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- **October 27th, 2023 – Presenter Dr. Daniel Pompas**
- **November 17th, 2023 – Presenter Dr. Stéphane Reinhardt**
- **February 9th, 2024 – Presenter Dr. Miles Cone**
- **March 15th, 2024 – Presenter Dr. Jennifer Doobrow**

Register at:  
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# MDA Bulletin



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## PRESIDENT'S MESSAGE

It is the end of February, and I cannot believe how fast time has passed since 2020. As I step back and reflect upon my years on the board, I have a true perspective on what a great team the MDA has in its office. Rafi, Arun, Greg, Linda and the office staff really navigated uncertain times successfully and continue to keep our association on a solid path. I would like to start off my term by thanking them, as their talents can go unnoticed and underappreciated as we are busy focusing on our offices and their daily operations. Our strong position throughout the local community and the country would not be as strong as it is without them! Some of you may not know that we have 3 public representatives on our board. These individuals provide the board with some fantastic insight on an array of topics and are valued members of our association as we continue onwards. The presidents who preceded me have left this association in a great position, which I will strive to continue.

As spring approaches our minds shift to think about the beautiful flowers blooming and the warmer weather, but we live in Winnipeg and those days are still a bit further down the road. We do have the annual MDA convention approaching quite fast. The dates are April 20-22 and the event will once again be held again at the RBC Convention Centre. This year marks quite a unique situation. For the first time in over 30 years, the CDA board of Governors meeting will be held outside of Ottawa and will occur in Winnipeg alongside our annual convention. I hope that our members will open exhibit up our famous Manitoba hospitality to ensure the CDA and its' governors enjoy our great city.

There are many items on our agenda for this year as a Board which include:

- The New MDA Infection, Prevention and Control Manual which took into effect on January 2 of this year. Though we are still under our Covid-19 Pathway Guidance document, we hope we will soon be working using this new IPC document. We await the news from the W.H.O. and our Task Force on Covid on when the pandemic will end. All those concerned should be familiar with this new document. If there are any questions regarding this document, please do not hesitate to call the MDA office and speak to Linda Berg. She is a great resource on this topic.
- Your Board is also working very hard to help find solutions to the human resource deficiency that many offices are facing. In particular, the shortage of dental assistants. The Board is looking into many different potential avenues to find educated and qualified dental assistants to work in Manitoba. This is particularly relevant for our rural practices.
- Office Assessments will be starting up again. Remember, this activity is not meant to resemble the well-used storyline in police shows of the "Internal Affairs" department digging for dirt. This is the MDA assessment team visiting offices to help staff and dentists with questions and providing support to ensure that all our offices meet the standard that our patients deserve.
- The Canada Dental Program Plan has been underway since December of 2020. There have been many changes to the plan, since it started just a few short years


ago. The MDA is working very closely with the CDA to have a strong voice with the federal government to ensure this plan is successful and reaches the people that need this dental care that the federal government is investing in. One of our concerns with this plan is third party coverage. It is a priority that we ensure this coverage does not take a step back away from current way the industry so successfully provides care to Canadians. We also do not want this to be an administrative burden on dental offices. Most importantly, we need ensure this plan to gets care to the underserved population that it is meant for. This will be a large task for our Communications Committee in the coming months, as they are currently working on a public awareness campaign to reach the population group targeted for this program.

- Your Board is also planning to develop an action plan based on findings of the Truth and Reconciliation Commission. This will be the first step in following the recommendations for healthcare as identified by the TRC. As a self-regulating profession, we are not only proud to engage in this education, but we must ensure that we are aligned with Canadian society values. Dentistry can benefit from the TRC because it can help improve the relationships between patients, dentists, and other oral healthcare professionals. By openly discussing and addressing tensions and concerns, truth and reconciliation can help build a more positive and constructive dental community. This is an important step as we continue to provide trusted care to our Indigenous population.

• Your Board has also started a strategic plan with the help of a third-party facilitator. This is a three-year plan that establishes a vision statement, mission statement, goals and values for the dental profession. It also provides focus for the board, committees, and volunteers. We are looking to finalize this plan later this year, at which time I will share with you the outcomes.

As you have just read, there are many exciting things that your Board is working on. I would also like to bring your attention to all the great work that our many volunteer committee members (and Chairs) work on throughout the year! This work is invaluable.

In closing, I would like to personally thank past president Dr. Chris Cottick for his time on the board. Chris and I have known each other for a long time

(+35 years) and many people still get us mixed up. I take this as a compliment, especially after watching Chris perform his various roles on the board so well. I would also like to thank Dr. Tom Colina, for his presidency year and continuing contribution to the organization. Tom was steadfast in his vision and now I hope to lean on him in his role as past president. Enjoy the spring everyone...let's hope it arrives soon! 

**TRINA BOURGEOIS, RDA III**  
PRESIDENT, MDAA



## MDAA PRESIDENT'S MESSAGE

It is nice to say that spring is around the corner. Some people are taking winter vacations again and escaping our harsh Manitoba weather. For some of us, spring means we are getting closer to enjoying summer cabins and our beautiful summers.

Our CEO: Duncan Stokes, is completing his first year with us. The time has flown by with him, and he has had to learn a lot of dental details along the way. We look forward to seeing him excel within our association.

As we know from many updates, new Infection prevention and control practices guidelines were introduced in January of this year. The Infection Control committee had a lot of time and dedication over several years preparing this document. I am sure many of you in the dental community have had to deal with questions, battles, and

frustration. I want to take a moment to mention that we manage the Manitoba Dental Assistants Association with a very small crew. The MDAA has a membership of over 1300, and we have a hard time filling the few roles required to meet the demands of our association.

We could plan, provide, or hope to do more if we had more people. The MDA has a new president every year. Our term is two years with double the members. I encourage dentists to support and promote their dental assistants to go and spend some time on the board or a committee to experience the procedures that take place to support our members on a routine basis throughout the year. It would be so great if we had more people come forward.

Even though the RDA of the month has been hard to keep ongoing,

we are still trying to promote this acknowledgement. We would like to see more dentists engage in this promotion for RDAs and send in a short paragraph of support/ bio details and a picture – that is all it takes for an RDA to win the monthly draw. Then the winner has a chance for a yearly draw and, currently, a quarter draw.

Dentistry has been a very challenging world with all the challenges evolving with Covid and the fallout from infection control changes and coinciding illnesses that have caused office and staff scheduling issues. This is a world problem that won't get resolved in a day, so hang in there.

Thank you,  
Trina Bourgeois  
President of the Manitoba Dental Assistants Association



## REGISTRAR'S MESSAGE

### Practical and Ethical Considerations when Dismissing a Patient from Your Practice


As we are all aware, members of the public have the right to choose their healthcare providers. There are also times when dentists may exercise reasonable discretion in selecting patients for their practice. Provided that they are not discriminatory, dentists have the right to refuse to accept individual patients in non-emergency situations. There are also circumstances when a dentist may choose to dismiss an existing patient. We should always strive to make these decisions in the patient's best interests while being cognizant that such determinations may result in potentially significant conflict. The MDA often receives calls from members about how to dismiss a patient and complaints from patients who are upset that they have been dismissed from an office. By reflecting on the practical and ethical considerations outlined in this article, members will hopefully gain the tools to resolve these situations with minimal conflict.

The breakdown of a dentist-patient relationship could stem from several reasons. Some examples could be issues related to treatment being unsuccessful, a patient's refusal of advised treatment/

non-treatment, and financial disputes. Principles of informed consent usually play a role in the above issues. When the dentist-patient relationship comes into conflict due to a breakdown of trust, dismissing a patient may become an option. In a dismissal, the dentist must take the necessary and available steps to ensure that the dismissal does not have a negative impact on the patient's health. If possible, dental procedures should be completed or stabilized before dismissing the patient. Dentists having undertaken a patient's care must not discontinue that care without first having given notice of that intention and endeavouring to assist with ensuring continuity of care with another dentist. The dentist should take all reasonable steps to assist in this continuity of care of the patient, such as providing recent radiographs, relevant chart notes, and other information that is perceived to be helpful.

Dismissing a patient should be expressed in writing, and there should be a reasonable amount of assurance that the patient has received and understands this communication. In any health-related communication, dentists must keep in mind that they have an ethical obligation to be truthful and forthright. Dentists should also be mindful of the emotional impact a

patient is likely to experience with being dismissed and any financial bearing of seeing a new provider. Anticipation of these factors may have implications on the dentist's process of dismissal. It is strongly recommended that members take steps to mitigate these potential issues whenever possible. Despite a breakdown in the relationship, patients still often appreciate receiving the contact information of other dentists who might be better suited to provide their treatment. Throughout this process, it is critical to ensure that you keep detailed, factual records that include notes of all conversations with the patient, representatives and/or recommended providers.

Access to dental care for all Manitobans is crucial. Although not every member of the public will be suitable for your office, dentists need to be mindful that dismissing challenging patients only passes them to another one of your colleagues. Ensuring optimal oral health for all Manitobans is a responsibility shared by all members of the MDA - we must all do our part to protect that privilege and work in the public's best interests. 

Respectfully,

Arun Misra LLB DMD



## CDAnet Standard 2.4 to Retire in 2024

Version 2.4 of the *Message Formats and Standards for Electronic Dental Claims* for CDAnet & Réseau ACDQ, also known as the CDAnet Standards, will be retired effective February 1, 2024.

**P**ublished in 1990, the CDAnet Standard 2.4 has made it possible to transmit dental benefit claims electronically. The version was the start of significant changes that paved the way to today's version 4.2.

Claims processors primarily use CDAnet Standard version 4.2 to process claims. Therefore, only a limited number of claims processors will be required to upgrade their systems before the February 2024 deadline. As the claims processors upgrade their systems, dental offices will need to configure their practice management software to send claims using only version 4.2.

"We are excited for the changes that retiring version 2.4 will bring to claims processing in Canada for all the CDAnet community (dentists, claims processors, vendors, denturists and hygienists, etc.) and the Réseau ACDQ community (dentists in Quebec, vendors, claims processors, etc.)," says Donna Cunningham, CDA Practice Support Services advisor. The additional benefits of version 4.2 include:

### Save time and money

Dental software vendors will no longer need to develop software for both versions. Claims processors will have fewer variables to account for when developing their systems.

### Increase coordination of benefits claims

Retiring version 2.4 simplifies a number of aspects related to coordination of benefits (COB). With dental offices having version 4.2 configured for all claims processors, opportunities to send a COB will not be missed. Many claims processor

systems cannot currently accept version 2.4 explanation of benefits (EOB) in a COB claim, but this limitation was resolved in version 4.2. Dental offices will be able to send more COB claims for their patients, increasing claims for existing COB claims processors, and claims processors who invest in adding the COB transaction will also see a quicker return on investment.

### More opportunity for attachment transactions

Claims processors upgrading to version 4.2 will have the opportunity to accept the CDAnet Attachment message for their members. This will increase efficiencies for both the dental office and the claims processor.

### Data accuracy

All claims traffic will be in version 4.2. Dental practice management software will have updated claims processor information, which will result in claim messages and claim responses no longer requiring any version translation.

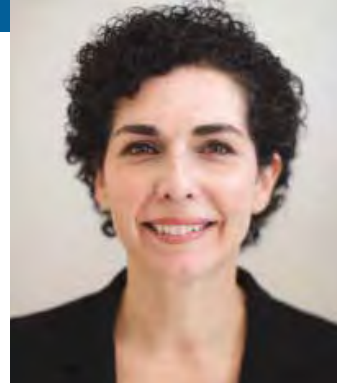
### Streamlined support

Networks and insurance carriers will only need to support version 4.2 systems and processes.

CDA and the ACDQ will be working with the CDAnet community to ensure a smooth transition to the new version. More communications will be provided as new information becomes available. ♦

# DEAN'S MESSAGE

**DR. ANASTASIA KELEKIS-CHOLAKIS,**  
DEAN, COLLEGE OF DENTISTRY,  
RADY FACULTY OF HEALTH SCIENCES,  
UNIVERSITY OF MANITOBA



The beginning of 2023 has brought a return to a new normal. It is hard to believe that it has been three years since we last hosted our alumni reception in Vancouver. We were delighted to get together with so many of you and to reconnect after such a long absence.

Our reunion was also a great opportunity to launch our fundraising campaign for a transformational redevelopment of our clinical spaces.

This bold initiative features important renovations to our clinics and the acquisition of new, state-of-the-art technology.

The redevelopment of our clinical spaces will:

- Provide our students with training on best-in-class equipment;
- Enhance access to excellent, accessible, and affordable patient-centered oral health care for over 3,000 Manitobans;
- Improve the patient experience at all seven clinic spaces in the facility; and

- Help UM attract the most promising students of dental hygiene, dentistry and dental specialties.

As dental technology rapidly advances, the delivery of oral health care has become increasingly patient-centered and personalized. With this new initiative, the Dr. Gerald Niznick College of Dentistry are poised to set a new standard in dental education and oral health care for the community. We have a long tradition of excellence in clinical education and delivery of care, and in order to maintain this, we need excellent infrastructure to do so.

Some examples of our goals in the development of new infrastructure are:

- Development of spaces to allow the treatment of patients with cognitive or physical disabilities, so that our undergraduate dental hygiene and dental students are exposed and comfortable providing patient centered care to this population.

- Design of clinics with a robust IT infrastructure to support new equipment and improve the clinic's readiness to adopt additional emerging technologies related to the digital delivery of oral healthcare, including AI simulation technologies and robotics.

- Redevelopment of our sterilization facility with high-end sterilization equipment and modernized HVAC systems for optimal air quality and infection control.

I look forward to working with you, to make this vision a reality, so we can support the next generation of University of Manitoba dental hygiene and dental students to have access to the same resources that we did. We will be reaching out to you, the dental and dental hygiene community in Manitoba and beyond, over the next few months, to talk about ways to become involved in this project. Please also feel free to reach out to me directly. [A](#)



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# CANADIAN DENTAL ASSOCIATION MESSAGE



## CDA Report for the MDA Spring Bulletin

A warm greeting to you all after another beautiful Manitoba winter and another big 'thank-you' to all members for your continued commitment to providing much needed access to care for Manitobans across our vast province.

I have the privilege of having been re-appointed to be the representative of Manitoba on the CDA Board. I will continue to work hard to maintain the CDA's strong and unified national voice. Over the past few years, I have observed that dentists have strengthened their position as leaders in the eyes of the public. It will be critical for our profession to maintain a strong presence while our country navigates the many questions related to health care.

Should you have any questions or wish to discuss any issues related to CDA, please don't hesitate to contact me.

## CDA National Meetings - April 2023 – Winnipeg, Manitoba

On an exceptional basis for scheduling reasons, CDA's Annual General Meeting (AGM) and its accompanying national meetings and events will be held in Winnipeg in the spring. The CDA AGM will run concurrently with the Manitoba Dental Association AGM and Convention, scheduled to be held in person on April 20/21/22, 2023. The much-anticipated return to an in person CDA awards event will take place in which 14 outstanding leaders will be the recipients for 2023. Please plan to come out and help welcome delegates to both meetings.

## Selection of the 2023-24 CDA Executive

The Board of Directors is pleased to announce that Dr. W. Bruce Ward (British Columbia) has been appointed CDA Vice-President for 2023-24 subject to his election as a Director at the CDA Annual General Meeting on April 21, 2023, in Winnipeg, Manitoba. This would also see Dr. Joel Antel (Manitoba) move to President-Elect and Dr. Heather Carr (Nova Scotia) move to President.

## Federal Government Update on a Canada-wide Dental Care Program

CDA has developed a policy framework and draft policy paper of recommendations to be made to the federal government regarding the Canada-wide Dental Care Program, with input received from provincial and territorial dental associations. On February 28, 2023, they released Bridging the Financial Gap in Dental Care: Building a sustainable and effective federally funded program, for the federal government as it seeks to enhance access to dental care for all Canadians. To learn more about the CDA policy's road map please visit the CDA website: [www.cda-adc.ca](http://www.cda-adc.ca) A technical submission paper is currently being developed that will provide the federal government with a clearer pathway of the dental profession's perspective on what the Canadian national dental care plan should look like.

Health Canada announced on October 28, 2022, that an Invitation to Qualify (ITQ) would be issued via the federal government's procurement platform regarding the next phase of the federal government's approach to enhancing access to dental care for low-income Canadians.

Public Services and Procurement Canada issued the ITQ, inviting suppliers with expertise in dental and health claims processing to submit a response and express their interest in becoming a qualified supplier.

This week, the federal government announced three suppliers who qualified to participate in the next phase of the procurement process (Express Scripts Canada, Medavie Inc., and Sun Life Financial Inc.). In its announcement, the federal government states that it will collaborate with qualified suppliers to further refine the requirements for the delivery of a comprehensive, long-term Canada-wide dental care program. Once the program and delivery method and other considerations have been defined by the government, an approach for the next steps for the long-term program will be shared.

CDA clarifies that this does not mean that the government will proceed with a supplier-led federal dental program. However, the federal government is taking steps to consider available options on how such a program could be rolled out.

CDA is pleased to see that the federal government will continue to work with all partners, including provinces and territories and oral health care professionals, to improve access to oral health care for those who need it most.

## The interim Canada Dental Benefit

<https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html>

"The interim Canada Dental Benefit is intended to help lower dental costs for

eligible families earning less than \$90,000 per year. Parents and guardians can apply if the child receiving dental care is under 12 years old and does not have access to a private dental insurance plan.

Depending on your adjusted family net income, a tax-free payment of \$260, \$390, or \$650 will be available for each eligible child. This interim dental benefit is only available for 2 periods. You can get a maximum of 2 payments for each eligible child. Benefit payments will be administered by the Canada Revenue Agency (CRA).

The first benefit period is for dental care received between October 1, 2022 and June 30, 2023. Applications for this period opened on December 1, 2022.”

MDA and CDA Q and A for dentists and the general public:

<https://www.manitobadentist.ca/dental-professionals/canadian-dental-care-plan>

[https://www.cda-adc.ca/en/oral\\_health/talk/canada\\_dental\\_benefit/index.asp](https://www.cda-adc.ca/en/oral_health/talk/canada_dental_benefit/index.asp)

HUMA Releases Report on Labour Shortages, Working Conditions and the Care Economy

In early 2022, the House of Commons Standing Committee on Human Resources, Skills and Social Development (HUMA) undertook a study on Labour Shortages, Working Conditions and the Care Economy. HUMA held 13 meetings and heard from 49 witnesses, including Dr. Aaron Burry, CDA CEO, and Dr. Richard Holden, CDA immediate past-president, in March 2022.

HUMA published its full report on February 6, 2023, and among its 16 recommendations, it includes two recommendations that CDA has long been advocating for:

- That the Government of Canada (GOC) work with the provinces, territories, and other stakeholders to promote the alignment of educational and training opportunities in health care and other care economy sectors with future skills and labour needs; and further, that it consider supporting a wide range of strategies to make training in care-related fields more accessible, including through online learning, flexible training options such as microcredentials, and upskilling options for workers already in the care economy.

- That the GOC consider offering additional permanent residency pathways to temporary foreign workers with in-demand skills or experience, including in the care economy and in skilled trades.

Other relevant recommendations include:

- That the GOC support access to care in rural and remote communities by providing further incentives for in-demand health care professionals to work in these communities, including through tuition assistance, loan forgiveness, or tax benefits.

- That the GOC work with the provinces and territories to remove barriers to labour mobility in the health care sector, including through the interprovincial/territorial coordination of regulation and licensing requirements.

- That the GOC review federal skills and employment programs that target groups that are underrepresented in the labour market, such as Indigenous peoples, persons with disabilities, youth, and women, with a view to ensuring they align with current and future skills needs.

CDA Advocacy:

- CDA has emphasized that any government initiatives that seek to address

labour concerns in Canada’s health care sector should consider the significant portion of health care that is delivered outside of Canada’s publicly funded system, in private settings such as dental offices.

- CDA has also highlighted the current dental assistant shortage to the GOC and submitted a proposal to address the issue, in collaboration with the Canadian Dental Assistants’ Association (CDAA). CDA and CDAA submitted the project Building the Professional Dental Assisting Workforce of the Future to Employment and Social Development Canada’s Sectoral Workforce Solutions Program and are awaiting feedback.

CDA/ADA/CDSA Joint Convention—Calgary, Alberta Wellness Summit

The 2023 Alberta Wellness Summit, a CDA, The Alberta Dental Association (ADA), and College of Dental Surgeons of Alberta (CDSA) Joint Convention, will take place June 15-17 at the Calgary Telus Convention Centre. This summit will explore what it takes to create a healthy dental community.

The 2023 Summit features a world-class program of industry leaders dedicated to physical, mental and financial well-being, as well as clinical experts who will provide breakout sessions and inspiring keynotes. It is targeted to the entire dental community: dentists, dental hygienists, dental assistants, and team members. [albertawellnesssummit.com](http://albertawellnesssummit.com)

CDA looks forward to holding a joint convention with the Pacific Dental Conference in March 2024, with the Newfoundland and Labrador Dental Association in August 2025 and with the Manitoba Dental Association in April 2026. Mark your calendars! 🗓️



# Advocacy

## Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care and Knowledge*. Over the years, CDA has been extremely effective in all four domains.

On the Advocacy front, CDA has worked closely with the MDA on several key public policy issues including federal tax proposals that had potentially crippling ramifications for the profession. Dentistry has been especially active and successful on the following issues:

### Taxation of Health and Dental Benefits

Given the impact that taxing people's health and dental benefits would have on Canadians and the delivery of health services, CDA has coordinated a national grass-roots advocacy campaign, in collaboration with the MDA and the other provincial dental associations, and organized strategic alliances with various stakeholder groups to persuade the federal government to not impose taxes on these benefits. The advocacy campaign was successful, and the Prime Minister of Canada rose in the House of Commons in 2017 to indicate that there would be no taxation of health and dental benefits.

### Tax Planning Using Private Corporations

Given the major impact that the federal government's tax proposals on Canadian-controlled private corporations (CCPC) would have on Canadian dentists, CDA, in collaboration with provincial dental associations, took an active role in

designing and implementing an advocacy strategy to oppose such tax measures. CDA played a support role in the organization of a national alliance of stakeholders who were united against these CCPC proposals. This coordinated advocacy campaign was successful as the federal government withdrew its plans related to capital gains and modified its proposals on passive investments and further clarified its policy on income sprinkling. In its 2018 Budget, the federal government made further modifications to its proposed tax measures that went a long way in addressing many of dentistry's concerns.

### Media Relations

As part of its advocacy efforts, CDA handles several urgent and ongoing media inquiries on topics such as access to dental care, flossing, fluoridation, sugar reduction and teeth grinding. CDA also facilitates media training to provincial dental association presidents and staff.



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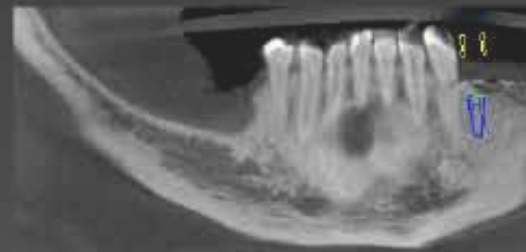
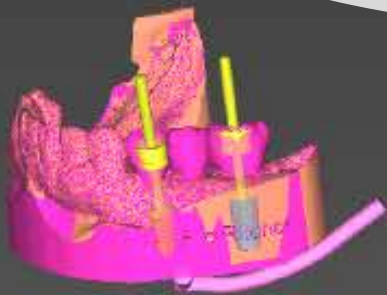


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## Advantages of Owning a Rural Dental Practice

I retired in 2019 after decades in active dentistry. During my career, I practiced for 30 years in a rural community in Manitoba. Nowadays, many early or mid-career dentists are eager to taste practice ownership, but they face multiple hurdles in the form of competition from other buyers, as well as problems to obtain financing for high value practices. Those are just some of the issues that I've heard from the many buyers I have encountered.

However, there is a way to buy a practice – and make money at it. Consider the benefits of owning and operating a rural dental practice. The advantages of a rural practice and lifestyle fall into multiple categories, which I will explore here.

### Personal Life

On the personal front, the African proverb “It takes a village to raise a child” could not be closer to the truth. Your neighbours include health care providers, teachers, business owners and your children's classmates.

In a small community, you can maintain your culture and beliefs while getting involved in the many initiatives the community and surrounding area has to offer, such as sports, recreation, art, and drama.



**Written by: Dr. Tom Breneman,  
Practice Transition Consultant**

These are just as viable, if not more so than in a larger urban centre. Living rural allows the time & opportunity to enjoy and promote a healthy lifestyle. Having two of our children and grandchildren settle in a smaller community, we have seen first-hand the benefits that life offers.

Rural dentists can often set their own schedules and patients work around these schedules, in stark contrast to dentists in cities, who often must accommodate with evening and weekend hours based on competitive pressures and patient demands. Also, with commute time from home to office often being as short as 10 minutes you have more family time. But if you miss the commute, how about a satellite practice in a neighboring community 45 minutes to 1 hour away?



# Is it Time for a **FINANCIAL CHECK-UP?**

As a dentist, you understand the value of a regular dental checkup. It's true for your finances as well. Your ability to achieve healthy financial outcomes can be impacted by the passage of time or a milestone such as:

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- ☐ Getting married or divorced
- ☐ Welcoming a new member to your family
- ☐ Buying a vacation home or income property
- ☐ Receiving an inheritance
- ☐ Selling your practice
- ☐ Retiring

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# PRACTICE VALUES IN 2023



**JACKIE JOACHIM**  
COO, ROI CORPORATION



**BY JACKIE JOACHIM**

Practices have faced huge challenges and have undergone an incredible amount of change over the past few years. This will not slow down in 2023. The time has come now for practices to deal with the aftereffects of the global pandemic, increased interest rates along with the rise of inflation.

The market for dental sales is never dull. The average vendor is no longer 65+ looking to retire. Instead, it is not uncommon for the vendor to be between 45 to 55. This person does not want to give up dentistry but rather the stress of ownership. It is motivated by simplification; managing a career, staff, and family make things a little more complex to find a sustainable work-life balance. Additionally, we are seeing dentists enter ownership later in their career. They take the time to hone their skills, pay off their debt and enjoy more freedom in their early career by not being tied to one practice.

So, will practice values decrease in 2023? Yes. It is to be expected. In general, valuations for healthcare practices are driven by two overriding forces: the industry's appeal and current macroeconomic conditions.

1) The attractiveness of the industry can be summarized by these key factors:

- Dentistry has proven it is recession and pandemic-resistant, showing quality performance relative to other businesses in challenging times;
- Aging population; and
- Solid historical growth rates of four to five percent, with a good outlook on future growth rates.

2) Macroeconomic conditions impact prices because of the following factors:

- Record low-interest rates during the past

decade, making capital cheap for practice buyers;

- Stable economic conditions and slow, but steady, economic growth; and
- An abundance of investment capital, and many investors finding our resilient industry to place their funds.

The last 3 months have certainly had an impact on individual doctors looking to purchase. Many first-time buyers are very nervous with increasing interest rates combined with their excessive student debt, many may not qualify for financing. But this does not mean that a good office will not sell. It simply means your expectations must be realistic. Do not be surprised or offended if you are presented with an offer at, or even below, you're asking.

We predict the value of practices will decrease. This is simply because

if key expenses such as wages and supplies increase, then net income will decrease. Cashflow plays a huge factor in determining the value. With the HR crisis, it is not uncommon to see higher wages along with signing bonuses. This is certainly a tough pill to swallow.

As much as things may feel or look bleak, all is not lost. Good practices, continue to appeal to the right buyer. Business cycles have a wonderful way of self correcting. If you are not ready to sell for at least 5 years, now is the time to plan and be prepared to

manage your finances with this in mind.

Ask yourself the following questions:

- Do I know the value of my practice today?
- Are there any reasonable overhead reductions I can make?
- Can I invest in new technology to add additional revenue?
- Can I keep my gross income stable or, even better, increase it? As a note, practices in any state of decline worry buyers and usually attract a lower sale price. The final thought as we move into 2023 is to “Keep Calm and Carry On”.

The challenges that may come are ones that can be managed, provided they are faced head on. I would like to leave you with one of my favourite quotes from Barack Obama “The future rewards those who press on. I don’t have time to feel sorry for myself. I don’t have time to complain. I’m going to press on.”

Jackie Joachim has 30 years of experience in the industry as a former banker and now the Chief Operating Officer of ROI Corporation. Please contact her at Jackie. joachim@roicorp.com or 1-844-764-4145.

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# Community Advocate and Inspiration



Dr. Sheri McKinstry



## Dr. Sheri McKinstry's Extraordinary Career Serving the Oral Health Needs of Indigenous Communities

**D**r. Sheri McKinstry—a dentist, an academic, an Anishinaabekwe from Treaty 1 territory, and a proud member of Sagkeeng First Nation in Manitoba—was not a typical student. Rather, she turned out to be an exceptional one.

Though she was a strong student when she was a teenager, Dr. McKinstry dropped out of school to help care for her younger siblings. It was only after she met her husband and was expecting her first child that she began taking courses to complete her high school diploma. “I was very motivated because my husband and I wanted to provide opportunities for our children, opportunities that I didn’t have growing up,” Dr. McKinstry says.

When it was time to contemplate her career possibilities, Dr. McKinstry and her husband sat down and talked about what she most wanted to do. “I had to decide, where am I going and what am I going to do?” she says.



**Dr. McKinstry after receiving her Masters of Public Health in 2017.**

## Dental School in Manitoba

At the University of Manitoba (U of M), Dr. McKinstry qualified for a program that provided support for Indigenous students. “This program was my lifesaver,” Dr. McKinstry says. “It helped me navigate a system, the university, that was completely novel to me.”

When her daughter was in first grade, Dr. McKinstry was in her first year of dental school. “My daughter would tell me that I was in grade one of dentistry, so we were in the same situation,” she says. While in dental school, Dr. McKinstry focused on getting her work done while raising four children. “I felt very privileged to be there,” she says. “I was in disbelief sometimes that I was at university, especially in dentistry, because of my childhood and background.” She didn’t have time to socialize much, but she says her classmates were supportive.

Dr. Charles Lekic, who was the program director of pediatric dentistry at the U of M, became Dr. McKinstry’s mentor. “He was our class advisor and took care of all of us during those four years,” she says. “I think he tried to influence all of us to become pediatric dentists.” She planned to be a general



I was exploring what it meant to me to be First Nation. I wanted to know why my life as a child was so different from the lives of other Canadians.

dentist and insisted that she didn’t want to specialize. This decision was due, in part, to the time commitment it takes, but also because she perceived specialization as something that was out of her reach.

## Practising in First Nations Communities

After she earned her dental degree, Dr. McKinstry began practising dentistry with the First Nations and Inuit Health Branch (FNIHB) serving rural First Nations communities. Fortunately, Dr. McKinstry had family connections with some of the communities.

“I initially provided dental services to Koostatak/Fisher River, Kinonjeoshtegon/Jackhead and Hollow Water in 2005,” Dr. McKinstry says. “My biological paternal grandmother originated from Fisher River, and my grandfather’s family was originally registered with Peguis. While some of my family is still registered with Peguis, my dad, myself and my siblings are registered with Sagkeeng First Nation. My mom’s maternal and paternal side of the family is from the Bad Throat/Manigotagan area. Sadly, we don’t know much of the origins of her biological paternal family,” she says. “In addition to the original three communities, I picked up other First Nations communities over the years, but Fisher River and Jackhead are where I spent much of my dental career. They are amazing communities with beautiful people.”

For the first six years of her career, Dr. McKinstry would drive to and from the communities where she provided dental services each day so she could be home with her family in the evenings. Then for the last six years, she spent the week in the communities where she worked and came home on the weekends. She heard stories about people’s difficult experiences with the medical system and the oral health system. “Which, of course, I wanted to fix,” she says, “in whatever way I could.”

## The Intersection of Settler and Indigenous Cultures

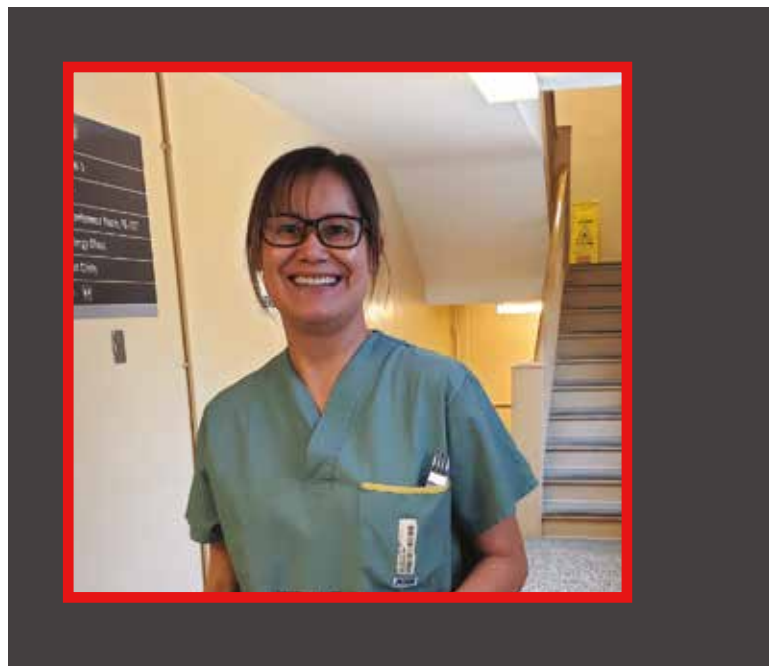
After working in the communities for seven years, in 2012, Dr. McKinstry began a part-time BA degree with a major in native studies and minor in sociology. “I was exploring what it meant to me to be First Nation,” she says. “I wanted to know why my life as a child was so different from the lives of other Canadians.” As well, she had questions about the impact that she was having in the communities where she worked. When she started out, she wanted to contribute to positive oral health changes in the lives of her patients, but, over the course of several years, she felt that she was failing the communities.

“I wondered why I couldn’t make a difference in the community. I was still referring children off-site for surgery at hospitals,” Dr. McKinstry says. When she had the opportunity to complete a masters in public health specifically focused on Indigenous Peoples Health at the University of Victoria, (UVic) she took it, and put the BA on hold. “It was less part of my educational journey than my personal one,” she says. “Indigenous history in Canada was one of the biggest lessons that I needed to learn. My father was involved in a residential school, but he never talked about it. I feel that his and his siblings’ experience in the residential school system had a huge impact on my childhood, and contributed to the lack of opportunities that my family had, especially after my grandfather served in the army during WWII.”

During her time at UVic, where she did research on cultural safety and reconciliation in dentistry, Dr. McKinstry began to feel more strongly that the most effective way for her to help Indigenous communities was to work with children. “I’d always loved interacting with children anyway, it was where my heart always was,” she says. When Dr. Lekic suggested that she attend the masters in pediatric dentistry at the U of M, as he did every year, Dr. McKinstry said yes in 2017.

Dr. McKinstry’s thesis was related to the oral health experience of First Nations children requiring treatment under general anesthesia for early childhood caries. “My research was founded on qualitative research, specifically grounded theory. It happened to be the first qualitative research study to be successfully completed for the Master of Dentistry pediatric program at the U of M, thanks to my supervisors, Dr. Andrew Hatala and Dr. Robert Schroth,” she says. “And in many ways it validated what we already knew from existing research, and from working in communities for 12 years.”

The study’s findings were that there were many access to care issues in First Nations communities in Manitoba. For example



**Stepping out of the clinic at the University of Manitoba.**

there was no dentist available in the community, or the dentist was too busy to see everyone that needed to be seen during their short time in the community. It also found that access to oral hygiene aids was a barrier to oral health because toothpaste and toothbrushes were expensive or difficult to obtain. Dr. McKinstry says that she asked about fluoridated water as part of her research. “And then later, I realized that some of the families I was interviewing had water delivered to their homes and stored in cisterns or kept water in buckets,” she says. “Further research revealed that some of the communities in Manitoba can go for days or weeks without water. Lack of fluoridation was the least of their concerns.”

Importantly, her research findings touched on Indigenous-specific racism in dentistry in Canada. “This is relevant in contemporary Canadian health care, as professionals, we have come to learn following the tragic death of Joyce Echaquan that Indigenous-specific racism is embedded in all aspects of health care from Canada’s deep roots of colonialism,” Dr. McKinstry says. Echaquan, a member of the





**Dr. McKinstry was given the Anishinaabe name *Wabishki mitadim ojichidaa ikwe*, which can be translated as White Horse Warrior Woman.**

Atikamekw Nation, died in 2020 at a hospital in Quebec, but not before she had recorded footage of hospital staff making racist remarks towards her. After an inquiry, the Quebec Coroner concluded that racism and prejudice were contributing factors to Echaquan's death.

### **The Role of Protector**

Dr. McKinstry took on an academic position teaching and doing research into oral health and public policy, as well as clinical subjects, at the University of Saskatchewan, which she did for almost two years before parting from the university setting. In her position as a professor, her goals were the same as they've always been. She wants to use her knowledge and expertise to benefit First Nations children and communities.



I realized that some of the families I was interviewing had water delivered to their homes and stored in cisterns or kept water in buckets. Lack of fluoridation was the least of their concerns.

Dr. McKinstry's children have grown into young adults. "I worried at times that my obvious struggles throughout my academic journey would discourage my children from higher education," she says. "This worry was put at ease as my children went on to complete programs in college and university. In fact, my daughter is currently in a Masters of Public Health program."

In 2021, Dr. McKinstry and Natasha Newman founded the Indigenous Dental Association of Canada to improve Indigenous oral health with the support of Indigenous and non-Indigenous oral health providers, while respecting traditional ways of knowing.

Back in the late 1990s, Dr. McKinstry learned her traditional Indigenous name, *Wabishki mitadim ojichidaa ikwe*, which means White Horse Warrior Woman, during a ceremony with Elder Jules Lavallee at Red Willow Lodge. "Receiving my traditional name is something I had been longing for without knowing it. We had lost our culture," she says. "When my name and the responsibility that came with my name was told to me in ceremony, everyone gasped. It was explained that my name came with the responsibility to protect those who needed to be protected," she says. "It is a huge responsibility, and it is a responsibility that I take quite seriously." ♦



## Indigenous Dental Association of Canada

The Indigenous Dental Association of Canada (IDAC) brings together the Indigenous dental community to support its vision of reconciliation. It provides Indigenous dental professionals with a community through which they can share resources, knowledge and experiences, while supporting approaches to oral health rooted in traditional ways of knowing.

The association's *Indigenous Oral Health Knowledge Transfer Project* will create tools and resources for communities to improve oral health. It will include a multimedia project to raise awareness about oral health care and services in Indigenous communities. As well, it will bridge cultural understanding and combat racial biases in oral health care.

"Importantly, while IDAC endeavours to support oral health providers, researchers, and affiliates to move forward on our reconciliation journey, our priority is to create a culturally safe community

for Indigenous oral health providers, Indigenous students interested in the oral health profession, and Indigenous communities," says Dr. McKinstry.

IDAC's work contributes to safer, culturally-informed dental services for Indigenous Peoples, while also creating a network of Indigenous dental professionals from across the country. A \$1 million grant from Indigenous Services Canada is supporting IDAC's work for the next two years. In Budget 2021, the Government of Canada committed to take action to foster health systems free from racism and discrimination where Indigenous Peoples are respected and safe.

"This is part of the larger work that must be done to ensure that Indigenous Peoples have access to safe and culturally sensitive health care, free from racism and discrimination," says the Honourable Patty Hajdu, minister of Indigenous Services Canada. "I commend the work and advocacy that lead to the creation of IDAC, and I look forward to following the progress ahead."



Learn more about the Indigenous Dental Association of Canada at: [www.idac.agency](http://www.idac.agency)



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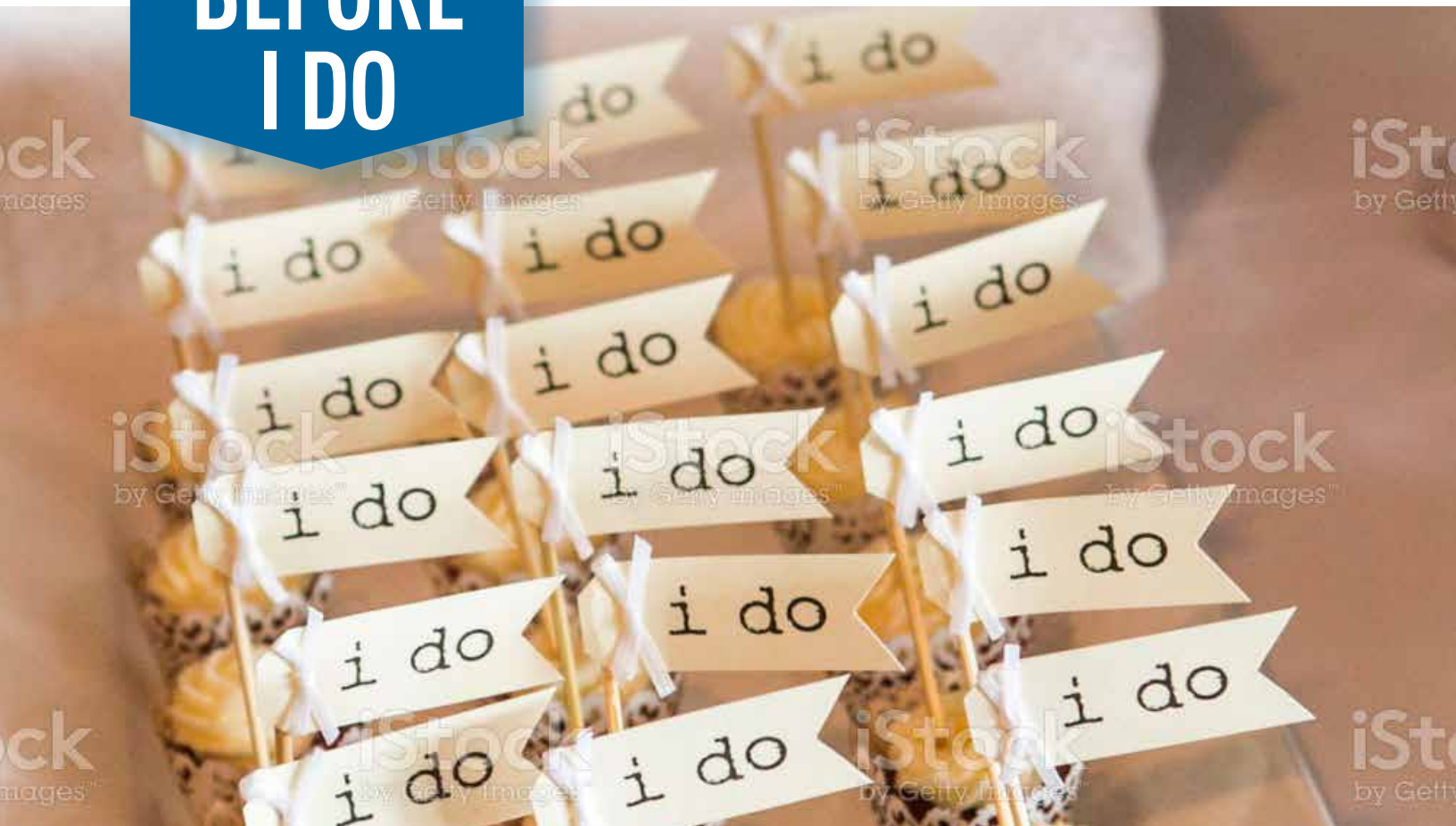


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# BEFORE I DO



## BY CDSPI

Everyone has different approaches about how to deal with money and finances. As you prepare to get married, one of the most important conversations for couples is about your financial goals and ambitions. There's no denying that money is an emotional subject but having open and frank discussions about finances can save a lot of headaches in the future.

A national survey on behalf of the Financial Planning Standards Council (FPSC) has found that couples that share details about their personal finances argue significantly less about money than those who are less transparent (30% vs. 58%).<sup>2</sup>

You may feel comfortable asking your partner when you're dating about ex-girlfriends, ex-boyfriends, family secrets or the decision to have children, but talking about money can still feel like an uncomfortable topic — especially if one of you has significant debt or if you have different attitudes about spending.

However, this isn't just a conversation about money and budgeting, but a discussion about goals, values, and dreams for the future and specifically the role that finances play in achieving them.

### Prenuptial Agreements

Couples getting ready to marry rarely want to consider the end of their marriage. But even though divorce rates have fallen in recent years, it remains a fact that 40% of marriages in Canada will end in divorce.<sup>1</sup> A prenuptial agreement is one way to have an open discussion and help ease potential legal and emotional difficulties while helping protect both parties from costly legal fees.

A prenuptial agreement is no longer just something for the rich and famous. Put simply, it is a contract prior to marriage that outlines property and financial rights of each spouse in the event of marriage breakdown. In Canada, prenups are

more commonly referred to as “domestic contracts” or “marriage contracts” in law but common parlance has adopted “prenuptial” or “prenup” into everyday usage.

As society and gender roles have evolved, it is normal for both parties to have their own careers, assets, and debt prior to marriage, so it is easy to see why such agreements are gaining in popularity--although only 8% of couples choose this route to protect their assets.<sup>2</sup>

You might want to consider a prenuptial agreement if:

- You or your partner own a practice.
- You or your partner are entering the marriage with debt.
- You or your partner have children from a previous relationship.

- You want to protect certain assets in case of a divorce.
- You expect to come into an inheritance.

It is important to remember that a Prenuptial Agreement in Canada can be set aside by a judge if it is in violation of provincial or family laws in your province of residence so it's important for both parties to seek out independent legal advice when drafting or signing a prenuptial agreement.

## Marriage

The best time to meet with a CERTIFIED FINANCIAL PLANNER® professional is even before you hire your wedding planner. Like a good marriage, a relationship with a financial planner should be built on trust and understanding of your life and career aspirations.

Marriage is an exciting life milestone and it's the perfect time to reach out to a financial planner to help you chart a path that is customized to your unique financial situation while considering all aspects of your changing finances from the day you marry and throughout your life together, including:

- Deciding on shared financial goals
- Paying off debt
- Buying a home
- Buying a dental practice

- Planning for your children's education and activities

- Planning a comfortable retirement lifestyle

- Protecting your family in the event of disability, critical illness, or death

- Estate Planning (Leaving an inheritance, but also if receiving one)

Marriage is also an opportunity to consider updating the beneficiary on your RRSPs, TFSA, life insurance, pensions, and other accounts to your new spouse. Naming a spouse as beneficiary will help minimize taxes and in certain situations make the funds available more quickly to your spouse by having the assets bypass the estate and probate and flow directly to your named beneficiary.

## Your Will

Like updating your beneficiary, any major life change should prompt you to think about whether your will is meeting your current needs. An Angus Reid Institute poll in 2018 found that half of Canadians (51%) said they had no last will and testament in place, while only one-third (35%) say they had one that is up-to-date. In other words, half of Canadians will have no say in what happens to their assets should they die.<sup>3</sup>

When it comes to your will, two especially important life changes are marriage and divorce. If you have never drafted a will, marriage is the perfect opportunity to do so!

When you get married your existing will is generally revoked and becomes invalid. However, under the new rules that came into effect in Ontario this year, marriage occurring on or after January 1, 2022, does not revoke an existing will and a will made before marriage will continue to be valid.<sup>4</sup> The laws across Canada vary and not every province deals with how marriage affects wills the same way, so to avoid difficulties, it is best to speak to a lawyer to draft a new will and revoke earlier ones upon marriage, or when deciding to live in a common-law relationship.

There are a lot of decisions to be made once you decide to marry and not just on the venue, the flowers, and the guest list. So, before you say "I Do" take the time to consider your options so you start your life together with a strong financial foundation.

<sup>1</sup> <https://www.merchantlaw.com/canadian-divorce-statistics/>

<sup>2</sup> <https://www.financialplanningforcanadians.ca/financial-planning/relationships-with-shared-finances>

<sup>3</sup> <https://angusreid.org/wp-content/uploads/2018/01/2018.01.22-Will-1.pdf>

<sup>4</sup> <https://www.blaney.com/articles/important-estate-planning-changes-effective-january-1-2022>



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Kristin Cuthbert - SISTER LIVINIA  
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The musical is fast paced and filled with campy, cheesy, musical theatre fun, but it isn’t without its dramatic moments either, highlighting Aragon’s ability to write and compose both comedy and drama. The story centers around a group of greedy American theme park developers who travel to Romania to negotiate plans for “Dracula Land” with a Transylvania landholder named Vlad. Singing, dancing, and bloodletting ensue.

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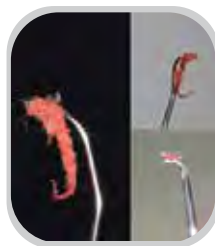
**Dr. Hoda Hosseini**

DMD, MDent (Perio), FRCD(C)

## ...String flossing could be damaging to peri-implant health?

As practitioners, and the guardians of oral health, we endorse dental floss as one of the optimal tools for interproximal plaque control. In all fairness, this simple tool has been our trusted ally in the war against decay and gum disease. Little did we know that when it comes to peri-implant maintenance, string floss is not our friend and may even be our enemy! Depending on the anatomy of the subgingival components, there is a likelihood of floss shredding and leaving behind remnants that are trapped in the peri-implant sulcus. These remnants of floss fibres have the ability to promote biofilm accumulation and retention. This in turn leads to peri-implant inflammation and ultimately even bone loss.

Here is a case of a 45 year old male who was referred to our practice for treatment of peri-implantitis. He had received 4 maxillary implants 10 years ago as a replacement option for congenitally missing teeth. The patient had impeccable oral hygiene and reported flossing every night without fail. Bone loss and floss remnants were found around each one of his implants. In conclusion, application of dental string floss in daily oral hygiene practices in patients with dental implants may present a risk for "ligature induced peri-implantitis". Water flossers should be considered as a preferred modality for interproximal plaque control around implants.



For more information about this topic and the November 25th course, please visit the web OR scan the QR code using your phone's camera


[clearcareperio.com/peri-implant-and-periodontal-maintenance](http://clearcareperio.com/peri-implant-and-periodontal-maintenance)



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## KEYNOTE SPEAKER – KEVIN LAMOUREUX

### The Gifts of the Truth and Reconciliation Commission

Kevin's talks are thought-provoking discussions about how the recommendations of the Truth and Reconciliation Commission are gifts to a future path forward. He explores the recommendations with his audiences by sharing personal stories and asking challenging questions. The topic is difficult, but he delivers his message in a way that brings hope to his audiences.

## Speakers Include:

Brad Joseph  
Bre Calma  
Dr. Charlene Solomon  
Dr. Gary Klasser  
Dr. Gordon Levin  
Dr. Ian Raskin  
Dr. Jeff Hein  
Dr. Jeremy Kurtz  
Dr. Jerry Teplitz  
Dr. John Tsourounakis  
Dr. Jose Viquez

Dr. Kristin Yont  
Dr. Nita Mazurat  
Dr. Parul Dua Makkar  
Dr. Sanjukta Mohanta  
Dr. Reid V. Pullen  
Dr. Rita Bauer  
Dr. Sara Behmanesh  
Dr. Sheena Sood  
Dr. Shelley Anderson  
Shannon Gander  
Sara Philobbos

Michael Tyler  
Dr. Kristin Yont  
Dr. Shima Gharib  
Dr. Marshall Hoffer  
Lindsey Knutson Smith  
Dr. Roberta Krawat  
Corinne Latozke  
Dr. Mel McManus  
Dr. Ken Shek  
Dr. Siavash Hassanpour  
Dr. Warren Roberts

Gary Paige  
Julian Perez  
Kathleen Coutts  
Alex Zlatin  
Lucy Pavao  
Mike Delorme  
Lorraine Manson  
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# communicating with care

## The dentist-patient relationship

The first law of patient care is:  
**Patient Satisfaction =  
Perception – Expectations**

If your patient perceives care at a certain level but expected something more or different, then they will be dissatisfied. Both perception and expectation are states of mind and you need to consider these if you want to keep your patients happy.

In its most basic form, good patient care consists of listening to, understanding and responding to your patients needs.

While your oral health knowledge and clinical skills may be exceptional, few of us are taught the 'soft skills' of patient communication.





**While there are a multitude of patient needs – six basic needs stand out:**

**1 Friendliness**

Basic courtesy and politeness; being warm and caring

**2 Empathy**

The patient needs to know that the dentist appreciates their wants and circumstances and provides personal attention.

**3 Efficiency and punctuality**

The patient wants to feel they and their time are respected.

**4 Control**

The patient wants to feel that they are making the decision about their own oral health care.

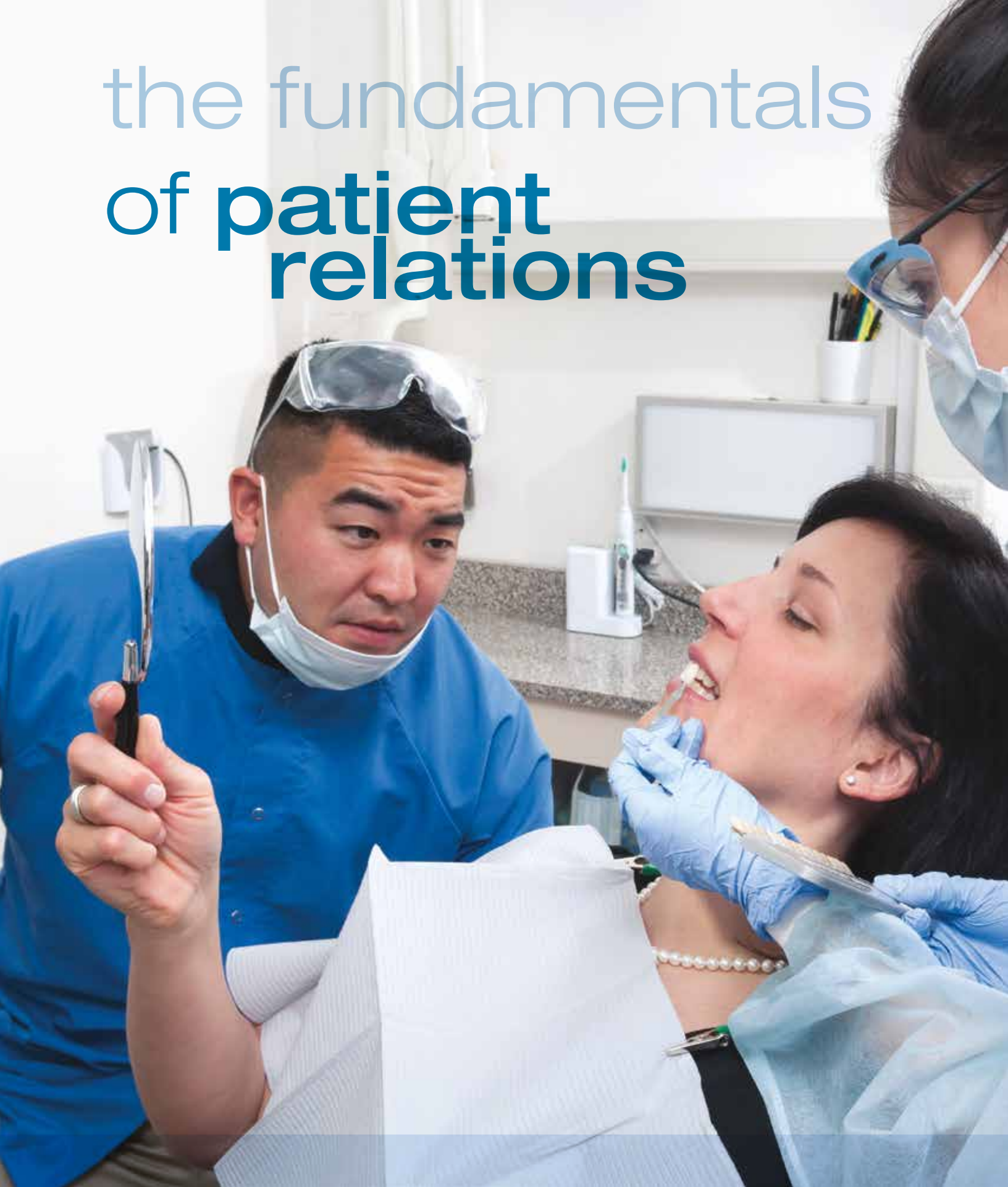
**5 Options and alternatives**


The patient wants to know what treatment options are available; clearly explaining the benefits and risks of all options thoroughly.

**6 Information**

The patient wants to know about fees and services but in a pertinent and time-sensitive manner.

# the fundamentals of **patient relations**





Patients want to be treated as individuals, not numbers. Here are a few rules of thumb for patient relations, which you and your staff should be mindful of:

- The patient is never an interruption to your work — the patient is your work. Everything else can wait.
- Even if you are delegating a task to a member of your staff, a casual “How are you feeling” gesture while your colleague does the work will comfort your patient.
- Never argue with a patient. The patient is always right (in their own eyes). Be a good listener, agree with your patient where you can, and do what you can to make them happy.
- Never make the first point of contact with your patient about finances. Discuss money matters at the appropriate time — only after treatment options have been determined and fully explained to the patient.

## **Portrait of the ‘ideal’ dentist from the patient’s perspective:**

### **Confident**

The dentist’s confidence gives me confidence.

### **Empathetic**

The dentist tries to understand what I am feeling and experiencing, and communicates that understanding to me.

### **Humane**

The dentist is caring, compassionate and kind.

### **Personal**

The dentist is interested in me, interacts with me, and remembers me as an individual.

### **Frank**

The dentist tells me what I need to know in plain language and in a forthright manner.

### **Respectful**

The dentist takes my input seriously and works with me.

### **Thorough**

The dentist is conscientious and persistent.

# SAVE THE DATE

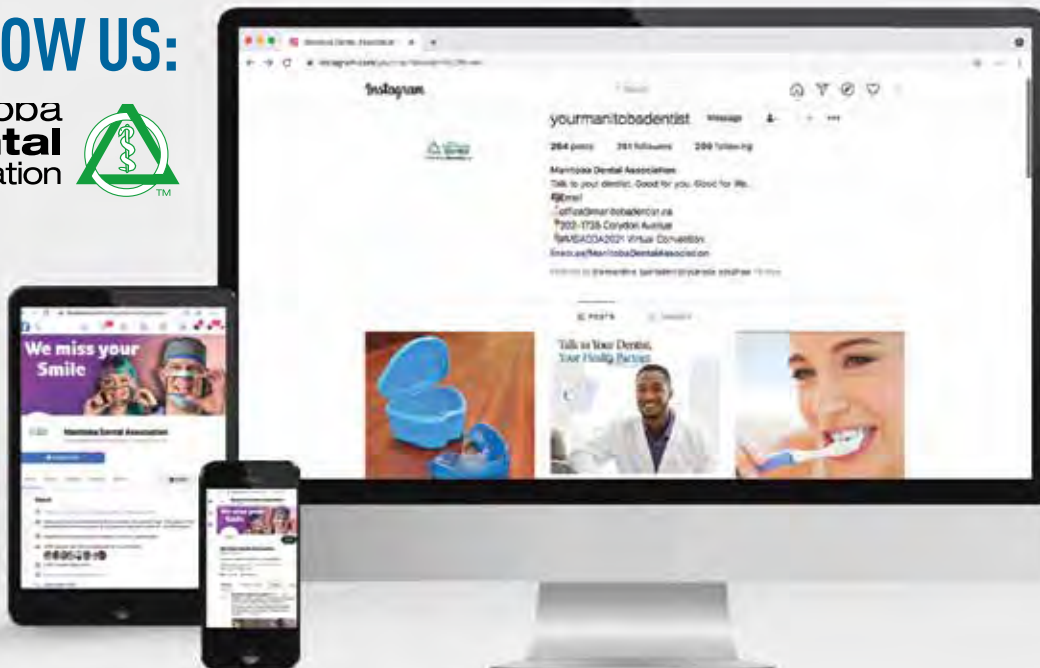
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**138TH ANNUAL CONVENTION**  
**APRIL 21ST & 22ND 2023**  
**RBC CONVENTION CENTRE**

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# OBITUARIES



## DR. MARCUS HUNZINGER

Dr. Marcus Hermann Walter Hunzinger, our husband, father, papa, uncle, son, brother, friend, teacher, dentist and inspiration to many people, passed away peacefully on February 5, 2023 with his family by his side. He had been

diagnosed with an extremely aggressive lymphoma just one year prior.

Marcus was born on May 19th, 1956 to newly immigrated Drs. Gisela and Werner Hunzinger, in Montréal, Québec. Soon after, Marcus, his two sisters and his parents settled in Winnipeg. The family had built memories through travel and camping, until the family fell in love with their favorite sanctuary, Shoal Lake, Ontario. Marcus led a life of devoted service, to his family, to his profession, to his faith and to the community.

He will be lovingly remembered by his cherished wife of forty years, Catharine Nan Hunzinger (Steel); his treasured children, Erika Gisela Hunzinger, Dr. Vanessa Hilary Margaret Hunzinger (Frazer McLaren), Evan Marcus Hunzinger (Rhianne Hallows); and his two sisters Verena Hunzinger (Glen Kruck) and Dr. Bettina Veronneau. He was lovingly referred to as “Papa” by his two grandchildren Axel and Kit McLaren.

Marcus had many accomplishments for which he was very humble. He was a revered dentist of over forty years who

was committed to his patients, many of which he considered good friends. He established his own practice in Winnipeg which demonstrated his excellence, compassion, integrity, and commitment to the profession. In his later years, he became a part-time instructor at his alma mater, University of Manitoba Faculty of Dentistry. He was well-loved by students who respected him for his kindness, professionalism and practicality. His passion for dentistry lives on through his daughter, Vanessa, who he mentored throughout his career.

In his spare time, he focused on his family and improving the places that they loved. He was a fervent builder, fixer and designer of their beautiful home and cottage as well as an avid car enthusiast. At home, he loved to sit and listen to music, especially played on the piano by his daughter Erika, or with his intricate and powerful sound system he built in the basement. Working with his hands, he also enjoyed building model cars, repairing his own vehicles, and passing on practical skills to his son, Evan, with whom he continued to build Lego until his very last days. With his wife and best friend, Cathy, he enjoyed going to concerts, spending time with their friends, and just enjoying each other in everyday activities. He brought her coffee every morning, even as his health declined, and loved to surprise her, including leaving a handwritten love letter that was found hidden in his belongings at the hospital.

All will remember Marcus for his generous spirit and love of life. He took every opportunity to make even simple moments special. He had a deep curiosity for how things work, and getting to know other people. One of his greatest attributes was his ability to make anyone feel important, valued and unique. In this way, he was loved by all.



## JERRY BOYKO

With heavy hearts, we announce the passing of our beloved father on February 10, 2023, at 83.

Jerry will be remembered fondly by his sons, Dan (Colleen) Boyko, Tom (Kimberly) Boyko,

and Ty Boyko, as well as eight loving grandchildren and one great-grandchild. Jerry was predeceased by his beautiful bride of 56 years, Patty, in 2018.

We will hold an open memorial service on Friday, March 3 at 11:30 a.m. at the Neil Bardal Funeral Centre, 3030 Notre Dame Ave., Winnipeg, MB. A private interment will take place in St. Vital Cemetery.

In lieu of flowers, if so desired, donations may be made to the Wildlife Haven Rehabilitation Centre.



Join us!

Tuesday, June 20th, 2023  
Southwood Golf and Country Club  
Shotgun Start 1:00 PM  
Texas Scramble "Best Ball" format

WDS Members - \$150

Non-WDS Members \$185

Contact - Dr. Rose Dhillon:

[wdsevents@manitobadentist.ca](mailto:wdsevents@manitobadentist.ca)

Let us know who you prefer to golf with when registering  
and we will do our best to pair you up!

**RULES:**

- 1. Have Fun**
- 2. No golf experience required**
- 3. See #1**

## SAVE THE DATE

### 2023 Elkhorn Retreat & Western Manitoba Den- tal Society Retreat and Golf weekend



The GPSC is pleased to present an Elkhorn Resort CE Weekend and the opportunity to take part in the Annual WMDS Golf Tournament in support of the Manitoba Dental Foundation.

**Date and Events for 2023:**

**Thursday, September 14th** – GPSC evening arrival date and Welcome Fire

**Friday, September 15th** – All Day GPSC Lectures & Friday Dinner and Social evening for GPSC and WMDS Golfers

**Saturday, September 16th** – Golf Tournament & Spa Day for the non-golfers followed by a wrap up CE, Dinner and MDA Social evening.

**Sunday, September 17th** – Bike Tour morning and departure day.

Registration & Accommodations – watch for future updates that will include details for accommodations, CE lectures & GPSC events & Golf tournament registration.





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