

# STRICTLY PRIVATE! BEING THE INTIMATE DIARY OF A MEDICAL PRACTITIONER pdf

## 1: A Retreat Diary - Toni Vidor

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Although the focus of this brief is elsewhere, our voice may be added to the voices of others who decry abortion as the taking of innocent human life and who seek to protect the youngest members of the human family. This reality adversely affects nurses in two ways. First, they may be compelled, at the risk of losing their jobs, to assist in abortion procedures despite their personal beliefs; and second, even where their personal beliefs are accommodated by their employers, they may suffer discrimination in the pursuit of their vocation. This brief proposes a solution that accommodates the right of nurses to continue to work- in their vocation without compromising their personal beliefs without impairing the functioning of hospitals. Things are not quite so simple; doctors do not function without nurses who are intimate participants at every stage of the procedure. Nurses are faced, therefore, with a very human and personal dilemma that parallels in many ways the one confronting the woman considering an abortion and her physician. The debate, however, has taken nurses for granted. A number of factors combine to make the burden of this personal dilemma particularly heavy for nurses. First, unlike doctors, nurses are employees of hospitals. Their employment, and the economic prospects of their families, may be at risk if they refuse to participate in an abortion procedure. Second, even where their personal beliefs are accommodated by their employer, nurses, who seek such accommodation can be singled out as non-conformists, or lacking "team spirit. Third, like doctors, nurses often specialize in areas such as obstetrics or gynaecology in which they have an interest and a talent. They acquire special knowledge, experience and skills in these areas. Nurses are compelled to choose between their chosen area of specialization on the one hand and their personal beliefs on the other. By contrast, no one has ever suggested that Canadian doctors who specialize in obstetrics and gynaecology but who refuse to perform abortions should leave the specialty entirely. Yet this is precisely what some have suggested that nurses who express a conscientious objection to abortions should do. This subordinate status, combined with the factors outlined above, makes it unlikely that the conscientious objections of nurses will be heard or heeded. This makes legislation protecting their rights a moral imperative. Such protection should involve two elements. The first is the protection of conscience; no person should be compelled directly or by threat of penalty to be an unwilling participant in an abortion procedure. Both elements are necessary to ensure adequate protection for nurses. Nurses for Life recognizes that protective legislation may cause some concern to those who fear that free access to abortions could be impaired. It is not our goal to use the arguments presented here as a device to prevent abortions in Canadian hospitals. Our goal is to protect nurses who object to assisting in abortions from being compelled to choose between their vocations and their personal beliefs. We offer four reasons in support of special protective legislation: We address each of these reasons in turn. The advent of the Canadian Charter of Rights and Freedoms establishes the cardinal value, in our society, of the right of individuals to hold and to conduct their lives in accordance with different personal moral opinions and beliefs. This is reflected in sections 2 and 15 of the Charter which guarantee that: These provisions might be thought to offer nurses some protection. Unfortunately, it is not clear whether they apply to hospitals, especially in the area of employment relations. Nor, to the best of our knowledge, are there any cases pending in the Courts on this issue. Legislation is needed to clarify the matter. Some Canadian human rights legislation might be seen to protect nurses. For example, discrimination on the basis of creed is contrary to the Ontario Human Rights Code. A part of the obligation to refrain from discriminating on the basis of creed is a positive obligation on employers, among others, to make reasonable attempts to accommodate religious beliefs. Sections 4 and 10 of the Ontario Human Rights Code provide: The right of conscientious objection and the protection from discrimination are not express, and can only be achieved by a nurse after protracted legal proceedings. Nurses need better and more express protection and their employers need certainty. More importantly, in some provinces there is no

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protection. Protection for Nurses is Consistent with the Protection Given to Nurses in Other Free and Democratic Societies Providing conscientiously objecting nurses with some form of legal protection would not be a uniquely Canadian development. Numerous other free and democratic societies have provided just such protection. There is no legitimate reason for denying this protection to Canadian nurses and other health care workers. United Kingdom Nurses who express a conscientious objection to abortion have, since , received special protection under s. This section provides that: Conscientious objection to participation in treatment 4. Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it. This section allows nurses to refuse to participate in abortions either directly or indirectly. Nurses may, under this section, validly refuse to be present in the operating theatre. In addition, they may refuse to assist in non-surgical abortions prostaglandins and saline injection. Section 46 of the Conception, Sterilisation and Abortion Act of provides: Some also expressly prohibit discrimination at the hiring stage. For example, Texas legislation provides: A physician, nurse, staff member, or employee of a hospital or other health care facility who objects to performing or participating, directly or indirectly, in an abortion procedure may not be required to perform or participate, directly or indirectly, in an abortion procedure. No physician, nurse, staff person, or employee shall be discriminated against for their willingness to participate in abortion procedures at other facilities. A person whose rights under this Act are violated may sue a hospital, health care facility, or educational institution in district court in the county where the hospital, facility, or institution is located to enjoin further violations of this Act and for such affirmative relief as may be appropriate, including, but not limited to, admission or reinstatement of employment with back pay plus 10 percent interest, and any other relief necessary to ensure compliance with the provisions of this Act. Such protection, it is suggested, should also be given to Canadian nurses. Protection for Nurses is Consistent with the Ethical Codes of Professional Organizations in the Medical Field Codes of conduct are expressions of the ethical standards which professional bodies consider to be binding on their members. These also reflect the public view of acceptable moral behaviour by members of a profession. A number have adopted provisions that protect conscientious objectors. When that request falls within recognized forms of health care, however, the client should be referred to a more appropriate health care practitioner. Nurses who have or are likely to encounter such situations are morally obligated to seek to arrange conditions of employment so that the care of client is not jeopardized. The Code recognizes an ethical sphere within which nurses are free to act in accordance with their personal beliefs. Nurses are not obliged to remove themselves entirely from an area in which ethical concerns are likely to arise. Part of that policy statement says: The primary focus in such discussions must be on the good of the patient and the obligations of the individual nurse and the health care agency to provide care. Note that the "transfer" referred to is simply a transfer from active involvement in caring for the patient undergoing that particular procedure. It is not an obligation to seek a transfer out of the ward. Provisions on accountability in these guidelines provide in part that: The scope of responsibility and accountability vary according to context and should be mutually defined by the nurse and the employer. There is no obligation to transfer to a new department. All that is required is that suitable arrangements be made for someone else to provide the necessary care to that particular patient. It is recognized that nurses as individuals may hold certain moral, religious or ethical beliefs about termination of pregnancy and may be, in good conscience, compelled to refuse involvement. This should be done at the time of employment or at the time of policy change so that services to the patient are not jeopardized. No reasons are needed for such a refusal. It follows therefore that the refusal on moral grounds would be perfectly acceptable. The only duty in such a case is for the physician to tell the patient of this fact. Doctors may not be compelled to perform any medical procedure that they might consider to be immoral or unethical except in emergency situations. The Canadian Medical Association has also explicitly considered the abortion issue. In a policy statement on abortion it unequivocally stated that: This statement also includes nurses. This policy statement on induced abortions states: A physician whose moral or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of such so that she may consult another physician. No discrimination

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should be directed against doctors who do not perform or assist at induced abortions. Respect for the right of personal decision in this area must be stressed, particularly for doctors training in obstetrics and gynaecology, and anesthesia. We believe that these concerns apply equally to nurses. We do not believe that this concern can be justified when it is analyzed. It should always be possible for employers to arrange work schedules of nurses so that there is someone available on any particular shift who has no conscientious objection to abortion procedures. Further, the administrative problem should be seen in context. Even in active obstetrics and gynaecology wards abortion procedures are relatively infrequent and do not comprise a significant part of the practice of nurses in the wards. It is therefore not reasonable to exclude nurses who may conscientiously object to abortion procedures from working in such wards. Since abortions continue to be performed in Canada in the absence of any legislation and since such protection is needed now, protective provisions could be incorporated in special legislation. Alternatively, protection could be incorporated into any new abortion legislation. The legislation should also include specific reference to the remedies available to protected individuals should the statute be violated. We recognize that there is a legitimate debate about whether protective legislation should be federal or provincial. Our concern as an organization is to ensure that protection is available as soon as possible. In this brief we have recommended that the Parliament of Canada enact protective legislation. We will make the same submissions to provincial governments. We believe that Parliament ought to make a statement, in the form of legislation, that affirms the values expressed in the Canadian Charter of Rights and Freedoms, provincial Human Rights Codes, foreign legislation and in the codes of the professional organizations set out above.

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## 2: Nurses for Life (Canada) ABORTION: PROTECTING CONSCIENTIOUS OBJECTORS

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She also has 7 years of coaching experience as a Professional Certified Coach. Entering medical school opened a whole new world for Angela, where she learned how our bodies are ingeniously designed to enable us to do what we do every day. However, she soon started learning about diseases, how they disrupt the body, how surgery - in order to cure us, needs to remove part of us, and how different drugs, though able to treat us, may also harm us. Are we not able to prevent the onset of the diseases? Is there more than what we know? If questions are outside of the scope and expertise of your health professionals on Ask a Health Guru, the health team will inform you and facilitation to other specialists in specific domains will be arranged on case-by-case basis. They only serve as contextualized guidelines for health promotion and education. They do not substitute professional medical advice provided at in-person settings e. Do not use this information to diagnose or develop a treatment plan for a health problem or disease without consulting a qualified health professional. If you are in emergency medical situation, do seek in-person medical assistance and consultation immediately. Conversations are kept strictly between you and your health professional from Blue Oak. You will also be introduced to your assigned health team when you first log into the system. If you have questions or wish to connect with your health team after office hours, do not hesitate to drop them a message and they will reply the next working day. How do I get started? Simply go to the Sign Up or Log In portion above. To sign up, provide your email address or phone number, name or nickname if you wish to remain anonymous , click Sign Up, and a temporary password will be sent to you email. Log back into the account using the respective credentials and get started. You will also be prompted to change password once logged in so you can remember it easily the next time. Content coaching is aimed at addressing knowledge gaps in lifestyle and health, whereas Life coaching support clients on going exploring and uncovering is a conversation that forwards the functionality and capabilities of a person. Coaching asks thought-provoking questions and engages clients in creative activities to raise self-awareness of their blindspots. This enables discovery of original solutions for themselves on the aspect they are working on. On Ask a Health Guru! Apart from being trained in the health specialization, Coaches at Blue Oak Healthcare must meet requirements from International Coach Federation ICF in professional life and executive coaching. It is important to note that on Ask a Health Guru, all coaching is done through the online platform, limited to text messages. Hence the approach to coaching will be of slightly different form as compared with face to face coaching. Nonetheless, principles of professional coaching are still applied. Yes, all information will be strictly private and confidential. Ask a Health Guru! If further support from a medical professional or other relevant parties regarding your concerns in work, life or health is required, your health team will first discuss with you and have your consent. Blue Oak Healthcare also takes the Personal Data Protection Act seriously and complies with the recommended guidelines and practice. See our PDPA here. Can I start the conversation anonymously? Signing up allows us to send you your initial password and keep the conversation space private for you. And yes, you can choose to be anonymous - simply sign up with a nickname on the Sign Up section. This is with exception that you share your health data with the health team who would have record of your full name. You can chat at a time when you find most convenient during work hours and we will end when we have arrived at a natural point for next steps or conclusion. Follow-ups may also be scheduled. Blue Oak Healthcare is a healthcare company specializing in preventative health. At Blue Oak, we see health as a much broader subject; apart from working closely with clients on physical and dietary wellbeing, we are passionate about understanding emotional wellbeing as well, as these are inter-connected elements of our lives. Check out a short video about us here! You can also find out more at our website. If you have any further questions, do

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When we publish a new article about twice a month subscribers receive a short email notice with a link to the new materials. If you would like to subscribe to this service, please sign up here. We will keep your personal information strictly private and never share it in any way. She has been a devotee of Adi Da Samraj since She was on retreat in Kauai from November 5 through December 10, I wanted to tell you what I am doing and how heart-broken and in love with Adi Da I am. My sacred life is also strong, though. I meditate and attend temple occasions at the beginning and end of every day. And He is in there every morning while we are meditating in the room next door. The whole island and the sanctuary itself are incredibly beautiful. The main building has been completely redesigned, with a long pool in front of the dome, with lighted fountains playing in the water and white egrets walking around the green lawns. Looming large in the background is the blown-out crater of Mt. Waialeale, mostly enshrouded in clouds and mists, but always looking very dramatic and powerful. One can feel the great manly and sacred force of this giant spirit, overlooking the sanctuary and the whole island. The whole scene is so beautiful that it blows my mind whenever I walk onto the property. Like the cattle herders from the Krishna legend who abandoned their ordinary lives because they were so enchanted with the Guru, I left all my routines and healing practice in northern California to make myself available to Beloved Adi Da, and He has taken me over and captured my heart completely. I am also so enchanted, attracted, and in love with Beloved Adi Da that nothing else seems important. I am content to completely drop out of my ordinary life and allow the Spiritual process to unfold in my life here however it will. All my buttons were pushed and I had to practice beyond my anger and reactivity when it came to the smallest things throughout my day. One night, for instance, someone locked my car with the keys inside. Also, for a week, my accommodations were often changing as I settled into the retreat schedule, which begins at 5: This love has become so powerful that I am often melted in tears. I am swooning every time I get in the car and I keep feeling Him even in the local stores when I am out on my errands. Whenever I get a chance to go to the beach, I lie down and feel Him Invade the body there also. One day, I drove someone to the place where Beloved Adi Da does much of photographic Work and sat down in the living room to join the chanting for a few minutes. The Ascending Force was also so strong that I thought I was going to leave my body. It was good that I was sitting down! I could hardly contain myself. My heart was breaking with such intense love of Him that tears were flooding my eyes. Another day, I was invited to massage His Feet, which I had not done for many years. It was an archetypal setting. He was in a cabana on the beach with the two members of the Ruchira Sannyasin Order. The wind was blowing off the ocean, and the sun was hot on the sand. The place was thick with His Divine Peace. As I started on one Foot, my mind became filled with my past healing knowledge of all the meridians, the zones, and the pressure points located on the feet, and I was diligently working on all of these. My touch became much more tender and gentle. My mind became more focused and still, and suddenly my Guru Revealed Himself to me. My whole being became flooded with His Love-Bliss. I saw in that moment that the Guru is utterly surrendered to the devotee, and this completely broke my heart. When I came here I had a chronic health problem and would easily get exhausted when I overdid it. Trying to keep my seventy-five year old body in balance has been quite a job. Before coming on retreat, I had a lot of attention on myself, trying to keep my body in balance and keeping it going with weekly healing treatments, and I was worried that the conditions here would aggravate my health. I have been exhausted a few times, but find that I recover very quickly and now that exhaustion hardly happens any more. I am steadily getting stronger, even without any healing treatments. I have long ago stopped taking all the dietary supplements I was taking and I find that the body is working well without them. There is an old saying that when you take

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one step towards God, He takes nine steps towards you. In other words, when the devotee makes a real gesture of surrender or devotion to the Guru, He will flood you with more gifts than you could possibly imagine. And this has happened to me. This is why I have not been able to leave this place. All my love, Toni P. Below are two letters I sent to Adi Da while on retreat. I hope you enjoy them and can feel the immense gift of being here. Today in Darshan, I only sat down and instantly Your Descending Force moved downward in the body, carrying my mind with it. I remained in that mindless Contemplation, or Beholding, of You for the rest of the hour, with no effort on my part. The body gradually became more and more limp and the head got heavier, so that it finally ended on the floor. But there I remained, awake and easily Contemplating You with no effort or search on my part. I feel that You have Given me the Gift of searchless Beholding of You and that yesterday was the culmination of this month of retreat. I am deeply grateful for this Gift.

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## 4: Results for Maurice-Chideckel | Book Depository

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There is no-obligation to book an appointment and I will tell you honestly if I find that a different approach might be better suited to your specific concerns. Contact Me About Me My own history of a series of health issues led me to nutrition and naturopathic medicine. I was suffering stiffness and low-grade fever for weeks after giving birth to my third child. I saw many different doctors and eventually was diagnosed with chronic fatigue syndrome and rheumatoid arthritis. For both conditions there is no treatment to cure them, only medication to reduce the symptoms, and in the case of rheumatoid arthritis it would have been something I would have had to take for the rest of my life. I felt that this was not good enough and embarked on my own health journey. I dived deep in to my medical history and through research slowly understood that I had underlying health issues IBS, food allergies, chronic sinusitis and cystitis due to what I was eating, even though I thought I was eating healthily. Something as simple as milk was contributing to the severe conditions I was diagnosed with. With this newly gained information and more questions than ever before, I felt the need to understand the science of nutrition on a much deeper level and decided to study naturopathic nutrition. Today, I am a stronger and healthier version of myself and nutrition played a huge part in my recovery. As a result I feel passionately about sharing this knowledge to help others on their health journey and empower them to help themselves. They both require members to have training at an accredited institution as well undertake continuing professional development to maintain the highest standards. Prior to having children and working as a nutritional therapist I used to work in the pharmaceutical and the finance industry for over 10 years. Consultations what to expect? Before attending the appointment I will send you a health questionnaire and a food diary for you to fill in. Ideally, I would like you to return it two days prior to your consultation to help me prepare for your visit and maximise the time of your appointment. Initial Consultation The Initial Consultation will include: The plan will include diet, lifestyle recommendations and with your approval nutritional supplements, if deemed appropriate minute telephone or skype conversation discussing the Initial Treatment Plan Follow-up Consultation minutes The Follow-up Consultation is booked within weeks of your Initial Consultation and can also be held via Skype or phone. Your Follow Up Appointment will focus on the outcome of the changes recommended in your Initial Treatment Plan and the results of any tests taken. A revised plan will be created depending on the response of your treatment as well as any test results. An updated plan will be sent to you within 48 hours of the follow-up appointment. A minute telephone or Skype conversation discussing your new treatment plan is included in the cost for the follow-up as well as emails regarding your plan. Any personal information given is strictly private and confidential!

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## 5: - NLM Catalog Result

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One party says it is easy, comparatively easy, to produce tubercular deposits in the lower animals by dint of confinement and want of ventilation and of good food; and the other maintains that such a result is quite exceptional, though fatal effects may follow. Organic should have been metallic. At least so we were told by a Fellow of the Society when we expressed our scepticism upon the subject. One of the Victimized. SIR,-My attention has been called by a medical friend to a letter in your journal of the 16th instant, bearing the signature of Mr. Henry Ubsdell, of Buckfastleigh, charging me with being guilty of "ungentlemanly" conduct towards him in two inquests held by me. Before one man publicly charges another with ungentlemanly conduct, it strikes me if he claims to be a gentleman himself he should at least ask for an explanation, and not write a violent letter to a public journal of undoubted value, which, in all probability, might escape the observation of the individual attacked. Ubsdell has sought no explanation from me, though resident in his immediate neighbourhood, or even sent me a copy of his letter to you. So much for Mr. Ubsdell and gentlemanly conduct. With regard to his first charge, I think it due to myself to state that I received information of the case from the county policeman of the district where the death occurred, and he at the same time told me he believed Mr. I immediately, as in duty bound, issued my warrant for the inquest, and sought a personal interview with Mr. Chilcote, who told me he well knew the deceased and his family, and I asked him to attend the inquest, being totally in ignorance of Mr. Ubsdell being in any way mixed up in the matter. It is perfectly untrue that I received "the evening preceding the inquest any information from any of the family of the deceased that Mr. Ubsdell was the attendant of the deceased," nor did I hear a rumour of it till the day of the inquest, and then not from a member of the family, but from the policeman, who told me he was blamed for naming Mr. Chilcote as the doctor. Chilcote, and no objection being raised by the family, I held the inquest, and called Mr. Chilcote, who satisfied the jury that the deceased died by falling into the water in a fit. I suggested a post-mortem examination of the body; but all parties considered, as there was no suspicion of foul play, and the death could be accounted for as above stated, it was unnecessary to put the county to the expense. Ubsdell has never spoken or written to me on the subject, and has only been in practice at Buckfastleigh about three years, so deceased, though an old man, has not been long Mr. Kiernan, of Buckfastleigh, was the medical attendant on the deceased. I examined this gentleman as to the cause of the death, and he satisfied the jury and me that the death was from natural causes. I offered the jury to call in other medical evidence if they were not satisfied. They, however, deemed it unnecessary. I have always endeavoured to show the greatest courtesy and respect to medical gentlemen in my district, and I believe I may leave myself and my conduct safely in their hands. For a very large majority of them I entertain a great and well-deserved respect and esteem, and I hope Mr. Ubsdell will not compel me to add him to the solitary exception I at present hold, especially as that exception is not a duly registered medical practitioner. Coroner for Devon Totnes District. An Old Subscriber, Queenstown. SIR,-Having had sad cause to deplore the present uncertainty in the treatment of scarlet fever, I have been daily considering in what way the late epidemic of that disease can be made the means of future good. Are we to see our children and friends dying around us, and the doctor only able to give remedies that are, to say the least, useless, or to stand by and say "we can do nothing"? It seems to me that the best thing that can be done is to request every medical man in England and Wales to send a faithful report of all cases treated by him in , the ages, treatment, deaths, and recoveries. I would suggest that a printed form, asking all needful questions, should be sent to each doctor to fill up. The names of the medical men to be kept strictly private. These reports to be then carefully arranged, the same treatment, though by different doctors, being

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classed together, and the result in deaths and recoveries given. I would further suggest that children and adults should be kept separate. I think it would be found that a certain increase of deaths would be seen to follow some treatments, and vice versa. If so, how thankful both the medical and non-medical world will be for even such an amount of certainty. The difficulty is, how is this to be done? Who can call upon the doctors of England to make such an exposure of their failures? Sir, I have such faith in the unselfish devotion to truth and the welfare of their fellow-beings of most of the doctors of our country, that I think the request would be gladly acceded to if made by a proper authority, and I write to you to know if you could take the matter up, and to state my willingness to subscribe towards a fund for defraying the expense of collecting and arranging the reports. Yours obediently, April, SIR,-May I beg to ask, through your valuable journal, the most efficacious treatment for a patient suffering from acne rosacea, situated on the forehead. The lady has taken arsenical solution ; the compound mercury mixture of the Skin Hospital Pharmacopoeia; iodine and iodide of potassium mixture, recommended by Neligan. Applied locally, bichloride of mercury solution, with mercurial ointments. It is a sad disfigurement. Can any of your readers suggest a plan of treatment? I am, Sir, yours obediently, April, Atkinson, Wylam, with enclosure; Mr. Mackinder, Gainsborough ; Mr. Scorer, Falmouth, with enclosure; Mr. Collier, with enclosure ; Mr. Ollard, Ryde, with enclosure; Mr. Manly, Sierra Leone; Mr. Farncombe, with enclosure; Mr. Moss, Sierra Leone; Mr. Wright, Amphill ; Mr. Browne, with enclosure; Mr. Stretton, with enclosure; Mr. Bain, with enclosure; Mr. Mullan, with enclosure; Dr. Oswald, with enclosure; Rev. Le Fetivre, Jersey; Dr. Goddard, Longton, with enclosure; Mr. Nelson, Bridlington ; Mr. Rees, High Wycombe, with enclosure; Mr. Walker, Wakefield ; Dr. Stewart, Cape of Good Hope; Dr. Anderson, Wakefield, with enclosure ; Mr. Halls, Hendley, with enclosure; Mr. THE Welshman has been received. Medical Diary of the Week. Marshall, "On Animal Life. HnUah, "On Music Brodie, "On the organic Peroxides Theoretically Considered.

### 6: Medical Diary of the Week. - [PDF Document]

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