ZioTECH Inc
Beyond Innovation

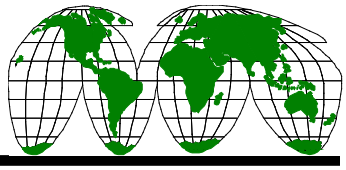
Epigenology Clinic has a solution!

www.**epigenology*clinic***.com

Medical Pros say, "...*an ounce of prevention is worth a pound of cure.*" Hence we've modified, upgraded and computerized the "**Royal College of Physicians and Surgeons of Canada**" **Geriatric Hand & Wrist Exams** for the general public. Able to easily diagnose any complex "**Hand & Wrist**" (**H&W**) as a Hand & Wrist Assessment technology for the general Public. The exciting part is that little or no medical knowledge is required. But it does help increase the "**Epigenologist Hand & Wrist Practitioner's**" (**EH&W-P**) skill sets. A computer Database not only interprets the exam results but also controls an innumerable amount of variations too complex for any mind to handle, sorry medical Professionals. It could replace the now cancelled "**Yearly Physical**" allowing **Physicians** and Hospitals to focus more on a **patient's Chief of Complaint** (medical needs) and a posibility of making **Hospital Emergency visits** more efficient.

It allows **front line medical professionals** such as **RNs**, etc. already in place to aide Medical Pros (**Physicians, etc**.) with a preemptive health care services as a "**Epigenologist H&W-Practitioner**" (**E-H&W-Practitioner**). The process is a **Non-invasive Hand & Wrist exam** that is both **100% unbiased** and **easy-to-master** capable of **generating a confidential medical report** equivalent to any Medical Pros needs allowing them an opportunity to be more efficient with their diagnosis. Such a large force could aid and support our **Medical Pros** and **Hospitals** health care prevention programs by using hundreds of thousands of medical professionals allready in place. A few weeks worth of training as a professionals **E-H&W-Practitioner**, is all that it would take to begin reducing doctors and hospitals, workload including cost substantially, over a short periond of time. What would be the harm if the media keeps reporting, "it can only get worse."

Unedited Canadian Version.



Contents

Attention All Medical Professionals:

What use to occur during a "Yearly Physical."

A good portion of patient's time is spent simply in conversation with their doctor concerning "**Chief of Complaint**." This is the perfect opportunity for the patient to ask questions and clarify ideas they have about their health. patients will likely talk about lifestyle, smoking habits, alcohol intake, stress management, sexual health, diet and exercise levels. There will be a review of all the body systems to look for signs of trouble. There should be an assessment of risk factors for illness and injury, including those for heart disease and stroke, cancer, accidents and occupational exposures.

Almost one-quarter of rural residents reported going to an emergency room, compared to eight per cent of urban residents. (Kelley McCall/Associated Press)

Epigenology Clinic involves an examination for major bodily systems via "**Hand & Wrist-Assessment" (H&W-Assessment)**. There may be some components that differ depending on patient's age or between the sexes but in most cases a **H&W-Assessment** can diagnose most of them. Such as gynecological exams and Pap smears for women or urological (prostate or testicular) exams for men. As well, there may be screening laboratory or diagnostic procedures recommended, such as blood work for cholesterol, blood sugar or PSA, mammograms, bone mineral density tests, stool occult blood screening, or even colonoscopy. The tests recommended for the patient will be based on their physician's assessment of their risks for illness, taking into account age and sex. They should all be based on good evidence. A group called the **Canadian Task Force on the Periodic Health Exam** keeps patient's physician up to date on recommended tests. This group reviews standard screening procedures by evidence of benefit and educates physicians as to how best to tailor their assessments to their individual patients **(see www.ctfphc.org)**. As well, there may be preventative vaccines offered to you to help avoid troublesome infectious diseases (tetanus, diphtheria, hepatitis, influenza, pneumococcal pneumonia, etc).

The Royal College of Physicians and Surgeons recommends a hand and wrist examination Specific for Geriatrics

But ZioTECH Inc has modified and computerized this exam to include the general public in a format its coined as: **Epigenology Clinic H&W-Assessment** exam able to work with all age groups and genders. In fact the hands and wrists are so effective in aiding in systemic diagnosis that everything a General Practitioner would be concerned about in their community could be extracted from their patient's hands and wrist, like: hypoalbuminemia or liver abnormality, a few types of cancer (malignant melanoma), Heart/liver diseases, Leuconychia, iron deficiency or liver diseases, anemia, arsenic poisoning, mental malady and so on. After genetic scientists broke the human gnome system additional research in genetic hand features, such as finger length, is proving the hands have more data such as: intelligence type, anger, male and female hormone levels just to name a few. It seems the hands and wrists is still a viable source of medical data physicians all over the world still acknowledge in their medical journals today.

Author Gerald E Picard
Updated Mar., 12th, 2024

File ID: Epgnlgy_Clnc Marketing Closing Letter 2nd Doc 1_Sided.

Attention All Medical Professionals,

ZioTECH Inc has computerized & automated this procedure for the medical community's convenience, as a:

NON-INVASIVE PREEMPTIVE HEALTH CARE EXAM (N-i PHCE) THAT CAN DRAMATICALLY REDUCE A PHYSICIANS AND HOSPITALS WORKLOAD IMPLEMENTED AS PART OF THEIR PREVENTIVE HEALTH CARE PROGRAM.

We developed a new computer database technology able to automate and advanced the Royal College of Physicians and Surgeons "**Hand & Wrist Assessment**" (**H&W-Assessment**). As such it's 100% unbiased capabilities can now be used as a comparable diagnostic tool for low key medical professionals, already in place, such as RN's to use as a perquisite to the Canadian Task Forces' yearly physical and much, much more.

"...of those, 64% used walk-in or appointment clinics, 12% went to aHospital emergency room, while about 10% went to a Community Health Centre when they needed medical care."

This easy-to-master tool is now available as a Beta model is our goal to help the **medical commutity** diagnose their patients more effectively and efficiently, even use it to replace the cancelled yearly physicals. It can also benefit patients without doctors and in hospital emergency rooms for early detection of all kinds of ailments and diseases. The **medical commutity** has always known the **H&W-Assessment** is a viable source of medical data and we conclude it should always be available as a **comparable diagnostic tool**. The **Epigenology Clinic's H&W-Assessment** computer DB is also designed to control an innumerable amount of variations too complex for any brain, the effect one symptom has on another greatly enhances a prognosis.

With its 100% unbiased, confidential non-invasive capabilities along with cinfidential high powered medical reports. Allows everyone in the low-key medical community to work together, as a form of medical synergy, in aiding medical communities all over the world as a preemptive health care program. Allowing medical Universitys to add new new material to the **H&W-Assessment DB**. The flexibility and power of **Epigenology Clinic's H&W-Assessment** database allows the medical community to readily conduct exams associated with the integumentary System, or specifics such as: Dermatology, primary and secondary skin lesions, nail or skin appearances, DIP joint appearances, Neuromuscular exams (Dysentery) including hand and wrist motion injuries as well as unique genetic hand features just to name a few. All that is necessary for any community to have access to a powerful secondary diagnosis technology via the hands and wrists. In fact its 100% unbiased and confidential report from its computer DB examination is equivalent to an Physician's (MDs) with decades of experience. Eventually it will greatly reduce **medical communities** and hospital workload increasing their effectiveness in depleting any health care system (World Wide) in a few years as more and more medical professionals become part of our **"Medical Synergy Program**" (**MS-Program)**.

Any support from sponsors, investors or le possibpartners would help ZioTECH complete its task sooner rather than later. Any partner would become synonymous with this tech. as part of a preventive health care program and maybe a partial fix to any troubling health care system giving them a global presence, which could involve financial infusion for new research and development of other products (publication) and services Enhancing **Epigenology Clinic's H&W-Assessment** technology.

Alternatively we could use any support to build our database for Universities as omparable diagnostic tool. To access the database, go to (www.epigenology*clinic*.com).

Opportunity for New Kind of Service and Management

Jan, 31st, 2024

Dear Medical Community:

Subject 1: after decades of extensive R & D we created a computerized DB that is 100% unbiased "**Hand & Wrist Assessment**" (**H&W-Assessment**) program. Engineered to automate part the Medical community's periodic physical exam. We since discovered the annual check-up (Yearly Physical) itself is in jeopardy or has already disappeared in the USA, Canada and possibly other countries. Doctors (Physicians) all over the world feel this is a major mistake as the patient's body, especially ther hands and wrists and lifestyle is still a reliable and viable source of preventive medicine that should not be ignored. Our findings is based on articles and excerpts taken from the following publications: Ontario College & Physicians, CMAJ, JAMC, The Canadian Task Force Preventive Health Care, American College of Physicians, American Society of Internal Medicine, and... Others as well: "**Does the Physical Exam have a future**" can be sent via E-mail upon request.

Roughly 4.1 Million Canadians aged 12 or older are without a family doctor, either because they can't find one or haven't looked, says Statistics Canada, much worse in the USA."

Our Goal: Create a series of **Epigenology Clinic H&W-Practices** home based business as a preemptive Non-invasive health care services (Medical degree not required but does help with examination skill sets). Helping medical practitioners, walk-in clinics and Hospitals re-integrate the this techology as a quick comparable diagnostic technology or even replacing the yearly physical. As noted in their publication: Canadian Task Force on Preventive Health Care - 03/18/2007 11:33 issue titled: "Preventive Guide lines: Their Role in Clinical Prevention and Health Promotion." Prepared by Sylvie Stachenko, MD, MSc, FCFP, Director, Preventive Health Services, Health Canada, Ottawa, Ontario and;

By integrating the **H&W-Practices** (**N-i PHC-Exam**) as part of the medical community's original examination, should drastically increase their effectiveness and efficiency for any "**Preventive Health Care-Exam**" (**PHC-Exam**) itself. Continuously being researched at several prestigious universities around the world showing it to increasingly be practical and effective for any country.

Some include the University of California (Berkeley), the University of Liverpool, U.K., etc. (Attached newspaper articles and research studies can be sent via E-mail upon request).

Some illnesses and diseases that can be diagnosed via a **H&W-Assessment** examination, involves hypoalbuminemia or liver abnormality, a few types of cancer (malignant melanoma), Heart/liver diseases, Leuconychia, iron deficiency or liver diseases, anemia, arsenic poisoning, mental malady and so on. Everything a medical commuity would be concerned about and much more with additional research.

Millions of Registered H&W-Practitioners

Trained to perform **Epigenology Clinic's H&W-Practice** as a home based business performing non-invasive preemptive health care exams in support of aiding Medical community, Hospitals and more.

Including ability to independently service rural areas that don't have medical practices or doctor keeping the public healthy. The **H&W-Practice** report could easily signify the patient should see a medical practitioner at the closest walk-in-clinic or Hospital as a solution that could:

Medical Pros can request specific H&W-Exams associated with the Integumentary System such as the nails, skin (Primary/secondary Lesions), DIP, joints and either Neuromuscular conditions, etc. Anything that is required for a healthy community.

1. Satisfy's the publics and medical communities concern with the disappearing annual check-up and regular check-ups with our non-invasive H&W exam technology.
2. A way for any country to implement and integrate a **Epigenology Clinic's H&W-Practice** as a preemptive health care service.
3. Offer a new kind of **Non-invasive H&W-Practice** examination technology attracting new clients and patients without doctors. Understand all medical reports are encrypted.
4. Offers a new kind of **H&W-Practice Exam** service to Hospitals for patients with language barriers and or those in a state of induced commas.
5. Offer a new kind of **H&W-Practice Exam** service to large medical practices and the corporate community in need of a quick yet in-depth medical report to screen their employees used as a yearly physical exam.
6. A profit sharing and investment incentives for all those in the medical community who would like to sponsor, participate or become a partner in helping us launch our **Epigenology Clinic's H&W-Practice** home based business or as part of their services at any medical clinic, under the guidelines of the Government.

H&W-Practice examinations could easily be of interest for the medical community (Globally) as a comparable diagnostic technology for the following:

a. Individuals and families without a doctor.
b. Hospitals and their emergency rooms.
c. Alternative practices could diagnose and treat clients more effectively.
d. Workers Safety Insurance Board.
e. Commercial drivers license exams.
f. Insurance companies requesting independent examinations.
g. Disability insurance companies requesting independent exams.
h. Individuals and families traveling internationally.
i. Alternate medical professionals could be a part of the solution by training them to be H&W-Examiners for themselves and in support of the medical community, creating medical synergy.

The Medical Community who have a high request for any physical exams including patients without Doctors, Department of Transport (commercial drivers exams) and specific companies such as: Workers

Safety Insurance Board, disability Insurance Co., and/or corporation with employees with high risk jobs would:

1. Schedule an appointment at the nearest, **Epigenology Clinic's H&W-Practice** with a requisition form.
2. Registered Nurses, medical assistants etc., public in general (After being approved) could easily be trained and registered to perform **Epigenology Clinic's H&W-Exams**. Generating 100% unbiased medical reports as a comparable diagnostic purposes associated with a veriety of body diseases and ailments, genetic irregularities and other abnormalities including skin diseases along with hand and wrist injuries as a prerequsite in aiding Medical Comminity's with their yearly physical, etc.
3. The **Epigenologist** or **H&W-Practitioner** would then generate a report from the results of their Examination sending the encrypted confidential medical report directly to those that requested the **H&W-Exam**.
4. **Epigenologist** or **H&W-Practitioner** must send their Exam worksheets to ZioTECH Inc's computer database for processing. The process also checks the examiners performance during or after an examination.

An "Epigenology H&W-Exam Clinics" using ZioTECH Inc's computer database technology would operate as follows:

- Examinations are conducted by trained **Registered & Licensed Epigenologist Hand & Wrist-Practitioners** that can be either be: RNs, RN Practitioners and other medical professionals, etc. in order to assist medical community and Hospitals with their preemptive health care service programs much like a dental hygienist.
- The Extracted Symptoms & Genetic Feature's unique "**Alphanumerical Descriptive Numbers**" (**AD-Numbers**) recorded on the **H & W-Practitioner's** exam work sheets are automatically encrypted when sent electronically to the computer DB for processing.
- Once the worksheets are computer processed a report is generated and encrypted prior to sending it to clients or medical professional requesting the exam.
- Reports can be used to assist the medical professionals as a comparison diagnosis.

Symptomatic H&W-Practitioners are licensed to perform non-invasive unbiased Hand & Wrist examination for the public at large and the medical community as well. As a preemptive health care service interpreting psychological and physical symptoms for their clients. Symptomatic H&W-Practice can be defined as a complementary medical assessment used to complement existing diagnosis. The H&W-Practitioner requires little or NO medical knowledge at all to perform any examination but it does help to perform quick examinations.

> ***"Early detection by a Epigenologist H&W-exam may in the future help parents direct their children's development and well-being in a proper manor."***

At **FIRST** the Symptomatic H&W Exam Manual allows the practitioner to perform a Physical / Visual, Touch and Q & A of their clients' Hands & Wrists in a chronological sequence. **SECONDLY**, the Practitioner records their extracted corresponding Alphanumerical numbers on a worksheet, such as: Finger prints, Nail types, Phalanges and all other s, etc. All organized in a chronological methodology using a set procedure prescribed in the Symptomatic H&W Exam Practitioners' Manual. **THIRDLY**, the worksheet is then fed into the computer DB to generate reports sent directly to practitioner's clients or medical professional requesting an examination. Symptomatic H&W Exam technology is supported by ongoing research from Universities all over the world, such as: University of California at Berkeley, Liverpool University and the London Health Sciences Centre in the U.K.

To a request a business plan and and any of the developers & author's research thesis including white paper must come from serious enquiries only. I look forward to discussing the opportunity in detail.

Sincerely, Gerald Biccum/Picard

PS: Please use (***g.picard1997@me.com***) to request an invitations in discussing this process any further.

ZioTECH Inc's Involvment.

ZioTECH Inc and its associates have been working hard on modifying, upgrading and computerizing the College of Physicians and Surgeons "Geriatric Hand and Wrist assessment" into a new type of public assessment for the general public, called: "Non-invasive Preemptive Health Care Exam" services or N-i PHCE for short. We have now modified the whole process into a home based global business coined: "**Epigenology Hand & Wrist Practice Clinic**" (**EH&WP-Clinic**). The website URL is [www.epigenologyclinic.com]. The actual methodology of the exam manual is copyrighted which is also part of the computer database. Its a 100% Non-invasive unbiased Hand & Wrist Practice able to generate encrypted medical report.

For the first time in the history of the medical community **Medical Professionals** or the general public as a home based business. Will be able to professionaly aide or assist the medical community and Hospitals with a process that will soon replace the cancelled yearly physicals. Reducing **Medical Professionals** workload and help with Hospital emergency backlog, instantly. By allowing a **Epigenologist Hand & Wrist Practitioner** to perform a non-invasive **H&W-Exam** as a prequsite to the yearly physi-

cal either to screen patients or use their encrypted reports for medical direction. Also the ability to help diagnose illnesses and diseases by examining the hand is based on decades of research by prestigious universities around the world. These include the University of California (Berkeley), the University of Liverpool, U.K., Alberta University Canada to name a few. In fact the hands and wrist are so effective in aiding in systemic diseases and hand & Wrist injuries, etc. that everything a **Medical Professional** would be concerned about in their community could be extracted from the hands and wrist, like:

How you raise your children will determine whether they will become successful, intelligent, violent, angry or passive, etc.

hypoalbuminemia or liver abnormality, a few types of cancer (malignant melanoma), Heart/liver diseases, Leuconychia, iron deficiency or liver diseases, anemia, arsenic poisoning, mental malady and so on. After genetic scientists broke the human gnome system additional research in genetic hand features, such as finger length, is proving the hands have a lot of useful data. Eithertypes of Osychological data are: intelligence type, anger, male and female hormone levels just to name a few. It seems the hands and wrist can no longer be ignored as a viable source of medical data **Medical Professional** all over the world could utilize today.

Nature vs Nurture argument solved.

Scientists are now determining that, "we are nurtured and natured" no argument here.

Patient Diagnosis Accelerated with a N-i PHC Exam

The **Epigenology Hand & Wrist Exam** would allow Medical Professionals to more readily conduct periodic comparison diagnostics of their patients or the public in general as advocated by the Canadian Task Force on their Preventive Health Care PGM. In fact the 100% unbiased and confidential report from these examinations is equivilant to a Physician with decades of experience that use medical terminology they can understand in comparing other prognosis. The **Hand & Wrist Exam** can easily be perforfmed by other supporting staff – R-nurses, nurse practitioners, qualified medical assistants, etc. would further aid this process within a medical clinic setting. Such staff could be readily trained to use **Epoigenology Hand & Wrist** Exams in screening patients yearly noting a verity of symptoms and unique genetic featues in a patients' hand and then producing diagnostic reports for the Medical Medical Professionals in monitoring their patients health as they age.

As it stands, the computerized model of the **Epoigenology Hand & Wrist** Assessment is also a research diagnostic training database providing information about a wide range of conditions for continued research. Including overall vitality, inner emotional states, cerebral dominance, neuromuscular and skeletal function, rheumatic and internal organ conditions (heart, liver etc.), dermatologic problems, risk of

functional decline in the immune system, hand/wrist injuries and much more. The current Beta version will be ready for use in the spring of 2024. The new database will ultimately handle gigabytes of data using AI for enumerable amount of variations and then terabytes as an ultimate examinations and research from leading research facilities such as the University of California (Berkerley), the University of Liverpool, the University of Bath (U.K.), the University of Barcelona and the University of Alberta, to name but a few as the main source to work from.

Does the physical examination have a future?

TITLE in the JAMC: "High marks for the physical exam"

From the article Titled " Does the physical examination have a future?" in the CMAJ • FEB. 22, 2000; 162 (4) P492. Source: Éditoriaux - Editorials - Letters Correspondance, CMAJ • November 2, 1999; 161 (9), Prepared by Kenneth M. Flegel, MD, MSc., Dr. Flegel is a practising internist at the Royal Victoria Hospital, McGill University, Montreal, Que., and is an Associate Editor of CMAJ. Written for the JAMC • 22 FÉVR. 2000; 162 (4) P492 entitled "High marks for the physical exam"

Above images is a new Epigenology Hand & Wrist Practice Clinic as a preemptive health care services with astonishing results (Comparison Diagnostic Tech.). It can also start as a home based business. Both Used by the public via appointments or by requisitions submitted from the medical professionals. Global online Exams via the internet is also a viable possibility. Similar to having a medical assessment but requires less-time and far more accurate.

Excerpt, "In a medical world that bows down and worships technology, it was a delight to read Kenneth Flegel's balanced editorial on the future of the physical examination." It would appear that students and tutors in many medical schools in the United Kingdom, North America and elsewhere are being taught that knowledge of technological advances is of paramount importance, whereas the role of adequate histories and complete physical examinations is downplayed. There is still a great need to do an adequate physical examination rather than a cursory localized assessment, followed by a plethora of tests and then referral to a specialist who does know the various modern technologies available. Of course, we need modern technology — but surely the most common and the greatest problems facing family physicians and the medical community lie in the lifestyle and family problems of their patients and the shading between normalcy and abnormality. Joseph Jacobs Emeritus professor of pediatrics Hamilton, Ont.

Reference

1. Flegel KM. Does the physical examia future? CMAJ1999;161(9):1117-8.

Shouldn't Medical Pros be aware of their patients condition and life risks as they age?

Source: HealthyOntario.com, Let's Get (A) Physical 03/18/2007 09:59 A www.HealthyOntario.com - Features - Men's Health - Let's Get (A) Physical. Prepared by Dr. Darren Larsen is a family physician in Thornhill, Ontario and a regular contributor to Healthy Ontario.

Excerpt, "Your family physician is your point of first contact with the medical system. They can guide their patients in making good choices with regards to their health, and by health I am including physical, mental and social wellbeing! To do this well, they must know the context in which you operate in your world. They should know patient's history and should be aware of patient's present condition. They should also have knowledge of patient's family medical history. Medical Pros should have an awareness of patient's risk factors for illness and injury. All of this can be accomplished during a patiednts **Physical Health Exam** or **PHE**.

Patient's Medical Pros will let them know how often they should have a PHE. Generally, though, it is recommended that women of childbearing age and children have a checkup once every 12 to 18 months. Teens should be seen every one to two years. Men under 55 might be checked every one to three years, depending on their health status. Men over 55 and postmenopausal women should be examined every one to two years. And everyone over the age of 65 should probably have an annual Geriatric physical or Hand & Wrist Exam, quarterly.

ZioTECH Inc goal is to add **Epigenology Clinic's Hand & Wrist** Assessment to the PHE which will allow **Medical Pros** to focus more on what is ailing their patients.

A Solution to Our health care crises is Attainable via Epigenology's Clinics as a Medical Synergy process.

ZioTECH Inc would take care of implementing **Epigenology Clinic's Hand & Wrist Practice** assessment as a **non-invasive Hand & Wrist, Physical motion, visual, touch with a few Q & A exam** that would assist **Medical Pros** in focussing their PHE more effectively and efficiently in the shortest amount of time. Paid in part by the patient, Indirectly and directly or with OHIP.

The legality of **Medical Pros** owning or investing in an Independent Health Facility IHF. Whether it is or isn't part of the health care system has legal ramification. Although there is an exception that allows an Independent Health Facility IHF to be own by **Medical Community Professionals** as an investment.

Should Only High Risk People be Target For Annual Check-ups? *We say NO! Non-invasive Hand & Wrist Exam is ideal for general public.*

TITLE: Preventive Guidelines: Their Role in Clinical Prevention and Health Promotion - Source: Canadian Task Force on Preventive Health Care - 03/18/2007 11:33 - Prepared by Sylvie Stachenko, MD, MSc, FCFP, Director, Preventive Health Services, Health Canada, Ottawa, Ontario

Excerpt, "Over the past fifteen years, the Canadian Task Force on the Periodic Health Examination has had a seminal impact on the practice of clinical preventive medicine in Canada and around the world. The Task Force has provided health professionals and health care planners with leadership and guidance on the value of preventive interventions in the practice setting.

A key finding of the Task Force was that a periodic health examination (PHE) targeted at preventing, detecting, and controlling specific conditions or risk factors for different age-, sex- and high-risk groups was likely to be more effective than a routine annual physical examination.<1> As a result of the work of the Task Force, health practitioners now have access to a comprehensive package of preventive interventions for use over the life-cycle of individuals.

This guide may be regarded as an atlas of preventive interventions. It also contributes to the systematic evaluation of preventive medicine by analyzing a number of issues including the quality of scientific data on prevention, and the efficacy, effectiveness and efficiency of preventive procedures. The rigorous scientific evaluation upon which the Task Force recommendations are based has enhanced the credibility of preventive medicine.<2>"

Upon request (g.picard1997@me.com): Canadian Task Force on PHC.pdf

Doctor Describes Benefits Of A "Yearly Physical"

Source: HealthyOntario.com, Let's Get (A) Physical 03/18/2007 09:59 A. HealthyOntario.com > Features > Men's Health > Let's Get (A) Physical... Prepared by Dr. Darren Larsen is a family physician in Thornhill, Ontario and a regular contributor to Healthy Ontario.com.

Excerpt, "It has been said many times before that an "ounce of prevention is worth a pound of cure", and this is a phrase that I repeat over and over to my patients in my interactions with them. There are many people, mostly men, who take great pride when they boast to

me that they "never go to the doctor unless they are really, really ill". And it is this group that I try to convince that by the time they are that far gone there is a good chance we will have great difficulty making them well again! I then go on to describe the benefits, to both the patient and the medical system, of seeing their family physician periodically, even when they are well! For most patients, this type of visit takes the form of an "Annual Checkup", or in medical terms, a "Periodic Health Exam" (PHE)."

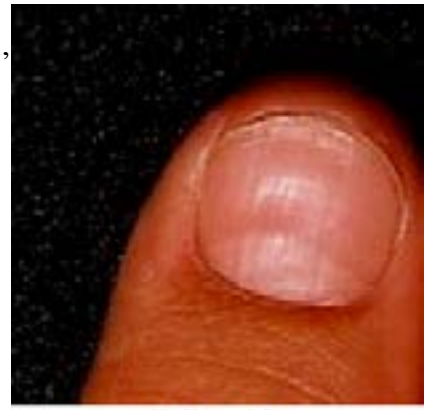
Upon request (g.picard1997@me.com): Let's Get (A) Physical.pdf

Annual Physical Exam Necessary Says Survey? *But a Non-invasive Hand & Wrist Exam would be ideal for the general public.*

Source: Public Expectations On Annual Physical Exams, P652 © 2002 American College of Physicians–American Society of Internal Medicine
www.annals.org
Prepared by Sylvia K. Oboler, MD; Allan V. Prochazka, MD, MSc; Ralph Gonzales, MD, MPH; Stanley Xu, PhD; and Robert J. Anderson, MD

Excerpt, "Background: Recent guidelines for adult prevention do not recommend a comprehensive annual physical examination, but current public expectations in light of this change are unknown.

Objective: To determine public belief in the need for and content of an annual physical examination and to examine the effect of financial charges on these beliefs.


Koilonychia

Descriptive Number 020 Koilonychia: It is usually caused through iron deficiency anemia. these nails show raised ridges and are thin and concave. Seek a physicians advice and treatment.

Design: Telephone survey.
Setting: Three U.S. cities.
Participants: Adult English-speaking respondents.
Measurements: Percentage of respondents answering that an annual physical examination is necessary and percentage desiring individual components of the history, physical examination, and laboratory testing, with and without knowledge of charges.

Results: Of 1203 respondents, 66% (67% in Denver, Colorado; 71% in Boston, Massachusetts; and 58% in San Diego, California) believed that in addition to regular care, an annual physical examination is necessary. Among the 600 respondents presented with charge information, interest decreased from 63% to 33% if payment were required. For history, greater than 90% believed that diet, exercise, and tobacco and alcohol use should be discussed, while 60% believed that seatbelt use and sexual history should be discussed. For the physical examination, greater than 90% felt that blood pressure should be measured and that the heart and lungs, abdomen, reflexes, and prostate should be examined. However, fewer than 80% thought that hearing and vision should be tested. Many tests, including the Papanicolaou smear (75%), mammography (71%), cholesterol measurement (65%), prostate-specific antigen test (65%), urinalysis (40%), blood glucose measurement (41%), fecal occult blood testing (39%), and chest radiogra-

phy (36%), were desired. Interest in these tests decreased substantially when the charges were known.

Conclusion: Public desire for a comprehensive annual physical examination is high across the United States and is sensitive to charges. "

Ann Intern Med. 2002;136:652-659. www.annals.org
For author affiliations, see end of text. See editorial comment on pp 701-703.

Upon request (g.picard1997@me.com): Public Expectations On Annual PHE.pdf

Public Expectations for Annual Physical Examinations. *Generally a Non-invasive Hand & Wrist Exam would still be ideal for the general public.*

Sylvia K. Oboler, MD; Allan V. Prochazka, MD, MSc; Ralph Gonzales, MD, MPH; Stanley Xu, PhD; and Robert J. Anderson, MD

Background: Recent guidelines for adult prevention do not recommend a comprehensive annual physical examination, but current public expectations in light of this change are unknown. Objective: To determine public belief in the need for and content of an annual physical examination and to examine the effect of financial charges on these beliefs.

Design: Telephone survey.

Setting: Three U.S. cities.

Participants: Adult English-speaking respondents. Measurements: Percentage of respondents answering that an annual physical examination is necessary and percentage desiring individual components of the history, physical examination, and laboratory testing, with and without knowledge of charges. Results: Of 1203 respondents, 66% (67% in Denver, Colorado; 71% in Boston, Massachusetts; and 58% in San Diego, California) believed that in addition to regular care, an annual physical examination is necessary. Among the 600 respondents presented with charge information, interest decreased from 63% to 33% if payment were required. For history, greater than 90% believed that diet, exercise, and tobacco and alcohol use should be discussed, while 60% believed that seatbelt use and sexual history should be discussed. For the physical examination, greater than 90% felt that blood pressure should be measured and that the heart and lungs, abdomen, reflexes, and prostate should be examined. However, fewer than 80% thought that hearing and vision should be tested. Many tests, including the Papanicolaou smear (75%), mammography (71%), cholesterol measurement (65%), prostate-specific antigen test (65%), urinalysis (40%), blood glucose measurement (41%), fecal occult blood testing (39%), and chest radiography (36%), were desired. Interest in these tests decreased substantially when the charges were known. Conclusion: Public desire for a comprehensive annual physical examination is high across the United States

and is sensitive to charges.

Ann Intern Med. 2002;136:652-659. www.annals.org
For author affiliations, see end of text.
See editorial comment on pp 701-703

Global collaboration on the validity of the physical examination.

Also a Non-invasive Hand & Wrist Exam would be ideal for general public.

TITLE: "High marks for the physical exam"

Source: Éditoriaux - Editorials - Letters Correspondance, CMAJ • November 2, 1999; 161 (9)
Prepared by Finlay A. McAlister, Sharon E. Straus and David L. Sackett; Internist: Edmonton, Alta. (McAlister); Geriatrician: Toronto, Ont. (Straus); Trout Research and Education Centre; Markdale, Ont. (Sackett).

COVID-19 Nails is determined by other factors associated with the Hand & Wrist examination.

We agree with Kenneth Flegel1 that the clinical examination plays a critical role in the evaluation of patients. We would like to highlight a fact often neglected by those physicians who argue for more widespread use of technologically advanced "definitive investigations" rather than "old-fashioned" tools such as the history and physical examination in the assessment of patients: definitive investigations are not always as definitive as we think. For example, experts often disagree in their interpretations of definitive investigations and the clinician's use of such test results often depends heavily on pretest clinical assessment.2 For instance, we would view 1.8 mm of ST depression on an exercise stress test very differently in a 55-year-old man with a history of exertional, crushing retrosternal chest pain than in a 20-year-old woman with a history of fleeting, non-exertional, stabbing left-sided chest pain.3.

However, despite the importance of the clinical examination, reviews of the literature consistently reveal substantial gaps in the knowledge base.2 Many of the physical examination pearls we were taught in medical school have never been properly evaluated. This presents a quandary: should we cast aside all signs or symptoms that have not been validated in rigorous studies, or continue to use and teach all but those that have been disproven? We believe this question is unanswerable and such a debate will generate far more heat than light; instead, we view this situation as a rallying call for clinicians to reevaluate what we do. We call on our colleagues to join us in an international collaborative effort to design and execute large, simple studies of the history and physical examination. Since the inception of the CARE (Clinical Assessment of the Reliability of the Examination) group 1 year ago, over 350 clinicians from 30 different countries have joined the group and have carried out 2 of the 3 largest high-quality studies ever done assessing the accuracy of the clinical examination for obstructive airways disease (manuscripts currently under review). The CARE group (www.carestudy.com) is open to health care profes-

sionals at any stage of training and in any setting, and all members can participate in the design, execution and analysis of these studies.
Attachment file: _Physical exams Future?.rtf

(Med Students) Avoiding The Family Physician Path. *But a Non-invasive Hand & Wrist Exam would resolve this issue, cheaply.*

Mississauga Newspaper Article, "Students are avoiding the FP path at an alarming rate."

Cal Gutkin's February Vital Signs1 made me laugh. On and on we hear the incessant whining about FP shortages starting with fewer students choosing family practice. Blaming medical schools for the changing generalist: specialist mix is nonsense. The pro-FP rhetoric during my medical training was nearly nauseating (1996 graduation).

As Dr. Gutkin notes, a major decline in FP production began in 1993 when rotating internships were discontinued. Furthermore, opportunities to retrain or change residencies were abolished. Apparently, multiple residencies used up too many tax dollars (residents earn about $5/hour in some programs), and the College of Family Physicians of Canada (CFPC) wanted more status for their program: "train more generalists!"

Exactly the opposite has happened. **Students are avoiding the FP path at an alarming rate. In medical school, everyone knew that choosing family practice was a one-way street: no more options, no retraining, lower remuneration, and less respect.**

Opening the doors for physicians to retrain would do more at the medical school level to increase FP numbers than cajoling the schools to promote family medicine. More students would choose the 2-year CFPC route as a means to pay off debt, mature, and explore where their strengths in medicine lie. As we all know, there would be substantial numbers of physicians who would continue as generalists, and there would be far fewer discontented FPs who have been marooned in the CFPC by the present draconian policies.

As it is not in Dr. Gutkin's best interests to promote this kind of flexibility, students will continue to avoid family medicine in even greater numbers. When will you learn that you cannot force physicians into practice type, location, or style?

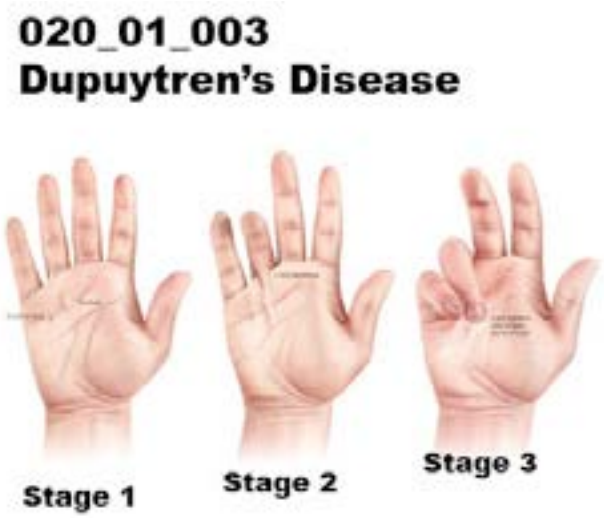
—Shawn Whatley, MD, CCFP (Newmarket, Ont (by e-mail

Reference

1. Gutkin C. Medical schools' accountability for physician resources [Vital Signs]. Can Fam Physician 2003;49:264, 263 (Eng), 262-3 (Fr).

Response

Dr. Whatley has put his finger on some of the key messages we are hearing from medical students regarding the decreasing numbers selecting careers in family medicine: family doctors get too little respect, are inadequately remunerated, and still do not have enough flexibility in residency training or reentry positions.



When he says it is not in the College of Family Physicians of Canada's "best interests" to address these issues or accuses us of "draconian" policies, however, his finger pointing is way off the mark. The positions the CFPC has aggressively promoted with everyone from Romanow to Kirby to our federal and provincial governments to medical school leaders clearly enunciate the need for better pay, more practice support and models of practice, more flexibility in training programs, more reentry positions, and much greater respect from governments and medical schools for the contributions of our present and future family physicians.

One of the ways to help augment the practice of family medicine in the eyes of medical students would be to have our medical schools define and support more prominent and clinically relevant teaching roles for family physicians, including those in community and rural settings, combined with a commitment to ensure that students have equal exposure to family doctors and specialists throughout their undergraduate years. We also recognize that the responsibility and accountability for creating the right balance of physicians in Canada rests with a combination of key players; medical schools are only one of them.

Far from "whining," the CFPC has, over the past few years, been calling for more opportunities for extra skills training for residents as well as for practising family physicians who wish to reenter the training system. This has, in fact, contributed to recent increases in the numbers of these positions in various parts of Canada. We have also fought for increased flexibility within residency training programs, and (along with the university departments of family medicine) have done all we can to offer such flexibility to those wishing to transfer into family medicine from residency programs in other disciplines. Unfortunately the CFPC cannot control the lack of flexibility offered by other specialty programs.

In the practice milieu, we have explored and will continue to advocate for improved and better supported practice models as options for family physicians to consider. Contrary to Dr. Whatley's insinuation, we have no interest in forcing any family doctor into any single model of practice.

We will continue to work with our members and our colleagues in other organizations to help create a high-quality, flexible system, one that will improve the professional and personal lives of practising family physicians and attract increasing numbers of medical students to our branch of the medical profession. As we do so, we will also remain committed to helping Canada maintain the highest possible standards for training and life-long education of family physicians. I hope that what

we are doing, will, in the long run, prove to be in the best interests of medical students, family doctors, and very importantly, Canadians who need well trained, well paid, professionally satisfied family physicians caring for them.

—Calvin Gutkin, MD, CCFP(EM), FCFP (Executive Director and Chief Executive Officer The College of Family Physicians of Canada

Make your views known!

(Contact us by e-mail at letters.editor@cfpc.ca on the College's website at www.cfpc.ca (by fax to the Scientific Editor at (905) 629-0893 or by mail to (Canadian Family Physician (College of Family Physicians of Canada (2630 Skymark Ave (Mississauga, ON L4W 5A4

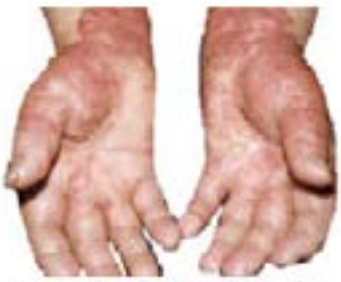
Canadian Task Force Failed to integrate their STD Health Exams.

Could a Non-invasive Hand & Wrist Exam be a solution.

Source: Letters Correspondance, CMAJ • JULY 14, 1998; 159 (1) P17

TITLE: Applying behaviour theory to the periodic health exam

Prepared by Michelle Greiver, MD Willowdale, Ont.



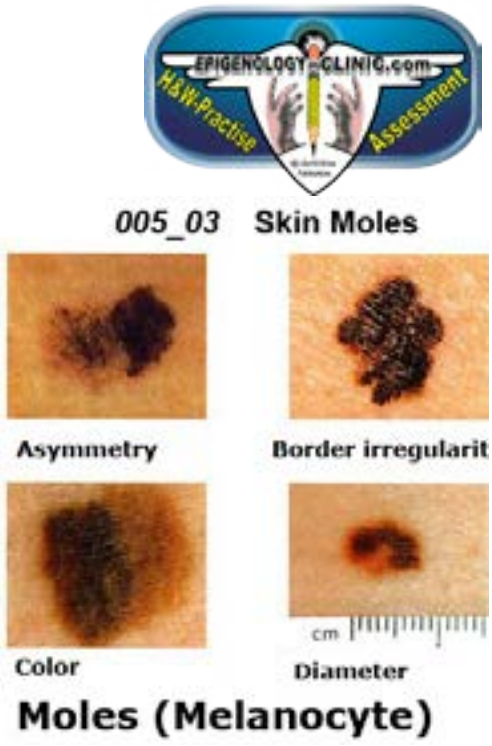
psoriasis on hands

psoriasis under finger nails

Excerpt, "Applying behaviour theory to the periodic health exam In their article "Provision of preventive care to unannounced standardized patients" (CMAJ1998; 158[2]:185-93), Dr. Brian Hutchison and colleagues report that the recommendations of the Canadian Task Force on the Periodic Health Examination have been incompletely integrated into clinical practice. As a primary care physician, I am aware of some of the barriers that might prevent implementation of such guidelines. Prochaska and associates 1 have described the stages that people go through to effect a change in their behaviour: pre-contemplation, contemplation, preparation, action and maintenance. Dissemination of guidelines attempts to bring us from pre-contemplation to contemplation by offering evidence and appealing to our intellect. The next step is preparation—thinking about how to integrate this information into practice. This stage seems, at least in the literature, to be divorced from the previous one. Once the decision has been made to implement guidelines, an action plan must be created and followed. Finally, the newly acquired skills must be maintained.

As an example, I recently decided to add visual screening to periodic health examinations of patients over 65 years of age in my office, on the basis of recommendations in the US Guide to Clinical Preventive Services,2 which are based in part on materials prepared for the Canadian task force. After

some deliberation, I decided to ask my staff to perform an abbreviated exam using the Snellen chart. They now ask elderly people to read the 20/40 line; if visual acuity is less than 20/40, the patient is informed and is asked to make an appointment with an optometrist.



Making this change in practice involved some planning and work for both me and my staff, since ways to implement the change were not obvious from the recommendations themselves. Perhaps the work of Prochaska and associates could be applied to improve compliance. To return to the article by Hutchison and colleagues, I note that folic acid supplementation, a grade A recommendation,3 was not included in the manoeuvres for the 28-year-old woman. My patients receive a handout on folate along with verbal reinforcement during their periodic health examinations, and these steps are recorded on their cumulative practice profiles. Unfortunately, the cumulative practice profile, produced by the University of Toronto's Family and Community Medicine Information Systems and apparently not updated since 1977, does not have a space to record immunizations or recommended screening manoeuvres. The form should probably be updated to include these components of the periodic health exam."

References

1. Prochaska JO, DiClemente CC, Norcross JC. In search of how people change: applications to addictive behaviors. Am Psychol 1992;47:1102-14. 2. Screening for visual impairment. In: US Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore: Williams & Wilkins; 1996 p. 373-82. 3. Beaulieu MD, Beagan BL. Primary and secondary prevention of neural tube defects. In: Canadian Task Force on the Periodic Health Examination. The Canadian guide to clinical preventive health care. Ottawa: Health Canada; 1994. p. 74-81.

Royal College SOLUTIONS: #11

TACKLING THE DOCTOR SHORTAGE

Significant steps have been taken to increase the supply of physicians in Ontario. While each accomplishment will help to increase patient access to Ontario doctors, the shortage is so severe in scope that far greater action is warranted. We urge the government to consider the following:

• Assess the qualifications of all international medical graduates;

• Significantly expand training opportunities;

• Maximize existing resources and eliminate existing barriers; and,

• Plan for the future.

Recommendation #11
Consider developing and implementing a Physician Assistant Program

a) The government of Ontario should facilitate liability insurance funding for physician assistants. Based on the recommendations of the Physician Resources Task Force, a pilot project was funded to allow international medical graduates to qualify and work as physician assistants in supervised practice settings. This had the benefit of increasing the human resources available to health care delivery, as well as giving IMGs experience in Ontario health care settings that might ultimately assist them in meeting criteria to gain certificates of registration to practise medicine independently.

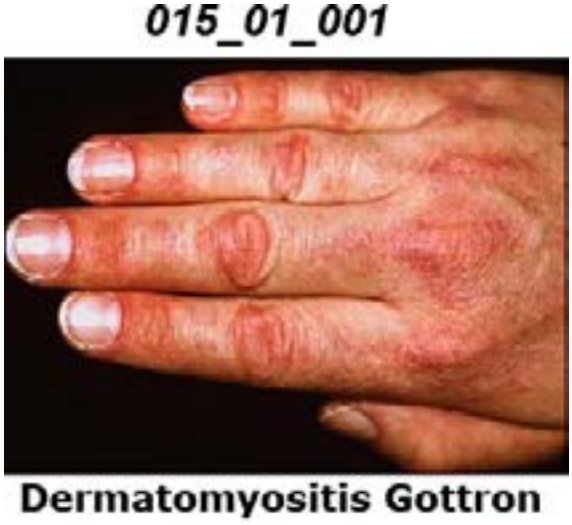
To qualify as a physician assistant, a candidate would be required to hold a degree in medicine, to have completed the Medical Council of Canada Qualifying Examination, and to receive an objective assessment in an academic environment. When an attempt was made to implement the project, it was found that liability insurance was not available for this group. As a consequence, the institutions prepared to accept physician assistants could not do so. Liability insurance is an absolute necessity for participation of physician assistants in our health care system. The College recommends that the government ensure that liability insurance is made available for these positions.

b) In the long term, the College should consider creating a registration category for physician assistants.

When the pilot program is successful and a consensus can be achieved with respect to a defined scope of practice, training programs and stable funding, the College should consider creating a category of registration for physician assistants.

Why Epigenology Non-invasive Hand & Wrist Exam should be considered for Recomedation #11

The reverent way that a "**Epigenologist Hand & Wrist Practitioner" (Epigenologist H&W-Practitioner)** approaches a patient/client is a critical part of the Epigenologists clinician's inner state. A non-invasive **Hand & Wrist** examination is a thoughtful observation revealing that hands do have a high density of useful medical information. **For example**, information routinely gained includes overall vitality, inner emotional state, cerebral dominance, occupations and hobbies, past medical history, neuromuscular function, cardiovascular function, rheumatic conditions, dermatologic problems, and risk of future functional decline, etc. And with current research by "U" all over the world. Genetic feature interpretation (finger length) is now giving up data on interpreting anger, analytical skills, levels of male and females hormones and their effects as we age. Valuable data that cam no longer be ignored and part of **Epigenologist H&W-Practice Computer** Database.



Author Gerald E Picard
Updated Mar., 12th, 2024
File ID: Epgnlgy_Clnc Marketing Closing Letter 2nd Doc 1_Sided.

(Requested document is called, "Hand And Wrist Assessment.pdf," Declaration of Epigenology.pdf", "Hand-Wrist Assessment6.pdf" and the "Epigenology Business Proposal.pdf" can be sent via E-mail upon request). g.picard1997@me.com

Following material is a few samples:

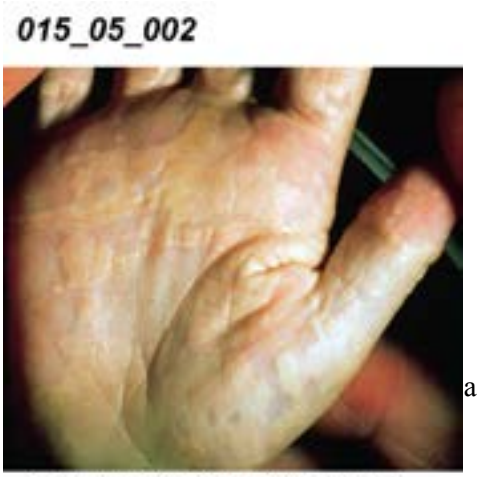
Changes To Increase Number Of Foreign-Trained Doctors On The Way: Smitherman

June 07, 2008
MARIA BABBAGE
THE CANADIAN PRESS - TORONTO

The province will introduce changes within weeks that will break down regulatory barriers and allow more foreign-trained doctors to work in Ontario, Health Minister George Smitherman said yesterday.

The legislation will move on a government report that outlines ways to increase the number of foreign-trained doctors practising in Ontario to improve access to health care, he said.

"That story about taxi drivers and pizza drivers, we're a bit hooked on telling that story as if that's the plight of every foreign-trained doctor," Smitherman said.



Alagille's Syndrome / Arteriohepatic Dysplasia - Palmar Hand - Xanthomata

"But I think it's really important to acknowledge that in Ontario, 25 per cent of all the doctors that we have are foreign-trained. So we're doing a better job." Smitherman is mulling recommendations that include putting doctors who are already practising in countries with a comparable health-care system directly into practice and creating a transitional licence that would permit a doctor to practise with supervision while completing their training.

He said the licence could help specialists whose talents aren't always recognized because the focus is on a "broader array of things that they would have learned years and years ago. "This is about transitioning those specialists into opportunities without having to go through residency, and they would be supervised by existing physicians in those environments," Smitherman said.

The bill will be introduced before the legislature breaks for the summer, but likely won't be passed until it resumes in the fall, he said. In the meantime, the


Melanonychia

GuelphMercury.com

government will work with the College of Physicians and Surgeons of Ontario -- which regulates the profession -- to draft the new regulations, Smitherman said.

Doctor Shortage Hits Home Harder In Rural Ontario, *Hence why an Epigenology Non-invasive Hand & Wrist Exam could be a solution.*

June 28, 2008
LINDA DIEBEL, RECORD NEWS SERVICES, ERIN, ONT.

"It has been reported these doctors are back in their own contries after acquiring Canadian certification and exhausting their alloted time

Rod Finnie considers himself a good mayor. He works hard and doesn't miss a chance to sell the wonders of life in the rolling green hills of rural Ontario. A river runs through town with "the best trout fishing in North America."

Too bad the mayor, with all his ideas, energy and charm, can't find a doctor for himself or his wife. It's a bad feeling for a conscientious public servant and a man who, at 60, has his own health concerns.

"It's a tough situation for sure. You can't even get to a specialist if you don't go to a (general practitioner) first," says Finnie. "We're really stuck."

On a recent stroll through town, Finnie, accompanied by Wellington County councillor Lou Maieron, described the effects of a shortage that leaves an estimated 6,000 area people without a family physician.

Erin, 30 kilometres east of Guelph, is located in one of Ontario's 142 designated "underserviced" areas. Together with its twin town, Hillsburgh, and neighbouring Rockwood (combined population, 24,000), they should have nine family doctors, according to the Health Ministry.

Instead, they have three.

They're hardly alone in this predicament. Just over one million Ontarians don't have a doctor, according to Statistics Canada, a statistic that hasn't changed much since Roy Romanow's heralded 2002 report, Building on Values: The Future of Health care in Canada.

A sign at the Erin clinic reports doctors aren't accepting new patients "at this time." Although Dr. Duncan Bull's medical team squeezed in 700 new patients earlier this year, bringing the roster to 5,700, the sign says: "There is no waiting list. Please check back with our office in the fall to enquire about available space."

"Welcome to small-town Ontario," says Maieron.

TheRecord.com
Todays Paper Friday, July 25, 2008

Townspeople scramble to get to hospitals 30 to 45 minutes away in Guelph or Fergus. Last Tuesday, a worried Robin Hall canvassed for help to take her daughter, 17, to the emergency department to treat her strep throat. That puts a huge strain on emergency rooms, Maieron points out, sending health-care costs through the roof.

But there's an added twist to the story of the people of Erin. Their situation is particularly hard to stomach because people did everything the province asked of them -- and more -- and they still feel ignored.

Last year, with provincial approval, residents in Erin, Hillsburgh and Rockwood established the East Wellington Family Health Team. Ontario mandated a roster of nine doctors, a nurse practitioner, a community mental health worker, a part-time dietitian and an administrator.

These citizens went even further and opted for a community-governed team, with doctors on salary, rather than a doctor-run clinic. That's exactly the kind of community involvement in health care envisioned by the Romanow report.

Romanow was criticized, notably by physician associations, for not recognizing the seriousness of the problem when he concluded there was "no consensus on whether we are facing an impending national 'crisis' in the supply of physicians."

But part of his calculation was that interdisciplinary teams -- like the plan in Erin -- would fill health care needs.

Erin's plan is perfect, but there are two big problems.

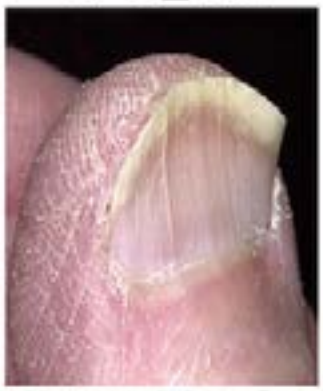
The town may have its mandate, but it still can't find doctors (and not one nurse practitioner has applied). And they don't have a place to put them.

"It's Catch-22," says Maieron. "If you build it, they will come. But you need a modern, state-of-the-art facility to be able to attract young doctors these days."

Once the team has a building, the province will cover a five-year lease, but that's it. (Bull's clinic is too small and he and his two colleagues plan to move once the team has a building.)

Conservative health critic Elizabeth Witmer (the MPP for Kitchener-Waterloo) shakes her head.

"That's the problem, encouraging people to work together on family health teams and offering no template in which to do it . . . The ministry hasn't given the guidance and assistance that is necessary, and I find this repeatedly throughout the province.



"Why isn't there a team from the Ministry of Health to help them?" Her NDP counterpart, France G?linas, a Sudbury-area MPP, says Erin's problem shows "the government isn't serious about anything" except for the old standby of fee-for-service physician care.

She adds: "What the government says sounds really good, but when you roll it out, the success factors are not there." G?linas believes the problem isn't so much a shortage of family doctors, but their distribution away from Ontario's 142 underserviced areas. She sees the issue as one of overreliance on family doctors above all else, instead of using other resources, such as nurse practitioners who can give flu shots, monitor blood pressure and care for patients in many other ways.

Beyond its problem with a building, Erin joins a sad list of Ontario communities so desperate for family doctors they're practically doing backflips -- offering rent-free homes, student loan relief and giant cheques ready for the signing in exchange for a five-year commitment.

Here's a statistic that shows how bleak the situation is, right across Ontario: as of July 1, there will be 967 residents in family medicine across the country, while Ontario has 774 officially designated vacancies right now.

The people of Erin did even more. They talked about solutions and, in February, Dr. Bull, with 26 years here, wrote a letter to former Health Minister George Smitherman asking for residency slots to be opened up for Canadian doctors graduating from accredited universities in, among other countries, the U.S., the U.K. and Australia.

Instead, these Canadians (currently estimated at 1,500) must follow rules that mandate all foreign-trained doctors to work five years in underserviced areas.

That may be a good thing, says Bull, but "it's a deterrent to doctors" and Ontario loses physicians whose education hasn't been subsidized by the public.

Bull's daughter, Alexandra, graduates later this year from medical school in Australia.

On March 4, he received a letter with his name misspelled "Dr. Bell," from the ministry's "correspondence division" that promised a comprehensive reply by April 11. None arrived. He believes he got the brush-off.

An official checked and said a "more fulsome response" is being sent and could already be in the mail.

Etobicoke-Lakeshore Liberal Lauren Broten, parliamentary assistant to Health Minister David Caplan, says the government is working on the physician shortage problem.

Legislation last week said it's the "duty" of the Ontario College of Physicians and Surgeons to work with the government to ensure Ontarians have "access to an adequate number of qualified, skilled and competent regulated health professionals."

That, says Witmer, is saying: "We can't solve this problem. Here, you take it."

Broten, who wrote a recent report on creating more opportunities for foreign-trained doctors, said the ministry is consulting with the college over the summer on regulatory changes based on her findings to streamline the process of accreditation. Some physicians would go "direct to practice," a change Broten says would free up residency spots for Canadians coming home. She doesn't have statistics, but Broten anticipates "a huge improvement." Meanwhile, in Erin, Mayor Finnie is out there talking about how great it is to live where the headwaters of the Credit and Grand rivers meet

"Please, he says, "We're a nice town. We hope this article will make some doctors want to come here. Any doctor will do."

Mental Stress Diagnostics is part of the Epigenology Non-invasive Hand & Wrist Exam.

Ontario Psychological Association-Well-Being

Based on new research from Universities around the world. Genetic features of the hand is showing compelling signs that finger length and other genetic features of the hand can now be a viable source of data for psychologist and psychiatrist in determining how one acts, anger situation and genetic stress to name a few. A non-invasive physical examination that can now be requested by this medical field enhancing or verifying their diagnosis. The definition of health set out in the Preamble to the Constitution of the World Health Organization (WHO), 1946 is "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

In light of the tangible and substantial benefits of good mental health, Ontarians deserve greater access to psychological services. The benefits of psychology have been well recognized in clinical and scientific research. Research demonstrates that psychological intervention is a powerful tool providing people with skills that they can use throughout their lives to prevent, reduce or delay relapses and one that does not involve expensive drug therapies. Many Ontario children and youth have been supported by psychologists to enhance their learning and social skills and emotional well-being. Psychologists are partners with parents and educators in providing cost-effective assessments, consultation and intervention. Due to the aging population and increasing levels of stress in everyday living, the demand for psychological service will likely increase over the foreseeable future.

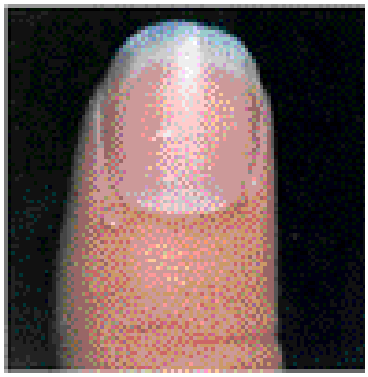
No One Is Immune

One in five people in Ontario will suffer from mental health problems in some form and to some (degree in their lifetimes. In the general population, the incidence of a major depressive episode is 20%, the incidence of anxiety disorders is approximately 25% and 10% of the (population has an incident of clinical depression at least once over a 12-month period. (The societal and economic burden of psychological dysfunction in Canada is calculated at a staggering $7.8 billion annually. This is 1.5 times the cost of cancer.

Psychologists help many children, individuals and families deal with the day-to-day challenges of life by developing appropriate strategies for moving forward after stressful or traumatic events.

Genetic link found between violence, delinquency: Study Positive influences appear to reduce effects of genes.

It's also part of the Epigenology Non-invasive Hand & Wrist Practice examination.



Leuconychia **25-3**

White spots

Canwest News Service, Published: Tuesday, July 15

Three genes may play a strong role in determining why some young men raised in rough neighborhoods or deprived families become violent criminals, while others do not, U.S. researchers reported on Monday.

The study of 1,100 American adolescent boys in Grades 7 to 12, to be published in the August edition of American Sociological Review, is one of the first to link genetic variations with teen delinquency.

Researchers believe some people have a genetic propensity to get into trouble. The study looked at three genetic variations affecting neurotransmitters in the brain that regulate behaviour such as aggression and motivation.

The study asked why some teens with the variations resist delinquency -- and why only certain environmental factors spark delinquency in others.

Gang Guo, a sociologist at the Carolina Population Center and the Carolina Center for Genomic Sciences at the University of North Carolina-Chapel Hill, looked at boys with the three variations and behaviour, which ranged from petty theft to pulling a weapon.

The results were cross-referenced with environmental variables, including church attendance, repeating a grade, being popular at school, and eating dinner every night with family.

Not necessarily destiny

The researchers concluded risky genes aren't necessarily destiny. Positive influences appeared to reduce the effect of the genes, while an absence of positive influences amplified the effects.

For the boys who had a genetic variable called the DTD2 gene, for example, having a daily meal with one or two parents was a "powerful moderator" of the "risky" gene.

Another example found a link between serious delinquency in the boys who both had a genetic variation called MAOA*R2 and also repeated a grade in school.

It's still unclear why one environmental factor may trigger or suppress a risky gene while another does not. But Guo warned the study should not open the door to "the genes did it" variety of legal argument.

Although it's technically easy to test for these genetic variants, many questions must be answered before suggesting children be tested to prepare parents or schools for a genetic propensity, said Guo -- and the findings have to be replicated.

All three genetic variations have been repeatedly shown to be involved in animal aggression, but human studies are rare.

Guo and his colleagues are currently collecting DNA samples from 15,000 individuals, and are looking at other genes in the human genome with possible links to delinquency.

"The ethical issue must be considered, as well," said Guo.

"Will it stigmatize the children? It is a probability, after all, even if the findings are replicated."

Good parenting overrides genetic link to delinquency

July 30, 2008
A recently published landmark study linking adolescent delinquency with genetic factors has yielded new insights into the roles of nature and nurture in a child's behavioural development. The study not only found a genetic predisposition towards criminal behaviour but also suggests that such tendencies can be overcome by good parenting and other positive influences.

The study of 1,100 adolescent males in grades 7 to 12 found links between violent or delinquent behaviour and variations on three specific genes – the monoamine oxidase A (MAOA) gene, the dopamine transporter 1 (DAT1) gene and the dopamine D2 receptor (DRD2) gene.

However, the research also found that these links were only strong when combined with negative social factors such as family problems, lack of popularity or failure in school.

In fact, the presence of positive factors such as shared family meals, popularity with peers, success in school and church attendance tended to reduce or even eliminate the effects of the genes, the Edmonton Journal reported.

According to University of North Carolina sociologist Guang Guo, who led the study, there is a strong correlation between a particular variation of the MAOA gene and criminal behaviour. "I don't want to say it is a crime gene," he said, "but one per cent of people have it and scored very high in violence and delinquency." At the same time, Dr. Guo found that delinquent behaviour in those boys with the gene was directly related to having failed a grade in school.

In another example, boys who possess a specific variant of the DRD2 gene tended to display negative behaviour if they did not share regular meals with at least one parent. "But if people with the same gene have a parent who has regular meals with them, then the risk is gone," Dr. Guo said.

"Having a family meal is probably a proxy for parental involvement," he added. "It suggests that parenting is very important."

Citing the need for more research, Dr. Guo warned against stereotyping children on the basis of genetic testing or using a "the genes did it" argument as an excuse for criminal behaviour.

Guo further suggested that at-risk children whose parents are unavailable may benefit from a surrogate

parent of some sort.

The study will be published in the August edition of the American Sociological Review.

Study finds genetic link to violence, delinquency

By Maggie Fox, Health and Science Editor

WASHINGTON (Reuters) - Three genes may play a strong role in determining why some young men raised in rough neighborhoods or deprived families become violent criminals, while others do not, U.S. researchers reported on Monday.

One gene called MAOA that played an especially strong role has been shown in other studies to affect antisocial behavior -- and it was disturbingly common, the team at the University of North Carolina reported.

People with a particular variation of the MAOA gene called 2R were very prone to criminal and delinquent behavior, said sociology professor Guang Guo, who led the study.

"I don't want to say it is a crime gene, but 1 percent of people have it and scored very high in violence and delinquency," Guo said in a telephone interview.

His team, which studied only boys, used data from the National Longitudinal Study of Adolescent Health, a U.S. nationally representative sample of about 20,000 adolescents in grades 7 to 12. The young men in the study are interviewed in person regularly, and some give blood samples.

Guo's team constructed a "serious delinquency scale" based on some of the questions the youngsters answered. "Nonviolent delinquency includes stealing amounts larger or smaller than $50, breaking and entering, and selling drugs," they wrote in the August issue of the American Sociological Review. "Violent delinquency includes serious physical fighting that resulted in injuries needing medical treatment, use of weapons to get something from someone, involvement in physical fighting between groups, shooting or stabbing someone, deliberately damaging property, and pulling a knife or gun on someone."

Your GENES PLUS ENVIRONMENT

They found specific variations in three genes -- the monoamine oxidase A (MAOA) gene, the dopamine transporter 1 (DAT1) gene and the dopamine D2 receptor (DRD2) gene -- were associated with bad behavior, but only when the boys suffered some other stress, such as family issues, low popularity and failing school.

MAOA regulates several message-carrying chemicals called neurotransmitters that are important in aggression, emotion and cognition such as serotonin, dopamine and norepinephrine.

The links were very specific.
The effect of repeating a grade depended on whether a boy had a certain mutation in MAOA called a 2 repeat, they found. And a certain mutation in DRD2 seemed to set off a young man if he did not have regular meals with his family. “But if people with the same gene have a parent who has regular meals with them, then the risk is gone,” Guo said.
“Having a family meal is probably a proxy for parental involvement,” he added. “It suggests that parenting is very important.”

He said vulnerable children might benefit from having surrogates of some sort if their parents are unavailable.

“These results, which are among the first that link molecular genetic variants to delinquency, significantly expand our understanding of delinquent and violent behavior, and they highlight the need to simultaneously consider their social and genetic origins,” the researchers said.

Guo said it was far too early to explore whether drugs might be developed to protect a young man. He also was unsure if criminals might use a “genetic defense” in court.

“In some courts (the judge might) think they maybe will commit the same crime again and again, and this would make the court less willing to let them out,” he said.

(Editing by Will Dunham)

Finger Length GLOBAL Media coverage List

(June 2007)

Title: Finger length helps predict SAT exam results, study shows
Source: Mark Brosnan, Department of Psychology

NATIONAL UK

Digital mathematics, Sunday Times (London)
How fingers can show if you’re good with figures, The Express
Why finger length affects how well a child will get to grips with maths, The Times

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