



Dead and Gone...

How Do You Even Start That Conversation?

By Gary Payne, MBA
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There is a conversation many families think about having. And then don't. Not because it isn't important. But because it feels uncomfortable to begin.

If I were gone, I would not want my family to carry the weight of guessing what I would have wanted. And yet, I understand why these conversations get delayed. They rarely start easily. No one sits down at the dinner table and casually says, "Let's talk about what happens when I die." It feels heavy. It can feel out of place.

Sometimes it feels like saying it out loud might somehow make it happen sooner. So people wait. And often, they wait until it is no longer possible to ask. I have spoken with many families who told me the same thing afterward. "We meant to talk about it." "We just never found the right time." If I could leave my family one small piece of guidance, it would be this: There is no perfect moment to start this conversation.

There is only a gentle way to begin it. It doesn't have to be formal. It doesn't have to be detailed. And it doesn't have to be finished in one sitting. Sometimes it starts with something small.

A comment after attending a service. "I liked how simple that was." Or, "That felt a bit overwhelming." Those moments open the door without forcing it. They allow people to speak in a way that feels natural, not planned. If I were sitting with my family, I would not want it to feel like a checklist. I would want it to feel like a conversation. Not "Here is everything I expect."

But "Here are a few things that matter to me." Because most people are not looking to control every detail. They are trying to remove uncertainty. There is a difference. I would want my family to know a few simple things.

Whether I would prefer burial or cremation. Whether I would want something quiet or something that brings people together. Whether there is anything that would feel important to include - or just as important, to leave out. That's enough to guide them. The rest, I would trust them with.

There is another part of this that people do not always expect. These conversations are not only about logistics. They are about reassurance. I have seen families feel a sense of calm simply knowing they had talked about it. Not because every detail was decided. But because nothing felt completely unknown.

If I were gone, I would want my family to feel that steadiness. Not perfection. Just a little more clarity than silence would have left behind. I would also want them to know this. It is okay if the conversation feels a bit awkward. It is okay if someone changes the subject the first time. It is okay if it takes a few attempts before it feels natural. That doesn't mean it shouldn't happen. It just means it's human.

Sometimes the hardest part is not the conversation itself. It's starting it. If I could offer one way to begin, it would be this: Make it about helping each other. Not about death. Something as simple as, "I've been thinking about this lately - I don't want you to have to guess if something ever happened to me." That changes the tone. It becomes an act of care, not discomfort. And that's what it really is. Because at its core, this conversation is not about endings. It's about making things a little easier for the people we leave behind. If I were gone, that is what I would want most. Not a perfect plan. Not every decision made. Just enough understanding that my family would not feel alone in figuring it out.

Next week, I will write about something that often follows these conversations, or sometimes replaces them entirely: what happens when nothing has been discussed at all, and families are left to make decisions without any guidance.



Does Your Doctor Care?

Common Sense Health – Diana Gifford-Jones

If doctors depended like actors do on an ability to connect with their audience, the medical profession would get better reviews. But most patients will tell you the same thing about their doctor: they don't make that connection at a human level. They are elusive – virtually impossible to reach for a discussion. When they appear at appointments, they pay more attention to the computer screen in the examining room than they do you, the patient, the person needing their care. Patients have been complaining about it for decades.

In 1989, a major survey reported patients often felt "dehumanized," and that doctors cared more about tests and procedures than about the person in front of them. Even earlier, in the 1960s, social researchers noted that patients described physicians as "curt" and "abrupt," mechanical and impersonal. Studies ever since have confirmed that dissatisfaction with doctors is due to their lack of communication skills.

Medical schools have tried to address this. Teaching interpersonal skills is now part of the curriculum. Students rehearse interviews, practice explaining diagnoses, and even role-play with actors posing as patients. Research shows that effective communication improves diagnostic accuracy, increases adherence to treatment plans, and enhances patient satisfaction. Yet many patients would be forgiven for wondering where those lessons went. Heavy workloads, computer screens between doctor and patient, and complex medical teams continue to create barriers. Medicine may be teaching communication better than ever, but the system often makes it hard for the patient to see the doctor doing it.

Many patients assume they have no choice. "I'm lucky just to have a doctor," they tell themselves. "There's no way I could find another one." This is a false narrative. Doctor shortages and the complexity of healthcare have people believing they must accept poor communication. You would not tolerate being ignored or dismissed in other parts of your life. Why accept it in medicine?

Patients do have power. Does your doctor ask about your life, listen without interrupting, and explain clearly? If the answer is consistently "no," action is warranted. Even if you stay with the same doctor, your preparation can transform a visit. Write down your list of concerns and what you think the doctor needs to know as background. Prioritize your questions and have them written down too. Ask for clarification. Ask if you have options. Be sure you understand instructions relating to medication.

Communication matters immensely in consultations, where diagnoses are discussed, treatment plans explained, and long-term decisions made. But surgery is different. In the operating room, technical skills are what matter. A brusque surgeon may still be an exceptional technician. Reputation among colleagues, experience, and complication rates are more revealing than personality. Multiple opinions, careful questions about outcomes, and input from nurses or other professionals are the smartest safeguards.

Walking out on a doctor may be right for some patients. But a practical alternative is a health advocate: a trusted companion who attends appointments with you. They can ensure questions are asked, take notes, track instructions, clarify confusing explanations, and follow up on tests or referrals. They act as an extra set of eyes and ears, guiding patients through complex care.

There's also the possibility that new artificial-intelligence tools capable of notetaking, translating medical jargon into plain language, and helping patients with treatment routines will take up the role of chief communicator. If managed wisely, these tools could make a big difference. But the relationship we all want still rests with two human beings: a doctor who cares and a patient who feels well cared for.

A Plan to Protect Ontario 2026

TORONTO — The Minister of Finance Peter Bethlenfalvy released the 2026 Ontario Budget: A Plan to Protect Ontario. In the midst of tariffs and economic uncertainty, the government continues to deliver on its plan to protect Ontario by building the most competitive, resilient and self-reliant economy in the G7, including through significant tax relief contained in the next phase of Ontario's Tax Action Plan. The 2026 Budget furthers the government's plan to attract jobs and investment, lower costs for workers and businesses, keep life affordable for families and individuals and make targeted investments in key public services that support the province's long-term prosperity. "Ontario is navigating economic challenges with a pragmatic and prudent fiscal plan," said Minister Bethlenfalvy. "To help the province navigate these times and come out stronger, we are investing in strategic priorities such as energy, critical minerals, key infrastructure and critical technologies that will make our

economy stronger, while cutting red tape and creating the conditions for businesses to grow, supporting workers and strengthening Ontario's economy." Despite challenging global economic circumstances, Ontario's 2026 Budget reflects the benefits of the province's resilience and prudent fiscal management to date. While other provinces and the federal government have made significant funding cuts, reductions in the size of the civil service or increased taxes, Ontario's 2026 Budget continues to increase funding for key priorities like infrastructure, health care and education, while providing substantial tax relief to make life more affordable for Ontario families, increase competitiveness and spur investment and job creation in the province. The government's approach maintains a path to balance as part of its fiscal plan. The 2026 Budget continues to take a prudent and financially responsible approach through sustained investments in key

public services, while maintaining the fiscal flexibility needed to respond to changing conditions and support for the people of Ontario. **Highlights include:** Delivering on the province's Tax Action Plan to make Ontario the most competitive jurisdiction in the G7 and lower costs by: Providing further relief for home buyers by removing the full 13 per cent of the Harmonized Sales Tax (HST) for all eligible buyers of new homes valued up to \$1 million for a maximum rebate of \$130,000 in relief to an eligible buyer and the amount would be maintained for new homes valued up to \$1.5 million. The federal government has agreed to cost-share with Ontario in support of provincial housing initiatives, subject to passage of federal legislation, which would approximately cover the federal five per cent portion for the HST that is being removed from new homes in Ontario. This partnership would provide almost \$2.2 billion in total joint tax relief for housing in

Ontario. Ensuring Ontario's small businesses continue to stay competitive and resilient by proposing to cut the small business corporate income tax (CIT) rate from 3.2 per cent to 2.2 per cent effective July 1, 2026. By cutting the rate by more than 30 per cent, over 375,000 Ontario small businesses would benefit from an additional \$1.1 billion in CIT relief over the next three years. Intending to lower the cost of capital investments by allowing businesses to accelerate the income tax deduction for the cost of depreciable assets, in parallel with changes announced by the federal government. These changes would lower the cost for investment in a broad range of assets and would take effect following the passage of federal legislation. Establishing the Protect Ontario Account Investment Fund, in which the province will invest up to \$4 billion to attract investment from pension funds and other private capital to advance Ontario's

long-term economic and strategic priorities. Increasing funding for the Ontario Autism Program to nearly \$1 billion annually, which will enable more children and youth to access core clinical services while further strengthening sector capacity across the province. Expanding Ontario's four-year investment in the Primary Care Action Plan to \$3.4 billion from 2025 to 2029, furthering the province's plan to connect everyone in Ontario to a family doctor or primary care provider. Initiatives through the Primary Care Action Plan will close the gap for the remaining people of Ontario who want to connect to primary care, achieving the goal of connecting every person in Ontario to primary care. Investing in the most ambitious provincial capital plan in Canadian history, with planned investments over 10 years totalling more than \$210 billion, including \$37 billion in 2026-27. This includes building highways, hospitals, transit and community infrastructure to keep workers on the

job, strengthen Ontario's economy and ensure communities thrive for generations to come. Providing an additional \$300 million over six years through the Community Sport and Recreation Infrastructure Fund, to help meet the needs of growing communities by supporting the repair, upgrade or construction of new sport and recreation facilities across the province. Ontario's investments through the program now total \$500 million. Improving student achievement and preparing students for the future by investing \$66 million per school year to create the Classroom Supplies Fund for elementary school homeroom teachers to receive a Classroom Supplies Card that provides access to \$750 annually to reduce out-of-pocket expenses. Saving daily transit users in the Greater Toronto and Hamilton Area (GTHA) up to \$1,600 per year, by extending the Ontario One Fare Program for an additional two years to continue keeping costs down for commuters.