ISSUE 15 • 2026

Life IN HEARTS

The voice of Canadian women living well with Cardiovacular disease

Live Bravely. Love Boldly. Stronger Together.

Life In Hearts

www.LifeInHearts.ca • LifeInHearts@HeartLife.com
HEARTLIFE WOMEN • Canadian Women With Medical Heart Issues

EDITOR & FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

J.R. comments:

Well here we are, Issue 15 - summer 2026! This is a fully packed issue. So many women with lived and living experience (WWLLE) stepped up to write and share in this issue. I am so grateful to them as this e-magazine is not possible without them... Every issue requires various WWLLE to participate - please send me an email if you are willing, jackie@heartlife.com

I am thrilled to share that **Risa Mallory** and **Edwina Nearhood** have agreed to join our regular issue contributors **Annie Smith** and **Cheryl Strachand**. Risa's feature is called 'Knowledge is Power' while Edwina's is 'Matters of the Heart.'

I hope you find this issue inspiring, educational and reflective ... **ENJOY!**

And, as always, please remember to Live Bravely. Love Boldly. Every day.

Cover Photo Credit:

JUST BE

By RUZICA HOWELL, Ontario

Just Be depicts a woman sitting quietly beneath a radiant heart-shaped sun. She is portrayed as an everyday woman. Framed like a snapshot from life, the image captures a simple moment of contentment and presence. Resting in the warmth of the moment, she is at ease with where she is. Bathed in the sun's glow, she radiates that same sense of peace and warmth in return. There is freedom in just being. Just Be honors the quiet power of presence.

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It's about Life IN HEARTS

I Recover Loudly For Those Suffering Silently

By
BEE-JAY ANTONE,
British Columbia
Congestive Heart Failure, 2025

I recover loudly so others don't have to suffer silently. My name is Bobbi-Jo but everyone calls me Bee-Jay (liked the winged creatures) — I am a Kwantlen First Nations woman, a daughter, mother, sister, cousin, auntie, and a warrior shaped by many of life's hardest battles. At 53, I am still learning, still healing, and still rising.

On March 21, 2025, I woke up feeling "off." My blood pressure was 256/119. My sister — younger than me but always wise — told me to get to Royal Columbian Hospital immediately. After triage, ECGs, and a blur of tests, I heard the words that changed everything: Congestive Heart Failure. Ejection fraction 20%. I was admitted. My life shifted.

But to understand where I stand today, you need to know where I've come from.

Early Lessons in Survival

My first fight for life came at age seven. That year holds memories I've had to heal through self-compassion and forgiveness.

I broke my arm. I was diagnosed with Nephrotic Syndrome — my kidneys failing. I spent ten days in hospital while medications struggled to work. On day eleven, they finally did. I narrowly avoided a transplant.

That same year, I wore the caregiver's hat for the first time — protecting my older brother from our abusive father. I packed him a lunch when he tried to run away, slipping a butter knife into the bag so he'd "have protection." That was the first secret I ever held.

Royal Columbian Hospital after diagnosis

At eight, in foster care with my siblings, I became a mother to my younger sister. When she was abused for bedwetting, I told my mom — and Child & Family Services intervened. That was the first time I advocated for someone.

The second foster home brought racism. The most horrific moment was watching the foster father burn our gifted Indigenous regalia. "I will burn the savage out of you," he said. I remember the hot tears, the anger burning in my heart.

Growing Up Too Fast

I had a parentified childhood. Both my parents struggled with alcoholism. My dad carried deep wounds from Residential School. My mom was a child herself when she had her first baby — forced into adoption. They were never taught how to parent. No wonder my twin (my18 month younger sister) and I became teen mothers too — a generational cycle now broken by our children.

I worked in customer service, and as an uncertified care aide. I cared for others long before I learned to care for myself.

Sobriety, Loss, and the Seven Traditional Laws

I hit rock bottom in 2020. My sobriety date is February 29, 2020 — chosen so I could say, "I've been sober one year, but it feels like four."

In 2021, I moved in with my Auntie Josette to help care for her. She taught me our Seven Traditional Laws:

• Health • Happiness • Humbleness • Generosity • Generations • Forgiveness • Understanding

She told me forgiveness must begin with oneself — that self-compassion is the hardest law to master.

In 2023, Auntie became an ancestor. Six months earlier, my twin became an ancestor. The next year, my grandma followed. These matriarchs were pillars of my sobriety. My heart — emotionally and physically — could not take more loss.

Auntie Josette (20??)

My 18 months younger twin and me (YEAR)

two months after my CHF diagnosis, I held my 14-year-old companion as she crossed the rainbow bridge after two grand mal seizures.

Grief swallowed me.
Depression hit hard.
I reached out for help — medication, support, anything to keep me afloat.

"They say grief is love with nowhere to go."
I felt that deeply.

My beloved companion, Siete

Breaking Free and Beginning Again

I ended up in a toxic living environment that threatened my health. When I finally broke free and moved onto my buddy's property, my true healing began.

Now I wake up on five acres of peace — ravens chattering, eagles calling to each other, woodpeckers tapping, stellar jays dropping feathers like blessings.

Nature became medicine.
Silence became safety.
Stillness became strength.

A Message to the Silent Warriors

If you are reading this from a bathroom floor at 1:45 a.m., staring at blood pressure numbers that terrify you — **I am here**.
Look up. Wind is coming.
You are not alone.

Hych'ka Osiem — thank you.

EDITORS NOTE: Thank you Bobbi-Jo for sharing so generously. Your journey embodies the mission of Life In Hearts: to amplify the voices of Canadian women living with heart conditions, to honour cultural identity in healing, and to remind every woman that her story has power.

Her life is a testament to resilience, community, and the truth that recovery is not quiet — it is courageous, loud, and life-saving. Living Bravely. Loving Boldly, Stronger Together.

NANAIMO HEART SISTERS

The Power of Shared Experience - Gaining Strength with Others.

By
DIANE SHIPCLARK • British Columbia • Heart Attack, 2007

Founders: Shelley Wilkins Wallace & Diane Shipclark

It makes sense that when a person experiences a major health trauma, like a heart attack or stroke, that she would be able to tap into local community health care resources to help her navigate her way back to recovery.

When I had a heart attack in July 2007, I soon discovered there was a lack of support for female heart disease patients in Nanaimo, BC. When Shelley Wilkins Wallace had a heart attack in January 2009, her physician, who also happened to be my physician, put the two of us in touch. We quickly met and started brainstorming about how to help women recovering from heart or stroke incidents. Thus began a women's support group called Our Heart Sisters.

Through the years, our numbers have increased to more than 30 members. Now known as the Nanaimo Heart Sisters, we meet every third Saturday of the month.

Supporting women with heart/stroke issues

We provide support by offering a safe, in-person meeting place for women who have experienced a heart incident or stroke. We listen to each person's story and because we've all been through similar experiences, we are empathetic to what each person is experiencing. In most instances, the person talking is often brought to tears as she suddenly realizes that she's with people who understand her.

My Heart Sisters' co-founder, Shelley Wilkins Wallace says the Heart Sisters enable newcomers to share their medical story, which aids in their recovery.

"We're there to listen, to share commonalities and to offer suggestions. No one knows or can relate to our unique challenges the way our Heart Sisters do…feelings of despair, fear and hope, medications and the side effects, changes to our lives, our identities, our relationships, our work and our play," says Shelley.

Advocacy efforts for cardiac facilities

An important part of our group's mission is our advocacy work. We support the Fair Care Alliance, a coalition of local concerned medical, healthcare, business and community professionals and citizens who are leading the advocacy efforts to ensure fair access to health care for the 490,000 people living north of Victoria, BC, in Central and North Vancouver Island.

Specifically, the Alliance is advocating for a cardiac catheterization lab and patient tower to be built at an expanded Nanaimo Regional General Hospital (NRGH). The Central/North Vancouver Island region is the only place in Canada with a population of more than 400,000 that does not have a cardiac cath lab.

In support of the Alliance's efforts we've submitted an opinion piece (an op-ed) to the Times Colonist daily newspaper calling for a cardiac cath lab to be built at NRGH; we also submitted a Letter to the Editor to the Nanaimo News Bulletin on the same topic.

In addition, we've met with our elected provincial Member of the Legislative Assembly (MLA) requesting that a cath lab be included in the provincial budget, conducted fund-raising activities for health care facilities, hosted topical guest speakers and held annual luncheons to mark Heart Month

Survivors supporting survivors

As a co-founder of the Nanaimo Heart Sisters, I've been fortunate to meet wonderful women who have become my friends. These women are all different ages, some are retired, while some are still working outside the home. Our common thread? We are all survivors of some form of heart or stroke incident.

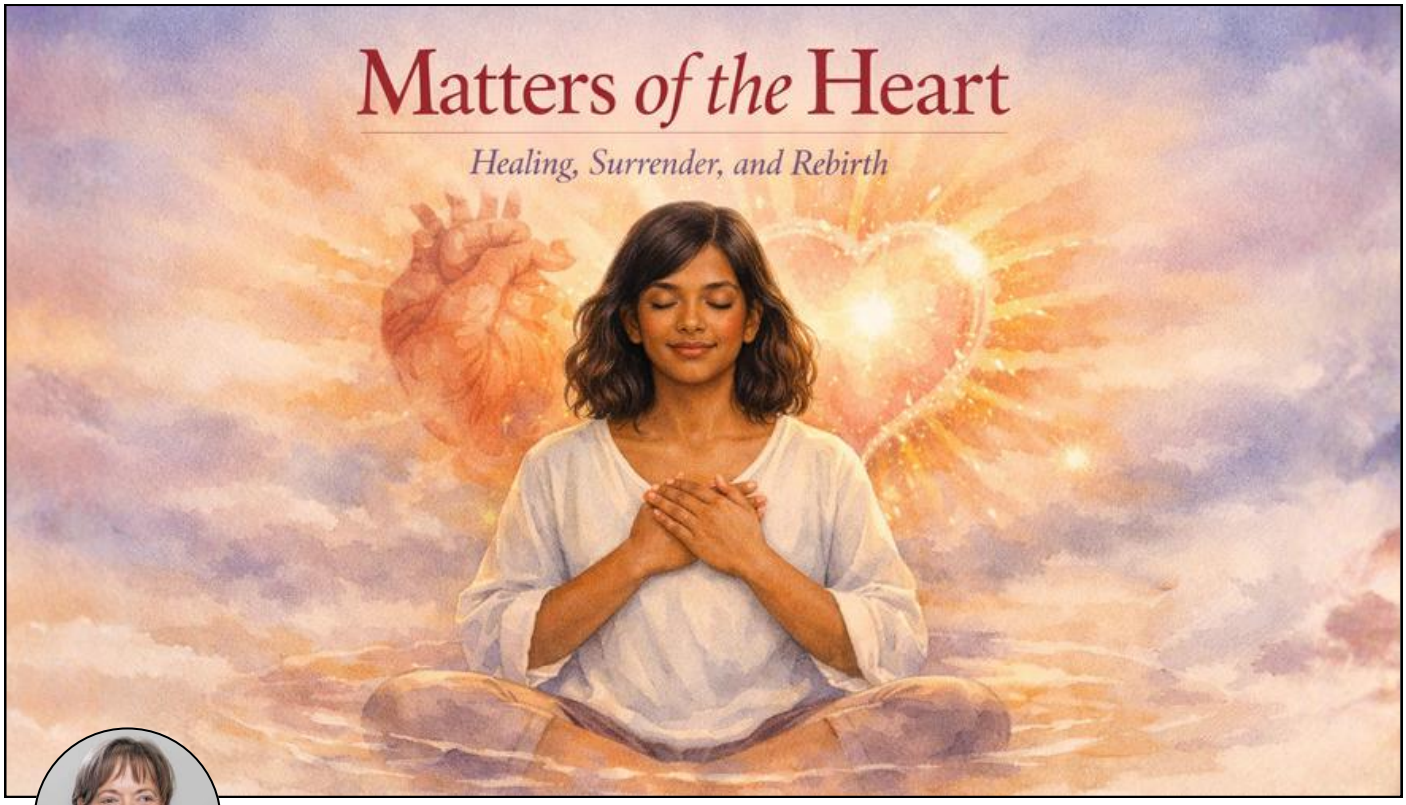
Newcomers soon realize they are no longer alone. Why? Because there is nothing like the camaraderie of women. The Nanaimo Heart Sisters is truly a group of WARRIORS!

I encourage you to visit our website and read some of our Nanaimo Heart Sisters' moving personal heart and stroke experiences. You can read all about us at nanaimoheartsisters.com

Nanaimo Heart Sisters at their 2026 Heart Month luncheon in Nanaimo, BC

EDITORS NOTE:

The power of a casual peer to peer support group should not be underestimated. There are a number of informal groups of all sorts around the country - ***HeartLife Women*** has made it a priority to encourage more **Her Heart Hangouts** across the country with access to resources, financial support and mentoring. If you would like to start an in person or an on-line group in your ommunity, please reach out. **HeartLife Women** is happy to help make it happen.
Email Jackie@heartlife.com



By
EDWINA NEARHOOD • British Columbia • Heart Transplant, 20??

As I prepared for my heart transplant, I worked closely with my yoga therapist to be worthy of a new heart and to release old thought patterns and childhood trauma. I can remember having a heavy chest from a very young age. I often took on burdens of the world that did not belong to me. I took on the role as peace keeper and people pleaser. I took everything to heart. A sensitive soul, I would do my best to clear away hurts and pains of those around me. I know….I developed a pattern of co-dependency and poor boundaries.

As I began to heal my trauma I understood that I had some core issues that included abandonment and self worth. I worked very hard at releasing the hurt, being mindful and self aware. What did happen was that I became a very good student and learned the motions and words. I by-passed my body and did not embody the lessons or work.

In retrospect it is no surprise to me that I developed a broken heart. Modern medicine would tell me that I had a genetic version of hypertrophic cardiomyopathy. I often ask myself was it my thoughts and PTSD that activated the trauma?

I did hours and hours of kundalini yoga. I even became a certified kundalini yoga teacher.
I understand the training was to free myself of the limitations of the mind. I recognized that I carried a lot of hurt, resentment, betrayal, guilt, loneliness and even deep down anger and fear. I had learned to repress my feelings in order to survive.

As I worked deeper and deeper with my mindfulness and meditation practice I used yoga to release the trapped emotions from my body. The more
I released, the more intense the teachings became.

As I worked through feelings of worthiness I found myself in end stage heart failure and no doctors were hearing what I was saying. They told me my weight gain was caused by menopause and over eating. Neither was true. I nearly died because I was not heard. I worked harder. As I became sicker, the force that pushed me to leave my family and move 1200 kilometers away could not be ignored. I sold my business and against my partners wishes I moved away. All doors to support my choice opened.
I would be offered a job and find the right place to live. It was late 2019, just months before COVID-19.

When I arrived in Vancouver, I had a pre-transplant appointment. I was pretty sick and tired by this point. The doctor asked me why he should give me a new heart and explained that they just did not hand out hearts to anyone. I am sure it was not really expressed that way, but my old wound of self worth arrived again. I heard that I was not good enough for a heart.

I went to my new tiny home in a city that was about to be isolated and started finding my self worth. My joy. My love of self and life.

As the time came even closer for transplant I hired a Celebretant to help me create a gratitude ceremony for my old heart and a welcoming ceremony for my new heart. We agreed that after I received my new heart that she would release my old energetic heart at Sunset Beach.

The night before transplant I spent hours placing every hurt, anger and emotion that no longer served me to my old heart. I then spent hours praying for love, peace and grace to come in with my new heart.

A few months after the transplant I got to hold my old heart in my hands. The researcher left me alone with it. I told my old broken sick heart that it did not need to carry the hurt anymore. I told her she had done a wonderful job and could now go free. I felt full body goosebumps as the energy was released and found my eyes filled with massive tears of gratitude.

It is now almost four years post transplant. I can truly say that I have more value and worth then ever before in my life. I did not need to do anything to deserve it because that value and worth were always mine. I need only see it with my own eyes!

ORGAN DONATION

WHAT YOU SHOULD KNOW

Registration rules vary by province.
Canada does not have one national system. Each province or territory manages its own registry and rules. Because of this, the sign-up process and consent system can differ depending on where you live.

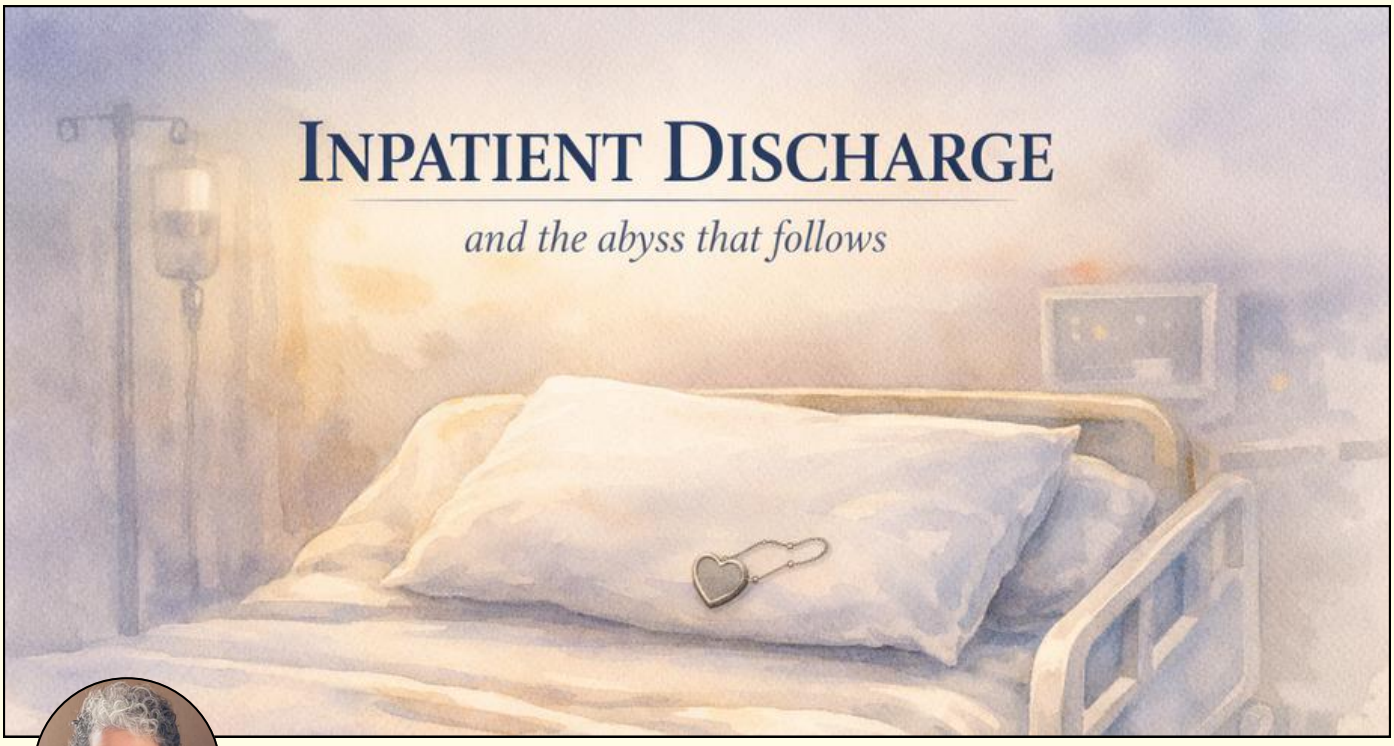
Most provinces use an "opt-in" system.
In most of Canada you must actively register to become a donor. If you don't register, doctors will usually ask your family for consent at the time of death.

Exception: Nova Scotia uses presumed consent (opt-out), meaning adults are considered donors unless they register that they don't want to donate.

One donor can save multiple lives.
A single donor can help up to 8 people through organ donation and over 75 people through tissue donation (corneas, skin, bone, etc.).

Doctors always try to save your life first. Medical teams treating you in an emergency are completely separate from the transplant team. Their only priority is saving your life. Organ donation is only considered after death is declared.

There is still a major shortage.
Thousands of Canadians wait for transplants each year. Unfortunately, people die while waiting because there are not enough donors. Increasing registration is a major public health goal.



By
RISA MALLORY • Ontario • Spontaneous Coronary Artery Dissection (SCAD), 2018

Discharge is often framed as a success story — proof of recovery, efficiency, and progress. But for many patients, especially those living with complex cardiovascular disease, discharge does not feel like an ending. It feels like standing at the edge of an abyss of uncertainty.

There is a moment many patients know well. You are sitting beside your hospital bed, dressed in your own clothes again, technically "ready" to leave. The paperwork is complete. A wheelchair transporter may already be on the way. Clinically, you have been cleared for discharge.

And yet, inside, you feel anything but ready.

As a woman living with cardiovascular disease and someone involved in healthcare advocacy, I have come to understand how profoundly vulnerable this transition can be. Inside the hospital, there is structure. Vital signs are monitored. Medications are administered on schedule. Questions can be answered with the push of a button. Even during illness and uncertainty, there is reassurance in knowing someone is watching.

Then suddenly, that scaffolding disappears.

Patients are sent home with pages of instructions, medication changes, appointment reminders, and unfamiliar terminology — often while still physically exhausted and emotionally overwhelmed. The expectation seems implicit: if you are medically stable enough to leave, you should feel capable of managing on your own.

But being medically stable is not the same as feeling safe.

For women with cardiovascular disease, this transition can feel especially frightening. Many of us already carry the burden of delayed diagnoses, minimized symptoms, or experiences of not feeling fully heard within healthcare settings. When we leave the hospital, we are often carrying not only physical recovery, but lingering uncertainty and mistrust in our own bodies.

Every sensation suddenly feels significant.

Is this chest discomfort normal healing, or something dangerous? Is this shortness of breath expected? Am I overreacting, or should I seek help? Without continuous monitoring or immediate professional reassurance, anxiety can intensify quickly. What clinicians may view as a routine discharge can feel to patients like being left alone with a body that no longer feels predictable or trustworthy.

There is also the enormous cognitive and emotional burden that accompanies discharge. After days of illness, disrupted sleep, stress, and emotional exhaustion, patients are expected to absorb and retain complex medical information. Medication regimens may have changed multiple times during admission. Follow-up appointments must be understood, scheduled, and prioritized. Lifestyle recommendations can feel overwhelming when simply getting through the day already requires tremendous effort.

Yet the emotional reality of discharge is rarely addressed directly.

Fear does not appear on discharge summaries, but it is one of the most dominant emotions patients carry home. Fear of relapse. Fear of making a mistake. Fear of missing warning signs. Fear of being alone if something happens again.

Healthcare systems often underestimate how psychologically vulnerable patients are during this transition. Hospitals face enormous pressures to reduce length of stay, improve patient flow, and manage increasing demand. Efficiency has become an understandable priority. But when discharge becomes primarily transactional, patients can begin to feel less like people being supported and more like beds needing to be cleared.

That emotional gap matters.

Patients do not simply need information; they need continuity, reassurance, and support. Some are fortunate to have strong support systems waiting at home. Family members, caregivers, and friends may help manage medications, transportation, meals, and emotional care. But not everyone has that safety net. Even when support exists, loved ones are often unprepared themselves, suddenly carrying responsibilities that can feel medically and emotionally overwhelming.

The healthcare system frequently assumes continuity of care exists when, in reality, it may be fragmented or fragile.

Patients need to feel that discharge is still part of care — not the end of it.

As advocates, we often speak about patient-centred care, but truly holistic care must include attention to transitions. Healing does not happen the moment someone exits hospital doors. Recovery continues quietly at home, where uncertainty can feel loudest.

Discharge should not feel like falling into an abyss. It should feel like crossing a bridge — one supported with compassion, continuity, and the reassurance that patients are not expected to navigate recovery alone.

No patient should leave the hospital feeling abandoned at the threshold of recovery.

SHARING YOUR EXPERIENCE FOR FUTURE CARE:

HTTP://ubc.ca1.qualtrics.com/jfe/form/SV_9nN3QQrf0vSi1JY

The Wind

By
KATHERINE WALTERS
Newfoundland
and Labrador
SCAD (Spontaneous
Coronary Artery
Dissection) and
Congestive Heart
Failure, 2018

Maintaining positive momentum is a challenge some days. Sometimes it feels like walking against the wind, doesn't it? You know what you have to do, you lean into the wind and step forward, then a dry leaf plasters itself to your face, you fumble to brush it away and a sudden gust almost tips you over. You alter your path so the wind isn't always blowing debris in your face, but risk being blown off-course from your path or taking much longer to get where you're headed.

Today is one of those days for me - so, I'm at home, but sitting in a roadside cafe in my mind, with a coffee, a journal, and giving myself a break from the weather until it passes. I hope you can find a way to grab some respite from the storms in your life today.

Sometimes in my effort to make headway, I don't pay nearly enough attention to the weather and forget about the joy of being cozy and snug in my nest while the wind blows hard outside.

Sometimes I think the wind knows where I need to be better than I do. It is truly an ill wind that blows no one some good.

Editors Note: Katherine originally posted this in Canadian Women with Medical Heart Issues FB Community - it is shared here with her permission.

HeartLife ACADEMY

Big News: HeartLife Academy Gets a Redesign!

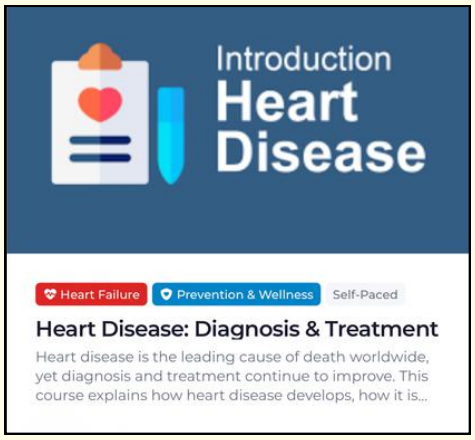
Finding reliable, relatable information about heart health shouldn't feel overwhelming. That's why we've completely reimagined our learning platform. The new HeartLife Academy is now live, offering heart health education designed with empathy.

Created hand-in-hand with people living with heart conditions and the dedicated individuals who care for them, our revamped academy allows you to learn completely at your own pace. The best part? It is **100% free**!

Whether you are a person with lived experience, a caregiver, or a healthcare professional, we have tailored resources waiting for you.

Dive Into Our Free Courses Today!

Our expanded curriculum covers critical topics to empower your health journey:



- **The Essentials:** Intro to Heart Disease and our featured course, Heart Disease: Diagnosis & Treatment

- **Empowerment Bootcamps:** Self-Advocacy Bootcamp and Caregiver Bootcamp

- **Condition-Specific Learning:** Heart Failure Journey, Amyloidosis, HCM (Hypertrophic Cardiomyopathy), ASCVD (Atherosclerotic Cardiovascular Disease), and Dyslipidemia

- **Connected & Metabolic Health:** Diabetes and Heart Failure, and Connected Conditions (Kidney, Lungs & Metabolic)

- **Daily Wellness & Protection:** Heart Failure Medications, Mental Health, and Vaccinations and Your Heart

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It's about Life NOT FAILURE

HeartLife FOUNDATION

By
Jackie Ratz, Manitoba
Heart Failure, 2017

Editors Note: this article is a collaboration of various ideas and sources from recent conferences and webinars. AI was used to consolidate thoughts and for spelling and grammar checking.

Intimacy is one of the most tender parts of life — yet it's often the first thing disrupted when a woman is diagnosed with cardiovascular disease. Whether the diagnosis arrives through the shock of a heart attack or the surprise of a routine test revealing hidden disease, the emotional impact can be profound.

For women in or after menopause, these changes intersect with shifting hormones, evolving identity, and a body that may already feel unfamiliar. The result is a complex landscape of fear, vulnerability, and longing for connection.

When the Heart Breaks Open: Shock, Trauma, and the Body's Memory

A heart attack is not just a medical crisis — it is a psychological earthquake. Women often describe the moment as surreal: the alarms, the rush of clinicians, the sudden awareness that life is fragile. Even after the body stabilizes, the emotional aftershocks continue.

A racing heartbeat during intimacy may trigger fear instead of excitement. A moment of breathlessness may feel like danger rather than desire. The body remembers the trauma long after the event ends.

For women who receive a diagnosis without a dramatic event, the experience is different but equally destabilizing. Many describe it as a betrayal — "I didn't even know anything was wrong." The surprise can create doubt, mistrust, and a sense that the body is hiding secrets.

Both experiences reshape intimacy because both reshape self-trust.

Medication, Menopause, and the Shifting Landscape of Desire

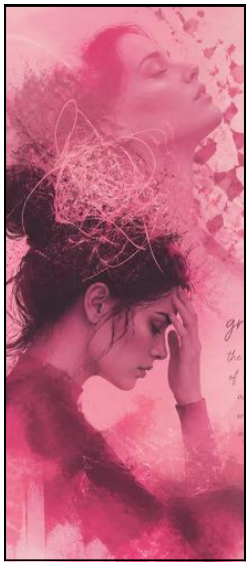
Many heart medications — including beta-blockers, diuretics, and certain antidepressants — can affect libido, energy, and arousal. Menopause compounds this with hormonal changes that influence mood, lubrication, and overall desire.

These changes are not imagined. They are real, physiological, and common. And yet, women often feel embarrassed to talk about them.

Open conversations with clinicians matter. Adjustments, alternatives, or supportive therapies may be available, but the first step is naming the experience without shame. Women deserve care that sees the whole person — not just the heart muscle, but the emotional and relational life surrounding it.

Explore more about medication effects or menopause and heart health.

The Mental Health Layer: Anxiety, Grief, and the Loss of "Who I Was"



Heart disease and menopause both carry emotional weight. Many women grieve the version of themselves who felt spontaneous, energetic, and confident. Anxiety may surface during moments of closeness. Depression may dull desire.

This is not weakness — it is the natural intersection of trauma, biology, and identity.

Therapists specializing in cardiac recovery emphasize that emotional healing parallels physical healing. Practices like gentle movement, mindfulness, and self-compassion help women reconnect with their bodies in safe, gradual ways.

Learn more about self-compassion practices.

Rebuilding Trust Through Communication

Partners often carry their own fears — fear of causing harm, fear of misreading cues, fear of losing the woman they love. These unspoken worries can create distance.

Intimacy after heart disease requires communication that is honest, tender, and patient. It may begin with small gestures: holding hands, resting together, sharing laughter. These moments rebuild trust, one breath at a time.

Here is a step-by-step communication guide — gentle, practical, and grounded in the emotional realities of cardiac recovery.

01 Start With Emotional Safety
Intimacy can only grow when both partners feel safe to speak openly
.

02 Name the Fears Gently
Fear of triggering symptoms or causing harm is common for both partners.

03 Talk About Physical Changes Honestly
Heart disease, medications, and fatigue can affect desire, comfort, and energy.

04 Redefine What Intimacy Means Now
Intimacy is broader than sexual activity — it includes closeness, affection, and connection.

05 Set Pace and Boundaries Together
Moving slowly builds confidence and reduces anxiety.

Confidence, Rediscovery, and the Courage to Be Seen

Confidence after a cardiac event or diagnosis is not about returning to who you were — it's about embracing who you are becoming.

It's choosing to see beauty in resilience.
It's allowing yourself to feel desirable in a body that has survived.
It's recognizing that intimacy is not performance — it is presence.

Many women find that intimacy becomes deeper, more authentic, and more emotionally connected after illness. When you've faced mortality, love becomes less about perfection and more about gratitude.

A Heart That Still Desires

Intimacy after heart disease — whether sudden or silent — is an act of courage. It is a declaration that life continues, love continues, and connection is still possible.

You are not broken.
You are healing. You are worthy of touch, tenderness, and desire.

Your heart has changed — but it still beats for connection.

When Bias in the Health System Becomes the Gatekeeper

By
BOBBBI-JO GREEN
Alberta
Coronary Artery
Spasms, 2020

Editors Note:
The view shared here may or may not reflect the views of the editor. This is a platform for all views to be shared. Thank you.

Alberta Used My Story as a Warning About Medical Gaslighting. Then They Gaslit Me Again. And Again. And Again.

A few years ago, my story made headlines across Canada.

I was the woman who spent nearly a decade being told my cardiac symptoms were anxiety, stress, somatization, overreaction, or simply "nothing serious."

For nearly ten years, I was dismissed.

Then after new testing became available, I was diagnosed with a heart condition.

The story was covered by CBC, Global,Heart and Stroke, The Canadian Women's Heart Health Alliance, local podcasts, etc. The University of Alberta Nursing faculty even used my story to highlight research they were doing. I sat on expert panels and I was actively involved in research. Women's heart health advocates pointed to it as an example of why women die when symptoms are dismissed. Healthcare leaders held it up as evidence that medicine needed to do better.

The message was clear:

"We hear you."
"We've learned."
"We'll do better."

But here's the story nobody wants to tell.

They didn't.
Because now it's happening again.
Not necessarily the same diagnosis.
The same system.
The same assumptions.
The same bias.
The same outcome.

Over the last several years I have watched healthcare workers do something terrifying:

The moment a patient is viewed as anxious, mentally ill, homeless, dramatic, difficult, or a somatizer, objective evidence begins to lose its value. Standard of care dissolves.

Blood pressure of 80/50?
Anxiety.
Heart rate 49?
Anxiety.
Orthostatic symptoms?
Anxiety.

Chest pain?
Anxiety.
Specialist referrals?
Declined.

Questions?
Defiance.
Advocacy?
Non-compliance.

At one point I was called “theatrical” because I kept calling the nurse while having severe chest pain (while I watched her purposely ignore me and say awful things about me to her peer). But it’s ok, it was only ST depression that required a Cardiology consult. She didn’t answer my call because she didn’t believe me. She was operating on her own biases. Not my clinical presentation.

At another, I was threatened with security involvement for continuing to advocate for myself. Read that again.

I have recordings of healthcare workers telling me that the system is letting me die.

Think about that for a second.

Not “we disagree.”
Not “we don’t know.”
Not “we’re investigating.”
… “The system is letting you die.”

What kind of healthcare system produces a statement like that?

And why is nobody asking that question?

Every time someone dies in a waiting room, politicians blame funding.

Administrators blame overcrowding.

Healthcare organizations blame staffing shortages.

Maybe they’re right.

But I think they’re missing something far more uncomfortable.

Bias is cheap.

Bias doesn’t require budget approval.

Bias doesn’t require government funding.

Bias doesn’t require a staffing shortage.

Bias only requires someone deciding they already know what’s wrong with you.

And once that happens, the investigation often ends before it begins.

When I was told the system was letting me die, I couldn't stop thinking:
Who exactly is "the system"?

Because from where I was standing, the tests existed.

- The specialists existed.
- The referrals existed.
- The expertise existed.
- The tools were sitting in the toolbox.
- The door was simply never opened for me.

And that's the question I wish more people would ask whenever another patient falls through the cracks: Was the care unavailable? Or was the patient deemed unworthy of accessing it?

The public has been told for years that medicine is becoming more patient-centered.

That patients are partners.

That lived experience matters.

My experience has been the opposite.

I have encountered a system where disagreement is often interpreted as pathology.

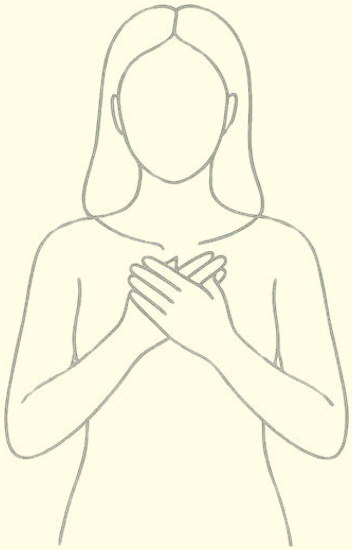
Where asking questions can get you labeled.

Where labels follow patients from chart to chart.

Where a psychiatric explanation can become nearly impossible to escape regardless of what objective evidence appears later.

Most importantly, I keep asking myself one question:

If the woman whose decade-long misdiagnosis became a national story can still be dismissed after the entire country watched it happen the first time…



What chance does everyone else have?

Because this story is no longer about me.

It's about every patient who has ever been told they were anxious before anyone figured out what was actually wrong.

It's about every woman who left an emergency department feeling humiliated instead of helped.

It's about every family who was told nothing was wrong—until suddenly something was.

And it's about whether healthcare has actually learned anything from the stories it publicly claims to care about.

I spent ten years fighting to prove I wasn't imagining my symptoms.

The truly unbelievable part is that I have to do it again.

ALL ABOUT YOU!

Sharon Gilroy-Dresher was selected for the pestigous *Louise & Frank Nieboer award*. She was also the closing speaker at Canadian Stroke Congress in Banff in May 2026 for which she received a standing ovation. This esteemed national award recognizes advocacy and patient partner work in cardiovascular and cerebrovascular health. Sharon is a tireless women with lived and living experience!

As per Sharon, “Standing on that stage, ten years after becoming a stroke patient myself, was a full-circle moment I'll carry with me for a long time.”

CONGRATULATIONS SHARON!

HeartLife Foundation Engagement May 2026!

Canadian Council Cardiovascular Nurses Conference • Saskatoon, SK

Pictured: Jenny and Laurie

St Pauls Hospital Cardiac Nursing Education Day • Vancouver, BC

Pictured: Naomi, Marc and Jillianne holding their individual born hearts

Vancouver General Hospital 27th Annual Have a Healthy Heart Fundraiser

Pictured: Marc and Jenny

PLUS:
HeartLife was invited to the Canadian Association of Cardiovascular Prevention and Rehabilitation Spring Conference in Toronto, ON. Jenny and Catherine represented on behalf of HeartLife Foundation

By
ANNIE SMITH,
PTS, FIS, RAB II
Ontario,
Cardiac Sarcoidosis, 2015
• All the Right Moves
Personal Training & Fitness

Hello and happy summer!

With the season in full swing, it can be challenging to manage a long to-do list. To help you navigate this busy time, I am sharing a few tips on balancing your health and fitness goals with your everyday responsibilities and vacation plans:

- **Create a Plan:** Commit to moving your body for at least 30 minutes at the same time every day. If possible, aim for two sessions—your health is worth one hour a day. Options include walking, gardening, swimming, yoga, or exercises like wall squats, march fit, arm circles and stretching. Even while travelling, try to stay active; any movement counts!

- **Stay Consistent:** Ensure your plan is achievable and sustainable so that you can remain consistent.

- **Make It FUN:** Choose activities you enjoy. Walk with friends, family, or fur babies, or try swimming or cycling (E-bikes are terrific for heart failure patients! I love mine!). You can also follow along with my videos at https://ourhearthub.ca. If a video is 60 minutes long, feel free to just complete 15–30 minutes of it. There's a wide variety of videos to choose from! I also highly recommend the mobility and flexibility videos to help prevent injury during seasonal activities like gardening or mowing the lawn.

- **Journal:** Keep track of your food and water intake to stay mindful of your habits.

- **Prioritize Sleep:** Aim for 7–9 hours of sleep each night and maintain a consistent bedtime routine.

- **Practice Meditation:** Spend 5–10 minutes in a quiet space to clear your mind. Inhale through your nose for 4 counts, pause for 2, exhale slowly through pursed lips for 4 counts, and pause for 2. Repeat this 5–10 times to help your nervous system relax.

I hope these tips help you stay on track while enjoying your summer.

Have FUN, stay well, and stay safe!

Namaste, Annie

Congratulations on showing up for you and choosing to start creating a healthy lifestyle of physical fitness and mindfulness.

I am so proud of you! See you next time! Namaste.

Annie is a regular contributor to the Ted Rogers Patient information website. Her 'HEARTFIT' videos can be found at OurHeartHub.ca

Sweet Spot Nutrition
Heart health, for life.

- LOW IN SUGAR
- NATURAL INGREDIENTS
- NOURISH YOUR HEART
- FEEL YOUR BEST

By
CHERYL STRACHAN, RD
Alberta

- Author of 'The 30 Minute Heart Healthy Cookbook'
- SweetSpotNutrition.ca

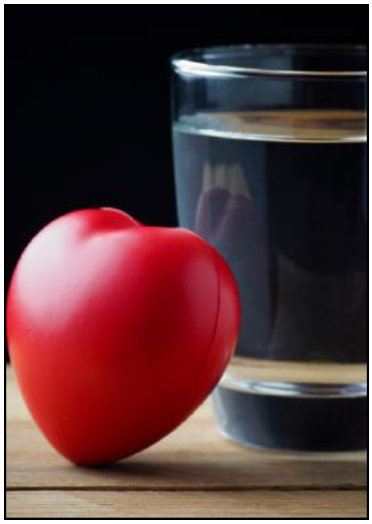
For more delicious heart-healthy food ideas, join "Sweet Spot Heart-Healthy Cooking Club" on Facebook.

A lot of the advice given to people after a heart event is "Drink only water. Water is best."

Don't get me wrong… water is great. But what if you don't love plain water? What if you crave variety?

Good news: You have plenty of other choices, even if heart health is a priority.

How much do you need to drink every day?



You don't need to follow the conventional advice about drinking eight 8-ounce glasses (or cups) of water every day.

First, instead of water, let's talk about fluid. You can meet your fluid needs with lots of different beverages, and even watery foods, like soup, yogurt, and fruit.

Second, everyone's fluid needs are different. They're influenced by age, sex, and health conditions. If you have heart failure, liver, or kidney disease, check with your healthcare team.

Third, your needs will vary day to day, based on activities and climate. A day you spend working on your computer inside, in Vancouver, you'll need less water than if you walk a 5k in Calgary in July.

But in general, average fluid needs aren't far from 8 cups a day:

- 3 L (12 cups) for males (age 19+)
- 2.2 L (9 cups) for females (age 19+)

Instead of counting glasses, pay attention to your thirst and the colour of your urine, which should be light yellow and clear. If it's dark yellow and has a strong smell, drink up!

What if I don't drink enough?

Signs that you're mildly dehydrated include:

- thirst
- dry lips and mouth
- flushed skin
- tiredness
- headache
- dizziness
- fainting
- low blood pressure
- increased heart rate
- pass less urine

Doesn't that make you want to reach for a glass right now?

Serious dehydration puts you at risk for:

• confusion • lack of energy. • unconsciousness

I can't tell you how many times someone has fainted during exercise at our cardiac rehab program, triggering an emergency response from the staff, who end up grateful to discover that it's just dehydration.

But don't go overboard either

Drinking more than you need doesn't give you superpowers. In fact, drinking excessive amounts of water, especially during endurance activities, like marathons, can put you at risk for a life-threatening condition called hyponatremia.

Okay, enough of the basics of hydration! Quick note about sugar, which doesn't have to be zero.

How low is low enough for sugar?

Most guidelines advise us to watch "added" or "free" sugar, which includes sugar from juices, honey, and maple syrup. If you can keep free sugar to less than 5-10% of your calories, you're doing great.

How much sugar is that, practically? If you eat 2000 calories a day, 5-10% works out to 25-50 grams of sugar, equivalent to about 6-12 teaspoons of sugar.

I often advise clients to look for foods with less than about 8 grams (2 teaspoons) of sugar. So a teaspoon of honey in your tea isn't a concern, but a Mocha Frappuccino with 51 grams of sugar is.

10 COOL LOW-SUGAR BEVERAGES THAT AREN'T PLAIN WATER

1. Flavoured/ infused water

Make this yourself with:

- Lemon slices
- Cucumber slices
- Blackberries and mint
- Strawberries and fresh basil

Just cut, squeeze, or crush whatever you're adding for flavor, let it sit for a couple of hours for peak flavour. (More creative combos here and here.)

If you like this idea, but you don't want to fuss with fruit or herbs every time you pour a glass, you can make a batch of infused ice cubes. Directions and creative ideas here.

2. Carbonated water

If you like carbonated drinks, you have lots of options:

- **Seltzer** - plain carbonated water
- **Sparkling water** - water with natural carbonation and minerals
- **Club soda / soda water** - water with minerals (eg. sodium bicarbonate) added for flavor

Note that tonic water and ginger ale are sweetened.

You can drink it plain, flavour it as above, or buy one of the many flavoured but not sweetened products, such as: • Bubly • San Pellegrino • Maison Perrier

Just double-check that the sugar and sodium content are zero or close to it.

NOTE: Some flavored sparkling waters use non-sugar sweeteners such as sucralose, stevia, and acesulfame potassium. These additives are approved in Canada, and are better than drinking excessive amounts of sugar, but questions remain about their impact on long-term health.

If you want to avoid them, watch for labels like "no sugar added" or "sugar-free" and carefully read the ingredient list.

3. Milk or plant-based milk alternatives

A cold glass of milk gives you a nice protein boost, not to mention a host of other nutrients. Lower-fat versions are best for heart health.

If milk isn't for you, plant-based milk alternatives usually have calcium, vitamin D, B12, and other nutrients added. Options include:

- **Soy** - with nearly as much protein as dairy milk, plus fibre (!) and healthy fats
- **Oat milk** - much lower in protein
- **Almond milk** - the lowest in protein (and fibre)

Again, unsweetened products are best for heart health. Check the label.

4. Unsweetened iced tea and tea lattes

There are so many choices when it comes to tea! Check the label to ensure it's not sweetened or better yet, make it yourself with:

- **Green tea** - a heart health darling, linked to a lower risk of coronary heart disease, stroke, and mortality
- **Matcha** - green tea leaves finely ground and whisked into hot water instead of steeped – usually sweetened
- **Black tea** - may also support heart health, although not every study finds benefits
- **Chai** - a traditional Indian combination of black tea and spices like cinnamon, cardamom, cloves, and ginger, served with milk and sweetened with honey. Chai products are usually heavily sweetened.
- **Rooibos** - another herbal tea linked to heart health, it may improve cholesterol and triglyceride levels, boost antioxidant status, and lower blood glucose levels.

Use caution with hibiscus tea. Although it can help lower blood pressure, there is a risk of serious liver damage with high doses.

Rather than worrying about choosing the "healthiest" tea, choose any that you enjoy unsweetened, or with just a teaspoon or two of sugar or honey. Milk or milk alternatives can soften the taste too.

5. Unsweetened iced coffee and lattes

When I first started in cardiac rehab 26 years ago, patients were told to avoid coffee. But even then research was emerging that overall, coffee in moderation is associated with more benefits than harms, especially if consumed in the morning.

Life in Hearts readers in particular might be interested to know that at least one study found that 1-3 cups/day of coffee intake can reduce overall mortality rates in patients with existing cardiovascular disease.

How much is too much? One study following over 200K people found an increased risk of heart attack in those drinking more than 3 cups a day. But if you have high blood pressure, ask your healthcare team.

A common concern I hear is that coffee and tea are diuretics, and therefore don't contribute to your fluid intake. Not true! In moderation, the diuretic effect is small compared to the fluid in coffee and tea.

6. Kefir

Kefir is fermented milk - like yogurt, but drinkable, and with different microorganisms. Plain kefir is an acquired taste. A few dedicated fans like it, including me! I think of it as a lemon/milk smoothie.

If you don't develop a taste for plain kefir, you can always add it to smoothies for extra protein, calcium, and the other nutrients you'd get from milk.

Plus fermented milk may reduce blood pressure and cholesterol slightly, and it's linked to modestly lower rates of heart disease.

7. Low-sodium vegetable juice

If you're used to regular/salted vegetable juices, like V8 or tomato, it might take some time to adjust to the low-sodium versions, but I find most people do.

They're not a super source of vegetables, but they're a nice alternative if you like them, and you get some potassium and vitamin C in the mix.

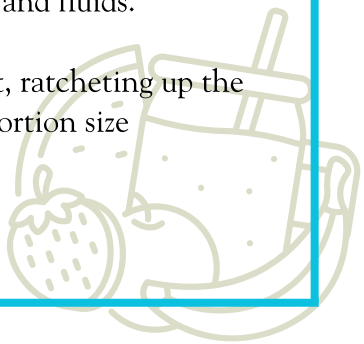
Just dodge the ones with fruit juice (and therefore free sugar) added, unless the sugar is less than about 8 grams.

8. Smoothies

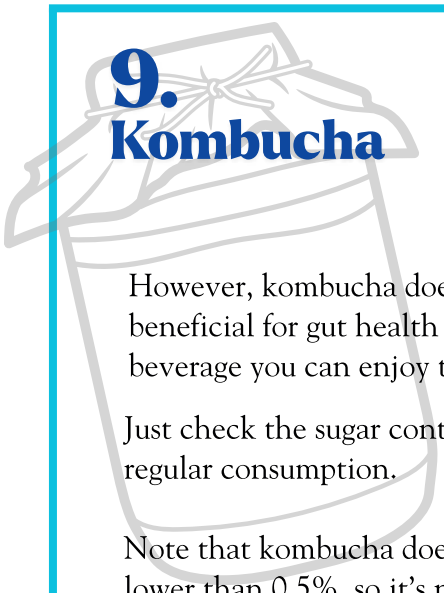
Especially in summer, smoothies can be a refreshing way to boost your intake of fruit, veggies, and fluids.

While most commercial smoothies rely heavily on juice or frozen yogurt, ratcheting up the sugar, at home you can use milk, kefir, or a milk alternative. Keep the portion size reasonable and you'll have a heart-healthy treat!

Here's a chocolatey blueberry/banana/spinach combo I like.



9. Kombucha



Kombucha is fermented sweetened black tea. With its live, active cultures, kombucha shows promise in early research, but there are no human trials yet demonstrating benefits for heart health.

However, kombucha does contain antioxidants from the tea, and its bacteria may be beneficial for gut health and the immune system, so if you like it, this is another summer beverage you can enjoy to mix things up.

Just check the sugar content, and stick to products with less than about 8 grams, at least for regular consumption.

Note that kombucha does contain a small amount of alcohol. In commercial products it's lower than 0.5%, so it's not considered an alcoholic beverage, unless labelled as one.

Also, kombucha contains live bacteria, which could be harmful to immunocompromised or pregnant people, especially homemade kombucha.

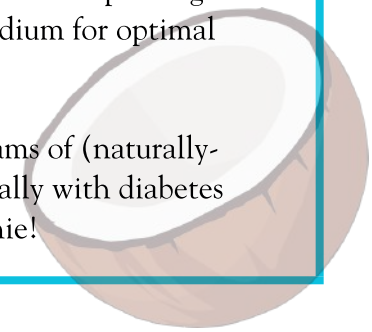
10. Unsweetened coconut water

Coconut water, the clear fluid inside of coconuts, is rich in potassium, which supports healthy blood pressure. A cup has about as much as a banana – excellent unless you need to limit potassium.

Again, cardiovascular studies in humans are limited, but it's another option, if you enjoy it. It's not high in saturated fat like coconut milk, which includes grated coconut flesh.

Manufacturers push coconut water for rehydration, but studies generally find that it's no better than water or sports drinks. Some people do prefer it though. Note that for prolonged or intense exercise with heavy sweat losses, coconut water is too low in sodium for optimal rehydration.

But for everyday sipping, check the label – most will have about 10-11 grams of (naturally-occurring) sugar per cup, so having just a small glass might be wise, especially with diabetes or prediabetes. It's also lovely blended with sparkling water or in a smoothie!



What did I miss?

I'm sure there are other creative ideas out there. What low-sugar cold drinks do you particularly enjoy? What infused water options do you like?

Share your thoughts in my Facebook group. (New members welcome!)

SHOPPING: HEART PRODUCTS

There are so many great products available to help us live better and products that make us feel good or support a cause that is close to our hearts...

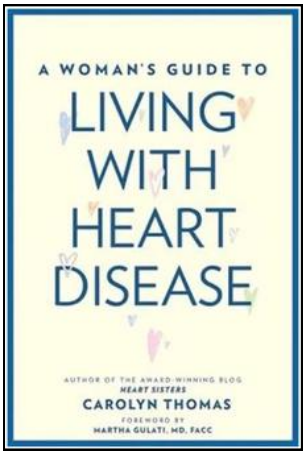
1

HILLARY DRUXMAN HEART NECKLACE

HillaryDruxman.com

Special Edition HeartLife Women Necklace
A unique fundraiser to support local events and H3: Her Heart Hangouts in your community. $10.00 from each necklace supports HeartLife Women. Ships across Canada and cost includes shipping.

2

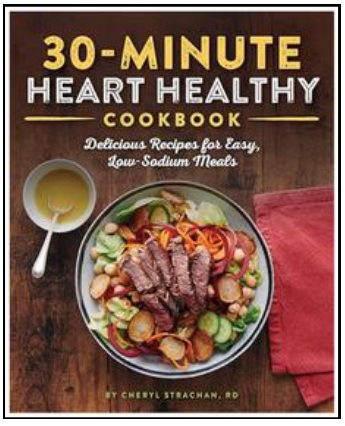


A WOMAN'S GUIDE TO LIVING WITH HEART DISEASE

By Carolyn Thomas

Heart disease is the leading cause of death for women worldwide. Yet most people are still unaware that heart disease is not just a man's problem. Carolyn Thomas, a heart attack survivor herself, is on a mission to educate women about their heart health. Based on her popular Heart Sisters blog, which has attracted more than 10 million views from readers in 190 countries, A Woman's Guide to Living with Heart Disease combines personal experience and medical knowledge to help women learn how to understand and manage a catastrophic diagnosis.

3



30 MINUTE HEART HEALTHY COOKBOOK

By Cheryl Strachan RD

Food is a critical driver of heart health, and this heart healthy cookbook helps you take the wheel. The 30-Minute Heart Healthy Cookbook is full of simple, quick, and satisfying meals the whole family will love.

Meal planning tips, a grocery shopping guide, and at-a-glance food charts make it easy to prepare nutritious, low-sodium meals. Many recipes call for just five ingredients, and all are designed for efficiency, perfect for when you're short on time or energy.

♡ Affirmation Ladder

A Gentle Practice for Strength, Healing & Self-Trust

How to use this page:

- Complete one rung a day or climb the whole ladder at once.
- Revisit your answers when you need grounding or encouagement.
- Use as a journaling tool or a moment of quiet reflection.

LIFE IN HEARTS

Living Bravely. Loving Boldly.

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