

Magazica

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Health

Hope, Happiness

Turning Pain into Purpose:
Angie Poirier's Journey from
Oncology Mom to Cancer
Advocate

Learning Disabilities &
ADHD
Awareness Month

Protecting Against RSV
and Seasonal Viruses

Understanding Breast
Cancer Risks and the
Power of Early
Detection

Celebrating Our
Seniors

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HPV
Prevention Week
Highlights

Dr. Marc Ruel on
Robotics, Research, and
the Human Side of
Surgery

MARC RUEL
Professor and Director of Minimally Invasive Cardiac Surgery

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Magazica

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Dr. Marc Ruel

Interview

*With
the Director
of Minimally
Invasive
Cardiac
Surgery*



Dr. Marc Ruel is a graduate of the University of Ottawa and Harvard University. He is known for having developed the world's first multi-vessel Minimally Invasive Coronary Bypass operations. Surgeons and teams from around the world have visited the Ottawa Heart Institute to learn these advanced techniques, and Dr. Ruel has performed surgeries at numerous institutions globally and trained learners from every continent. Dr. Ruel is Past President of the Canadian Cardiovascular Society. He serves as Surgery Editor for the journal *Circulation*, the world's premier cardiovascular journal. A prolific scholar, Dr. Ruel has published over 500 scientific articles, authored seven books, and delivered nearly 400 invited lectures. His primary textbook on Cardiac Surgical Techniques has been published in 3 editions and 5 languages.



From Scalpel to Scarless Healing:

Dr. Marc Ruel on Robotics, Research, and the Human Side of Surgery

What if the future of heart surgery didn't involve cracking open the chest? What if healing could happen without scars - and recovery felt more like a stroll than a marathon? Dr. Marc Ruel isn't just asking these questions - he's answering them. As Professor and Director of Minimally Invasive Cardiac Surgery at the University of Ottawa Heart Institute, Dr. Ruel has pioneered techniques that are changing lives and rewriting surgical textbooks. In this

conversation, he opens up about the human side of medicine, the power of teamwork, and the bold innovations shaping tomorrow's cardiac operations. This isn't just medicine - it's a movement.

Magazica: A few surgeons redefine the way life-saving procedures are performed. Dr. Marc Ruel has done just that as a professor and the endowed chair of minimally invasive cardiac

research at the University of Ottawa Heart Institute. He has pioneered techniques that have transformed cardiac surgery worldwide. His groundbreaking work in minimally invasive coronary artery bypass surgery has given thousands of patients a safer, less invasive path to recovery - changing the future of heart health beyond the operating room.

Dr. Ruel is a leader, educator, and researcher, shaping the next generation of cardiac surgeons while driving innovation in surgical techniques. Today, he joins us to share his journey, the lessons he has learned, and the future of cardiac care. Dr. Ruel, welcome. It's an honor to have you.

Dr. Marc Ruel: Thank you. The honor is mine. Very happy to be here.

Magazica: Let's start with the human side of heart surgery. Your work is at the cutting edge of cardiac surgery, but beyond the science, what's the most rewarding part of helping patients through such life-saving procedures?

Dr. Marc Ruel: Thank you. That's a great question. Cardiac surgery is a rather dramatic field of medicine and surgery. We sometimes deal with situations that seem hopeless or impossible. The technology and teamwork involved must be tremendously well tuned.

You cannot perform an open-heart operation on your own, even if you're the most gifted person on the planet – that would be absolutely impossible. For any given operation, there are probably between seven and ten people working around the operating room, each

focused on the patient being safe and getting better.

Regardless, heart surgery remains a scary experience for patients. And even as one develops as a surgeon, a nurse, a cardiac anesthesiologist, a technologist, or a perfusionist, you continue to feel very high stakes, and rightly so. There's also a bit of magic, if you will, that emanates when the chest is open and you see the heart beating. You start working on the heart - first exposing it, then diverting blood away, then stopping it and working on the valves, the arteries, the muscle itself, or the aorta. These procedures are all tremendously advanced, not only from a technological standpoint but also in terms of teamwork.

That being said, the human side of cardiac surgery is ever-present. Everyone realizes the implications and the huge stakes of cardiac surgery - first and foremost, for the patients and their families. You feel like you're in a trench together.

So, cardiac surgery is generally very effective and safe, but it is quite invasive and understandably frightening for patients and families. If I had to summarize the theme of my career, it has been, alongside my colleagues and teammates, to make heart surgery less invasive and easier for the patient.

Sometimes this means we don't cut the breastbone to perform operations that previously required it. Other times, we still perform a conventional breastbone incision but with less morbidity, by not stopping the heart,

by minimizing dissection or blood loss, and by using innovative techniques that make the experience easier for the patient.

In a nutshell, that has been my focus, and my team has been incredibly supportive throughout this journey of several decades.

Magazica: Coming from the last part of your conversation, this idea of making surgery less scary - from my layman's perspective, minimally invasive or less invasive cardiac surgery sounds revolutionary. For someone unfamiliar with this field, how does it differ from traditional open-heart surgery, and why is it a game changer?

Dr. Marc Ruel: This is a great question and hopefully I can summarize - there are four types of adult heart surgery: surgery on the arteries of the heart, surgery on the valves, surgery on the aorta. The aorta is the largest blood vessel from which all the blood escapes the heart. Sometimes the aorta can have aneurysms or outpouchings that can rupture, break apart, or have other issues like infection or disease - even cholesterol and clot can sometimes accumulate into it.

The fourth type is when the heart muscle itself gives up or obstructs itself. We call it cardiomyopathy - essentially the failure of the heart to contract or provide a smooth path for the blood to move forward. The heart muscle becomes either very, very poor, fails to relax, or is literally obstructed. These four types of heart conditions intersect; they're not always completely separate. Sometimes you'll do an operation on the heart muscle that requires



bypassing an artery and repairing a valve. You might replace an aorta that requires a valve or a bypass as well. So they can be quite intermingled.

Importantly, the way to perform these surgeries is now very safe, and ways to make them less invasive are available.

When I started as a young surgeon back in 2002, coming back from Harvard, I felt that we should design a way to perform multiple coronary bypasses without splitting the breastbone, which could not be achieved back then. We worked very hard on that. We even worked for a while in cadaver labs to go through a bunch of experimental incisions and approaches. We finally determined that if we made an incision at that particular spot and used specialized techniques, we could access all areas of the heart and safely and successfully perform bypass grafting on multiple arteries. Prior to that, surgeons could really only address one bypass minimal invasively.

So, a colleague in New York and I then started doing the first operations at the same time. I fondly remember my very first patient, who was from the Quebec side of the Ottawa region, called Gatineau. I told him, "This has not really been done before. But based on what we know, based on what we've already done, and based on the experimentation we've performed - including in cadavers - I think I can do it safely." I explained to him, "We're going to make sure you're safe. I'm going to make sure the operation is effective. And if we can do it less invasively, we'll make that happen too."

His response was surprising and quite invigorating. He said, "I trust you, young man. Just go ahead. Do it. Do your best, and I know we're going to be fine!" The patient was right and he has done well for decades.

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MINIMALLY INVASIVE CORONARY BYPASS SURGERY IS THE FASTEST-GROWING SINGLE HEART OPERATION IN THE WORLD.

”

Magazica: Wow! That's fascinating to hear. So, this journey to innovation - you pioneered this technique, and now it's used worldwide. Can you take us back to the moment you just described, when you realized that minimally invasive coronary artery bypass surgery could change the future of cardiac care? How did that moment occur?

Dr. Marc Ruel: Absolutely. It's an important question because heart surgery is effective. It's also quite safe. The problem is: why is it so invasive. Part of this invasion comes from two ways: either from stopping the heart using the

heart-lung machine, or from splitting the breastbone.

The breastbone is a bone that moves with every single breath. If you performed CT scans on everyone, you'd find out that up to 30% of patients never completely heal their breastbone after heart surgery. They may be okay and not feel it – indeed, many patients don't feel it at all - but if you were to do a CT scan on everyone, you'd find that about 30% of patients have incomplete healing of their bone.

There are many reasons for that. The bone is constantly moving, and many patients are elderly - the average age is probably between 65 and 70 years old. Healing a major bone that moves every second with respiration is a bit of a ludicrous goal. It certainly won't happen in everybody.

When I started as a surgeon, I also felt that we could reduce bleeding and inflammation during surgeries, which come in part because of the heart-lung machine that drains the patient out and circulates and thins the blood. I wanted to find ways to avoid that and ideally do everything at once - avoid the heart-lung machine, avoid stopping the heart, the breastbone incision - and really reduce the bleeding and inflammation aspect of cardiac surgery. I think we've achieved that.

Now, this new surgery has been emulated in some form or fashion across the world. Many great teams have since contributed and moved the field forward. Thousands of surgeries are performed every year that follow this principle of performing multi-bypass surgery less

invasively. Less invasive valve surgery has also grown tremendously. It's quite commonly performed without spreading the breastbone, even multi-valve surgery. So there's really now a bit of a minimally invasive revolution in heart surgery.

But it took quite a while for things to happen! Because cardiac surgery is not like cancer surgery, where you come and remove an organ, or like gallbladder surgery. In cardiac surgery, you almost never remove anything - sometimes you might take out an aneurysm - but you have to reconstruct everything, knowing that twice the body's blood flow cycles through every minute. Yes, twice, because both the right heart and the left heart handle a complete blood cycle. Cardiac Surgery is by definition always a reconstructive rather than an ablative form of surgery.

The heart is also subjected to tremendous pressures, yet it's exclusively made of soft tissues! So all the blood goes through it in every single cardiac cycle, and the tissues are quite fragile. Surgeons thought for centuries that operating on the heart was impossible. They thought that the heart was the surgical limit that would never be achieved.

Of course we've learned that this is not true. Since the 1950s, when the first open heart operations started being performed - initially on children, and later on adults - we've come a really long way. But the reconstructive nature of the surgery still makes less invasive approaches very difficult.

I often say that when you do minimally invasive

heart surgery, the surgeon bears much of the pain that the patient would otherwise be experiencing. The surgeon is essentially giving up some of their comfort so that the patient has more comfort, which is a great philosophy - a great starting principle!

Magazica: Thank you. Even for laypeople like us, we clearly understand it. On that note, let's digress a bit - but meaningfully. Can you shed some light on BEaTS Research? I can see the logo on your coat. There are two more people involved - Dr. Eric and Dr. Emilio - as we saw on the website. Please tell us more.

Dr. Marc Ruel: BEaTS Research is a translational research program. What does translational mean? Essentially, translational research means developing discoveries that will have a clinical impact. It's rather difficult to do translational research because, as you may know, very many things discovered in labs don't turn into clinical advances.

Sometimes we try, but the discovery gets blocked at the animal model level, or later with large animals. There can be human trials - what we call phase one trials - that turn out to be negative and show that the new discovery, unfortunately, is not helpful to modern clinical medicine and surgery.

It's estimated - though we don't know the exact number - that more than 95% of basic science research does not have a direct clinical application going forward. That doesn't mean that research not important. I do want to stress that. Sometimes, one discovers a gene, a new mechanism, or an enzyme, the discovery may

be put into action a generation later.

There are examples of that. One beautiful basic science study was done in Yellowstone National Park back in the 1960s. Those hot water pools - called prismatic pools - harbored a special bacteria that could survive at temperatures higher than 60 degrees centigrade. These pools are volcanic in origin and very hot. You wouldn't want to swim in them - everyone would get burned. They're not even prone to sustaining life.

But this bacteria stayed alive in those pools despite the very high temperature. Enzymes from that discovery were used and led to one of the greatest advances in medicine. It was the opportunity to expand genetic material, which ultimately led to the Genome Project. The enzyme was called Taq Polymerase. At the time, it was published in a fairly obscure scientific journal. No one thought it was important!

Since, it has become one of the most important scientific papers in all of medicine.... because it has a direct link to the Genome Project and opened the door to understanding so many of the genetics and mechanisms that are now available to us.

Magazica: One of your publications came up during our conversation with Lianne as well. The article you published in *Advanced Functional Materials* is titled *Multipurpose On-the-Spot Peptide-Based Hydrogels for Skin, Cornea, and Heart Repair*. It's widely circulated. I've gone through the whole article, and what I realized is that you've created a bio-inspired

synthetic material that can be very effectively utilized for treating damaged tissues and organs. Can you shed a bit of light on this for the general public?

Magazica: One of your publications came up during our conversation with Lianne as well. The article you published in *Advanced Functional Materials* is titled *Multipurpose On-the-Spot Peptide-Based Hydrogels for Skin, Cornea, and Heart Repair*. It's widely circulated. I've gone through the whole article, and what I realized is that you've created a bio-inspired synthetic material that can be very effectively utilized for treating damaged tissues and organs. Can you shed a bit of light on this for the general public?

Dr. Marc Ruel: Absolutely. I appreciate the question. We're quite passionate about this project. Part of doing minimally invasive surgery is also that you want to minimize scar formation for our patients.

Dr. Erik Suuronen, my colleague in the translational lab, now heads the lab with Dr. Emilio Alarcon. Erik was working on understanding scar formation in hearts after a heart attack. For that work, Erik and I recruited Emilio to join our research group. Emilio then thought, "This is very interesting... I think some of the polymers we're using can actually be manufactured on the spot. And can be optimized and used to lead to scarless skin healing."

So Emilio started working on this with Erik's help, my help, and of course, the lab members' help. I think we now have a really cool product,



which - certainly in the lab and on small animals - has greatly reduced scar formation, to the point of eliminating it. That is our ultimate goal!

If one could truly mitigate and eliminate scar formation, it would open many doors in surgery. Perhaps some of the efforts we're putting into keyhole approaches for coronary and valve surgery wouldn't be necessary. If you could have instantaneous healing, that might change things.

The future could bring a completely new paradigm - where you go through the tissues you need to access, so you have full comfort during the operation. I'll tell you, with minimally invasive cardiac surgery right now, you don't always. It's not a simple surgery - it's can be very acrobatic. As I said before, the surgeon takes the pain to provide the patient comfort.

But perhaps in the future, things will be different. We might have on-the-spot, much quicker repair and recovery for any incision, and even potentially scarless healing.

I want to commend my team for this. They are absolutely fantastic. Erik is a very wise presence in the lab. He always provides big-picture insights - how this fits into the overall field, how feasible it is, and how much future it has. Emilio is raw genius. He has so many ideas constantly flowing in and limitless energy. The two of them make an amazingly strong combination.

I'm just there on the sidelines watching people who are way smarter than I am come up with

such discoveries. What I think I can contribute - and we complement each other well - is clinical and surgical relevance. When we discuss a project and develop research together, I can help us identify how we could use it for a specific medical condition or after a particular surgery. Sometimes we don't have enough conduits. Sometimes we face problems with hypertrophic scars. I'll say, "Emilio, Erik, can you help us?"

It's been a wonderful journey. We've even recruited a new investigator recently as part of the BEaTS Research program - Marcelo Munoz. He's developing his own research program and has already published a very impactful paper on behalf of the team.

Magazica: Fascinating. But when I tried to read it, there were lots of technical details - seven types of peptides, graphs, charts. I actually used AI to help me understand the basic terminology and implications in simpler terms.

In that connection, I also want to ask about something Lianne mentioned briefly. We didn't get into it much because we thought we'd touch base with you directly. Are you working on robotic surgery? Could you shed some light on that?

Dr. Marc Ruel: Yeah, robotic heart surgery is really cool - it's the future, in my opinion. The surgical robot is used in many specialties. I would venture that the specialties that use the robot the most are urology, gynecology, general surgery to some extent, thoracic surgery, as well, and ear, nose, and throat. I'm sure I'm forgetting some area of surgery that probably uses it a lot.

Interestingly, the robot was not so used in cardiac surgery, even though the original intent of surgical robots was actually to perform heart operations. The company at the time - Computer Motion, and later Intuitive Surgical - thought that robots were especially needed in heart surgery – because it is the most invasive! That however proved to be a daunting task, in part because of what I was telling you earlier: the complex reconstructive nature of cardiac surgery makes it more difficult to safely bring innovation and less invasive ways to do it.

The valve has to hold. Every single aspect of the repair has to be functional. If there's any piece of the valve, or of the bypasses, or of the suture during the reconstruction that doesn't work, the valve will leak, the valve will not work as well, the patient will bleed, and the patient could die.

So, the cardiac surgery robot came relatively late. Now, it's important to know that the robot doesn't think - it's not an AI robot like some might imagine. It's basically just an extended surgical telemedicine manipulation instrument. Each arm is like a mini hand – a microscopic extension of the surgeon's hand - at the tip of a trocar that goes through a small hole in the chest. Typically, we use three, four, five small holes like this. One of the holes is for a 3-D camera.

At the tip of each trocar is also a micro instrument. Because of that, you're able to get into a cavity or small area. In addition, you can insufflate a little bit within the cavity to give yourself some space. This brings a lot of advantages: miniature access, insufflation, and



the instruments themselves that have six degrees of freedom. There's even a wrist - the instruments can be moved in almost every direction.

You're not going to play the Schumann piano concerto with a robot - it's not going to work! - but you can certainly do surgery. You can do micro-dissection, micro-reconstruction, all within a closed space. The advantage is that it allows you to do heart surgery essentially without opening the chest - working within the closed chest. That's a tremendous advantage.

But again, as I said earlier, it's not an easy task. There's a huge learning curve. And as I always like to say when I teach minimally invasive cardiac surgery, the first thing is always safety. The second thing after safety is always efficacy. Only after these two things have been fulfilled can you really say that the minimally invasive aspect of surgery on the heart can go ahead and be completed.

In other words, if you compromise safety or efficacy because you want to limit the size of the incision and the amount of invasion, you're not taking the right approach.... and your team will notice! That's why sometimes you start a surgery thinking it will be minimally invasive, and at some point you hit a wall. You just decide, "Well, guess what.... Let's do a regular incision. Let's make sure the surgery is done perfectly well - perfectly effective and very safe."

Magazica: Listening to all this, we can only thank you and your team for doing such impressive work in this sector. On behalf of all

of Canada, I'll take the opportunity to thank you.

The last two words you just said - safety and efficacy - really resonated with me. I'm an HR person, and one of my specialties is occupational health and safety. So it's very meaningful to hear that.

You've talked plenty about how you operate and how you research. What's one lesson - from all your years in surgery - that applies not just to medicine, but to life in general as well?

Dr. Marc Ruel: I think the two most important aspects of a career as a surgeon are - allow me to say two, because I think a single one is not enough.

First, to be able to work as a team. That implies a lot of things. To work well with your team, you have to respect your team, and your team has to respect you. The latter is key.... for your team to respect you, that doesn't happen the first day you walk into the OR. It is an acquired privilege. They have to know you, have seen you prevail in times of extreme difficulty, and feel that if you can't fix something, then likely nobody could either. It's a longitudinal process. It doesn't happen overnight just because you come in with all the credentials and you trained at Harvard or likes - that doesn't mean much. I probably sound like "that don't impress me much," you know, the Shania Twain thing, right? (laughs)

Working as a team is so important as a heart surgeon because you can do nothing alone. Nothing happens entirely on your own. The ability to understand what your colleagues and

team members are going through and relate to them - and have them relate to you - is tremendously important.

The second aspect, which is not unrelated to the first, is to be humble. I think it is very important. By humble I don't mean coming into the OR and saying, "Oh, I really can't do this surgery, but I have no choice." That's not the type of humility I'm talking about.... that actually would not resonate well. But if something is impossible or futile, if there is a problem, if there is a mistake, if something could have been done better - to have the humility and honesty to see it, to learn from it, to debrief with your team, and to do better next time – that is key to the growth of a surgeon and their team.

So, the growth of a surgeon's team, of herself or himself and the team members, doesn't happen overnight. It takes a while. There also has to be a bit of a gradation. For instance, if someone enters the complex field of minimally invasive heart surgery, you're not going to do well by starting with the most difficult operations right away. You start in a selective manner. The same thing applied every time I brought in a new surgeon as part of our growing team - we carefully choose the type of operations he or she would be doing.

Yes I think that humility is very, very important. Like in everything else, there are surgeons who are extremely gifted, and there are surgeons who are average, and there are surgeons who are below average. The key is really to be safe, and not get into doing something that is above your abilities.

Even if, say, a surgeon is average but knows that they are, and is very humble in front of the patient and in front of the operation that has to be performed, and gives it extra attention, doesn't cut corners at any level - a surgeon like that can have tremendous outcomes and be extremely safe, effective, and successful throughout their entire career.

Magazica: Fantastic. Whenever I say to my clients or students, "How do you manage people?" I say, "Make a list of people you love and people you respect." The second list is always smaller than the first one - almost always. So when you say being able to work as a team and having respect from your team members and colleagues - that's so important.

And the second element you mentioned complements the first so well: be humble. It's so nice to hear. Thank you very much for that.

What would you say to aspiring medical professionals - young people considering a career in medicine, especially surgery? What's one piece of advice you'd wish someone to have?

Dr. Marc Ruel: It's an excellent question. I would say: worry more about what you can offer to your field of medicine. That sounds a little JFK-esque, but worry more about what you can offer to medicine and surgery, to your patients, to your colleagues, and to your institution than about what the field can offer to you.

Medicine is an extremely rewarding profession - whether you're a surgeon, psychiatrist, public

health specialist, family doctor. There's always someone you can help and something interesting or an opportunity around the corner. It's so interesting that - this is perhaps one of the reasons why doctors have such a hard time retiring - because you're constantly in one of the most stimulating (I'm probably very biased) lines of duty or fields. There's always something new on the horizon and someone you can help!

As a doctor, you're such an important part of providing care, and you work with a multidisciplinary team that's all engaged toward doing that. Like in every family, there are highs and some lows, but that too is part of the excitement from this profession.

To come back to what's most important for medical professionals - I wouldn't want any young doctor in training to think that he or she can only be, say, an ophthalmologist, a heart surgeon, or a family doctor working in remote communities. These are all great jobs, no question. But in medicine, if you have an open mind, you will receive a lot from the field, whatever that field is. You will receive a lot of reward from helping people and from assisting your colleagues in what they do.

It's not an easy profession, no question. But it's a tremendously rewarding one. Sometimes I get asked, "What is the single most important quality?" I think it would be courage - not only for leadership roles, but even as a doctor in general.

There are discouraging moments, no question. Sometimes you cannot save a patient.

Sometimes you feel like you're going to crumble under the amount of work. Sometimes you get disappointed with the way the healthcare system is running. But complaining and curling up in a hole is not the answer. The answer is to give your 120% and try to fix it - do your little part in moving that big ship toward something better for the health of Canadians, or whichever country you work in.

Magazica: Fascinating - the whole thing is truly fascinating. I'm having so many fascinating moments in this conversation. You remind me of my UofT professor who said, "The day your curiosity dies, you are becoming old, and the day that you stop helping others, you become poor." You remind me of that line. That's fascinating.

And how do you see the future of cardiac health? What advancements in technology and research - where do you see cardiac surgery heading in the next decade? Are there innovations on the horizon that excite you?

Dr. Marc Ruel: Absolutely. It's a great question.

The past century was probably the century of cardiovascular advances. Some of the greatest strides in being able to treat lethal conditions came from the cardiovascular field.

The 21st century - interestingly - we're now starting to see major forays in other fields of medicine, such as cancer as a whole. Not that they weren't there in the 20th century, but I think cancer therapeutics have already gained a lot of momentum in this century. And also

neurology - neurological diseases, brain and peripheral conditions - are met with much more hope than they were in the previous century.

I'll give you two big examples: multiple sclerosis and stroke. We now have treatments. There's now some hope. And maybe in 10–20 years, we'll have some hope for ALS patients. There's not a lot right now, but it's amazing - the progress being made in medicine and surgery as a whole.

Yet I would maintain that perhaps one of the first fields to really take away some of the mortality from completely lethal conditions, outside of infections, was cardiovascular. Valve and pediatric heart disease started first being treated by heart surgeons. Coronary artery disease - again, a lot of bypass surgeries - was then literally halted. And then heart transplant and aortic surgery.

Interestingly, minimally invasive bypass surgery is the single operation in heart surgery that is growing the most globally over the last several years. I think our team in Ottawa had an important impact in developing the field and developing the evidence to make that impact known and accepted. Obviously, other players outside of Ottawa have also contributed to making that happen. But it's so nice to see now that the fastest-growing single heart operation is now minimally invasive coronary bypass surgery.

So I would say, for future cardiac surgeons, minimally invasive approaches are going to be the future. And, at the other end of the spectrum, there will also be very complex heart

surgeries that only a fraction of heart surgeons will be able to do - like multiple repeat surgeries in very difficult situations, where the only choice is between that very high-risk surgery and almost certain death. Minimally invasive heart surgery requires a lot of technical mastery, so it will often be the same surgeons and teams performing both kinds of operations.

It's a bright future. And the beauty here is that in Canada we are making strides in life expectancy. Yet we've had major challenges. I think the two recent challenges are first access to care - because many people who are at risk of dying from heart disease and cardiovascular disease are not getting the care they should have.

The prime example of that is actually down south in the United States. When you have access to care, you have some of the best care in the world. But the problem is that so many Americans don't have access to it. When you look at cardiovascular diseases as a whole, the US mortality burden is actually increasing. The life expectancy at birth of an American male is now down to less than 75 years of age. Life expectancy is actually going down for several subgroups of the population.

The other challenge with cardiovascular diseases is that we tend to forget about it. I was talking earlier about advances in cancer and neurological diseases. COVID was also a key player recently. When I was President of the Canadian Cardiovascular Society, one thing we really took to heart - no pun intended - was to remind the public and policymakers that despite the burden and impact of COVID, on any given

day, there were always more people dying from their heart than from COVID.

I think the message came through. I think we were able to continue providing top care to Canadians, despite being in the worst of the COVID pandemic, as well as throughout the COVID episode, if you will.

Magazica: That brings us to the last talking point of our session - at least for today. We will have more sessions in the future, hopefully.

How do you see your legacy? How do you see your work in the future? How do you want to be remembered? Because so far, we have heard - and probably whoever is listening to this conversation will agree - medical or cardiac surgery is not a profession for you. It's a calling. It's a passion. It's a calling. So how would you like to be remembered? What is your dream for the future in this field?

Dr. Marc Ruel: Well, I think the dream of every physician is to be remembered as someone who always put their patients first. I think that is a common theme.

We're filming this in June 2025, and it's a bit of a pondering moment for us at the University of Ottawa Heart Institute because we have two giants who are retiring. Dr. Mark Hynes from cardiac anesthesia - after almost 40 years of providing some of the safest anesthesia for heart operations in the world. I've operated at many heart centers around the world, and Mark is an absolute top-notch anesthesiologist who never faltered in putting the patient first.

At any time of the day, in any condition, to always advocate and always do what's best for the patient. That, in my opinion, is how every physician wants to be remembered.

Another physician retiring at the Ottawa Heart Institute is Dr. Kwan Chan, after 40 years of being a leader in echocardiography - making ultrasounds of the heart. Dr. Chan was one of the very first in the world who could measure the blood pressure in the lungs from the echocardiogram. When he started as a cardiologist, this was the new field he helped develop.

The same comment I made for Dr. Hynes applies to Dr. Chan. They are two physicians who will be remembered as always putting patients first. And in order to do that, there's a lot of collateral behavior, if you will. You have to work well as a team, and recognize and be recognized by your team. If you're not engaged, respected, conducive, and even galvanizing to your team, you won't be able to completely fulfill your mission of putting patients first. That's just the reality. You can't do it all on your own. You're not going to provide great nursing care, recover the patients, deliver meals, clean the room, and give the pills yourself!

The importance of teamwork is very real. And the goal - whether you're a surgeon, anesthesiologist, family doctor, cardiologist or pulmonologist - is to be able -and enabled by your team and institution- to put patients first. That is certainly my hope, and I hope one day I get on the way to being remembered as such. So thank you.

Magazica: Definitely, you are on that path. You are making that journey, and we are honored to experience it firsthand from you. We are listening to it from you. And at the very end, I will again take the chance to thank you and your team on behalf of Magazica and on behalf of the Canadian people.

Thank you for being with us - with all your passion, intellect, and in such a proactive way. Thank you. It's an honor.

Dr. Marc Ruel: The pleasure was mine. Thank you, Shuman, and good luck with your magazine. Thank you very much for your consideration in doing this interview today.

Magazica: Thank you.

Dr. Marc Ruel: Take care!





Beyond Pink:

Understanding Breast Cancer Risks and the Power of Early Detection

By Editorial Team

October is Breast Cancer Awareness Month. More than 22,000 women in Canada are diagnosed with breast cancer each year and over 5,000 die from the disease. While these numbers are sobering, breast cancer survival rates continue to improve thanks to better screening and treatment. Awareness campaigns provide an opportunity to reflect on our own risk factors and to support those affected.

The facts

Breast cancer affects one in nine Canadian women during their lifetime. Risk increases with age; statistics show the rate is highest among women over 50. Non-modifiable risks include family history of breast or ovarian cancer, hormonal and menstrual history (early first period or late menopause) and naturally dense breast tissue. There are also modifiable factors. The Government of Canada's brochure explains that weight gain after age 18 raises

risk by 45 % when weight increases by 25 kg or more. Regular physical activity reduces risk by 25–30 %, while alcohol consumption increases risk by more than 20 %. Smoking and exposure to environmental pollutants may also elevate risk.

Breastfeeding offers protective benefits. Having more children and breastfeeding for longer periods modestly reduces breast cancer risk, a reminder that choices earlier in life can influence later outcomes. Nevertheless, no lifestyle change eliminates risk entirely. That's why routine screening matters. Health Canada recommends women aged 50–69 have a mammogram every two years. Women with dense breast tissue or strong family history may need additional imaging and should discuss options with their health-care provider.

Awareness into action

Understanding risk factors empowers us to take proactive steps. Maintaining a healthy body weight, exercising regularly and limiting alcohol consumption are evidence-backed ways to lower risk. Quitting smoking, eating a balanced diet rich in fruits, vegetables and whole grains, and minimising exposure to endocrine-disrupting chemicals can also help. Women who are pregnant or planning a family can consider that each month of breastfeeding slightly reduces long-term risk. Most importantly, talk to your doctor about personalised screening. Ask when you should start mammography, whether ultrasound or MRI is appropriate and how often you should be screened.

Breast Cancer Awareness Month is more than pink ribbons; it's a call to knowledge and action. By understanding our personal risk factors and embracing healthy habits, we can reduce the impact of breast cancer in our families and communities. Encourage friends and loved ones to book regular mammograms, support research and patient organisations, and reach out to those navigating a diagnosis. Together we can move beyond awareness to early detection and better outcomes.

Resources

- **Canadian Cancer Society – Breast Cancer:** information on risk factors, screening and support services in Canada.
- **Health Canada – Breast cancer and your risk brochure:** official guidance on risk factors, screening recommendations and healthy behaviours [canada.cacanada.ca](https://www.canada.ca/cacanada.ca).
- **Canadian Breast Cancer Foundation:** fundraising and educational resources to support research and patient assistance.



A Cervical-Cancer-Free Future:

HPV Prevention Week Highlights

By Editorial Team

Human papillomavirus (HPV) is the most common sexually transmitted infection. Persistent infection with high-risk types can cause cervical cancer and several other cancers. HPV Prevention Week (October 1–7) raises awareness about vaccination and screening. Canada has set an ambitious goal of

eliminating cervical cancer by 2040, and individuals have a role to play in reaching that milestone.

Why HPV matters

HPV types 16 and 18 are responsible for nearly 70 % of cervical cancers. The virus also causes the majority of anal cancers and a substantial proportion of cancers of the throat, penis, vulva

and vagina. In 2023, an estimated 1,550 new cases of cervical cancer and 400 deaths occurred in Canada. Infection is extremely common—most sexually active people will contract HPV at some point—but the consequences can be severe when the virus persists.

Prevention through vaccination and screening

The good news is that HPV is preventable. The 9-valent vaccine protects against seven high-risk types that cause about 90 % of cervical cancers and two low-risk types that cause 90 % of anogenital warts. Canada recommends vaccination for people aged 9–45; it is widely available through school programs and public health clinics. Coverage rates are encouraging—around 86 % of 14-year-old girls and 81 % of boys have received at least one dose—but more work is needed to reach all young people and adults.

Vaccination does not replace screening. Cervical cancer screening detects precancerous changes so they can be treated before cancer develops. Even vaccinated individuals need regular screening. Talk to your health-care provider about the appropriate intervals for Pap tests or HPV testing, which vary by age and jurisdiction. Condom use reduces but does not eliminate risk; HPV can infect areas not covered by a condom. Limiting the number of sexual partners and avoiding smoking may also reduce risk, as smoking impairs immune response.

Community action

During HPV Prevention Week, consider checking your own vaccine status and encouraging friends and family to do the same. Parents can ensure their children complete the full vaccine series before high school graduation. Adults who missed the vaccine as adolescents can still benefit—speak with your doctor or pharmacist. Support local public health efforts by sharing credible information from the Public Health Agency of Canada and cancer foundations. Finally, participate in cervical cancer screening programs; early detection saves lives.

Eliminating cervical cancer is within reach. The tools—vaccination, screening, safe sexual practices and community engagement—are available. By taking advantage of these measures during HPV Prevention Week and beyond, Canadians can protect themselves and future generations from HPV-related cancers and help realise a cervical-cancer-free future.

Resources

- Public Health Agency of Canada – HPV and cancer: detailed information on HPV types, vaccination schedules and screening recommendations.
- Canadian Cancer Society – HPV vaccination: resources on vaccine availability and tips for talking to your health-care provider.
- World Health Organization – Cervical cancer elimination initiative: global strategy and materials on eliminating cervical cancer worldwide.

ADHD

Awareness Month



Spectrum of Hope

Breaking Stigma:

Learning Disabilities & ADHD Awareness Month

By Editorial Team

October is Learning Disabilities (LD) and ADHD Awareness Month. The Learning Disabilities Association of Ontario uses this time to break stigma, highlight strengths and build inclusion. At least one in ten Canadians has a learning disability, yet misconceptions persist. By understanding LDs and ADHD and advocating for supportive environments, we can help individuals reach their full potential.

Understanding learning disabilities and ADHD

Learning disabilities are neurologically based differences that affect how people receive, process or express information. They are not a reflection of intelligence or effort. ADHD often co-occurs with learning disabilities; studies suggest 30–45 % of students with LDs also have ADHD. The Learning Disabilities Association notes that 96 % of Canadians with

an LD report at least one other disability, and 68 % of youth with disabilities report mental health challenges. LDs and ADHD can affect reading, writing, math, organisation and social skills. Early identification and appropriate supports—such as accommodations, assistive technology and specialised instruction—enable success in school and beyond.

Addressing stigma and promoting inclusion

Stigma arises from misconceptions that individuals with LDs or ADHD are lazy or less capable. Awareness campaigns challenge these myths. Key messages include “Remove barriers and students with learning disabilities show their true abilities” and “Unique minds, remarkable potential”. Celebrating strengths—such as creativity, problem-solving and perseverance—helps shift perceptions.

Inclusive environments require collaboration among schools, workplaces and communities. Teachers can use differentiated instruction, provide extra time on tests and offer multi-sensory learning tools. Employers can recognise neurodiverse talents and offer accommodations like flexible schedules or distraction-free workspaces. Parents and peers can advocate for supportive policies and challenge derogatory language.

Getting involved

During LD Awareness Month, consider sharing campaign graphics and facts, hosting awareness events or donating to support organisations. Encourage people to learn the signs of LDs and ADHD and seek assessment

when needed. Support evidence-based interventions such as structured literacy programs and cognitive behavioural therapy. Amplify voices of people with LDs and ADHD by listening to their experiences and advocating for accessible learning and employment opportunities.

Learning disabilities and ADHD are common and diverse. With understanding, compassion and appropriate supports, individuals with LDs and ADHD can thrive. Awareness Month invites us to be friends, partners and champions for inclusion—not just in October, but throughout the year.

Resources

- **Learning Disabilities Association of Ontario – LD Awareness Month:** campaign materials, facts and ways to get involved.
- **Learning Disabilities Association of Canada:** national resources, parent guides and advocacy information.
- **Centre for ADHD Awareness Canada (CADDAC):** information on ADHD, webinars and support programs.



Celebrating Our Seniors:

Active Aging and National Seniors Day

By Editorial Team

October 1 is National Seniors Day in Canada—a day to honour the contributions of older adults and promote healthy aging. With an aging population, supporting seniors' well-being benefits everyone. Active Aging Canada notes that fostering an active living philosophy helps adults maintain independence and well-being. National Seniors Day reminds us to celebrate older adults and find meaningful ways to connect with them.

The importance of active aging

Physical activity is crucial for healthy aging. The Canadian Psychological Association emphasises that adults should aim for at least 150 minutes of moderate-to-vigorous aerobic activity per week plus muscle-strengthening exercises. Regular physical activity improves cardiovascular health, reduces risk of chronic diseases and enhances cognitive function. For older adults, activities that improve balance—such as yoga or tai chi—help prevent falls.

Despite these benefits, participation declines with age; encouraging older adults to move more is essential.

Active Aging Canada advocates a philosophy of active living that incorporates physical, social and spiritual wellness. Their resources encourage older adults to stay engaged through walking groups, community classes, gardening and cultural activities. Being active isn't limited to exercise; volunteering, learning new skills and socialising also contribute to well-being.

Honouring and supporting seniors

On National Seniors Day, Canadians are encouraged to reach out to older adults. The Government of Canada suggests simple gestures: say “thank you,” spend time visiting or calling, help with errands or household tasks and take walks together. These interactions reduce social isolation and demonstrate respect. Families can share stories, cook meals together or participate in intergenerational activities. Communities can host events that celebrate seniors' achievements and provide resources on health, finances and social services.

Accessible environments and inclusive programs are also vital. Municipalities can ensure public spaces are age-friendly and support affordable recreation. Health care providers should discuss preventive measures such as vaccinations (flu, COVID-19, shingles) and screenings (blood pressure, bone density). Technology can aid independence; digital literacy training helps seniors use video calls,

telehealth and safety devices.

Active aging is about more than physical activity; it encompasses social connection, mental engagement and community support. National Seniors Day is an opportunity to acknowledge the wisdom and contributions of older adults and to commit to building age-friendly communities. Let's celebrate seniors not just on October 1 but throughout the year by fostering active living, respect and inclusion.

Resources

- **Active Aging Canada:** programs and publications promoting physical, mental and social engagement for older adults activeagingcanada.ca.
- **Government of Canada – National Seniors Day:** ideas for celebrating seniors and links to services and benefits canada.ca.
- **Canadian Psychological Association – Physical activity and mental health:** facts on exercise recommendations and mental health benefits for all ages cpa.cacp



YOUR STORY OF STRENGTH

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Angie Poirier

Interview

*With the
Director of
Communications
& Public
Relations at the
Ottawa Cancer
Foundation*



Angie Poirier is a seasoned media professional with over 25 years in broadcasting, known for her dynamic presence as a morning show host and community advocate. Currently serving as Director of Communications & Public Relations at the Ottawa Cancer Foundation, she blends storytelling with purpose, championing support for families facing cancer. Angie's work reflects her passion for connection, resilience, and meaningful change across Ottawa and beyond.



Turning Pain into Purpose:

Angie Poirier's Journey from Oncology Mom to Cancer Advocate

Angie Poirier didn't ask for the cancer fight to arrive at her doorstep. But when it did, she met it head-on. What followed wasn't just survival; it was transformation. A seasoned broadcaster and a driving force behind the Ottawa Cancer Foundation, Angie turned pain into purpose. Her son's diagnosis upended everything familiar. Yet she responded with clarity and determination. She did not stop there. She drove an advocacy campaign with deep compassion. In this honest and stirring conversation, she opens up about how leaning into vulnerability gave her strength. She also identified how connection became her anchor.

She is on a mission to share her truth and help others find theirs. If you've ever felt tested, this story will stay with you.

Magazica: Dear readers, few people turn personal adversity into a movement for change. We all face challenges, but the person with us today has transformed her experience into something powerful.

As a community ambassador for the Ottawa Cancer Foundation, she has become a voice for families navigating the realities of cancer. Her journey as an "oncology mom," as she

calls herself, began with the unimaginable - her son's diagnosis - and has shaped her into an advocate, a storyteller, and a relentless force for awareness and support.

Beyond her advocacy, today's guest is a veteran broadcaster, a relationship builder, and a champion for community-driven change. She understands the power of connection - whether through media, philanthropy, or simply showing up for those who need it most. Her work is a testament to resilience and compassion.

Today, we are honored to welcome Angie Poirier. Welcome, Angie.

Angie Poirier: Thank you very much for having me.

Magazica: Let's start with that pivotal moment in your life. Your journey as an oncology mom began with a moment that changed everything. Can you take us back to that day and share how it shaped your perspective on life and advocacy?

Angie Poirier: The day we found out our nine-year-old son had cancer is etched in my mind with crystal clarity, yet it still feels like an overwhelming blur. Nothing prepares you for those words. In that moment, our lives split into two: the life before the diagnosis and the life after.

That day shifted everything - how we love, how we live, how we fight for each other. It marked the beginning of a deeper understanding of how critical outside support is for families like mine, who find themselves in a dark hole, trying

to find the light and a way out.

Magazica: I can easily connect with that. I really appreciate the way you described your life splitting into two. The day doctors informed us that our only child was on the autism spectrum, my wife and I felt exactly the same way. From that moment on, everything changes.

Angie Poirier: Absolutely. You look back and think, "Life seemed so simple before." The things we thought were big deals then are nothing now. Your threshold for what's difficult rises. What I once considered overwhelming now feels manageable. It's a shift in perspective.

Magazica: Completely agree.

Now, let's go a layer deeper - into the emotional side of cancer. Many people see it as a medical battle, but it's deeply emotional too. From personal experience, I know that. What were some of the hardest moments for you and your family, and how did you find strength in them? I think this part of your story will truly inspire our readers.

Angie Poirier: Most people think of cancer in terms of treatment - chemo, testing, procedures. But the emotional weight is what really floors you. Watching your child lose all their hair, their energy, their innocence... hearing them cry and ask, "Why did this happen to me?" - and knowing you can't answer that, because they didn't deserve it.

Some of the hardest moments were watching

him try to be patient and polite with the doctors, being poked and prodded, yet still trying to smile through it. In those moments, our strength came from his bravery. People would say, “You’re so strong,” and I’d reply, “We’re just doing what he’s teaching us to do.” He was our guide. His resilience gave us no choice but to be strong.

People show up for you in big and small ways - family, friends, even perfect strangers. You quickly form emotional bonds - what some call trauma bonds - with other oncology families you meet in hospital corridors and medical rooms. These people, who you might never have met otherwise, become lifelines. They speak the same language. They know the terms. They understand exactly where you’re at because they’ve been there.

You celebrate each other’s wins and grieve each other’s losses. You learn to carry fear and hope side by side, navigating both paths at once - trying not to have too much hope, and not too much fear.

Magazica: I really love the term “trauma bond.” I’ve experienced this in so many moments. Perfect strangers - even the parents of other children on the spectrum. We meet, we talk, and suddenly we know each other so well because we’re going through the same thing. That’s for sure. For example, you’re probably waiting for your son to have a session with the doctor, and there are other parents with their children.

Angie Poirier: Yeah.



Magazica: And suddenly the conversation switches to a whole new level, and you can easily connect with each other. That's so true. I can instantly relate to it.

Angie Poirier: It's a deeper level, for sure.

Magazica: Yes, so much deeper. And certainly, the realities hit you in a totally different way.

Angie Poirier: Yeah.

Magazica: So now let's shift to turning pain into purpose. You've become a powerful advocate for cancer awareness and support. What was the turning point? What was that moment that flipped the switch and made you decide, "I will use my voice to help my son, but also to help others"?

Angie Poirier: I was born and raised in Ottawa, and I had a very public-facing media job for almost 30 years in this community. I had already formed a strong relationship with the Ottawa community as a whole. But suddenly, people navigating a cancer diagnosis started reaching out to me to share their own stories and seek advice. Maybe it was because they felt like they knew me, or maybe because we were sharing our story and they felt comfortable sharing theirs.

I realized I had an opportunity to take the pain I was feeling and do something with it. That pain has to go somewhere - you have to direct it outward, so it doesn't consume you. I couldn't change the diagnosis, but I could change what came after. So I started speaking not just for my son, but for the thousands of families

navigating this nightmare in silence.

Sharing your story becomes very healing. It's hard to do because you can never find the words to sum up or crystallize the lowest point in your life. But it helps advocate for better support systems that, in the end, we all benefit from. You turn that pain into something good.

Magazica: That's so true. You've articulated it so beautifully. Sometimes it's very hard to express exactly what you're feeling, but by sharing it, you're helping hundreds of other families. What's the reality of the support system for families facing a cancer diagnosis? What are some of the most overlooked challenges? What support systems do you wish more people knew about?

Angie Poirier: One of the most overlooked challenges is how isolating cancer can be. You're in a bubble - hospital walls, treatments, overnight stays, IV lines, radiation, chemo. The focus is completely on the patient, as it should be, but the role of the family and caregiver is a huge piece of the puzzle.

You're bearing the weight of being a therapist, a doctor, a support system. You're handling medications, trying to keep everything straight, and learning medical terminology on the fly. You're dropped into medical school without warning. What's often overlooked is the support for caregivers and families. They can only be strong for the patient if they take care of themselves and find a way through the darkness too.

You're expected to make incredibly hard



decisions when your world has just been ripped out from under you. That's why I always tell people to understand what supports are available - not just for the patient, but for the families and caregivers.

Outside the hospital walls, support is just as critical. The Ottawa Cancer Foundation's Community Cancer Hub is the only one of its kind in Ottawa. They work with over 70 community partners to offer programs to patients, families, and caregivers at no cost.

These include therapeutic programs to support mental health, which is a huge part of the puzzle. Nutritional support is also vital - you have to fuel a cancer patient properly. There's help accessing financial support, which is crucial because the financial side of a diagnosis can be absolutely devastating.

They walk with you through the diagnosis, recovery, and beyond. That kind of support is everything at every stage of the journey, because your needs change constantly.

I believe in this work so deeply supporting the whole patient and those around them. I was working in an ambassador role with the foundation, and now I'll be joining them full-time as their Director of Communications and Public Relations this fall. I'm so excited because it feels so authentic. I believe in everything they're doing. It's a necessary part of the journey for so many families.

Magazica: Fantastic. I think a lot of our readers - especially those with cancer survivors in their families - will truly benefit from this conversation. And for those in Ottawa in particular, your insights are invaluable. When

we're struggling ourselves, we often don't know what help is available or where to turn. Your guidance will definitely help them.

Angie Poirier: The key is knowing this before you're in the moment. If you already know where to turn, it makes a huge difference. Knowing in advance that you can access these programs at no cost might save you weeks of trying to figure things out in the dark - wondering, "Where do I go? What do I do?" If you've heard about these resources, you'll know where to start, and that's how they can begin helping you right from the beginning.

Magazica: Thank you so much for sharing all this. It will be incredibly helpful. You often talk about the importance of community in the cancer journey. Can you share one story - without revealing personal details - that highlights how the Ottawa Cancer Foundation has made a difference in someone's life?

Angie Poirier: Very recently, I attended the Ottawa Cancer Foundation's Cancer Care Champions Breakfast. It's their annual event, and they always feature a panel of guest speakers. This year, I was deeply moved listening to the speakers who now work for the foundation as cancer system navigators. These are the people I mentioned earlier - the ones who meet with patients and families from the day of diagnosis to help figure out what comes next.

All three of the speakers were diagnosed with cancer as young adults. They shared how stressful that stage of life was - some had just bought a home, others had rent to pay, or had

just welcomed a new baby. They spoke about how someone helping them navigate the logistics - like how to pay the mortgage when you can't work, how to get transportation to and from appointments, how to support a partner at home with children - was life-changing. When your mind is swirling with questions and you don't know which way is up, having someone sit down with you and guide you through it is everything.

Hearing them speak about how that support became a beacon of light in a dark tunnel was incredibly powerful. And now, because of how meaningful that help was, they've come back to work for the Ottawa Cancer Foundation to help others navigate the same journey. That's a full-circle moment - taking what your community gave you and paying it forward.

The bigger message here is that the foundation doesn't just raise money. They raise spirits, raise awareness, and build a community that lifts up every patient, no matter what stage they're at.

Magazica: That's such a full-circle story. It's how people turn their own pain into a bigger purpose.

Angie Poirier: Yes, it's similar to what I'm choosing to do.

Magazica: From your journey with your son, your work, and your experiences - without labeling anything as positive or negative, because after a certain point everything becomes experience - what is one life lesson that applies universally, something you'd like to share?

Angie Poirier: I think if cancer - or any major challenge - teaches you anything, it's that you quickly learn how little control you truly have. But you also learn how much power lies in how you respond. The "what next" is what defines you in those tough moments you never expected to face.

I've learned to be present. To celebrate the wins, even the small ones - because small wins are big wins. And never take life for granted. The things you once thought were simple become monumental.

I've also learned that vulnerability is not a weakness. It's a strength. It's okay to say you're not okay. It's okay to admit you don't have it all figured out, that you're struggling, that you're in pain. Vulnerability connects and heals in ways that resilience alone cannot. People see you as resilient and assume you've got it all together. But when you show vulnerability, people show up for you - even if you weren't asking for help. So yes, it's okay to say you're not okay.

Magazica: It's a paradigm shift. Thank you for sharing that. Seriously, thank you. So many times we associate vulnerability with weakness, thinking it means we're failing. But it's not. It's okay to say, "I'm not okay," and to ask for help. Help is out there.

Angie Poirier: You don't always have to be tough.

Magazica: Exactly. Sharing and caring can go together. So you've worked with incredible



organizations and initiatives. What are some ways people can get involved in supporting cancer patients and their families?

Angie Poirier: There are so many ways. It can be as simple as volunteering at fundraising events - either individually or as a family. You can even get your kids involved at a young age so they understand the importance of community and rallying around each other.

You can donate to support programs. Or just show up to events. Share messages online - someone's story, a fundraising initiative. Even if you can't afford to donate, passing it on helps.

And sometimes, just listening is enough. It's not always about grand gestures. It's about consistent compassion. Every small act counts. If we all perform small acts, they become a powerful collective force - a big conglomerate of support that people can draw from.

Magazica: So true. Sometimes even simply showing up means so much to so many people.

Angie Poirier: Absolutely.

Magazica: As a veteran broadcaster, you understand the impact of powerful storytelling. How has sharing your family's journey helped others? And what advice would you give to someone like me who wants to share their own story?

Angie Poirier: I've always believed in the power of stories. But sharing our own story was something else entirely. I found it difficult in the beginning. As I saw the ripple effect - how it

was helping others - it gave me the confidence to share more. It connected us to people we never would have met, people I now can't imagine life without.

It gave others permission to share their pain too. When you tell your truth, you shine a light for others walking the same path - or those who might, unfortunately, find themselves on that path one day. Being honest and real helps others simply by being vulnerable. That ripple effect of sharing your story gives strength to others to share theirs.

It creates a roadmap for families who might read it, not knowing that a month, a year, or two years down the line, they'll be in the same position. But they'll remember it. They'll find strength in it. It's a long-lasting effect that continues to pay forward.

Magazica: People look up to certain stories. One of my favorite books is Man's Search for Meaning by Viktor Frankl. He was a prisoner in a German concentration camp during World War II. Despite being a prisoner, he inspired other prisoners - and even the guards. He became a light for everyone. I've never met him, but through his book, he inspires me. That's the power of story - just like yours and others who share their journeys.

We don't know when this interview will be published, and we may never meet the person who reads it. But that person or family could be hugely impacted by what you've shared. A powerful story is a powerful inspiration. If you could sit down with a parent who just received their child's cancer diagnosis, what is the one

piece of advice you'd want them to hear from you?

Angie Poirier: I'd take their hand and say, "You're not alone." That's what was done for me very early on. So many oncology families reached out to me from day one, and I'll never forget it. Instantly, I found my people - those who understand you at a deeper level because they've lived it and felt it.

If I could offer one piece of advice, it's this: focus on what's right in front of you. Focus on today. If you start thinking about next week, next month, or a year from now, it becomes suffocating and overwhelming. Today is your only focus.

Accept help. That's hard to do. You think, "I've got this. I'm fine." You feel like accepting help is a weakness. It can feel awkward and uncomfortable. But take the help. Let people love you through this. Don't shut them out. It's easy to feel isolated and like nobody understands - but they do. Let them be there for you. You need it more than you'll admit.

Know that there's a whole community of people like me who have been where you are and who are rooting for you. That support can come from perfect strangers, and that's okay. Sometimes, that's exactly what you need. Just be open.

Magazica: Totally true. Whenever I meet other parents during therapy sessions or parent meetings, I always call them "my tribe."

Angie Poirier: Yes - your tribe, your people.

Magazica: It's so inspiring to hear their strategies. And just like you said, focusing on today and what's available right now is so powerful. You don't have to project three-year or one-year plans like corporations do. That's fine for them, but when facing human crises or challenges, focusing on what's right in front of you is incredibly powerful.

We're almost at the end of our conversation. So let's talk about the future. You've seen the landscape, the communities, the sectors you work in. Looking ahead, what gives you hope - whether it's advancements in cancer care, better community support, or personal resilience? What keeps you moving forward?

Angie Poirier: When I think about hope, I remember that at one point we weren't sure our son would have a future. So right now, hope for my family is watching him reclaim his childhood. He's laughing again. He's being a kid again. He's returning to the sports and activities he loved. He's planning for his future. That gives me hope.

For the broader community, hope comes from being part of a larger movement - people determined to fight this disease. It has touched almost everyone in some way. There's a strong community, not just here but globally, that wants to see cancer gone.

There's hope in the work being done - medical advances, innovations in treatment and care, improvements in hospitals. But the sad reality is that the numbers keep rising. It's daunting when you're waiting to go up to the cancer floor for treatment and there are no open beds. You

walk the floor and see no open spaces. It's scary to see how big this has become and how much it continues to grow.

But for all the advancements being thrown at this disease, that gives me hope. And every survivor story we get to tell gives people hope. There are many of those stories. They're empowering. They show that new care and new treatments are working. Thirty years ago, we didn't have what we have now. So yes, the numbers may be rising, but so are the survivor stories. That gives me hope.

Magazica: Thank you so very much for sharing all this. It's truly inspiring to have such a lovely and candid conversation with you. Thank you for your time.

Angie Poirier: Thank you for asking. It was a pleasure to speak with you.







Mental Health at Work:

Building a Healthy Workplace and Embracing Digital Wellness

By Editorial Team

October is Canada's Healthy Workplace Month. The Department of National Defence highlights weekly themes such as a growth mindset, the power of belonging, and physical–mental synergy. World Mental Health Day falls on October 10, and this year's global theme focuses on mental health at work. While mental health affects everyone, many Canadians continue to struggle with stress, anxiety and burnout. Employers and employees can take steps to create supportive environments and harness digital tools for well-being.

Mental health in the workplace

According to the World Health Organization, supportive work environments foster mental health, whereas poor conditions—such as excessive workloads and lack of support—can harm well-being. Depression and anxiety cost the global economy roughly 12 billion workdays each year. The WHO urges employers to provide reasonable accommodations and mental health support, train managers to recognise and respond to mental health concerns, and collaborate with governments to

develop policies promoting mental health. Canada's Healthy Workplace Month echoes these principles. Week 1 encourages a growth mindset by reframing challenges as opportunities for learning. Week 2 emphasises belonging and inclusivity, while Week 3 highlights the synergy between physical and mental health.

Digital wellness and innovation

Digital health innovations are transforming how we manage our well-being. Artificial intelligence (AI) is being used to analyse health data and automate administrative tasks, allowing health professionals to focus on patient care. Telehealth services provide convenient access to counsellors and mental health professionals, reducing barriers for those living in remote areas. Wearable devices and smartphone apps monitor heart rate variability, sleep and stress levels, offering real-time feedback and encouraging preventive action. Remote patient monitoring can help individuals with chronic mental health conditions by alerting care teams when intervention is needed. These tools, when used responsibly, complement traditional support and expand access.

Practical steps

At work, managers can normalise conversations about mental health and ensure policies support flexibility, reasonable accommodations and psychological safety. Employees can schedule regular breaks, engage in movement or mindfulness exercises during the day and support colleagues. Participating in Healthy Workplace Month activities—such as creating progress walls to

celebrate growth or taking mindful minutes—can foster a culture of well-being. On the digital front, individuals should evaluate mental health apps and wearables for evidence-based approaches and privacy protections. Establish boundaries around screen time to avoid digital fatigue, and consider using technology for virtual therapy or meditation sessions.

Mental health at work is a shared responsibility. By embracing a growth mindset, nurturing belonging and leveraging digital innovations, employers and employees can create healthier workplaces. Celebrate World Mental Health Day by learning about resources available through your organisation or community, and commit to small changes that prioritise mental health every day.

Resources

- **World Health Organization – Mental health at work:** guidance on creating supportive workplaces and promoting mental well-being.
- **Canada's Healthy Workplace Month:** toolkit and weekly themes offering practical activities to foster growth, belonging and physical–mental synergy.
- **Canadian Mental Health Association:** information on mental health services, digital therapy options and workplace mental health programs.



Respiratory Health Season:

Protecting Against RSV and Seasonal Viruses

By Editorial Team

As autumn arrives, respiratory viruses begin circulating more widely. Respiratory Syncytial Virus (RSV) is a major cause of lower respiratory tract illness in infants, young children and older adults. RSV Awareness Week (October 12–18) highlights the importance of prevention, vaccination and early

treatment. At the same time, flu season peaks in late fall and winter; influenza causes approximately 12,200 hospital stays and 3,500 deaths annually in Canada. Protecting ourselves and vulnerable populations from these viruses requires collective action.

RSV: what you need to know

Nearly all children will contract RSV by the age of two. In Canada, RSV causes yearly outbreaks that typically begin in late fall and run through early spring. Reinfections are common but usually milder until older adulthood, when RSV can again lead to severe disease. Immunization products are available to protect infants and older adults. For infants, monoclonal antibodies (nirsevimab and palivizumab) provide passive immunity, and an RSVpreF vaccine given during pregnancy transfers protective antibodies to the baby. Three vaccines—RSVPreF3 (Arexvy), RSVpreF (Abrysvo™) and mRNA-1345 (mRESVIA)—are approved for adults aged 60 and over, with RSVPreF3 also approved for adults 50–59. Infants at higher risk include those born prematurely, with chronic health conditions or living in communities with limited access to care; they should be prioritised for monoclonal antibody prophylaxis.

Flu season and personal protective measures

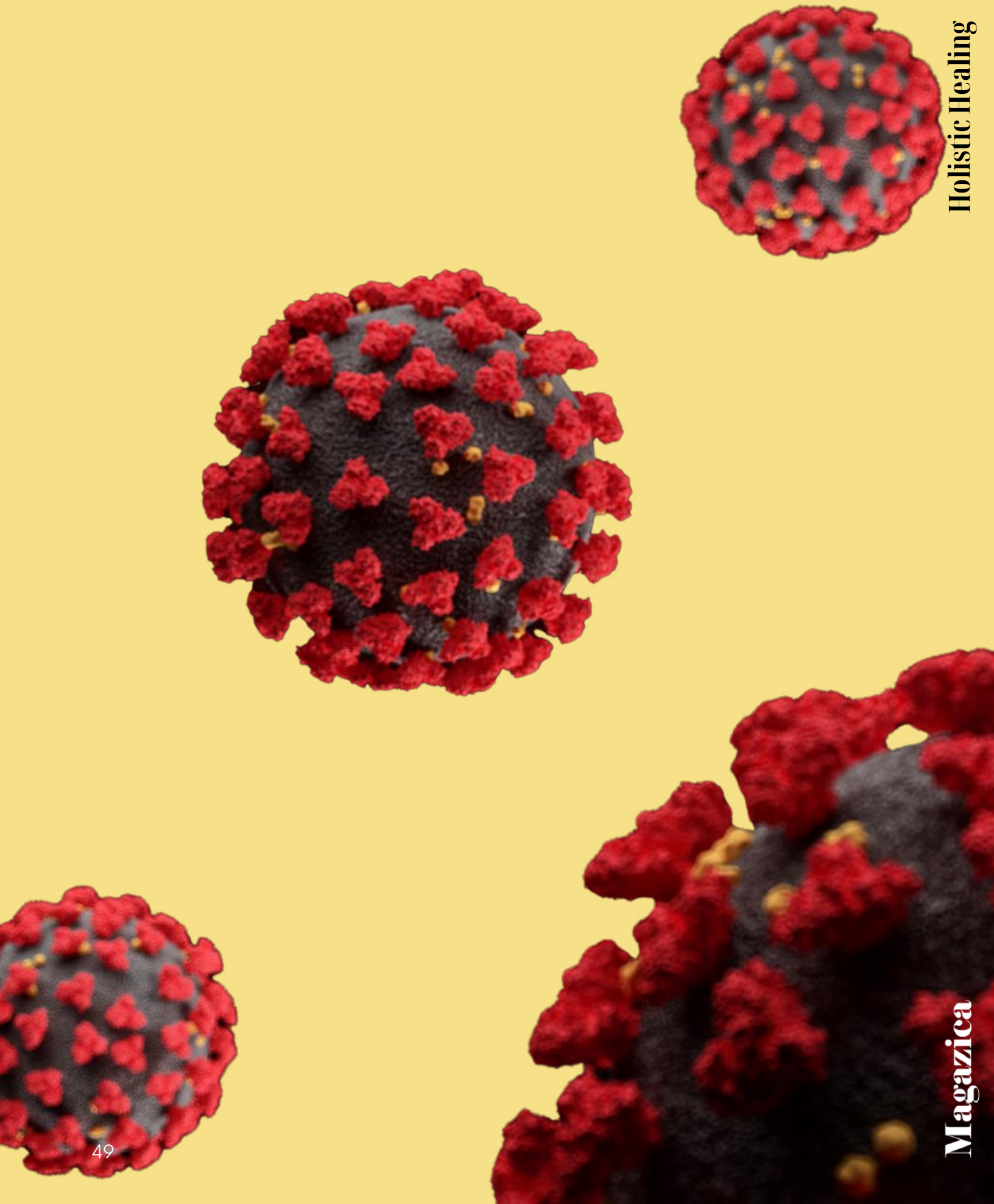
Influenza spreads easily via respiratory droplets when people cough, sneeze, talk or even breathe. The flu vaccine is the best way to prevent infection, and almost everyone six months of age and older should receive it. The flu vaccine cannot cause the flu and has rare serious side effects. Personal protective measures complement vaccination: stay home when sick, wear a well-fitting mask, improve indoor ventilation, wash hands frequently with soap for at least 20 seconds or use hand sanitizer, cough or sneeze into a tissue or

elbow, avoid touching your face with unclean hands, and clean high-touch surfaces. Certain groups—older adults, young children, pregnant people and those with chronic health conditions—are at higher risk of complications and should be especially vigilant.

A holistic approach to respiratory health

Beyond vaccination and hygiene, general health practices bolster immune resilience. Breastfeeding provides antibodies and immune factors that protect infants; the First Nations Health Authority emphasises that breastmilk is the first traditional food and keeps both mother and baby strong, but communities must support mothers with encouragement and practical help. Adequate sleep, balanced nutrition and regular physical activity also contribute to a strong immune system. For older adults and those with chronic conditions, staying up to date on pneumococcal and COVID-19 vaccines is important.

As we move into respiratory virus season, staying informed and proactive helps protect ourselves and our communities. Take advantage of RSV prophylaxis and vaccines if you or your loved ones are eligible. Get your annual flu shot, practise good hygiene and stay home when unwell. By combining vaccines, personal protective measures and supportive practices, Canadians can reduce the burden of RSV, influenza and other respiratory illnesses.





Rest Revolution:

Prioritising Sleep and Recovery for Wellness

By Editorial Team

In a society that glorifies hustle, rest is emerging as a radical act of self-care. Sleep deprivation is linked to chronic stress and poor mental health, yet many Canadians struggle to get enough rest. October's cooler nights provide a timely backdrop for reflecting on sleep habits and recovery. Inspired by wellness trends emphasising rest and balance, this report explores why sleep matters and offers tips for better rest.

The sleep deficit

The Public Health Agency of Canada recommends that adults aged 18–64 aim for 7–9 hours of sleep per night, while adults over 65 should get 7–8 hours. However, one in three adults aged 35–64 and one in four adults aged 18–34 or 65–79 do not meet these recommendations. Half of adults report difficulty falling or staying asleep, one in five do not find their sleep refreshing, and one in three have trouble staying awake during the day. Factors

linked to insufficient sleep include sedentary behaviour—adults with inadequate sleep average 4.0 hours of sedentary time versus 3.5 hours among those who get enough sleep—and chronic stress. Poor mental health is also associated; 12.3 % of adults with insufficient sleep report poor mental health compared to 5.8 % who get adequate sleep.

Why rest matters

Adequate sleep supports immune function, cognitive performance, mood regulation and cardiovascular health. The Canadian Psychological Association notes that regular physical activity can improve sleep quality and reduce insomnia. Conversely, sleep deprivation increases risk of obesity, diabetes, depression and accidents. Rest isn't limited to sleep; wellness experts advocate for “seven types of rest” including mental, emotional, sensory and creative rest. Taking breaks, setting boundaries on work and technology, and practicing mindfulness are part of a holistic rest strategy.

Tips for better sleep and recovery

Public health experts recommend basic sleep hygiene practices: avoid alcohol, caffeine and nicotine before bed; maintain a regular sleep schedule; practice relaxation or mindfulness; reduce noise; exercise regularly; and review medications with your physician. Creating a calm sleep environment—cool, dark and comfortable—can help. Limiting screen time before bed reduces exposure to blue light, which can disrupt circadian rhythms. Engage in moderate physical activity during the day to promote restful sleep. Manage stress by

journaling, meditation or talking to a trusted friend or professional. Finally, listen to your body; prioritising rest might mean declining extra commitments or scheduling downtime in your calendar.

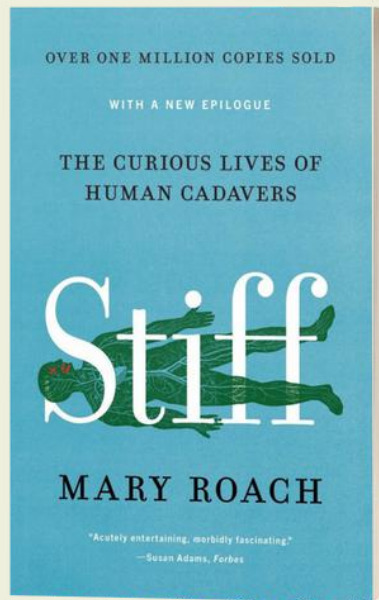
Rest is not laziness—it's a foundation of health. As nights grow longer, consider a “rest revolution” in your own life. Evaluate your sleep habits, adopt simple hygiene practices and allow yourself to slow down. Encourage workplaces and schools to recognise the importance of rest and to create environments that support restorative breaks. By prioritising sleep and recovery, we can improve well-being, productivity and happiness.

Resources

- **Public Health Agency of Canada – Sleep infographic:** data on sleep recommendations, factors related to insufficient sleep and hygiene tipscanada.ca.
- **Canadian Sleep Society:** educational articles, sleep tips and resources to find sleep clinics.
- **Heart and Stroke Foundation – Healthy sleep:** guidance on sleep's role in heart health and ways to improve sleep quality.

BOOK

Review



Book of The Month

Stiff:

The Curious Lives of Human Cadavers by Mary Roach

"What happens when the body keeps working after life ends."

Review By Suman Dhar

A Scene Few of Us Imagine

The room is lit by harsh fluorescent bulbs, the kind that wash colour from faces and turn everything clinical. Around a steel table stand a group of young surgeons. Their instruments gleam. On the table rests not a patient under anaesthesia, but a cadaver head, carefully prepared for practice.

The students lean in. Their hands hesitate for a moment, then steady. Every movement here—the awkward first cut, the pause before a

correction, the repetition of a gesture—will one day be performed in an operating room, only then the stakes will be measured in beating hearts.

It's an image that can feel unsettling, even invasive. Yet behind the strangeness lies something profoundly generous. Someone once alive, with memories and attachments, chose to become a teacher after death.

This is the world Mary Roach explores in *Stiff: The Curious Lives of Human Cadavers*. It is not

a book about dying, but about the afterlives of bodies. And in her hands, what could have been morbid becomes both illuminating and unexpectedly funny.

Turning Toward What We Avoid

Modern culture keeps death at a distance. We outsource it to hospitals, funeral homes, and institutions. The language is softened, the details hidden. Roach refuses to play along. She turns her gaze directly on the subject most of us avoid and asks: what do the dead actually do for the living?

The answer, it turns out, is far more than we realize. Cadavers have been the silent collaborators behind many of the advances we now take for granted: surgical breakthroughs, safer cars, forensic tools that bring justice to families. Roach's achievement is to bring these contributions to light without stripping them of dignity.

The Hidden Work of the Dead

Each chapter of *Stiff* is a doorway into a space few readers have entered. In one, Roach describes how crash-test facilities once relied on cadavers before switching to modern dummies. These bodies endured impact after impact, giving engineers data no machine could replicate. The seatbelt you click into place every morning is part of that legacy.

In another, she takes us to a "body farm," where donated corpses are left outdoors in different conditions so scientists can map how decay unfolds. It's unsettling to read about the

choreography of flies, maggots, and microbes, yet that research allows investigators to pinpoint time of death with startling accuracy. Without it, many murder cases would remain unsolved.

And then there are the classrooms, where donated heads and limbs allow medical students to make mistakes in a place where mistakes do not kill. Every confident surgeon, every smooth incision in a hospital, is built on hours spent learning from the dead.

What makes the book so readable is Roach's voice. She never sensationalizes, never treats cadavers as props for shock. Instead, she writes with journalistic precision and a comic touch, as if she knows when the reader needs a joke to cut through the tension. Her humour is never cruel; it's the kind that makes unbearable material just bearable enough to confront.

The Radical Act of Generosity

As strange as the details may be, *Stiff* is not really about the macabre. It is about generosity. Every cadaver in Roach's pages was once a person who chose to keep giving after death. Their bodies became data, practice, or evidence. Their final act was one of service, an extension of community that most of us never consider.

In a culture that often measures generosity in money or hours, this is generosity at its most radical. Roach captures this tension perfectly: the mix of strangeness and nobility, of science and service. Reading *Stiff* is to realize that the very things we rely on for safety and healing—the airbag that deploys in a crash, the surgeon

who saves a life—are built on these silent contributions.

A Canadian Reflection

For Canadian readers, Roach's message resonates in a particular way. We often speak about giving back, about serving community beyond ourselves. *Stiff* presents that ethic in its most extreme form. It asks: what does it mean to contribute after you are no longer here to see the result?

It is an uncomfortable question, but also an inspiring one. In a society that tends to sanitize death, Roach restores a sense of meaning to what happens after. The dead are not simply gone. They remain present, woven into the fabric of the everyday—into the safety features of your car, the precision of your doctor, the justice of a solved case.

Closing Reflection

Stiff is not for the faint of heart. Some readers may put it down for a moment, unsettled by the imagery. Yet those who keep going will find a book that reshapes how we think about both death and life.

Mary Roach transforms the macabre into meditation. She makes you laugh in one sentence and pause in the next. And when you finish, you carry with you a new respect—not only for the science that cadavers make possible, but for the people who chose to remain useful even after their last breath.

Five Takeaways from *Stiff*

- Cadavers are central to medical training, allowing surgeons to learn before operating on the living.
- Auto safety innovations—from seatbelts to airbags—owe their refinement to cadaver crash tests.
- Forensic breakthroughs in solving crimes are grounded in the study of human decay.
- Donating a body is a radical form of generosity that extends service beyond life.
- Death can be reframed—not as an end, but as an ongoing contribution to community and progress.

MARY ROACH

Stiff

'Delightful. It will leave you feeling more cheerful about life, and calmer about life's inevitable destination'

SUNDAY TIMES

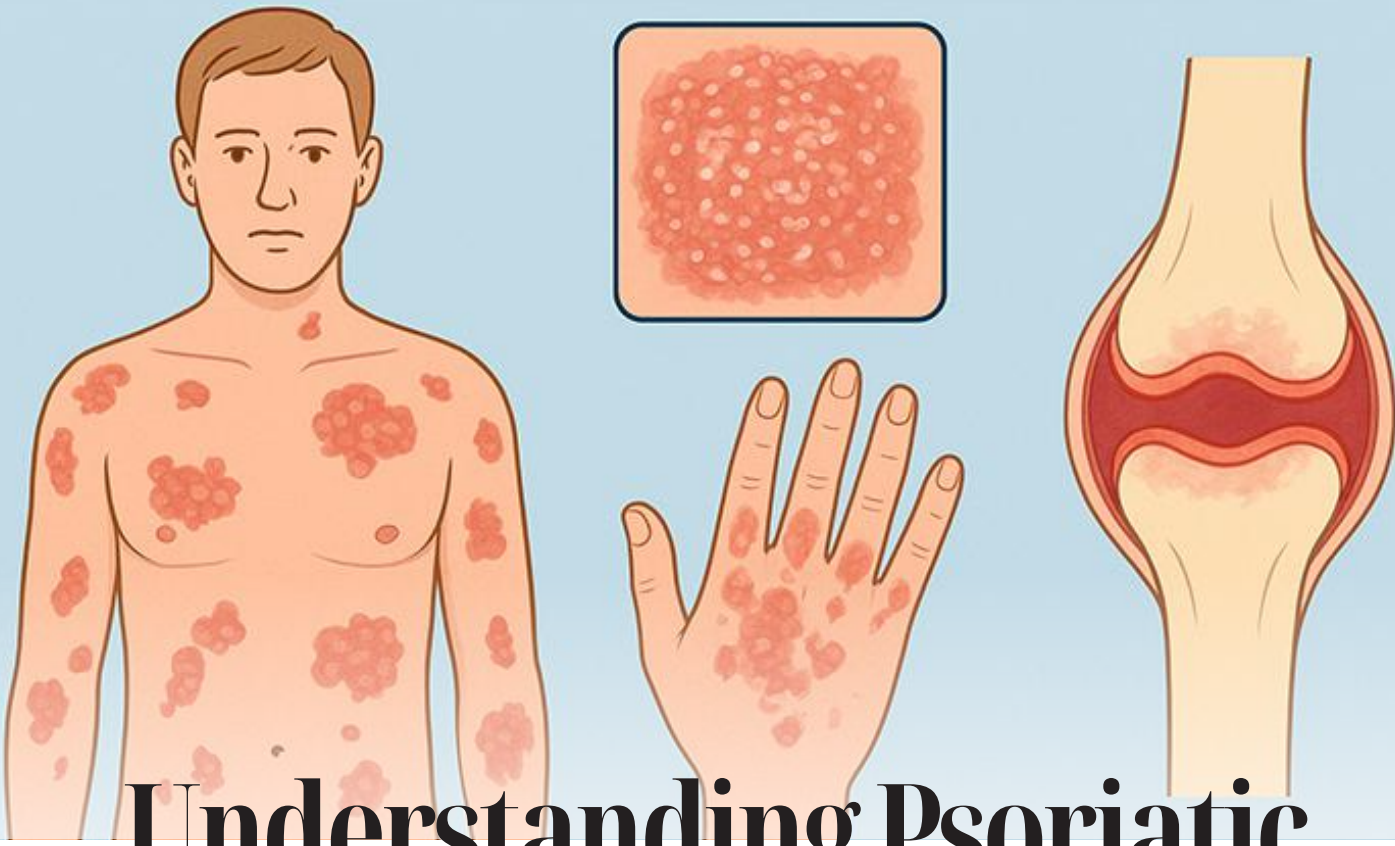


The
Curious
Lives of
Human
Cadavers

THE INTERNATIONAL BESTSELLER

Book of The Month

Magazica



Understanding Psoriatic Disease

By Editorial Team

World Psoriasis Day on October 29 raises awareness about psoriasis and psoriatic arthritis. Psoriasis is a chronic inflammatory condition that affects up to one million Canadians, causing raised, red or purple patches of skin with silvery scales and often intense itchiness and pain. About 30 % of people with psoriasis develop psoriatic arthritis, a chronic autoimmune disease characterised by joint pain and stiffness. Understanding these conditions helps reduce stigma and supports

those living with them.

The disease spectrum

Psoriasis is not contagious. It is an immune-mediated disease that triggers rapid skin cell turnover, leading to thick, scaly plaques. Symptoms can begin at any age but often appear between 15 and 25 years. Psoriatic disease is episodic; people experience flares followed by periods of remission. Comorbidities are common: individuals with psoriasis or psoriatic arthritis

frequently live with diabetes, depression, anxiety and cardiovascular disease. These associated conditions highlight the need for holistic care.

Management and support

Treatment depends on disease severity and may involve topical creams, phototherapy, systemic medications or biologic drugs. Maintaining a healthy body weight, eating a balanced diet and exercising regularly can improve overall health and may reduce disease activity. Stress reduction techniques—such as mindfulness, yoga or counselling—help manage flares. Because psoriasis and psoriatic arthritis often affect people during their prime working years, supportive workplace policies are essential. The Canadian Association of Psoriasis Patients encourages employers to accommodate individuals by providing flexible schedules, ergonomic adjustments and access to employee assistance programs. Early support improves employment and educational outcomes.

World Psoriasis Day invites us to recognise psoriatic disease as more than a skin condition—it can impact joints, mental health and quality of life. By learning about psoriasis and psoriatic arthritis and supporting those affected, we can reduce stigma, advocate for inclusive workplaces and encourage early diagnosis and treatment.

Resources

- **Canadian Association of Psoriasis Patients:** advocacy materials, educational resources and workplace accommodation guides workingitout.ca.
- **Canadian Psoriasis Network:** information on disease management, research developments and community support.
- **Canadian Dermatology Association – Psoriasis:** guidance on symptoms, diagnosis and treatment options.



World Stroke Day:

Act FAST to Save Lives

By Editorial Team

World Stroke Day is observed on October 29 and serves as a reminder that stroke can happen at any age. Stroke is among the leading causes of disability and death worldwide, and every minute counts during a stroke. Knowing the warning signs and acting quickly can save lives and improve recovery.

Recognising the signs

The Public Health Agency of Canada summarises the key signs of stroke using the

FAST acronym: Face – is it drooping? Arms – can you raise both? Speech – is it slurred or jumbled? Time – to call 9-1-1 immediately. Acting FAST is crucial because certain treatments, such as clot-busting drugs, must be given within four and a half hours of symptom onset. A transient ischemic attack (mini-stroke) causes the same symptoms but resolves within 24 hours; it is a warning sign of a possible major stroke and should still prompt emergency care.

Risk factors and prevention

Several modifiable factors increase stroke risk, including high blood pressure, smoking, diabetes, high cholesterol, obesity and sedentary lifestyle. Managing these factors through regular medical check-ups, healthy eating, physical activity and smoking cessation can substantially lower risk. Adequate sleep and stress management also support cardiovascular health. Some risk factors, such as age, sex and family history, cannot be changed, but recognising them helps identify those who may benefit from closer monitoring.

Responding to a stroke

If you suspect someone is having a stroke, call 9-1-1 or your local emergency number immediately. Do not attempt to drive yourself or the person to the hospital; paramedics can begin care en route. Bring someone who witnessed the symptoms, as they can provide important information to health-care providers. Even if symptoms disappear, medical evaluation is necessary because a mini-stroke signals a high risk of future stroke.

World Stroke Day encourages everyone to learn the signs of stroke and respond quickly. By acting FAST, we can help preserve brain function and improve outcomes. Share the FAST message with family, friends and co-workers, and talk to your health-care provider about your personal risk factors and prevention strategies.

Resources

- **Heart and Stroke Foundation of Canada** – **FAST signs:** educational materials and campaigns explaining the FAST acronym and what to do during a stroke canada.ca.
- **Public Health Agency of Canada** – **Stroke signs and symptoms:** guidance on recognising strokes and transient ischemic attacks and the importance of timely treatment canada.ca.
- **Stroke Services BC – World Stroke Day:** regional initiatives and resources for stroke prevention and recovery.



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