

# New Arthritis Society Resource Helps Patients Become Empowered Self-Advocates



**E**ffectively managing the symptoms of arthritis and their impact on your life can be a challenge for many patients. Learning to advocate for yourself and your needs is an essential skill for people who want to manage the disease and live their best possible life.

This September, as part of Arthritis Awareness Month, the Arthritis Society helped to address this need by releasing a new patient tool, the Self-Advocacy Guide, an exciting set of resources for people living with arthritis.

The Arthritis Society's Self-Advocacy Guide provides information and strategies to help patients become empowered advocates for their health-care needs, or for the needs of others who may be living with arthritis.

The guide is divided into three parts, each covering different but related aspects of self advocacy:

## **PART 1: Taking an active role in your treatment planning**

Learn about your condition, communicate with your health-care team and make informed decisions about your health-care needs

## **PART 2: Understanding your coverage options**

Learn about the different sources of coverage for health-care costs, and how to navigate them to get the support you need

## **PART 3: Advocating for change**

Learn how our health-care system works, and how your voice can help influence policies that affect you and other patients

Encourage your patients to check out the guide at [arthritis.ca/selfadvocacy](http://arthritis.ca/selfadvocacy), and start their journey towards becoming an empowered self-advocate for their health care needs.



## **Khyber Medical College in Peshawar, Pakistan** (Continued from page 14)

missing at Peshawar was that there was no rheumatologist; rheumatology patients were being seen by orthopedic specialists. However, one of the internal medicine specialists in Peshawar had shown interest in rheumatology. He was provided with rheumatology case histories and other teaching material. Three years later, he filled the role of rheumatologist and became well known in the city for treating rheumatologic conditions.

Dr. Blye Frank in his address to faculty and students had emphasized that medical education and curriculum development are dynamic processes and would need constant revision. To that effect, it was suggested by the faculty of Dalhousie to have a separate Department of Medical Education. We had also stressed the need to incorporate courses in "critical thinking" and "ethics" but were not able to sell these

ideas to the faculty of Khyber Medical College. We were also not able to start a program for continuing medical education with proper evaluation for medical practitioners and community physicians. On a positive note, during a weekend away from Halifax, I came home to six voicemail messages from the Vice Chancellor of KMC. There was going to be a meeting of Vice Chancellors of all Pakistani medical universities in Peshawar, and he wanted to present the curriculum proposed by Dalhousie University for adoption by all the other medical colleges

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