



# HEALTH CORNER



## Dead and Gone... Who Actually Makes the Decisions?

By Gary Payne, MBA  
Founder of Funeral Cost Ontario

After someone dies, there is a moment that families rarely talk about. It doesn't happen during the first phone call. It doesn't happen when the paperwork begins. It usually happens quietly, around a kitchen table. Someone asks, "So... what would he have wanted?"

If I were gone, I would hope my family would not feel pressure in that moment. But I know how easily it can happen.

Funeral decisions sound practical from the outside. Burial or cremation. Service or no service. Where. When. How.

But underneath those choices is something more complicated. Who gets to decide?

Many people assume there is a clear answer. Sometimes there is. If someone left written instructions, or prepaid arrangements, that simplifies things. Often, though, there are only conversations half remembered. "I think he said he didn't want a big fuss." "Didn't she once mention cremation?"

"I'm not sure. We never really talked about it." Grief has a way of amplifying uncertainty. If I were gone, I would want my family to know this: there is rarely a perfect answer. In Ontario, the legal authority to make funeral arrangements usually follows a next-of-kin order. A spouse. An adult child. A parent. But legal authority and emotional authority are not always the same thing.

Sometimes the person with the legal right to decide feels overwhelmed. Sometimes siblings disagree. Sometimes one family member wants something traditional, while another wants something simple.

Those disagreements are rarely about money. They are about love. About memory. About what feels respectful. I have spoken with families who later told me the hardest part was not the paperwork or the cost. It was trying to interpret what someone would have wanted without being completely sure. If I could leave my family one instruction, it would not be about burial or cremation. It would be this: Talk to each other gently. No single decision defines a life.

A modest service does not mean less love. A simple cremation does not mean less honour. A traditional burial does not mean someone was pressured. What matters most is that the people left behind feel united, not divided.

Sometimes that means compromise. Sometimes it means one person stepping back and saying, "What feels right to you?" There is another quiet truth most families discover. Even when someone leaves detailed instructions, the living still carry the emotional weight.

You can follow a plan perfectly and still feel unsure. That is normal. If I were gone, what I would want most is not a particular type of arrangement.

I would want my family to feel steady with one another. I would want them to choose something that reflects our values - without feeling judged by anyone else's expectations. Funeral decisions are not about creating something impressive. They are about creating something honest.

Next week, I will write about something families rarely discuss ahead of time, but often struggle with afterward: how long grief lingers once the service is over - and why that part can be harder than the arrangements themselves.



## Statins, Side Effects, and the Silence About Choice

Common Sense Health – Diana Gifford-Jones

There's a common organizational saying: structure drives behaviour. In institutional theory, it's called path dependence. Once a structure or pattern is established, it becomes self-reinforcing. This is a problem in medicine. Researchers and specialists become deeply immersed in their own areas of expertise. They network within tight knowledge clusters. They protect their territory. And when they train recruits, they filter out possible solutions to problems before deliberation even begins.

This is the story – or an important part of a complex story – of the commitment by so many experts to statins in the treatment of heart disease.

A large meta-analysis recently published in The Lancet and reported in the British Medical Journal concludes that most of the side effects listed in statin leaflets – memory loss, depression, fatigue, sleep disturbance, erectile dysfunction – occur no more often in those taking the drug than in those taking a placebo. Regulators are now considering changes to product labels. Experts speak of "powerful reassurance." We are told confusion has gone on long enough. But here's the question: reassurance for whom?

I am not lambasting the research. Randomized trials involving more than 120,000 participants deserve respect. If the data show that many feared side effects are less common than thought, then provide consumers with that information.

What I object to is the triumphal tone and the relentless march toward medicating ever larger swaths of the population without an equally forceful message about personal responsibility and informed choice – choice that includes information on treatment options that go beyond pharmaceutical drugs.

Seven to eight million adults in the UK already take statins. If guidelines are followed to the letter, that number could climb to 15 million.

And what is the public message?

Not: "Let's first talk about your waistline, your diet, your blood pressure, your exercise habits, your smoking."

Not: "Let's see what happens if you walk briskly for 30 minutes a day."

Not: "There are safe, effective, natural alternatives to the drugs."

Instead, it is: "Don't worry. The pills are safer than you think."

That is not prevention. It's pharmacological management.

Doctors complain that "negative publicity" has led patients to refuse statins or stop taking them. They suggest that switching between different statins reinforces "misinformation." But perhaps patients are not irrational. Perhaps they are wary. And in today's pharmaceutical marketplace, where billions are at stake, wariness is not a character flaw.

When a study funded by a major heart foundation reassures us that side effects are minimal and uptake should increase, skepticism is healthy. Not cynical. Healthy.

Yes, cardiovascular disease is a leading killer. Yes, lowering LDL cholesterol reduces risk. But medicine has drifted from treating disease to treating risk scores. The new threshold recommends considering statins for people with less than a 10% ten-year risk of cardiovascular disease. Think about that. We are medicating people who are, statistically speaking, unlikely to have an event in the first place.

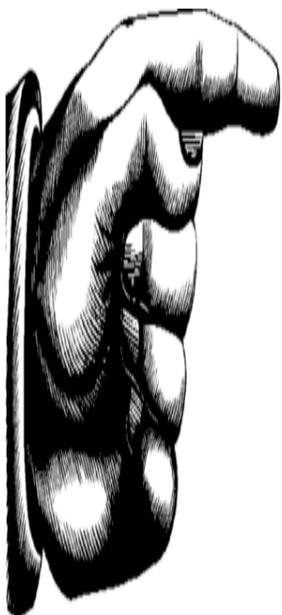
And what do we tell them about the other levers they can pull?

Lifestyle changes can reduce cardiovascular risk by 30%, 40%, sometimes more. Weight loss lowers blood pressure and improves blood sugar. Exercise raises HDL cholesterol and reduces inflammation. A Mediterranean-style diet lowers cardiovascular events.

But lifestyle medicine takes time. It requires conversation, follow-up, and motivation. A prescription takes 30 seconds.

The pharmaceutical industry thrives on expanding definitions of risk and broadening treatment thresholds. That is the business model. But physicians are not supposed to be extensions of that model. They are supposed to be educators and advocates.

When the dominant message is "don't worry, just take the pill," they fail in that role.



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