

Magazica

Issue February 2026

Health

Hope, Happiness

Deborah Lehmann
on Cancer Care,
Hope, Equity,
Community Impact
and Leading with
Heart

Why peace of
mind comes from
knowing you have
options

Canada's Hospitals
at a Crossroads:
Excellence,
Expectations
and Extended
Waits

Feeding the
Winter Body:
Vitamin D,
Nutrition and
Staying Well

Move, Don't
Hibernate:
Staying Active
and Protecting
Your Heart in
Winter

Seasonal
Affective
Disorder
and Winter
Well-Being

*Deborah
Lehmann*

Table of Contents

04 How Compassion Becomes Strategy:

Deborah Lehmann on Cancer Care, Hope, Equity, Community Impact and Leading with Heart

16 Winter Hair Care:

Nourish Your Locks When the Mercury Drops

20 Move, Don't Hibernate:

Staying Active and Protecting Your Heart in Winter

22 Health Insurance for Your Career:

Why peace of mind comes from knowing you have options

26 Feeding the Winter Body:

Vitamin D, Nutrition and Staying Well

32 When Temperatures Plunge:

Understanding Cold Weather Risks and Staying Safe

36 The Predictive Mind:

When Generative AI Learns to Anticipate Human Thought

40 Beyond the Blues:

Seasonal Affective Disorder and Winter Well-Being

44 Inside Canada's Clinic Crunch:

Why Accessing Primary Care Is Still Hard

48 Neurocognitive Digital Twin:

Human-AI Co-Regulation at the Intersection of GenAI, Psychotherapy, and Neurotherapy

52 The Spirit Catches You and You Fall Down

by Anne Fadiman

56 Canada's Hospitals at a Crossroads:

Excellence, Expectations and Extended Waits

Magazica

Publisher

Magazica Inc.

Publication Manager

Ashkan Pourzeinali

Head-Editor

Suman Dhar

Head-IT

Moe Nabi

Website

www.magazica.com

Contact to Editorial

editorial@magazica.com

Marketing Opportunities

ads@magazica.com



[@mymagazica](#)



[@magazica](#)

Deborah Lehmann

Interview

*With
the President
and CEO of
The Ottawa
Cancer
Foundation*



Deborah Lehmann is the President and CEO of The Ottawa Cancer Foundation and a respected leader in community health. With more than two decades of nonprofit experience, she is known for transforming complex challenges into practical, people-centred solutions. Her leadership blends strategic clarity with trauma-informed practice, ensuring that equity, compassion, and dignity remain at the core of cancer support services. Through partnerships, innovation, and a deep commitment to listening, she continues to shape a more connected and resilient community for individuals and families facing cancer.



How Compassion Becomes Strategy:

Deborah Lehmann on Cancer Care, Hope, Equity, Community Impact and Leading with Heart

Deborah Lehmann leads The Ottawa Cancer Foundation with the kind of clarity that only comes from lived experience and deep human connection. Her work blends strategy with compassion, turning community needs into practical programs that change lives. In this conversation, she opens the door to the emotional engine behind leadership - grief, resilience, and the courage to listen. Think of this interview as a behind-the-scenes trailer for what real leadership looks like when the stakes

are human. If you've ever wondered how one person can transform a system, this is the story you'll want to follow to the very end.

Magazica: Ladies and gentlemen, welcome, or welcome back. Today we are going to talk with Deborah Lehmann, who's the President and CEO of The Ottawa Cancer Foundation.

She is known for turning community needs into practical programs and stronger partnerships.

With two decades of nonprofit leadership, she blends strategic clarity with a trauma-informed and people-centred approach that advances equity and support for families facing cancer. A life-changing moment often starts a mission.

So, we will be taking a tour with her, and she will share how it shaped her perspective on life, advocacy, and nonprofit leadership. Ladies and gentlemen, let us welcome Deborah Lehmann. Deborah Lehmann: Thank you very much, happy to be here.

Magazica: Thank you. Let's start from the very beginning - how it all started, and how you have been in this discussion. What first drew you toward community health and nonprofit leadership? And is there one personal moment, or maybe a bundle of experiences, that made you realize this would be your life's work?

Deborah Lehmann: Yes. My love for community health came from my family, and my mother, in particular, was an incredible volunteer and deeply committed to community service in Ottawa. She wanted to help people, and what I remember the most is her time at The Ottawa Hospital, the Civic Campus. I was a young girl, and she was volunteering, and she would provide book cart service to patients.

That was an opportunity for her to go and visit patients in their rooms, let them choose a book, talk to them about why they chose that book, hear their stories, and be present for them - listen, get them a tea or coffee. She would come home with the most incredible stories, and that's where I started to learn about the human connection, and about what difference it

makes when someone feels heard. And when someone is listened to and can just share how they're feeling in the moment.

Magazica: And those moments you experienced, and that you experienced through your mom, turned into your mission. In the nonprofit world - and sometimes even in the for-profit world - many leaders describe a single event that changed everything. Tell us a story about a turning point that shifted your priorities or the way you lead now.

Deborah Lehmann: When I was the Executive Director at the Abbotsford Hospice and Grief Support Society in British Columbia, I was leading an incredible team of staff and volunteers who were supporting people who were dying, their families, and those who were grieving.

One day, I heard that Canuck Place Children's Hospice, located in Vancouver, was planning to extend its reach and build a hospice residence for children in Abbotsford. So instead of feeling, "Another organization that's a hospice is coming to my city," I thought, "How can we transform hospice services and do something no one has done before, and create an internal network of support between children and adults?"

So, I brought a group of community leaders together, along with the City of Abbotsford, and we talked about possibilities, and we dreamed big. We also brought another organization to the table - Communitas Supportive Care Society, which focused on children with complex care needs. And one thing led to

another. As the discussions evolved, the magic happened.

We created the Campus of Care, the first one in North America that was designed to integrate an adult hospice, a children's hospice and a respite home, all located on the same property. It was amazing. And it really changed not only our city, but the province, and that Campus of Care became a flagship for hospice services, end-of-life care, and grief support.

That experience fundamentally changed how I lead. I realized that transformational change doesn't come from one organization acting alone. It takes more people to come to the table, more ideas, more inspiration, and, like I said, more dreams.

Magazica: And just for our readers, what is a hospice?

Deborah Lehmann: A hospice residence is a home-like medical facility where people come to spend their final days and receive comfort care. It provides end-of-life support that is focused on the patient, the family, truly understanding each unique circumstance and giving people choices about how they want to be in their final days. It's really an incredible model.

Magazica: And just imagine the person knows that he or she is going to die.

Deborah Lehmann: That's right. Often, home is where people want to be at end of life - where they're comfortable, familiar, and where family is - but it's not always possible. For many



reasons. And so the hospice residence is where people can truly receive specialized care. And the biggest gift is that family can then be fully present because they don't have to worry about the caregiving or fear that their loved one isn't getting the support they need at the most critical time.

I've seen so many people, near the end of their lives, reach a place of peace. They have honest, meaningful conversations with people close to them. The hospice environment creates space for moments and words that might never have been shared otherwise.

It's incredible to witness. Seeing someone die with peace is truly a gift.

Magazica: A great exit, sometimes they call it. A peaceful exit.

Deborah Lehmann: Absolutely.

Magazica: And this motto, or guiding principle, or guiding philosophy, is very nice, very proactive. But to manage the whole process is a very complex thing. So many professionals are involved, so much expertise is involved, so many different layers of duties and distribution of duties. You translate big, systematic problems into practical programs. So how do you decide-it's not random cherry-picking-how do you decide systematically which problems to tackle first?

Deborah Lehmann: We have a Community Advisory Group at The Ottawa Cancer Foundation (people with lived experience of cancer) and a Community of Practice where we bring professionals to the table who are

working in the cancer space, and aware of gaps in service, emerging trends, and critical needs that aren't being addressed. One of the things we learned from these groups is that isolation is a big issue. People may have support systems, but they can still feel profoundly alone in their cancer experience. Either way, the impact is the same - they feel a sense of loneliness.

“

LISTENING IS ONE OF THE MOST POWERFUL FORMS OF CARE.

”

We've learned that support can take place in many ways. Interestingly, at the beginning of our Community Cancer Hub a few years ago, we had a nutrition program - helping people understand what makes sense to eat, when and why, depending on what they're experiencing and what their cancer is like for them. On the surface, it addressed a practical need because nutrition is very important.

As we kept having conversations, it became clear that people wanted more connection. That's how Simmer and Social came to be. It was about people showing up as they are and

gathering around soup or a simple, comforting meal. What surprised us was how something so small turned into something so meaningful. Around a table of 24 people, new connections formed, friendships grew, and a real sense of community took shape. It offered social support, belonging, and a renewed sense of hope. It was incredible to witness then, and it still is today.

Magazica: And it enriches you. But whenever you're managing a team of experts – Cancer System Navigators, counsellors, dieticians and social workers - so much expertise. How do you help these people, your staff, stay resilient without burning out?

Deborah Lehmann: This is a really good question. It's about paying attention to the people I am working with.

People carry their life experiences and perspectives with them into the workplace. In environments such as community health that focuses on illness, grief, and uncertainty, staff can be triggered in unexpected ways.

At The Ottawa Cancer Foundation, this means leading with awareness and intention. We talk openly about what's working and what isn't, and we acknowledge when something hasn't gone as planned. When mistakes happen, we name them, learn from them, and move forward together. That transparency builds trust and signals that learning and growth are valued.

We also create space for staff to process the emotional impact of their work, to reflect, and to ask for support without fear of judgment. We

normalize pauses, boundaries, and honest conversations about capacity and wellbeing. That transparency and that ongoing, consistent message to staff and volunteers helps build trust and gives people confidence.

What I notice is that our team is incredibly conscientious. They care deeply about doing good work, and when something doesn't go as planned, they tend to be hard on themselves because it matters to them. They are compassionate, driven people who genuinely want to do their best. My role is often about encouraging them to give themselves grace. That matters more than we sometimes realize. Being able to forgive yourself is essential.

Magazica: Let's talk about partnership now. You have made a lot of partnerships with organizations, agencies, advocacy groups, caregivers - so many types of services. Tell us about one partnership that surprised you with how much it achieved, and what made it succeed.

Deborah Lehmann: This is a special one for me.

It was during COVID 19, and I was Executive Director of the Parent Resource Center. During the pandemic, everything changed quickly. We were hearing from parents who used our services that the basics were slipping out of reach. They told us what they were missing, what they felt they needed. I had a flashback to my experience Abbotsford and thought, "Who can I get to the table who will help us bring as many supplies, food, and resources as possible to families in this big neighbourhood we serve?"

So, we made a decision to act. We expanded the Community Parent Cupboard, even though it sat outside our traditional scope, because it was clear it needed to exist. Through strong cross-sector partnerships and persistent advocacy, we secured funding from all three levels of government. That support allowed us to offer free care packages with baby supplies, personal care items, cleaning products, children's activities, grocery gift cards, home deliveries, and virtual counselling. We also extended the hours of our parent support line so families could reach a real person when they needed it most.

In Strathcona Heights during Covid, we collaborated with Ottawa Community Housing, Sandy Hill Community Health Centre, the City of Ottawa, and the Mission Food Truck, to bring prepared meals directly into the neighbourhood every second Thursday, making access simple and dignified for residents.

Alongside that work, we partnered with many of the same organizations and a local food bank partner agency to distribute food boxes to families in the community. Together, these initiatives helped removed barriers, met families where they were, and showed what's possible when supports are coordinated. I didn't realize the significant impact it would have or how it would start such an incredible community connection. People still talk about it today.

Magazica: That's why, when we started Magazica, we made our launch day the first of July.

Deborah Lehmann: Oh, Canada Day!

Magazica: This is for the people of Canada, so this should be on the 1st of July - Canada Day.

Deborah Lehmann: It's about storytelling, right?

Magazica: And this is one of the reasons for starting Magazica - we want to bring out the people who are serving others. You can say so many things about many aspects, but the people who are actually making a difference, people should know about them. And that's why we are having this conversation.

Deborah Lehmann: I love that.

Magazica: So, as an HR professional, equity is a big thing for me - equity in action. Equity and human rights are central to your approach. Can you share a concrete change that you led or advocated for that made services more accessible or fairer for people facing barriers?

Deborah Lehmann: The first thing we did was remind ourselves that we don't actually know what's best for everyone. It's easy to forget that, especially when you're an expert in a particular area. But we're not the experts in what works for every person.

So we slowed down and really listened. We listened to our clients and to community partners working in this space, and we resisted the urge to rush to solutions. What we heard was that there are real barriers we don't always think about, like transportation and childcare.

That led us to ask different questions. How do we reach people where they are? How do we

make access easier? How do we address everyday barriers that quietly exclude people? A few examples are we provide bus tickets for those facing transportation or financial challenges, partner with the Good Food Box to deliver fresh fruits and vegetables directly to clients' homes, and offer interpretation through our Cancer System Navigation program, with navigators who speak English, French, and Arabic.

We also recognize that people may not be able to access everything at once. Needs change over time. Someone might need one kind of support today and something different later. That flexibility is essential, and it's part of what allows us to offer a more responsive and meaningful model of supportive cancer care.

We know that no single organization can do it all. That's why partnerships matter so much. We work with more than 80 partners, which allows us to respond quickly and bring in supports we can't provide ourselves. Some partners offer services in our building, others support people closer to home through community centres.

Magazica: Beautiful to hear. There is one very favourite novel of mine - The Three Musketeers by Alexandre Dumas. I don't know if you've read it or not. There's a beautiful line: "One for all and one for all." All for one and one for all.

Deborah Lehmann: Well, yes.

Magazica: Whenever you talk about partnership, it echoes in my mind.

Magazica: That's the spirit of Canada.



Deborah Lehmann: Yes.

Magazica: That's the true Canadian spirit, and that's what we stand for now.

Magazica: When my team and I were going through your LinkedIn bio, one term really caught our eyes - grief educator. I've never heard it. You were trained as a grief educator and coach. And in this age of AI, when I came across the term - because I had no clue what it was - I looked into it and dug a bit deeper, just scratching the surface. You are the real expert. How have those skills as a grief educator and coach changed the way you support teams during difficult times like COVID? And can you share a moment that still sticks with you?

Deborah Lehmann: One moment that really stays with me happened during a team meeting when emotions were running high. We were talking about a slowdown in workflow and systems implementation, and it was clear people were frustrated. We'd been through a lot of organizational change, and through my training as a grief educator, I've learned that change almost always brings some form of grief, even when people don't recognize it at the time.

My training has grounded me in what I call the Power of the Pause, something I've since spoken about in a community keynote. Instead of pushing the agenda forward, I paused the meeting and named what I was noticing. This didn't feel like a skills issue or a performance problem, but a very human one.

I invited the team to take a breath and reflect on

what the past year had demanded of them, both personally and professionally. That pause shifted everything. The tone softened, people felt permission to be honest, and the conversation moved toward problem-solving.

It reinforced for me that grief-informed leadership is about recognizing when change has taken a toll and knowing when to create space and listen.

Magazica: And in HR, we were told two things whenever change management comes up - it's a big, big thing in HR. So when you say "the power of pause," yes, if it is used and applied correctly...the things you are saying - paying attention to people and caring for people - they immediately translate through that power of pause.

Deborah Lehmann: Yes, exactly. You're right. Sometimes silence can be awkward, but...

Magazica: A strategic pause is a great thing - being very careful before answering or responding. And you are considering the other person's every word, perspective, fear, and whatever the person is going through in the face of change.

Deborah Lehmann: It's really about respecting where people are at. Working through challenges together leads to learning, stronger relationships, and deeper connection. In a nonprofit setting, the work is complex, with many perspectives to hold. We're engaging funders, donors, clients, board members, and community partners who are all well-intended and invested, and the work is in listening and bringing those voices together thoughtfully.

Magazica: As the... I'm a big fan of Stoic philosophy. The obstacle is the way.

Deborah Lehmann: Yes, absolutely.

Magazica: And the beauty is that everyone comes on board with good intentions.

Deborah Lehmann: Yes.

Magazica: But with their own set of principles and working strategies.

Deborah Lehmann: That's right.

Magazica: So it's like all the different musicians with different musical instruments. You have to create the symphony.

Deborah Lehmann: Yes, I love that. I'm going to use that. I will ask people what instrument they're playing.

Magazica: Someone is very soft with a flute, someone else with bagpipes, drums... they have their own ideas, their own energy, but you yourself cannot play every musical instrument. You have to be the bandmaster. But a symphony must be created.

Deborah Lehmann: Nice.

Magazica: When I was talking to you, I thought, "How does she manage that?" And then suddenly it came to me - she's the conductor! And because you're arranging everything. And when you partner with more than 80 organizations, it's a feat in itself. Just remembering the names of 80 organizations is a task in itself.



And now, practical takeaways for listeners - for someone who wants to support a friend or family member with cancer, or any kind of terminal disease. What are a few simple, practical things they can do? You have more than two decades of experience in this.

Deborah Lehmann: Well, you can probably guess the first word I'm going to say, which is listen. We've talked quite a bit about listening and its benefits. And it's knowing that you don't have to fix someone's situation or find the perfect words. Listening and being present - no advice necessary, no comparisons necessary - is incredibly powerful. A simple text like "I'm thinking of you today," or "I'm here, no pressure to reply," can mean more than you realize. To be present for somebody else, like my mother taught me some 40 years ago, or maybe more. I won't say how many years ago it was. But it's such a gift for your friend or colleague to be seen and heard.

And consistently - to keep showing up. They will probably need to be seen and heard again in several days, several weeks, or several months. The process can be long, and many things take place along the way. You can help by coordinating meals, handling logistics, childcare or offering to drive them to appointments can be one of the most meaningful gifts you can give.

Magazica: When someone's unwell.

Deborah Lehmann: Yes - it's the simple things. So offer. Don't say, "What can I do?" because that often doesn't work - sometimes someone doesn't know what they need. But they know they need help.

Magazica: How do you lead through uncertainty?

Deborah Lehmann: I start by pausing. When things feel chaotic, I come back to my values and boundaries. That's what keeps me grounded and stops me from getting pulled into noise or false urgency.

Most importantly, I return to purpose. Just this past Monday, I was having a tough day and feeling discouraged. Then I walked into an orientation with volunteers who are fundraising for Laugh for the Cure. Sitting at that table shifted everything for me.

Being with people who believe in the work, who care deeply about supporting those living with cancer, reminded me why I'm here and why I love leading in this space. I shared my own connection to the cause, listened to their stories, and felt my energy return. I left thinking, this is it. This is why I do this work.

Magazica: What is the single most important piece of advice you give to emerging leaders - millennials, Gen Z, and now Gen Alpha - who want to work in health and community sectors? What is your advice to the aspiring next-generation leaders?

Deborah Lehmann: I always remind emerging leaders how complex this sector really is. There are many layers, many people, and a lot of moving parts. Taking the time to understand how systems work is essential, and that starts with listening and overcommunicating, not just talking more, but communicating more intentionally. That means asking clarifying questions, checking assumptions, sharing

context early, and making sure people understand not just the what, but the why behind decisions.

Knowing who you are, what motivates you, and how you fit into this system gives you confidence and clarity. This work can be challenging, but curiosity makes a huge difference. Ask why, explore what's possible, and don't be afraid to imagine what things could look like if you had a magic wand. That kind of deeper, more expansive thinking is what helps the next generation of leaders grow and lead well.

Magazica: We are living in a challenging time, so this will be our last talking point. What is the thing that keeps you alive and motivated? What gives you hope for the future of cancer care and community support?

And science is advancing, discovering new horizons. But what is the hope, the core belief that keeps you going? And which one action would you ask our people to take - this week, this month, today - to make a difference?

Deborah Lehmann: One of the things that was particularly inspiring for me and gave me a different kind of hope was our Dear Cancer campaign.

The campaign reframes how we talk about cancer, moving it out of silence and isolation and into honest conversation.

It's a perfect example of community members coming together - people who have had cancer, who have cancer now - who were courageous enough to speak publicly, tell a bit of their story, and say, "Cancer, you tried this, but you didn't,"

or "You thought this, but that didn't happen."

That really shook things up for me and for many people in our community. It was disruptive enough that people thought, "Oh, that's really amazing. What do I think about cancer? What about my family members who have cancer, had cancer, or didn't survive cancer? What does that mean for them?"

The momentum is still going as more people are telling their stories. There is strength in community. We're seeing it now - more attention being paid to the mental-health part of cancer, to social connections, to the new communities that are built.

Magazica: So, we are almost at the end of the discussion. We have talked about leadership, and we have talked about everything, but thank you for helping us understand that leadership also has care, compassion, and a heart. Thank you for sharing your ideas with us.

Deborah Lehmann: If I could say one last thing for people listening and reading - if I could suggest something they could do...Reach out to someone you care about and ask them a strategic question. Don't just ask how they are - ask them something different, something you wouldn't normally ask.

Magazica: So, from Magazica and from all our readers and listeners, I wish you all the very best. Please keep the music alive, and may many more people benefit from your future endeavours. Thank you very much for being with us today.

Deborah Lehmann: Thank you, much appreciated. Take care.

Magazica: Thank you.



Winter Hair Care: Nourish Your Locks When the Mercury Drops

By Editorial Team

Winter's dry air and indoor heating can make hair brittle, frizzy and prone to breakage. Dermatologists liken hair in winter to cashmere: delicate, needing gentle handling and moisture. But with mindful care, you can protect your hair from cold-weather damage and keep it looking vibrant throughout the season.

Why hair suffers in winter

Cold outdoor air contains little moisture, while indoor heating strips humidity even further. The hair cuticle lifts, creating frizz and static. Frequent washing and hot styling tools exacerbate the problem by stripping natural oils. Dermatologist Wilma Bergfeld at the Cleveland Clinic notes that winter dryness and indoor heat leave hair brittle; she recommends treating hair gently, limiting heat styling and choosing hydrating shampoos or conditioners.

Gentle routines for healthy hair

Think of your hair as delicate fabric. The Cleveland Clinic advises minimizing heat: blow-dryers, curling irons and straighteners sap moisture. If you must use them, apply a heat protectant and choose the lowest effective setting. Washing hair less frequently—two or three times a week—helps preserve natural oils. After washing, gently pat hair with a towel instead of rubbing and detangle using a wide-tooth comb. Dermatologists caution against bleaching or all-over colouring in winter, as chemical treatments further weaken hair. Keep moisture in and the cold out New York dermatologist Sadick Dermatology emphasises hydration. Use mild, sulphate-free shampoos and follow with conditioner after every wash.



Deep-condition once a week using nourishing oils like argan or coconut; these seal the cuticle and lock in moisture. Limit hot showers—lukewarm water cleans without stripping oils.

Avoid going outside with wet hair; freezing temperatures can cause wet strands to snap. Protect your hair when outdoors with hats lined in satin or silk to reduce friction and static. Wool or cotton hats can pull moisture from the hair; wearing a satin bonnet underneath keeps hair smooth.

Scalp care and nutrition

Winter can irritate the scalp, causing itchiness and dandruff. Gently massage the scalp with natural oils to stimulate blood flow and moisturise. A healthy scalp supports healthy hair growth. Nutrition is equally important. Sadick Dermatology suggests ensuring adequate intake of vitamins A, C and E, omega-3 fatty acids, biotin and vitamin D for hair health. These nutrients support collagen production, reduce oxidative stress and promote hair growth. A balanced diet with fruits, vegetables, fish, nuts and seeds usually provides sufficient amounts; supplements should only be taken on a doctor's advice.

What this means for your routine

Adapting your hair-care routine for winter isn't about expensive products—it's about mindful habits. Use hydrating products and avoid harsh chemicals, embrace air-drying, protect hair from wind and static with satin-lined hats and reduce the frequency of washing. Eating a variety of nutrient-rich foods and drinking plenty of water nourishes hair from within. For those

experiencing persistent dryness, breakage or scalp issues, consulting a dermatologist or trichologist can help tailor treatments.

Hair is an expression of identity and self-care. Winter poses challenges, but gentle routines and proper nutrition can protect your locks. Viewing hair care as part of overall wellness—akin to skin care or exercise—encourages a holistic approach. With a few adjustments, you can step into spring with healthy, resilient hair.

Sources & Further Reading:

Cleveland Clinic (Jan 2021); Sadick Dermatology (Dec 2023).



Fit & Fab

Magazica



Move, Don't Hibernate: Staying Active and Protecting Your Heart in Winter

By Editorial Team

When temperatures drop, exercise often falls by the wayside. Yet staying active in winter is crucial for physical and mental health. The American Heart Association (AHA) notes that exercising in cooler weather has distinct advantages: there's no heat or humidity, so you may feel more invigorated and even be able to work out longer. Exposure to daylight provides vitamin D and can improve mood. Exercise also boosts immunity during cold and flu season. The challenge is to embrace these benefits while avoiding cold-weather hazards.

Embrace the outdoors—safely

Winter offers unique activities: brisk walking or hiking, jogging, raking leaves, shovelling snow, ice skating, sledding, cross-country skiing and snowshoeing. To enjoy them safely, layering is essential. Start with a moisture-wicking base layer to pull sweat away from your skin, add a fleece or wool layer for insulation, and finish with a thin waterproof shell. Avoid cotton, which traps moisture and makes you colder. Protect hands and feet with insulated gloves and socks, and cover your head and ears. Know

the signs of hypothermia: lack of coordination, mental confusion, slowed reactions, slurred speech, shivering and sleepiness. Children and older adults are at higher risk for hypothermia because they have less efficient temperature regulation. Carry water and sip regularly—thirst is an unreliable cue in cold weather.

Indoor options to keep moving

When weather conditions are unsafe, don't reach for the remote. The AHA suggests creative indoor activities: home workout circuits, dancing, active housework, mall walking, bowling, roller skating, yoga and climbing stairs. Community centres and indoor pools offer social opportunities. The Heart & Stroke Foundation of Canada adds further ideas: join an indoor walking group at a mall, set up a home gym with inexpensive equipment, climb stairs at home or work, swim in an indoor pool or borrow exercise DVDs from the library. Getting active doesn't require fancy gear; body-weight exercises and brisk walking are accessible and effective.

Cold weather, heart health and caution

Cold temperatures can strain the cardiovascular system. LCMC Health explains that more heart attacks occur in December and January than in other months. Cold causes blood vessels to constrict, raising blood pressure and making blood thicker. Flu season and holiday stress further elevate risk. Allina Health warns that heavy snowfall—over two inches—can lead to a 30 % surge in heart attacks. To reduce risk, bundle up, pace yourself and avoid strenuous activities like heavy snow shovelling. A balanced diet rich in

fruits, vegetables and whole grains supports heart health. The AHA recommends at least 150 minutes of moderate-intensity aerobic exercise per week to improve quality of life. Before starting or intensifying an exercise program, especially after a cardiac event, consult your health-care provider.

What this means for everyday people

Staying active in winter isn't just about burning calories—it supports mental health, strengthens immunity and reduces the risk of chronic disease. Dressing appropriately, listening to your body and choosing activities you enjoy are key to consistency. Recognise that pushing through severe cold or overexerting yourself can do more harm than good; adapt your routine to conditions and your health status. Indoor activities provide flexibility when weather or daylight is limited.

Winter need not be a sedentary season. By planning ahead, dressing smart and paying attention to your heart, you can move more and feel better all winter long. Physical activity is a year-round commitment that pays dividends in energy, mood and longevity. Let the cold be an invitation to explore new forms of movement, not a barrier.

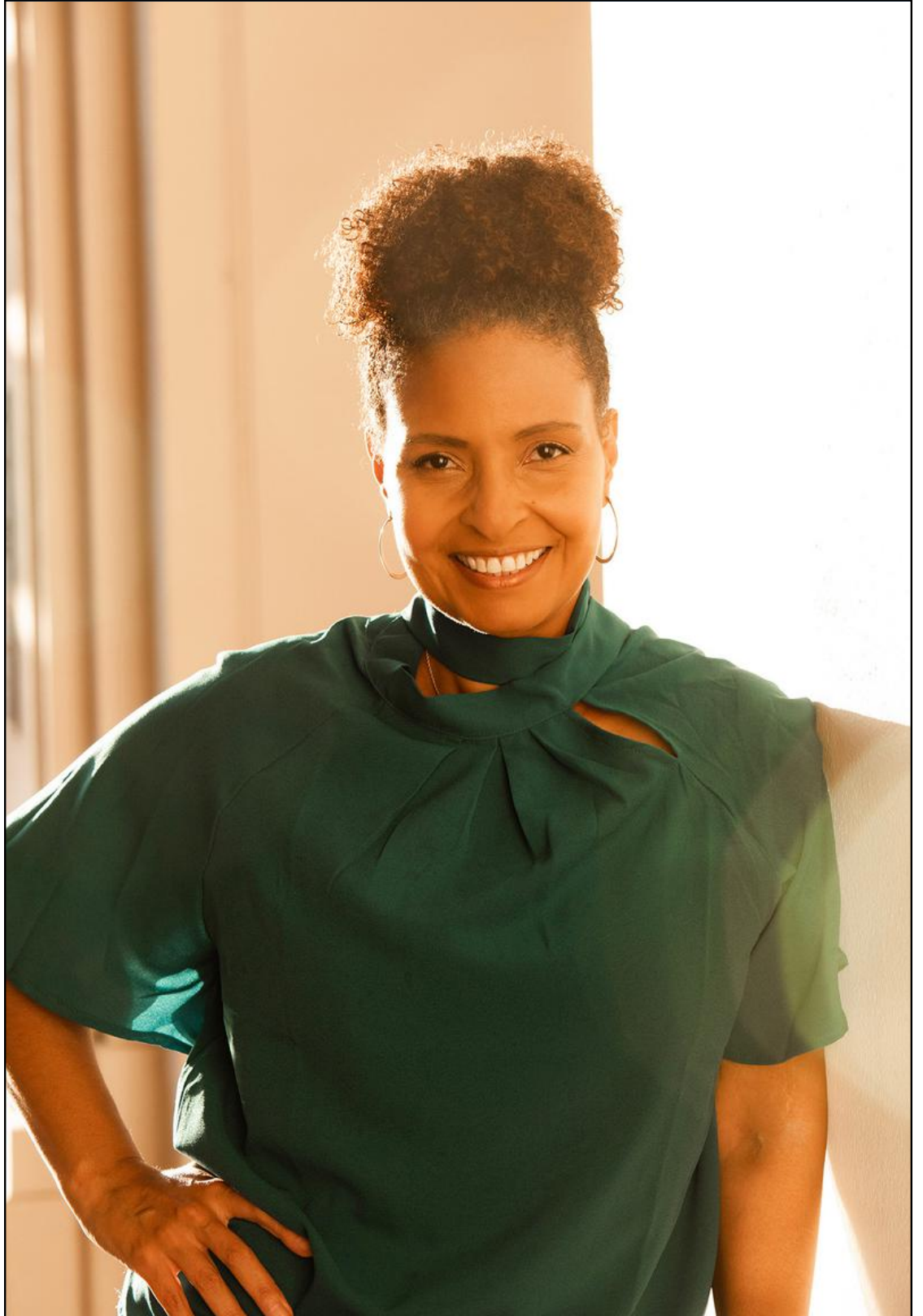
Sources & Further Reading:

American Heart Association (Jan 2024); Heart & Stroke Foundation of Canada (2024); LCMC Health (Dec 2025); Allina Health (Jan 2026).

Asia Bribiesca-Hedin

Article

*By a
Leadership Coach*



Asia Bribiesca-Hedin is the CEO and founder of Bridgewellpro.com and the creator of ULead, a leadership development platform designed to help professionals lead their careers and teams with clarity, confidence, and choice. She works with leaders across industries to build the systems, structure, and decision-making capability that support long-term wellbeing and sustainable success. Asia’s work focuses on helping people manage themselves as their primary asset, cultivate opportunity before they need it, and make high-quality decisions without fear or burnout. She also partners with organizations to support leader development, organizational change, and strategic decision-making. Asia is known for translating complex leadership challenges into practical, human-centered frameworks that help leaders navigate change with greater peace of mind and agency.



Health Insurance for Your Career:

Why peace of mind comes from knowing you have options

Most of us insure the things we value. Our health. Our homes. Our cars. We don’t protect them because something is wrong, but because we understand that life happens and preparation matters. If the unexpected happens, we want protection and the option to preserve or replace what we had, and perhaps even to upgrade it.

Still, many professionals don’t provide the same protection for their careers.

They work hard, stay humble, and keep their head down, believing that loyalty, effort, and patience will eventually be enough. And for a while, it might look like it is. But eventually, the awareness sets in that despite all their careful steps, the risk is still palpable. Burnout creeps closer. Recognition falters. Confidence wavers, and the pressure to hold everything together feels nonstop.

This isn’t because people are failing. It’s

because most are operating without career insurance.

Career insurance isn't about planning an exit. It's about knowing you have options. And that knowledge alone changes how you experience your work and your life day to day.

When you feel trapped, even a good job can start to feel risky and oddly unsatisfying. Your decisions become a little less thoughtful, sometimes even reactive. You tolerate more than you should for longer than you should. You avoid difficult conversations because the risk, real or imagined, feels too high. Your nervous system shifts into overdrive because it feels like there's no margin for error.

But when you know you have options, the exact same experience shifts on its axis.

Even though nothing else has changed, you feel more like yourself. More settled. More confident. More willing to have the conversations that matter. You choose to take on the challenges of the day rather than feeling pressured or forced to take them on. You're less likely to confuse loyalty with settling. You make decisions based on the outcomes you're prioritizing rather than the fear that comes from feeling trapped.

This is where the idea of "health insurance for your career" becomes real and not just a metaphor. Just as preventative care supports physical wellbeing, intentional career care supports emotional wellbeing. It reduces stress before a crisis hits and restores a sense of agency and ownership in your professional life.

It creates peace of mind.

One of the most common myths professionals carry is that staying loyal means underselling yourself, and that being grateful means settling for what you get without asking questions. Keeping your head down and going with the flow is not the safest move. When we look more closely, we recognize that loyalty that comes from fear isn't loyalty at all. It's survival. And survival mode is exhausting and unsustainable.

Having options does not mean you want to leave. In fact, many people create options because they want to stay and don't want to feel stuck. It means you know your value extends beyond a single company or title and that you've taken steps to understand what you bring, how it's perceived, and where it's most needed.

This is what I call intentional opportunity cultivation. It's the practice of maintaining your relevance, market value, clarity, and confidence so you're never caught off guard. Not because change is coming, but because uncertainty is part of modern work and life.

When people invest in this kind of career insurance, they notice an immediate emotional return. They sleep better. They advocate for themselves more clearly. They stop overworking to prove their worth. They're centered and lead with calm.

Peace of mind doesn't come from guarantees that nothing will go wrong or that the unexpected will never visit you. It comes from being prepared.

You are your most valuable asset. And like any valuable asset, you deserve care, maintenance, and protection. Not someday off in the distance or after something has gone wrong, but right now, while things are working.

This first step isn't about doing more. It's about thinking differently about your role as the chief decision maker in your career. In this context, wellbeing comes from a structural foundation of agency and options. When people know they can choose, the way they process both big decisions and small one changes. And knowing you have options may be the most powerful form of insurance you can give yourself.





Feeding the Winter Body:

Vitamin D, Nutrition and Staying Well

By Editorial Team

Sunlight triggers the production of vitamin D, a hormone vital for bone, muscle, immune and mood health. In Canada, sunlight is scarce for much of the year. The Canadian Health Measures Survey (2016–2019) shows that 65 % of Canadians have vitamin D levels above 50 nmol/L, but 8 % fall below 30 nmol/L, indicating deficiency, and deficiency rates double to 13 % during winter months. Adolescents (12–19 years) and young adults (20–39 years) are most at risk. Fortunately, nutritional interventions and new fortification regulations are helping bridge the gap.

Canada's vitamin D fortification strategy

Health Canada recognises that about one in five

Canadians are not getting enough vitamin D. To address this, the federal government introduced a vitamin D fortification strategy. Regulations published in 2022 and 2024 roughly double the amount of vitamin D required in cow's milk and margarine and permit similar increases in goat's milk. The food industry must implement these changes by December 31 2025, ensuring that each cup of milk provides about 5 micrograms (200 IU) of vitamin D. Plant-based beverages can now be fortified to the same level. New regulations also allow vitamin D to be added to yogurt and kefir made from dairy products. The strategy aims to raise vitamin D intake across the population while respecting consumer choice.

A 2026 Medindia report highlights the impact of these policies. It notes that vitamin D in milk increased from 2.3 µg to 5 µg per cup and that Health Canada expects overall vitamin D intake to nearly double as a result. The article stresses that teenagers are particularly vulnerable; their vitamin D intake drops after childhood, so higher milk fortification helps meet needs. Starting December 31 2025, regulations require manufacturers to double or more than double vitamin D added to milk, margarine and milk alternatives. Health Canada believes these changes will raise overall intake while still keeping consumption within safe limits.

Recommended intakes and supplementation

To maintain bone health and prevent deficiency, Osteoporosis Canada recommends that adults under 70 years consume 600 International Units (IU) of vitamin D daily, adults over 70 years consume 800 IU, and all adults aged 50 and older consider a 400 IU supplement. Health Canada's guidelines for children and teenagers (9–18 years) recommend 600 IU per day, with an upper safe limit of 4,000 IU per day. These recommendations highlight that vitamin D needs vary by age and that supplementation is particularly important for older adults, people with dark skin (who produce less vitamin D from sunlight) and those who seldom go outdoors.

Strategies for a vitamin-D-rich diet

Food remains the primary source of vitamin D for most Canadians. Fish such as salmon, mackerel and sardines are naturally rich in vitamin D; egg yolks and liver provide smaller amounts. Fortified foods—milk, plant-based beverages, yogurts and margarines—now offer higher doses thanks to the new regulations. Statistics Canada data

show that eating fish or drinking fortified milk reduces the risk of vitamin D deficiency, and taking vitamin D supplements lowers deficiency risk from 11 % to 3 %. Because the body stores vitamin D, moderate supplementation and safe sun exposure on sunny winter days can help maintain adequate levels.

What this means for everyday people

Vitamin D deficiency can manifest as fatigue, muscle weakness and low mood. In children, severe deficiency causes rickets; in adults, it contributes to osteoporosis and fractures. The winter deficiency spike underscores the need for vigilance. When shopping, look for nutrition labels listing vitamin D content; under the new rules, cow's milk and many plant-based alternatives provide 200 IU per cup. People who avoid dairy or have absorption issues should discuss supplementation with their doctor. Because vitamin D is fat-soluble, excessive supplementation can be harmful; more is not always better. Balance is key.

Winter in Canada challenges both our spirits and our biology. By fortifying common foods, encouraging safe sun exposure and promoting balanced diets, public-health policies aim to ensure that fewer Canadians experience vitamin D deficiency. Individuals can take charge by reading labels, incorporating vitamin-D-rich foods, supplementing wisely and staying active outdoors when weather permits. Adequate vitamin D is not just about strong bones—it supports immune defences, mood regulation and overall vitality during the darkest months.

Sources & Further Reading: Statistics Canada (2016–2019); Health Canada (2022–2025); Medindia (Jan 2026); Osteoporosis Canada (2025).



YOUR STORY OF STRENGTH

At Magazica, we aim to highlight inspiring journeys of overcoming health challenges.

Have you faced a health crisis, battled illness, or adapted to a chronic condition?

Your story of resilience could inspire others and spark hope. We'll work with you to share your experience respectfully and authentically. Whether it's a physical triumph, emotional growth, or simply finding strength to persevere, your story matters.

Share your story at editorial@magazica.com

Let's inspire hope and healing together. Your voice could change someone's life.

Magazica

HEALTH, HOPE, HAPPINESS

“

Inspiring health,
Incubating hope,
and instilling happiness
through expert-driven
content



#1
Ranking



scan to
Subscribe

Find The Perfect **Job** That You Deserve.

The **Magazica Career Hub**, connecting passionate healthcare professionals with trusted employers across Canada.

Whether you're a doctor, nurse, therapist, caregiver, medical administrator, or any other healthcare professional explore real opportunities that make a difference in people's lives.

Visit www.magazica.com/jobs today and take the next step in your healthcare career.





When Temperatures Plunge: Understanding Cold Weather Risks and Staying Safe

Wellness Wisdom

By Editorial Team



Magazica



season and holiday stress amplify the danger; respiratory infections further raise heart-attack risk. Minnesota-based Allina Health reported that heavy snowfall—more than two inches—can lead to a 30 % surge in heart attacks, largely because shovelling snow is strenuous and people may not recognise their limits.

Early warning signs

Recognising early signs of frostbite and hypothermia saves lives. Frostbite begins with numbness, tingling or stinging in exposed skin; the skin may turn grey or white and feel hard. Hypothermia, defined as a core body temperature below 35 °C, causes shivering, confusion, slurred speech, lack of coordination and lethargy. Extreme cold can also trigger heart attack symptoms such as chest discomfort, pain in the arm or jaw, shortness of breath or sudden weakness. Children and older adults are especially at risk because they may be unable to recognise or communicate these signs.

Prevention: layering, shelter and awareness

Preventing cold injuries is largely about preparation. Health Canada advises dressing in layers: a moisture-wicking base layer to draw sweat away, insulating middle layers and a wind-resistant outer layer. If clothes get wet, change them promptly. Checking weather forecasts and wind chill values helps determine safe exposure times; a seemingly mild temperature can feel far colder in high winds. Environment and Climate Change Canada warns that extreme cold warnings are issued when temperatures or wind chill values are

expected to pose an elevated risk of frostbite or hypothermia. injuries can occur even when temperatures hover near 0 °C, especially for high-risk groups.

If you must be outside, move regularly and seek shelter to maintain body heat. For those with heart conditions, avoid strenuous activities like snow shovelling; instead, hire help or break tasks into short intervals. Eat heart-healthy meals rich in fruits, vegetables and whole grains and maintain regular physical activity indoors. Adequate hydration matters even in cold weather, as thirst is not always a reliable indicator.

What this means for everyday people

Cold weather is more than an inconvenience—it can be deadly if taken lightly. The statistics underscore that frostbite and hypothermia are not rare; they kill and hospitalise hundreds each year. Understanding personal risk helps people decide whether to brave the outdoors or stay indoors. High-risk individuals should pay special attention to weather warnings and have emergency supplies ready, including extra blankets, warm liquids and a fully charged phone. At the same time, winter does not mean you have to hibernate. With proper precautions—dressing appropriately, limiting exposure,

staying hydrated and recognising warning signs—people can safely enjoy outdoor activities. Mindfulness about heart health is critical; many winter-related heart attacks occur when people who are usually sedentary suddenly engage in strenuous chores. Listening to your body and pacing yourself are as important as bundling up.

As climate patterns shift, cold snaps can become more unpredictable. Awareness and preparation remain our best defences. Public health agencies are working to improve data on cold-related injuries and deaths, and some municipalities are developing warming-centre networks for those without adequate shelter. By respecting the power of winter and taking commonsense precautions, Canadians can both revel in snow-covered landscapes and return home safely.

Sources & Further Reading:

Health Canada (2011–2023); Environment and Climate Change Canada (2024–2025); LCMC Health (Dec 2025); Allina Health (Jan 2026); American Heart Association (Jan 2024).





The Predictive Mind: When Generative AI Learns to Anticipate Human Thought

By Arman Kamran

Why Generative AI's Next Evolution Is Anticipation, Not Automation

Medicine has always been, at its core, a predictive discipline.

Every diagnosis reflects an inferred future state. Every treatment plan represents an expectation of response.

Every clinical decision is a projection made

under uncertainty and time pressure.

Clinicians do not merely react to information, they continuously anticipate what might happen next. This anticipatory reasoning is not optional or stylistic, it is foundational to safe and effective care. Yet despite this reality, much of today's medical technology remains fundamentally reactive, responding only after explicit input is provided.

Recent advances in Generative Artificial Intelligence (GenAI) suggest that this paradigm may be quietly shifting. Emerging systems are no longer limited to task execution or information retrieval. Instead, they increasingly demonstrate the capacity to anticipate context, intent, and informational need. This evolution raises a critical question for healthcare, what happens when medical AI begins to align with the predictive nature of human cognition itself?

From Reactive Software to Anticipatory Systems

Traditional clinical decision support tools are built on rules, thresholds, and retrospective correlations. While valuable, these systems typically intervene late in the cognitive process, after clinicians have already formulated hypotheses, identified concerns, or experienced cognitive overload.

Generative AI systems operate differently.

At their foundation, large language models are **probabilistic prediction engines**, trained to infer what comes next based on context. While they do not possess understanding or intention, their ability to synthesize longitudinal data, recognize complex patterns, and generate context aware outputs allows them to exhibit *anticipatory behavior* when embedded within clinical workflows.

This distinction is subtle but consequential.

A reactive system waits for a request.

An anticipatory system prepares before the request is made.

In clinical practice, this difference can reshape how decisions unfold.

Anticipation as Cognitive Support

In high complexity clinical environments such as intensive care units, emergency departments, and oncology services, anticipation is not a convenience, it is a safety mechanism.

Properly designed generative systems may support care by:

1. Preparing integrated patient narratives before rounds,
2. Highlighting subtle trend deviations before thresholds are crossed,
3. Anticipating follow up questions during diagnostic reasoning,
4. Adapting explanations based on clinician specialty or experience,
5. Reducing documentation burden through context aware drafting.

The primary value of these capabilities is not speed.

It is cognitive alignment.

By reducing unnecessary mental effort, anticipatory systems may preserve clinicians' attention for judgment, ethical reasoning, and human presence, areas where machine substitution is neither appropriate nor desirable.

A Neuroscientific Parallel

The growing appeal of anticipatory AI may be explained, in part, by its resonance with how the human brain operates. Contemporary neuroscience increasingly describes cognition as predictive rather than reactive. The brain continuously generates expectations about the world, updating its internal models only when prediction errors occur.

Perception itself is shaped by anticipation, not passive reception.

This framework offers an instructive analogy for medical AI design.

Systems that minimize surprise, adapt through feedback, and align with clinicians' mental workflows are more likely to feel intuitive rather than intrusive.

Importantly, this cognitive familiarity may influence adoption as strongly as traditional performance metrics such as accuracy or sensitivity.

Clinicians tend to trust systems that *think in recognizable ways*.

The Risk of Overreach

Despite its promise, anticipatory AI introduces **new and underappreciated risks**.

Prediction can easily drift into prescription. When systems consistently surface relevant insights, or appear confident in their outputs, clinicians may defer judgment unconsciously. In medicine, such deference is unacceptable.

Anticipatory systems must remain advisory rather than authoritative. They should surface uncertainty instead of obscuring it, explain reasoning rather than issuing directives, and support decision making without replacing professional judgment. Equally important is the issue of bias. Systems trained on historical data may reproduce existing inequities, practice variations, or institutional norms. Without careful governance, anticipation may optimize for efficiency while undermining fairness or individualized care.

Anticipation without accountability is not innovation, it is risk.

Implications for Medical Technology Design

The emergence of predictive AI challenges existing approaches to validation and regulation. Traditional frameworks emphasize output correctness, but anticipatory systems influence cognition itself, shaping attention, framing, and perceived relevance.

Future evaluation models may need to consider:

1. Effects on clinician cognitive load,
2. Influence on diagnostic reasoning pathways,
3. Interaction with fatigue and time pressure,
4. Transparency of anticipatory logic,
5. Alignment with ethical and professional standards.

Design priorities should emphasize adaptability, explainability, and human in the loop control, rather than automation for its own sake.

A Quiet Transition Already Underway

This transition is not theoretical.

Early forms of anticipatory behavior already exist in clinical documentation tools, triage systems, and care coordination platforms. What distinguishes the next phase is not the introduction of AI into medicine, but its deeper integration into clinical cognition.

As these systems mature, the defining question will not be whether they can predict accurately, but whether they can anticipate responsibly.

Anticipation Without Authority

Medicine does not need AI that decides. It needs AI that understands context, respects

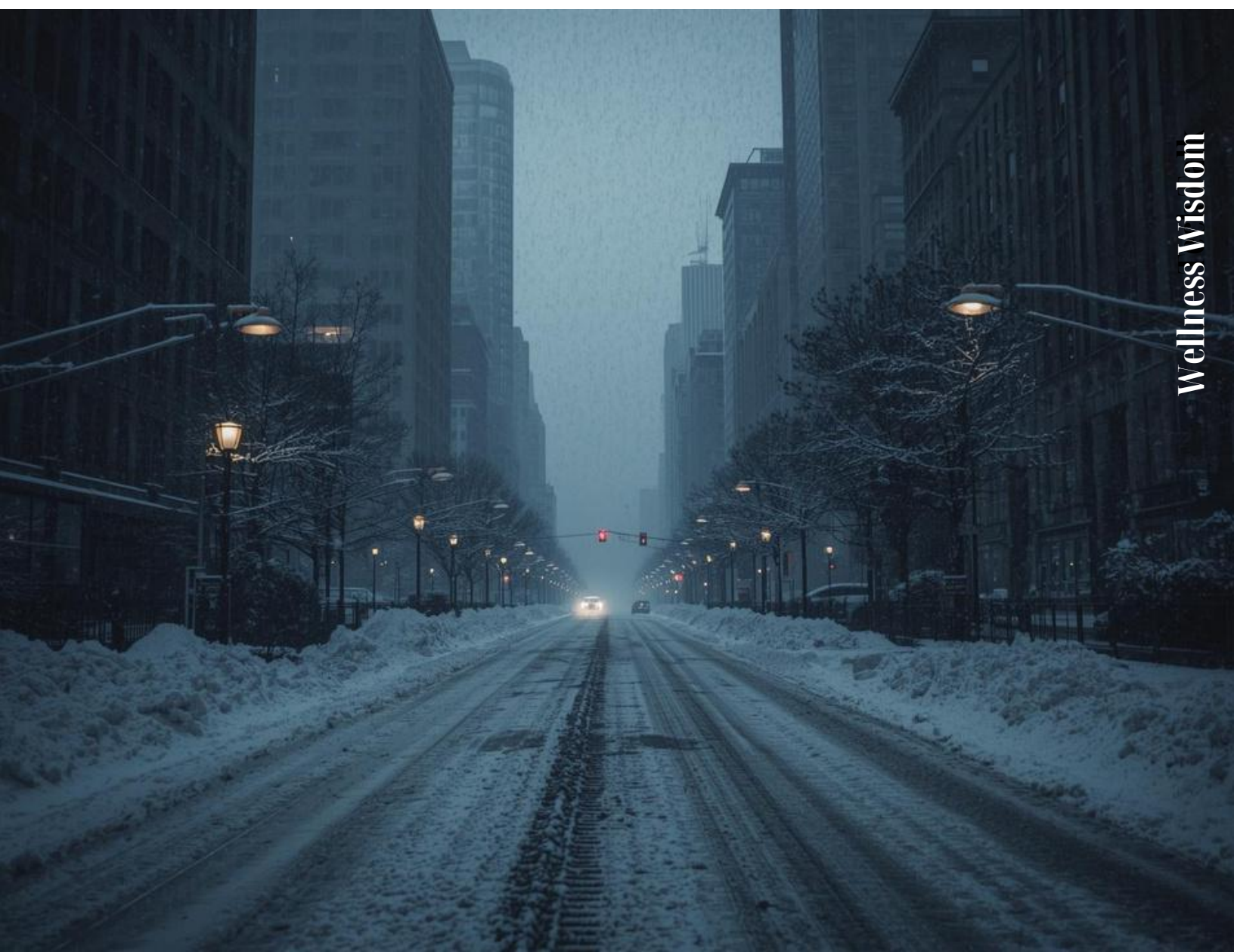
uncertainty, and supports human judgment. The concept of the Predictive Mind provides a useful lens for guiding this evolution, not as a technological ambition, but as a cognitive partnership.

If generative systems are to earn a place in clinical practice, they must align with how clinicians think, not attempt to replace that thinking.

Anticipation, when bounded by transparency and ethics, may become the most valuable contribution AI makes to medicine, not because it is powerful, but because it is supportive.

In the end, the future of medical AI will not be defined by how much it can do, but by how well it knows when to step back.





Beyond the Blues: Seasonal Affective Disorder and Winter Well-Being

By Editorial Team

For many Canadians, winter's shorter days bring more than cold hands and icy streets. Feelings of sadness, fatigue and loss of motivation—often called the “winter blues”—affect over half the population. In some people these symptoms intensify into seasonal affective disorder (SAD), a recurrent type of depression that appears in late fall or winter and lifts with longer daylight. Understanding the difference between occasional gloom and clinical SAD is the first step toward feeling better.

Canada's winter depression hotspot

Healthy Debate calls Canada a “winter depression hotspot,” noting that 15 % of Canadians will experience seasonal affective disorder during their lifetime. SAD is most common at high latitudes; countries like Greenland, Finland, and Iceland have even higher rates.

In the United States, prevalence ranges from 1 % in southern states to 9 % in northern regions. Research links SAD to reduced sunlight, which disrupts melatonin and serotonin levels and may lead to low vitamin D. Women, people aged 18–30, and those with attention-deficit/hyperactivity disorder (ADHD), bipolar disorder or a family history of depression are at higher risk. Lifestyle changes such as reduced outdoor activity and social isolation during winter can also contribute.

Symptoms and distinguishing SAD from winter blues

The Canadian Mental Health Association (CMHA) distinguishes between winter blues and SAD.



About 60 % of Canadians experience winter blues, while 2–3 % develop full SAD. Winter blues may cause mild lethargy or moodiness, but SAD meets clinical criteria for depression: symptoms last weeks to months, interfere with daily life and recur annually. Signs include low energy, oversleeping, increased appetite or cravings for carbohydrates, difficulty concentrating and feelings of hopelessness. Symptoms that persist for more than two weeks or markedly impair function warrant professional evaluation.

Coping strategies and treatments

While the exact cause of SAD is still being researched, several strategies have been shown to help. CMHA recommends increasing exposure to natural light—spending time outdoors, opening curtains or sitting near windows. Regular physical activity improves mood and energy levels, while social connection combats isolation. Self-compassion—accepting that winter may be challenging and lowering expectations—can ease stress. When symptoms are moderate to severe, light therapy (using full-spectrum lamps), cognitive behavioural therapy and, in some cases, antidepressants may be recommended. Professional support is vital; yet limited funding means mental-health services remain hard to access. Healthy Debate notes that provinces spend about 6 % of their budgets on mental health, roughly half of what experts say is needed, and that poor mental health costs Canada an estimated \$50 billion annually in lost productivity. Each week, about 500,000 Canadians are unable to work because of mental-health issues.

What this means for everyday life

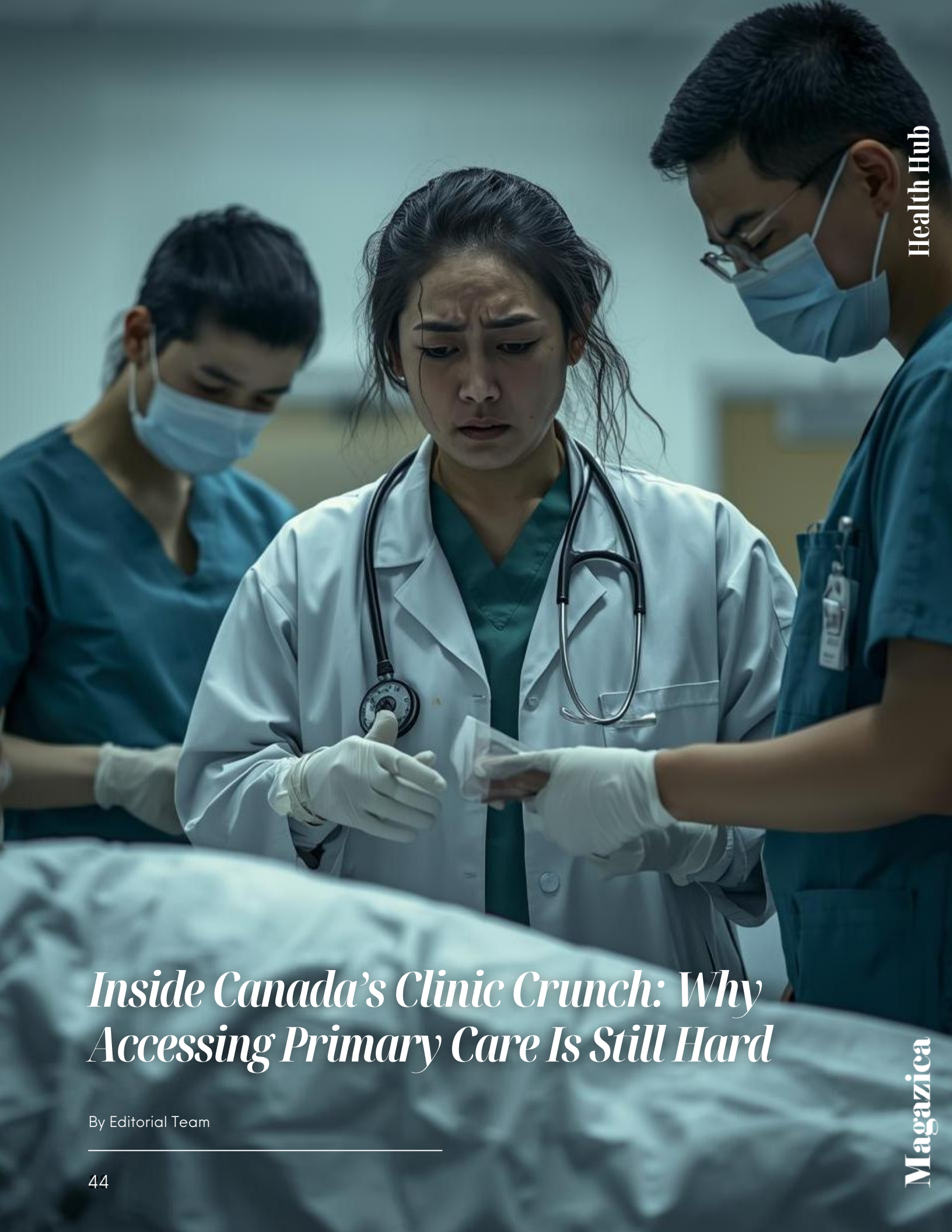
Recognising winter blues and SAD empowers people to seek help. Those experiencing mild symptoms can benefit from outdoor activity, regular sleep schedules, a diet rich in fruits and vegetables and staying connected with friends and family. People at higher risk—young adults, women and those with previous mood disorders—should pay particular attention to early signs and consider preventative strategies before winter begins. When symptoms intensify, do not hesitate to consult a health professional; earlier intervention improves outcomes.

Winter brings both beauty and challenge. Seasonal affective disorder is a reminder that our minds and bodies respond to environmental cues. Destigmatising depression and broadening access to mental-health services are essential for improving winter well-being. By talking openly about SAD and taking practical steps—seeking light, moving your body, staying connected and asking for help—Canadians can navigate winter with greater resilience and hope.

Sources & Further Reading:

Healthy Debate (Dec 2025); Canadian Mental Health Association (Jan 2025).





Inside Canada's Clinic Crunch: Why Accessing Primary Care Is Still Hard

By Editorial Team

Canadian health care is built around publicly funded physician services, yet millions of people struggle to find or see a doctor. A Canadian Institute for Health Information (CIHI) analysis released in October 2025 shows that only 27 % of adults with a regular provider were able to see a health professional on the same or next day for a non-urgent concern. Among seniors 65 and older this falls to 25 %, while 42 % of children manage to get such prompt care. The issue is compounded by supply: the growth rate of family doctors has slowed, and about 17 % of Canadians report not having a regular health provider. The consequence is that people turn to walk-in clinics and emergency departments; one survey found the average wait at Canadian walk-in clinics was 68 minutes and that one in five emergency-department visits in Ontario stemmed from patients who lacked a primary-care provider.

The state of access

Waiting days or weeks for an appointment is more than an inconvenience—it can delay diagnoses and worsen outcomes. CIHI’s 2025 Taking the Pulse report describes how timely care differs across provinces. Only 27 % of adults nationwide could get a same- or next-day appointment, but the figure ranged from 21 % in British Columbia to 33 % in Manitoba. For children, same-day access varied from 25 % in B.C. to 50 % in Ontario. Satisfaction mirrors access: about 61 % of adults and 68 % of children were satisfied with the wait time between requesting care and seeing a provider. Residents in rural areas reported slightly higher satisfaction (66 %) than urban dwellers (60 %), perhaps because expectations differ.

Lack of access isn’t confined to family doctor appointments. An analysis of specialist care by Statistics Canada found that only 34 % of Canadians aged 18 and older saw a specialist in 2024. Among those who did, 35 % waited less than a month, 30 % waited one to three months and 36 % waited three months or more. Satisfaction followed wait length: 83 % of people who waited less than a month were satisfied, but only 17 % of those waiting more than three months felt content with the delay. Aging makes a difference—Canadians 65 years and older were more likely to see a specialist quickly.

From referral to treatment

Even after a specialist consultation, surgery or other treatments are not immediate. The Fraser Institute’s Waiting Your Turn 2025 report estimated a median wait of 28.6 weeks from a general-practitioner referral to completion of treatment—a wait 208 % longer than in 1993. The journey is split into an average 15.3-week wait to see a specialist and another 13.3 weeks to receive treatment. Ontario had the shortest median total wait at 19.2 weeks, while New Brunswick recorded 60.9 weeks. The same study estimates that 1.4 million Canadians were waiting for medical procedures in 2025. Access to diagnostic imaging remains constrained: national median waits were 18.1 weeks for an MRI, 8.8 weeks for a CT scan and 5.4 weeks for an ultrasound. These delays affect not just comfort but sometimes cancer outcomes and quality of life.

Clinics, walk-ins and emergency rooms

Without prompt appointments, Canadians often turn to walk-in clinics or emergency

departments. Medimap, a wait-time app, reported that the average wait at walk-in clinics across Canada in 2023 was **68 minutes**—long enough that some people choose emergency rooms instead. CIHI notes that **one in seven emergency-department visits** could have been treated in primary care, indicating systemic inefficiencies. The same analysis found that **74 % of Canadians** could not get a same- or next-day appointment and **77 %** reported being unable to access medical care in the evenings, weekends or holidays. Such limitations disproportionately affect people with chronic conditions, caregivers and those without flexible work schedules.

Doctor shortages and new recruitment efforts

Canada's doctor shortage lies at the heart of access issues. The advocacy group CARP warns that **at least 5.9 million Canadians** did not have a family doctor as of December 2025. Provinces are scrambling to recruit. British Columbia launched coordinated campaigns to lure U.S. doctors and simplified licensing rules, receiving more than **1,400 applications** and bringing **more than 140 American doctors and nurses** to B.C. communities. Manitoba reported a net increase of 164 physicians in 2025, mostly internationally trained, but the province expects to lose hundreds of doctors to retirement over the next three years. New Brunswick established a practice-ready assessment pathway for internationally trained doctors, and Nova Scotia recruited 253 new doctors between April 2024 and March 2025. At the federal level, an Express Entry immigration category announced in December



2025 will expedite work permits for practice-ready physicians.

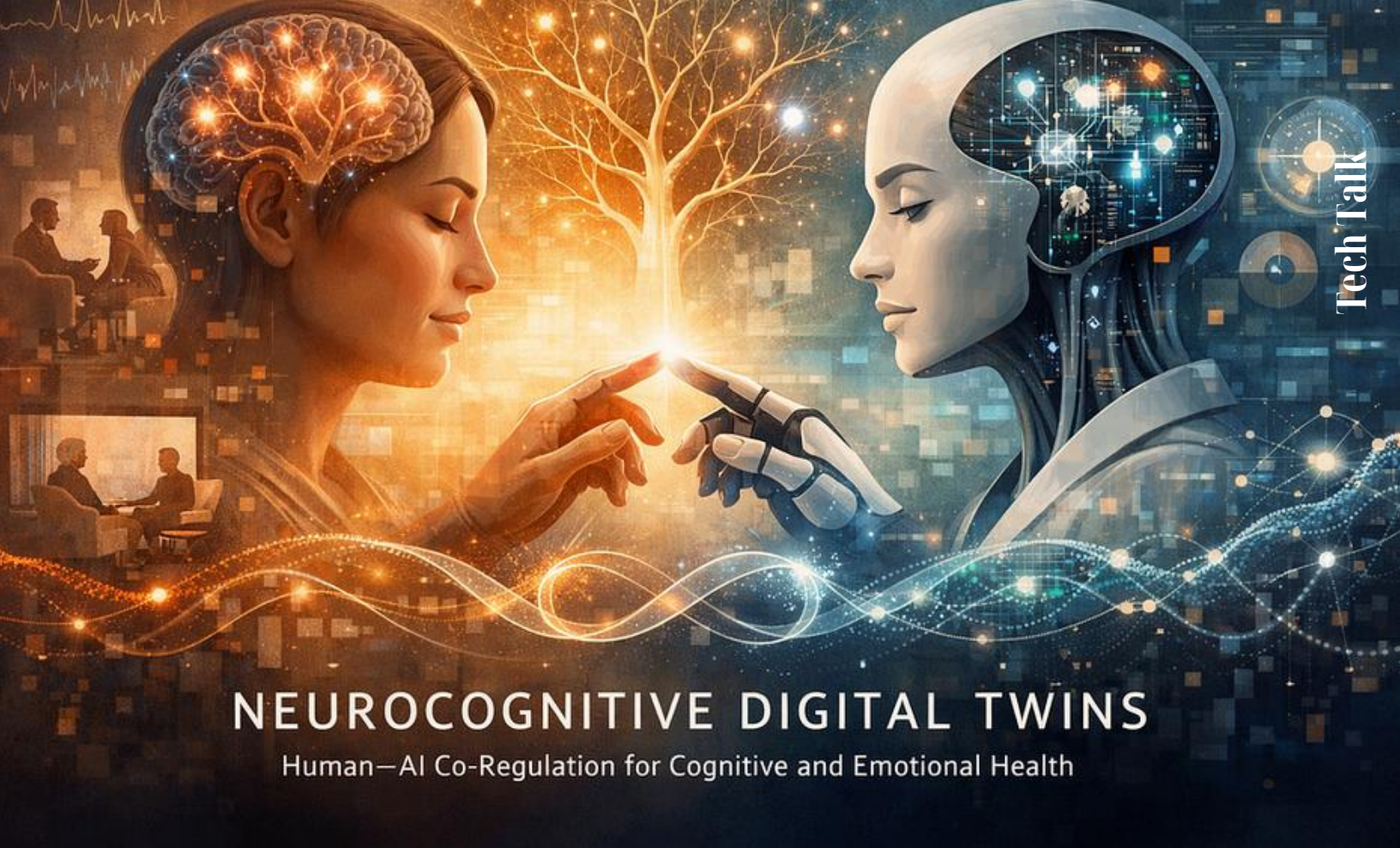
What this means for everyday people

Long waits for appointments and treatment translate into delayed diagnoses, prolonged pain and anxiety. Patients in provinces with longer waits may consider travelling to other regions or even the United States for care—a costly and stressful solution. Seniors, newcomers and people with chronic illnesses are particularly affected. Parents juggling work and childcare often cannot afford long waits or repeated visits to walk-in clinics.

The data also reveal regional variability. While Ontario offers relatively short waits, residents of Atlantic provinces face waits that are three times longer. For children, timely care is more common, but adults across Canada often ration their concerns to one per visit because they know the doctor’s time is limited. The shortage of after-hours services pushes many issues into emergency rooms, where care is more expensive and acute.

Access to clinics is about more than numbers—it reflects our values around equity, prevention and dignity. Canada’s publicly funded system ensures coverage but not necessarily timely care. There are signs of progress: the median wait time has fallen slightly from last year’s record, provinces are experimenting with new payment models and recruitment programs, and digital tools like virtual appointments offer some relief. Yet the gap between patient needs and available primary-care capacity remains wide. Achieving universal access will require

sustained investments in team-based clinics, support for internationally trained doctors, data-sharing across jurisdictions and reforms that balance public values with flexible practice models. For now, Canadians continue to wait and hope that the clinic crunch eases soon.



NEUROCOGNITIVE DIGITAL TWINS

Human—AI Co-Regulation for Cognitive and Emotional Health

Neurocognitive Digital Twin: Human—AI Co-Regulation at the Intersection of GenAI, Psychotherapy, and Neurotherapy

By Arman Kamran

Mental health care is entering a moment of quiet but profound transition.

Psychotherapy has always relied on something difficult to formalize, the clinician's ability to sense, anticipate, and regulate emotional and cognitive states in another human being. This process is inherently predictive. Therapists continuously infer what a patient may be feeling next, where emotional escalation might occur, or when cognitive rigidity is about to surface. Regulation, not reaction, is the foundation of effective therapeutic work.

As Generative Artificial Intelligence enters mental health contexts, a critical question emerges, can AI support this regulatory process without replacing or distorting it?

The concept of the Neurocognitive Digital Twin offers one possible answer.

From Digital Records to Neurocognitive Representation

Most digital mental health tools today remain descriptive rather than adaptive. They record symptoms, track sessions, or deliver scripted interventions. While useful, these tools largely ignore the dynamic and state dependent nature of human cognition and emotion.

A Neurocognitive Digital Twin represents a conceptual shift. Rather than modeling a patient as a static profile, this approach seeks to maintain a continuously updated representation of an individual's cognitive and emotional patterns, including stress responses, attentional states, affective volatility, and regulatory capacity. When paired with GenAI, such a

representation allows systems to anticipate shifts in mental state rather than merely react to them. This is not about prediction in the actuarial sense. It is about **context aware anticipation**, aligned with how clinicians already reason during therapy.

Human–AI Co-Regulation as the Core Principle

The most important distinction in this model is that AI is not positioned as a therapist or decision maker. Instead, it functions as a **co-regulatory system**, supporting both patient and clinician.

In psychotherapy, regulation is bidirectional. Clinicians help patients regulate emotional states, while clinicians themselves must remain regulated to avoid cognitive bias, emotional contagion, or burnout.

Neurocognitive Digital Twins can support this shared regulatory space by:

- Detecting early indicators of emotional escalation or dissociation
- Identifying cognitive rigidity or rumination patterns
- Anticipating moments of therapeutic rupture
 - Adjusting pacing and modality recommendations
- Supporting reflective practice for clinicians between sessions

The objective is not intervention automation. The objective is **regulatory awareness**.

Why This Aligns With Neuroscience

Modern neuroscience increasingly characterizes



the brain as a predictive and regulatory system, rather than a reactive one. Emotional regulation, executive function, and even perception itself are shaped by continuous forecasting and adjustment. Psychotherapy works precisely because it engages these predictive mechanisms. Effective therapy does not wait for emotional collapse, it anticipates dysregulation and intervenes gently and early. ***Neurocognitive Digital Twins mirror this logic.***

By maintaining a living model of cognitive and emotional dynamics, GenAI systems can align with therapeutic reasoning rather than disrupt it. This alignment is critical for trust. Clinicians are unlikely to adopt systems that feel intrusive, prescriptive, or cognitively alien.

They are more likely to engage with tools that *behave like thoughtful collaborators.*

Clinical Value Without Clinical Authority

One of the most significant risks in applying GenAI to mental health is the illusion of authority. Systems that appear empathic or confident can inadvertently encourage over reliance, particularly among vulnerable patients. For this reason, **Neurocognitive Digital Twins must remain explicitly non authoritative.**

Their role is to inform, not decide.

To surface patterns, not diagnoses.

To support judgment, not replace it.

Clear design boundaries are essential. These systems should never provide independent therapeutic direction, nor should they operate without clinician oversight in clinical settings.

Co-regulation, by definition, preserves human responsibility.

Ethical and Clinical Safeguards

The introduction of anticipatory AI into psychotherapy raises legitimate ethical concerns, particularly around privacy, bias, and psychological safety. Neurocognitive representations are deeply sensitive. Misuse or misinterpretation could cause harm.

Responsible implementation requires:

- Explicit clinician oversight and accountability
- Transparent explanation of system limitations
- Strong consent and data governance frameworks
- Bias monitoring and continuous validation
- Clear separation between support and authority

Importantly, these safeguards are not technical add ons. They are **clinical requirements**.

A Post-Pandemic Context That Matters

The relevance of this model is amplified by post pandemic realities. Rates of anxiety, depression, trauma related disorders, and clinician burnout have risen sharply. At the same time, access to mental health professionals remains constrained.

AI will inevitably play a role in addressing this gap. The critical question is *how*.

Automation driven approaches risk commodifying care. Co-regulatory approaches aim to **amplify human capacity without eroding therapeutic integrity**.

Neurocognitive Digital Twins offer a framework

for doing so responsibly.

Implications for Mental Health Systems

If adopted thoughtfully, this approach could reshape how mental health services scale while preserving quality.

Potential system level benefits include:

- Reduced clinician cognitive load
- Earlier detection of deterioration
- Improved continuity of care
- Support for reflective clinical practice
- Better alignment between digital tools and therapeutic models

These benefits emerge not from replacing therapists, but from supporting the cognitive and emotional labor that therapy demands.

Augmentation Through Co-Regulation

Mental health care does not need artificial therapists. It needs artificial systems that respect human psychology.

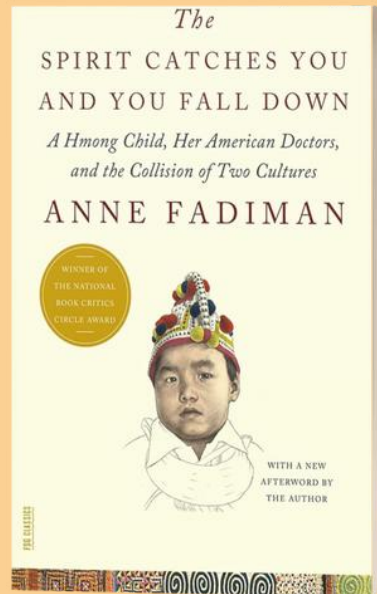
The Neurocognitive Digital Twin is best understood not as a product, but as a design philosophy. It recognizes that psychotherapy is a regulatory practice, grounded in anticipation, empathy, and judgment. GenAI can support this practice only if it is designed to co-regulate rather than command.

The future of AI in mental health will not be defined by how convincingly it mimics empathy, but by how carefully it supports human regulation.

In this domain, restraint is not a limitation ... It is a clinical virtue.

BOOK

Review



Book of The Month

The Spirit Catches You and You Fall Down

by Anne Fadiman

A Hmong Child, Her American Doctors, and the Collision of Two Cultures.

Review By Suman Dhar

Where it all started...

Midnight lights buzz at a pitch found only in hospitals. Inside Merced Community Medical Center's ER, a "Code Blue" broke the hush of handwriting on paper logs. Room B, bright with sterile glow, held little Lia Lee. The child was jerking against seizures labelled status epilepticus by white-coat voices. A circle of medics leaned close. Needles pushed into fragile skin. Air forced past choked tissue.

Drugs pumped in heavy waves.

Each move aimed at one goal: keep her breathing.

Just beyond the chaos stood Lia's mother and father, Foua Yang and Nao Kao Lee - quiet. They were simply watching. What unfolded before them felt like another world entirely. For them, seizures are caused by broken signals in the brain, but qaug dab peg - the spirit catches

you, and you fall. They saw a spirit seizing Lia. Instead of urgent medical care saving lives, they saw forceful hands pinning down their child while outsiders poured poisons into her veins, draining something deep inside.

Inside those four walls, barely twenty feet across, two worlds pressed hard against each other. Not only machines beeped - silence between them carried its own heavy sound. One group saw sickness through data. For them, numbers were climbing on screens. For the other, it felt like whispers passed down through generations.

Neither could fully hear what the other said, even though both groups were driven by the same desperate compassion.

Core of the book

This moment defines Anne Fadiman's *The Spirit Catches You and You Fall Down*. It is a work of deep storytelling that reads less like clinical reportage and more like sorrow etched across generations. Though trained as a careful journalist, Fadiman writes with quiet rhythm, piecing together the story of Lia Lee, born in 1982 to Hmong parents escaping the aftermath of America's hidden conflict in Laos. Behind every fact rests something heavier: effort without result, care leading only to fracture.

Opening these pages means watching sureness crumble. Fadiman refuses to name a wrongdoer. As Sherwin Nuland, doctor and writer, once put it, her story holds no evil figures - nor shining champions either. Instead, faces

appear as they truly were: small at times, yet sometimes grand. What kills is not hate. It is the communication strategies that never crossed the gap.

'Fish soup' becomes a thread through which Fadiman weaves her story. For the Hmong, naming components fall short. What matters lives in tales of nets, storms, currents, and what elders recall beneath bridges. In much the same way, grasping Lia's seizures demands more than medical charts. It pulls you into escape from mountain villages, secret alliances with American agents, and broken promises. Finally, silence on wide concrete streets far from any riverbank.

Underlying Premises

Lia's situation was full of layers, nothing like the stripped-down method used by most Western medicine. Her doctors - Neil Ernst and Peggy Philp, a married pair working in pediatrics - saw her body as a machine breaking down. These two were skilled physicians, described as bright-eyed, careful, and driven. When the Lees did not give the mix of Depakene and Dilantin exactly as written, the couple interpreted it as putting their daughter at risk. In their eyes, not following directions meant either poor understanding or lack of effort.

Still, the Lees feared the treatment more than the illness. To them, health meant balance, not battle. Pulling out blood-drained life force; once gone, it did not come back. They believed the afterbirth wasn't trash but armour for the spirit on its journey home. Fits weren't flaws - they were signals. Her parents thought she might

grow into a healer, someone touched by unseen powers. Cold precision in medicine felt like coldness itself.

When beliefs clash

When beliefs clash like this, harm follows fast. Once, officials decided the parents' choices put their child at serious risk, so they took Lia away and sent her to live elsewhere. This move came from doctors who thought it would keep her alive, but instead tore everything apart at home. Her health still slipped, showing wilder moods, sharper struggles each day. Losing her cut deep - so deep the Hmong name such pain tu siab (broken liver), meaning spirit gone quiet before death.

The heart of the book beats in this clash between body and spirit. At one point, a physician insists medical facts outweigh family faith when treating a sick child. Yet a therapist replies sharply that calling such logic "fair" misses the cruelty hidden inside it. Saving flesh through operation might cost something else entirely - a soul lost forever. Fadiman doesn't ease us out of that ache; she holds still while we face it.

One path leads straight to heartbreak, no surprise there. At four years old, following a huge seizure is a shock in itself. And experiencing moments where parents pointed at medicine while doctors named the illness - Lia's mind never recovered. Movement stopped. Speech vanished. Doctors saw only hours left. But back in her family's arms, surrounded by plant-soaked baths and constant warmth, she stayed alive much longer. Medically labelled gone, unreachable.

Yet inside those walls? Crowned. Cherished. A girl without words who somehow meant everything.

Fadiman pokes hard at Western medicine, yet her tone carries care. Biomedicine isn't neutral. It is layered with habits, speech patterns, and assumptions. Much like how a visitor might see Hmong faith in dabs as a strange ritual. What gets called "compliance" turns out to be power dressed as duty, expecting surrender instead of shared effort.

The Uncomfortable Truth

The book makes you want an answer even when there isn't one. Crossing such a deep divide doesn't come with a clear step-by-step path. Still, what Fadiman leans into is dialogue instead of force. Into view comes Arthur Kleinman - a figure trained in both psychiatry and culture studies - who laid out eight straightforward communication prompts to uncover how patients make sense of their condition. He suggests questions such as: "How do you name what's wrong?" or "What part of being sick frightens you most?" If Lia's medical team had used those words at the start, then truly tuned in, maybe disaster wouldn't have slipped away - but grief could've sat between them equally.

What happens when medicine meets meaning?

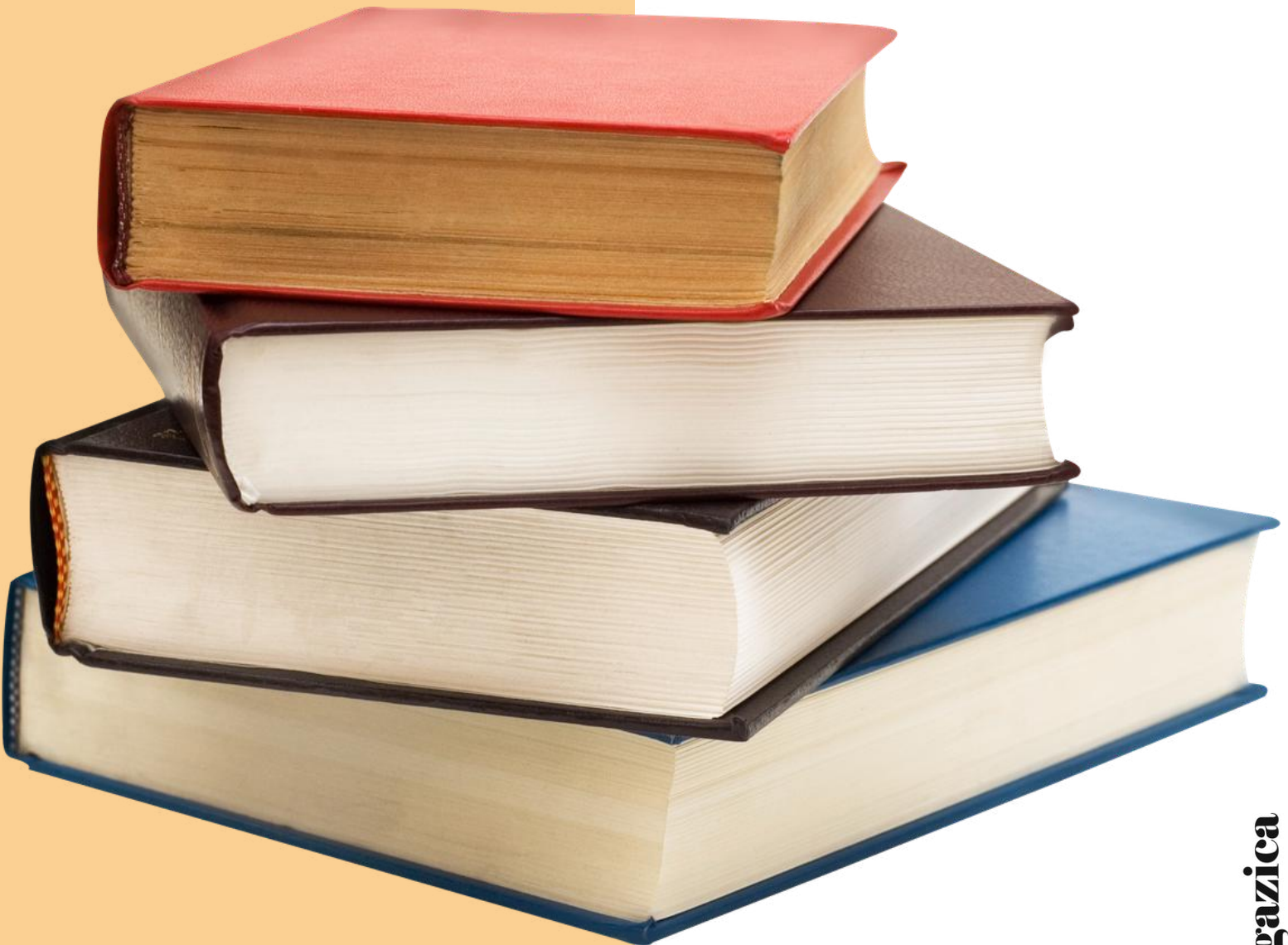
The Spirit Catches You and You Fall Down shakes how you see a medication label. Silence inside a doctor's office gains weight after reading it. Doctors trace brain signals with

machines, and they recognize the ache in a parent's voice.

Back we come, then, to the hospital room. Machines chirping, parents motionless by the wall. Not about who won or lost. More like this: inside today's medical world, where everything feels urgent, talking clearly isn't merely a convenience - it counts as a dire necessity. Do we need to heal bodies? Yes, doctors do that

efficiently. Yet Lia Lee's life whispers something harder for all of us: real care sometimes means stepping into someone else's way of seeing.

Even when it wobbles under your feet.





Canada's Hospitals at a Crossroads:

Excellence, Expectations and Extended Waits

By Editorial Team

Canada boasts some of the world's most respected hospitals, yet patients' experiences do not always reflect the headlines. A 2025 Newsweek ranking of World's Best Hospitals shows Toronto General–University Health Network at the top of the Canadian list with a score of 90.10 %, followed by Sunnybrook Health Sciences Centre (86.80 %), Mount Sinai Hospital (86.55 %), North York General Hospital (84.42 %) and Montreal General

Hospital – McGill University Health Centre (80.79 %). These institutions are celebrated for research and specialist care. At the same time, public surveys reveal declining confidence in hospital systems; fewer than half of Canadians hold a positive impression of their primary hospital. The interplay between excellence and everyday experience is at the heart of Canada's hospital story.

Who tops the list?

To orient readers, the following table summarises the top five Canadian hospitals from the 2025 Newsweek ranking. Scores reflect a combination of patient experience, medical outcomes and peer recommendations.

Hospital	Score
Toronto General – University Health Network (UHN), Toronto	90.10%
Sunnybrook Health Sciences Centre, Toronto	86.80%
Mount Sinai Hospital, Toronto	86.55%
North York General Hospital, Toronto	84.42%
Montreal General Hospital – McGill University Health Centre	80.79%

Public perceptions of hospital quality

Despite international accolades, Canadians' satisfaction with their hospitals is lukewarm. A 2025 Pollara Strategic Insights survey found that only 48 % of Canadians had a positive overall impression of their primary hospital, while 32 % were neutral and 14 % were negative. When asked specifically about quality of care, 54 % offered a positive assessment, suggesting that while many trust the clinical competence of hospitals, they are concerned about other aspects such as access and communication. The survey noted a decline in hospital reputation since the early pandemic: positive ratings fell four points since 2022 and thirteen points since 2020. Regional differences are pronounced, with declines in Saskatchewan, Alberta and British Columbia and improvements in Atlantic Canada, Quebec

and Manitoba.

Waits for specialist care and procedures

Statistics Canada reports that 34 % of adults saw a specialist in 2024. Waits vary widely: 35 % waited less than a month, 30 % waited one to three months, and 36 % waited three months or longer. Satisfaction mirrors this pattern; almost all (83 %) who waited under a month were satisfied, compared with just 17 % among those waiting more than three months. Older Canadians were more likely to receive specialist care quickly.

For surgical and diagnostic procedures, progress is mixed. CIHI's 2025 wait-times report shows that, compared with 2019, hospitals performed 26 % more hip replacements, 21 % more knee replacements, 11 % more cataract surgeries, 7 % more cancer surgeries and 16 % more MRI/CT scans in 2024. However, many patients still waited longer than recommended: only 68 % of hip replacements and 61 % of knee replacements occurred within the recommended six-month window, and 69 % of cataract surgeries were completed within 112 days. Wait times for diagnostic imaging lengthened, with median waits for MRI increasing by 15 days and CT by 3 days since 2019.

The Fraser Institute's annual Waiting Your Turn survey adds context. It found a median overall wait of 28.6 weeks in 2025—down slightly from 30 weeks in 2024 but still the second-longest ever recorded. Provincial disparities are stark: patients in Ontario waited 19.2 weeks, while those in New Brunswick faced 60.9 weeks. Neurosurgery and orthopaedic surgery had the

longest median waits, at 49.9 weeks and 48.6 weeks respectively. Delays in diagnostic imaging remain problematic; median waits were 18.1 weeks for MRI and 8.8 weeks for CT scans.

What this means for patients

For many Canadians, the hospital journey begins long before they enter a ward. They wait months for a specialist consultation, then months more for imaging and surgery. Longer waits can lead to worsening conditions, reduced mobility and anxiety. There is also a socioeconomic dimension: people with private insurance or the means to travel may access faster care in other provinces or countries; those without such means simply wait.

Public confidence in hospitals reflects these experiences. While the clinical expertise of top centres is indisputable, delays and communication breakdowns erode trust. The decline in perceived reputation captured by the Pollara survey suggests that hospitals must engage more meaningfully with patients, provide clear information about wait times and improve the patient journey.

Canada's hospital system is at a crossroads. Globally renowned institutions deliver cutting-edge care, yet system-wide wait times and patient satisfaction lag behind peer countries. Solutions will require more than individual hospital excellence. Policymakers must continue to fund additional surgical and diagnostic capacity, expand team-based community care to relieve hospital pressures, and leverage data to triage patients more

efficiently. As provinces experiment with new models and the federal government increases immigration pathways for health professionals, the goal should be a hospital system that pairs world-class expertise with timely, patient-centred access.

Sources & Further Reading:

Newsweek (2025); Pollara Strategic Insights (2025); Statistics Canada (2024); CIHI (2025); Fraser Institute (2025).





Magazica is a dynamic platform connecting businesses, experts, and health advocates to share cutting-edge insights and advancements in the health industry. Focused on enhancing wellness, we provide a space for showcasing innovations that shape the future of healthcare.

With a strong presence in North America, particularly Canada, Magazica hosts global experts to share valuable knowledge with the Canadian community.

Our structured approach supports health-focused businesses in their mission to improve lives.



magazica.com

