertising and Publicity
Burlton, Jo-Ann	Medical network co-ordinator
Collyer, Christopher	Public relations
Comer, Carol Ann	Head Volunteer
Christie, Robert	Community liaison
Dens, Huguette	Member at large
Faubert, Dr. Marc	Psychologist
Forget, Claude	Newsletter Editor
Hodge, Roseann	Events, activities
Keith-Forget, Betty	Communications
Labow, Mark	Member outreach
Leonard, Lori	Newsletter researchist
Mackay, Alex	Member outreach
Moffat, Keith	Development
Spanos, John	Hospitality
Taupier, Anais	Member outreach
Tétrault-Keeping, Mercedes	Member outreach
Walker, John	Equipment and sound system
Wood, Gloria	Library and documentation

SHOULD YOU TELL ?

Usually, family and close friends learn sooner or later that you have cancer. Most people with cancer have found the best choice is to share the diagnosis and to give those closest to them the opportunity to offer their support. They have found it easier, in the long run, to confide their fears and hopes rather than trying to hide them. Of course, you must use the words and timing that you find comfortable to tell family and friends that you have cancer.

If you have no family, it is especially true that the road appears less lonely when shared with a few close friends. You might lose one or two. Some people will find it too difficult to talk with you or to be around you, and they will slip away. On the other hand, you may discover hidden strengths and compassion in the least likely of companions.

A woman with cancer wrote, "As for whether or not people should keep their illness a secret, I think they will learn whom they can talk to. Some people make themselves scarce if cancer is mentioned. But, cancer patients soon learn who their trusted friends are."

Another person said, "I don't think a cancer patient should keep it to himself. If it isn't revealed, family and friends are robbed of the opportunity to share the feelings and anxieties that arise from having the disease. At most, life is very short for everyone. Since there are no guarantees, we should make the most of each day."

On a practical level, trying to hide the diagnosis is usually fruitless. As you move from hope to despair and back again, family and close friends will sense something is deeply troubling you, even before they learn the facts. When you feel ready, try to share your news with them.

As you ponder whether you can share the diagnosis of cancer with others, it might help to remember the following. In telling the people you love that you have cancer, you give them the opportunity to express their feelings, to voice their fears and hopes and to offer their hand in support. Then, each can give and take strength as they are able.

WEBSITE

Remember that you can get this newsletter from the Internet by clicking www.cpcn.org

THE CANADIAN CANCER INDEX

Number of Canadians diagnosed with some form of cancer each week: 2,800

Number of Canadians who have heard or will hear the dreaded "C-word" from a doctor some time this year: 145,500

Number of new lung cancer cases each week: 400

Number of Canadian men who receive prostate cancer diagnosis compared to lung cancer each year: 20,100 vs 11,900

Number of Canadian men who die prematurely from lung cancer yearly: 10,700

Number of Canadian men who die yearly from colorectal cancer, the second-leading cause of premature death: 4,500

Number of Canadian men who die yearly from prostate cancer, the no. 3 cancer leading to premature death: 4,200

Odds a Canadian man will develop lung cancer in his lifetime: one in 12

Odds a Canadian woman will develop lung cancer in her lifetime: one in 17

Total cost of cancer in Canada for 1998 (last figures available) \$14.2 billion

Of that total, the direct cost of health-care service: \$2.5 billion

Of the total, the indirect cost due to mortality and lost productivity: \$11.8 billion

Article published in the Montreal Gazette on Saturday, September 4th, 2004.

By Stan Shatenstein

FRIENDS

When I was undergoing chemotherapy, I lost my hair and was often very ill, but one of the most painful side effects to endure was the effect my treatment had on my friends. I watched them struggle to find the right words to say, and I hurt for them. There were times I believed that what I was going through was harder on the people who cared about me than it was on me.

I understood how they felt because I had once been the caregiver for a family member who had been seriously ill for more than a year. Watching someone you love suffer is a truly humbling experience. You want to be there for them, but you don't know what to say and the silences are so awkward. Do you talk about their illness or do you avoid the subject? Do you offer to help them with some physical need and run the risk of hurting them? You just feel all clumsy and tongue-tied when all you want to do is make everything better for them.

Some friends and family members of seriously ill people do the worst thing possible. They stop calling and coming around at all. The conversations and visits become so uncomfortable that they just can't do it anymore.

This is when you as the patient can help make it easier for those who care about you. Tell them what you need and what you want. If there is a CD or tape you'd like to have? Ask them to get it for you. Maybe a tabletop waterfall would add a tranquil atmosphere to your room. Ask for one.

Maybe you're craving hot bread or scrambled eggs or some other dish. Ask for it. Wish someone would give your family a night out? Ask friends to treat your spouse and children to pizza and a movie. Has your room gotten stuffy? Tell a friend you could use some help changing the linens and airing out the room.

Remember that when a friend asks what she can do to help, she really wants to know. Telling her what you need and want sets up a win-win situation for you both: you get what you need or want, and your friend feels like she is really helping you which is all she really wants.!

I have a wonderful friend who came to my rescue one night when my husband was out of town and I was alone. I was in pain and needed some medication if I was going to get through the night. I called my friend and told her I needed her.

She found an all-night pharmacy, brought me what I needed, and stayed beside me until I felt better. After I recovered, she told me how happy it had made her to be able to do something to help me during my illness.

HOW TO BEHAVE WITH THE ILL by Julia Darling

GROUP GUIDELINES

- . What is said in this room, stays in this room.
- . We want to maintain at all times an atmosphere of confidentiality, anonymity, mutual respect, discretion and security.
- . The English language must be used by the speaker so that all in attendance will understand what is being said.
- . Every one is entitled to his/her opinion and each one of us has a right to speak when given the floor by the moderator.

SOME IDEAS

There is no charge to attend our public meetings.

You are invited to become members of our Support Group.

Visitors and their families are welcome.

We would be very grateful for any suggestions you might want to offer. This Support Group is really for you.

Our library table could do with more books about all types of cancers. Do you have any books that you would like to donate to us?

Approach us assertively, try not to cringe or sidle, it makes us fearful. Rather walk straight up and smile. Do not touch us unless invited, particularly don't squeeze upper arms, or try to hold our hands. Keep your head erect. Don't bend down, or lower your voice. Speak evenly. Don't say "How are you?" in an underlined voice. Don't say. "I heard that you are very ill." This makes the poorly paranoid. Be direct, say "How's your cancer?" Try not to say how well we look, compared to when we met in Safeway's. Please don't cry, or get emotional, and say how dreadful it all is. Also (and this is hard I know) try not to ignore the ill, or to scurry past, muttering about a bus, the bank. Remember that this day might be your last and that it is a miracle that any of us stands up, breathes, behaves at all.

CHEMOTHERAPY by Julia Darling

I did not imagine being bald at forty four. I didn't have a plan. Perhaps a scar or two from growing old, hot flushes. I'd sit fluttering a fan.

But I am bald, and hardly ever walk by day. I'm the invalid of these rooms, stirring soups, awake in the half dark, not answering the phone when it rings.

I never thought that life could get this small, that I would care so much about a cup, the taste of tea, the texture of a shawl, and whether or not I should get up.

I am not unhappy. I have learnt to drift And sip. The smallest things are gifts.

A MOMENT OF COMMITMENT

“We gather here in fellowship, thankful for our blessings while recognizing the needs of others.

We are grateful for the opportunity to share our thoughts with friends, as we reach out, with love and compassion to those who need our help.

Let us resolve to do our best to support and sustain each other, to the best of our ability, as we focus on a common goal – the eradication of cancer”.

HOPE

In the presence of a life-threatening or terminal illness, the situation may often be referred to as being “hopeless.” In fact, there is room for hope, even when death is a certainty. While the illness may have gone beyond the curative capabilities of modern medicine, there can still be hope for the person who is ill to live out the remainder of life without pain or discomfort, to live long enough to see a grandchild born, or to have time to say important words to those whom they love. There can obviously be hope in connection with one’s religious or philosophical convictions, as well, regarding salvation, an after-life, or other consequences of death.

No matter what its focus, hope is grounded in reality and about faith or trust in the meaning and goodness of life. By maintaining some level of hope, coping with anticipatory grief can be easier.

VOLUNTEERS NEEDED

Our Support Group covers five counties in the Laurentians. A large piece of territory to travel to reach English-speaking cancer patients and their families. In order to be able to contact as many patients as possible either in person, by telephone or in writing, **we need more volunteers.**

Each and every municipality in the territory should have a representative in our organization. If you are not a volunteer with us, have you or is one of your relatives considering getting involved in this very rewarding work. No financial rewards but immense satisfaction in knowing that you are helping someone. Think about it.

HOPE AND COURAGE



One of the flyers of the Canadian Prostate Cancer Network reads in parts: **“the key to surviving cancer is detecting it in its earliest stages”**. Patients over the age of 45 should insist their doctor check for signs of cancer during their annual check-up. Every year: see your doctor, get the tests, and save your life.

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Donations are accepted from anyone who wishes to contribute to our mission. Projects are left undone for lack of funds. Official income tax receipts will be issued in due time. Thank you for your support.

Best wishes for the Holiday Season



I want to wish our members and supporters a Merry Christmas or Happy Seasonal Celebration and for all, a very Happy and Healthy New Year.

Claude Forget
Newsletter Editor

BOARD OF DIRECTORS

Claude Forget – President

Carol A. Comer – Vice President and
Head Volunteer

Betty M. Keith-Forget – Treasurer

Chris Collyer – Director Public relations

Dr. Marc Faubert – Director Clinical
affairs

Keith Moffat – Director Development

COMING EVENTS

Dec 15th, 2005 - Christmas Party

Jan 19th, 2006 - No meeting

Feb 16th, 2006 - Mrs. Caroline Clayes, CSSS des Sommets
Access to Health and Social Services
for the English speaking population

Mar 16th, 2006 - Support Groups (no guest speaker)