



Dreamers...

By Wayne and Tamara



I moved in with my boyfriend five months ago. We've been friends for two years, but only started being romantic a few months before I moved in. We have the same values and want the same things: starting a co-op, starting a family, running a farm, and promoting a better economic system.

Big, big dreams! I've known him to be all the things I wanted in a partner—strong, supportive, and optimistic. But almost as soon as I moved in he started to fall apart. He's in university with straight

A's, but this term he's been sleeping in, missing class, and failing to concentrate on his homework. He says his intestines feel like razor blades when he tries to study.

He spends most of his time playing computer games. He misses buses, forgets to call people, and doesn't know what day it is. He says most days he wakes up not wanting to be alive. He is far from the optimistic, outgoing guy I've always known.

I told him I'm leaving because I don't want to be with a man who can't get his life together. He wants me to be patient because this isn't his normal state. The only reason I'm asking for advice is because my intuition tells me better days are coming and I need to see the big picture. Part of me says leave, because if he's this way now, how will he be when there are kids and a farm to run? The other part says wait it out and don't make a hasty decision. I don't know what to do. **Alesha**

Alesha, your boyfriend is playing video games instead of doing homework. He misses buses and can't remember the day of the week. That sounds like classic avoidance behavior. Avoidance behavior occurs when we have something we don't want to face up to. It's a defense mechanism and it can be totally unconscious.

The best thing he can do is get a physical exam to rule out physical causes, then see a therapist to get to the root of his malaise. But what is best for you?

You have a dream and you want to change the world. You would like to hold on to him because that's easier than finding someone else. But it doesn't look promising. If you want to link his behavior to anything, link it to moving in with him. That suggests he doesn't share your dream.

The status quo effect, not intuition, may explain why you want to stay. That term is used by psychologists to describe a common decision-making strategy. Faced with a choice, most of us look for reasons allowing us to do nothing while refusing to accept reasons which compel us to change. In Chekhov's short story "The Darling," a young woman puts on the identity of each man she is with. Married to a theatre owner, her life revolves around the theatre. After he dies she marries a timber merchant and becomes engrossed in the timber business. Again a widow, she shares the aspirations of her next man, a veterinarian.

Just as there are women who tell a man "your dream is my dream," so there are some men who do the same thing. But time reveals the truth. You don't need your own "darling." You need someone who shares your passion. As a goal-oriented person, your relationship may feel like a failure but it isn't. Dreams have to be tweaked to make them work. Seldom can they be realized in the exact form we imagined in our head. Working toward your dream, you will come in contact with others working toward the same dream.

Your boyfriend hopes things will get better by doing nothing. That's not a good strategy for either of you. Both of you need to take action, though action is apt to send you in opposite directions.

Wayne & Tamara

The Easiest Thing To Fix in A Struggling Healthcare System

Common Sense Health – Diana Gifford-Jones



The Easiest Thing to Fix in a Struggling Healthcare System
No country has it perfect. But a few give us envy. Switzerland combines universal health coverage with rapid access and strong patient choice. People are required to buy private insurance, but the system is tightly regulated, and wait times are generally far shorter than in Canada by comparison.

The Netherlands is another standout. It has universal coverage, strong primary care, and insurers compete within strict public rules. It ranks high for patient satisfaction and access. Germany is praised for its social insurance model – broad coverage, quick specialist access, and a large hospital network. Singapore is admired for efficiency and outcomes. It spends far less of GDP on health care than many Western countries while maintaining excellent results, though its system relies more heavily on personal savings and individual responsibility. Among Nordic countries, Denmark is praised for integration and digital health systems, while Sweden is respected for quality but can struggle with wait times.

Canada adheres to the principle of universal access. No one should go bankrupt because they got sick. But universal coverage is nothing to celebrate if you can't see a doctor. And Canadians are frustrated by access delays, and increasingly, by service quality too.

In the U.S., money talks. Those with means can get world-class care. For those without insurance, and there are many, it's a lot harder and the statistics tell a grim story. Regardless of where in the world, or socioeconomic status, no senior citizen should wait 14 hours in emergency with a fractured wrist. No individual with chest pain should sit in a hallway because there are no beds. No one should have to wait eight months to see a specialist, only to be told they need another referral because the original one expired while waiting.

We hear promises of "transformational reform" when parts of our systems breakdown. Yet patients continue to experience delay, frustration, and the sense that no one is in charge.

What's the one thing we could easily fix? That would be communication.

What drives people to frustration is often not the illness itself but feeling invisible inside the system. Even when right in the middle of it.

Medicine has become highly technical, but healing still begins with a person looking you in the eye and explaining what is happening. Patients want two things from a physician: competence and caring. They hoped for the first, but they remembered the second. And caring means diligent communication – in both directions, with give and take, until there is a common understanding. Hospitals measure everything – wait times, readmissions, staffing costs, infection rates. All important. But do we measure whether families are actually informed? Whether discharge instructions are understood? Whether patients know who is responsible for their care? Imagine if every emergency department had one person whose sole role was to keep patients and families informed. Not to provide treatment, but to explain delays, next steps, and realistic expectations. There is an old saying in medicine: "Cure sometimes, treat often, comfort always." We seem to have forgotten the last part. Comfort is not a complex concept. It is clarity. It is dignity. It is the assurance that someone sees you not as a chart number, but as a human being who may be frightened and trying to make sense of what comes next.

Can communication alone fix health care? Of course not. But if we are looking for the easiest place to start, it may be right there. For a lot of things in life, it might help to lay it out. "Here is what is happening, and here is what happens next."

Dead and Gone...

The Decisions Families Regret Later

By Gary Payne, MBA
Founder of Funeral Cost Ontario



One of the things people do not always expect is how certain decisions can return to them weeks later, long after the funeral itself is over. Everything may have gone smoothly. People may have said the service was beautiful. Life around the family may already be starting to move normally again. Then

someone is driving home from work, or sitting quietly at the kitchen table one night, and a thought comes back that hadn't been there before. "Maybe we should have slowed down a little." I have heard different versions of that sentence more than once. If I were gone, I would want my family to understand that this kind of second-guessing is more common than people realize. It usually is not about whether something was large or small, expensive or simple.

Most of the time it seems to come from the feeling that a decision did not fully feel like theirs once everything became quiet again. I remember speaking with one family who kept coming back to a visitation they had extended at the last minute because they felt pressure from people around them. Nothing terrible happened. In fact, most people attending probably thought it was the right decision. But afterward, one of the family members admitted it never really felt like what they wanted in the first place. They had simply been trying to avoid disappointing anyone while emotions were high and everyone was weighing in. That part of funeral planning can be harder than people expect. You are not only making practical decisions. You are trying to balance emotions, personalities, traditions, relationships, money, exhaustion, and grief all at the same time. Under those conditions, people sometimes drift into decisions instead of consciously making them. And later, when things settle down, they start looking back over certain moments more carefully. What I have noticed is that people rarely seem troubled afterward by choices that genuinely reflected the person who died, even when those choices were very simple. A quiet gathering. A small room. Coffee and sandwiches afterward instead of something formal. Those things tend to sit peacefully with people when they feel honest. The choices that seem to linger are often the ones that felt slightly disconnected from reality while they were happening. The upgrade nobody really cared about. The extra expense that felt uncomfortable from the beginning. The attempt to satisfy too many opinions at once. Sometimes the regret is not even about the money itself. It is about the feeling that the family lost confidence in their own instincts somewhere in the middle of everything. If I were gone, I think that is what I would want my family to protect most – not the appearance of getting every detail exactly right, but the ability to stay connected to what genuinely felt meaningful to them. People outside the immediate family often move on more quickly than we expect. The family does not. They are the ones who sit with the emotional memory afterward. They replay conversations. They remember moments differently. Sometimes they carry guilt over things nobody else even noticed at the time. Grief can distort perspective that way. A family can handle everything thoughtfully and still find themselves wondering later whether they could have done something differently. That does not necessarily mean they made bad decisions. More often, I think it reflects how deeply people want to do right by someone they loved.

If I could leave one thought for my family, it would simply be this: do not measure yourselves against perfection afterward. There is no version of these moments where every decision feels completely certain. What matters more is whether the choices felt sincere once the noise around everything faded. Because eventually it does fade. And when it does, people usually remember far less about the details than they think they will.

What stays with them is the feeling of the experience itself, whether it felt pressured or peaceful, honest or performative, connected or disconnected. If I were gone, I would want my family to carry peace from those days, even if they still carried sadness too. Next week, I will write about something many families are surprised by afterward: why guilt can appear even when they believe they handled everything the best they could.

Group Insurance Will Look After me, Won't It?

By Bruno Scanga
Financial Columnist



Sally has been working for the same company for over twenty years. About a year ago, she was given a new group benefits booklet because her employer had switched insurance companies.

Like most people, she put it aside and intended to read it when she "had the time." Sally was just diagnosed with terminal cancer and made the time to read her group booklet. She was upset to learn that the life insurance coverage with the new insurer was only one times annual earnings. The previous coverage had been two and a half times annual earnings.

Peter had a serious lung infection and spent several weeks in hospital for treatment. He also stayed at home for over a month to recover from his illness. Peter was shocked when he tried to claim disability benefits from his group insurance plan. His employer had been having money problems and had not paid the premiums on the group policy. His claim was denied because the policy had lapsed.

Steve is about to retire and wants to continue his group coverage. He learned that there are no provisions for him to continue any coverage at all under the group plan. All he can do is convert the life insurance coverage to a personal plan. The new rates, however, are very high and Steve can only afford a small amount of life insurance. Many people sail through life thinking that their group coverage at work will take care of their needs. Group benefit plans treat all employees the same, regardless of individual needs. Some coverage amounts may be determined by income, but a single worker with the same earnings will get the same benefits as a married employee with children. A group employee insurance plan is a contract between an employer, union or association and an insurance company to provide protection for the employees or members. The only right an employee or member has under the plan is to name a beneficiary for certain insurance proceeds because they are not a party to the contract.

The group plan can be changed at any time. An employer may decide to switch insurance companies, reduce coverage, or cancel it completely. The insurance company can change the policy on the renewal date, which can increase the premiums, reduce the coverage or refuse to renew altogether. With the average age of the workforce at an all-time high and increasing claims under most plans, premiums are steadily increasing. Employers are taking a closer look at employee benefits and making whatever changes they can to control costs, which too often comes as an unpleasant surprise for employees. For Sally, Peter, and Steve, it is too late to do much, if anything, about their situations. The answer is to view group insurance as a temporary job-associated perk and get personal life and disability insurance now.

Once acquired, you will have policies that you control, policies you can convert, assign, change plan or amount, or even cancel, when and if you choose. You just cannot rely totally on our employer, the government or family and friends to look after you. Look after your own future is a rule we should all follow so we can control our future. As cost should be a consider peace of mind and security are also major factors to keep in mind. A good plan is a plan to succeed no plan is a plan to fail!