Cancer Assist Podcast — Understanding Insurance Coverage

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**SPEAKERS**

Dr. Bill Evans, Narrator, Linda Papadopoulos

**Narrator** 00:00

You're listening to the cancers this podcast hosted by Dr. Bill Evans and brought to you by the cancer Assistance Program. Wherever you are, in your experience, we're here to provide help and hope as you navigate cancer prevention, treatment and care. Help when you really need.

**Dr. Bill Evans** 00:22

A welcome to the cancer assist podcast. I'm your host, Dr. Bill Evans. Today we're going to be talking with Linda Papadopoulos who's the vice president of Gallagher insurance. She's a senior insurance advisor who we've asked to come and talk about insurance, specifically health insurance, but long term and short term and disability other types of insurance. It's not something we've ever talked about on this podcast before but we thought this was an important topic because I think a lot of individuals are under the illusion certainly living in Canada that all health care costs are covered. But just before we start our conversation with Linda, I'd like to just remind our listeners that the cancer systems podcast is brought to you by the cancer Assistance Program, which is based here in Hamilton, Ontario. The cancer Assistance Program provides a variety of free services to cancer patients, including free rides, equipment, loans, nutritional and incontinence supplies, amongst a number of other supports for cancer patients. And these podcasts are made possible by generous donations from individuals in the Hamilton community, with the hope that by learning more about cancer and its causes and current best treatment approaches, as well as the supports and insurances of support, we need to know about these things. So that if we face the challenge of dealing with cancer, maybe be a little better informed and maybe make that journey a little easier. So welcome, Linda, to the podcast. As I said in the intro, this is a new topic for us to address in a podcast. And maybe we've been derelict in our duties and not talking about it sooner. But it was raised with us. And I think for good reason. Many, many Canadians, until they're actually ill don't have an appreciation of the importance of having health insurance, they may have got car insurance and home insurance and life insurance but may not be aware of what's covered not covered by our health care system. In the universal health care system in Canada, of course, what is covered are hospital visits and doctor visits and things that take place in the hospital. But things that take place outside of the hospital vary a bit across the country. And maybe that's a good jumping off point for us to talk a bit about that. And your observations on maybe where people get surprised the things that they find that they might have thought their insurance would cover. And you have to tell them No, that isn't something that the publicly funded healthcare system pays for.

**Linda Papadopoulos** 02:54

Yes, well, thank you very much for this opportunity. This is new to me to the topic of cancer relatively new. Although I've been in the insurance industry for almost 40 years, cancer was not a household name for me up until a few years ago. And coincidentally through having two parents diagnosed with cancer. I started to navigate through the Ontario health system and realized you know how important it was to be informed and to have the support services such as cap that is sponsoring this podcast today. One thing I'd like to mention is that I'm a general insurance advisor slash broker slash Risk Manager and certainly not a not a specialist in in in this area. However, I am surrounded by colleagues and resources support resources within my organization of AJ Gallagher insurance and risk management. So if there are any specific questions that I can't answer or information that I don't have readily available, certainly be able to retrieve that for you. And it is important to understand that a diagnosis of cancer is certainly a shock to everyone. However, it may not necessarily be you know, the end all of our existence, there are there are opportunities and options available to deal with it both from a rehabilitation standpoint and from supporting other family members. But to get on the topic of insurance, I do want to talk about the different lines of coverage. And then how this is integrated within what we have available from our Ontario health care system and any other systems that may be available across the country in the US and maybe even abroad. You know I've often been asked you know, how is automobile insurance affected if someone has cancer and really automobile insurance if you as the individual with the cancer die? Psygnosis still retain a valid driver's license, then your auto insurance is not affected in any way. It's if and when a doctor decides that it is unsafe for you as as the patient to drive or to continue driving, at least until a treatment has been fully implemented, and perhaps your cancer free are able to be monitored a little bit closer, you are okay to drive. So

**Dr. Bill Evans** 05:27

important to recognize the most obvious things that doctors might be concerned about and take your license away, so to speak, as anything is interfering with your cognitive function replaces you at risk of having a seizure. But I think it's also an element of judgment. If you're, you know, getting debilitated by your cancer and fatigued and you recognize you're just not as sharp as your doctor may not be in contact with you all that much. You should exercise some real judgment here. Or maybe your family members need to exercise some judgment to say it's really not, they're not comfortable with the driving, and you should recognize that and a loss of independence, I think is what really upsets people. But gosh, you sure don't want to get into a serious accident when you're also fighting with cancer. So there's a word of caution out there to people listening, that insurance isn't going to protect you if you foolishly go out and drive when you're really under the effects of the treatment and the illness. So it's just take care. So that's an important issue for people to be aware of. And I'm glad you brought that up as a first issue. Because you know, whether it has an effect on your insurance, I suppose if you've had your license taken away, and then you go and drive, your insurance is not going to cover you right

**Linda Papadopoulos** 06:41

now. That's correct. That's correct. So it's very important to understand the implications. And also, if you do have a family member or someone else that you assigned to drive on your behalf that they as well are adequately qualified, licensed to drive. You don't want a 16 year old with a temporary license. Yes, I know. Just one

**Dr. Bill Evans** 07:06

of my grandchildren is just there with a 16 year old license. So yeah, yeah, that's that's important to know.

**Linda Papadopoulos** 07:13

The other coverage is homeowners or tenants insurance and you know, homeowners or tenants insurance covers your property, your home, your contents and your personal liability. And sometimes, depending on a person's condition, there are renovations made in the home, maybe a an accessible washroom is put in or staircases or doorways entrance ways, and those can add up substantially with respect to cost. At the same time, they also value they also add or increase the value of your home. So you should be aware that if you're making any sizable or significant expenditures in your home, that those expenditures, those costs are reflected or adequately protected under your total insured values. And that's just another thing to

**Dr. Bill Evans** 08:08

dressing. Not one of the things I would have thought of, but when you mentioned it makes perfect sense, doesn't it? If you're making your home more accessible. In the future, someone else who may have similar needs will see your home preferentially over a home that doesn't have that kind of access, and it's increased the value of the home. Definitely

**Linda Papadopoulos** 08:30

travel insurance, if I may speak about travel insurance. And that's another area that even for some of us that don't have a cancer diagnosis, but maybe have other underlying medical conditions. Always be aware of the fine print. If you're planning to travel, whether it's for one week or two weeks to a sunny destination or a different destination outside of province, look into travel insurance, but also look into what exclusions pertain to the different types of medical conditions or underlying medical conditions. Certainly someone who is undergoing therapy is a little bit it's a little bit more of a challenge to obtain travel insurance than someone that maybe has finished their therapy and is in a state of stability or remission for a prolonged period of time. The important thing is to when you're booking and or making any travel plans to discuss the travel insurance with the appropriate person. And typically a telephone interview will be required and to disclose, you know all the information that applies to your to your condition at the moment because you don't want to be in a situation where you're in, you know, in Florida or in the Caribbean and there's a relapse or there's an emergency and you realize that your travel insurance is null and void and it

**Dr. Bill Evans** 09:56

will certainly occur if you didn't disclose the condition. No, I guess that's the width, people are probably tempted at times to not want to tell about having recently received some form of treatment and wouldn't have to be for cancer could be for a lot of different things. But by not disclosing if something does happen related to it, then you're not going to get coverage. And if you end up in the US somewhere commonly talked about Florida, or snowbirds from this part of the country, the the expensive care there can be quite shocking and really set you back if you do need medical care and in, in the United States, because their health care system is quite different. And, and it is expensive. So you want to be totally honest, when you complete the insurance forms for travel, and fully disclose if you do have some conditions that may cost you more, but you'd better to have that coverage than then take the risk. I guess that that's

**Linda Papadopoulos** 10:55

correct. So to go to the main topic of discussion for today, which is, you know, general health insurance, like you said, when you're hospitalized and receiving treatment in hospital, our current Oh, hip or universal plan that we have here in the province does cover any type of treatment and medications, unless you know they're leading edge or they're brand new or something out of the norm that is available, but certainly not something that is regularly prescribed or carried out within the hospital environment. It's when you when you're at home and outside of the hospital environment, you know what costs are there that can be or should be or would be covered by insurance. You know, one of the things we look at is if if the individual that is the cast cancer patient is employed through an employer that carries some form of benefits or disability insurance, most likely there will be some coverage there. For for the individual. You don't disclose your condition unless you're making or filing a claim, you know, for medications that are not covered under Oh hip for medications that or services, therapeutic services or equipment that you now have to rent or purchase, and you want to be reimbursed for. So once you make the claim, that's when your disability insurer or through your employer for those that who are employed, will make that contact with you and request further information to to assess the situation and your condition. I have not heard of an employer sponsored program that cancels or refuses an employee who is on disability or eligible for benefits. If there are cancer, if there's a cancer diagnosis, there are situations where sometimes certain medications or drugs that are not generic may not be covered. And you may need to seek approval if you want to take those brand names, vacations, but for the most part, if you're employed, and your employer does have a benefits or disability program, then you should be able to have most of your costs covered based on you know, the the plan that's in place by your employer. For those who are not covered by an employee, employer health plan, who are maybe self employed or retire, the cost can be very, very high. And there are insurance plans available. And it really depends on the stage of the cancer, the stage of the patient's medical condition. And also, you know, how much are you willing to pay as far as insurance but there are options available. And these are considered high risk options. So obviously, with high risk options, there's high risk costs involved. The important thing to note is if you're in that situation, if you're over the age of 65, where most employee benefits plans expire or make a significant change in the scope of coverage, or if you've retired then you really need to look at or you're planning to retire, you should look at what options are available for you, especially if there's a family history of cancer. Which brings me into another topic, which is genetic testing. I've been asked by some people and I even had the opportunity to do some genetic testing. I've kind of put it off for now, but certainly something in the back of my mind. I've been asked if you undergo genetic testing Do you and there is a risk factor identified for Cancer? Do you need to identify that or disclose that information to your insurance carrier? Whether you're applying for travel insurance, disability insurance, critical illness insurance, or through any employer backed insurance program that's available to you? And the answer is no. In fact, it's illegal in Canada, and in certain states of the United States, to use any genetic testing results in the assessment of the individual's application for health insurance.

**Dr. Bill Evans** 15:36

That's really good to know. Because I'm sure a lot of people are hesitant, feeling that if they tested positive for some genetic change, that predicted they had a higher risk for cancer, that they would have more difficulty getting insurance or have a much higher rate. So it's a protection for for them to be treated equitably in the system. So that's an really important point to underscore, maybe just a circle back a little bit, because we're talking a lot about cancer here. To clarify, again, just what things are covered, typically in our system, and those things that would fall outside that might require you to pick it up out of pocket, or through your insurance. So again, if you're in hospital, everything would be covered if you're in

**Linda Papadopoulos** 16:28

hospital in Ontario, in Ontario, so

**Dr. Bill Evans** 16:31

shimmy, or Canada, I mean, say we've got a Canada Health Act, it does cover things in hospital, and doctors fees. There's been some changes, though, that have shifted a bit the potential burden of cancer care, because I don't know maybe a decade and a half ago, we started getting more oral medications. And so we've seen this sort of sea change away from just chemotherapy, all intravenous in the hospital, towards a lot more medications that are taken by mouth, so you can take them at home and go and fill them at the local pharmacy. Well, those when you have them filled that way may or may not be covered by the provincial insurance programs. And it's really interesting, the inequities we have in Canada, sad to say, because if you live in Manitoba, or further west, all those provinces will cover all those oral cancer drugs in Ontario, and East provinces, will cover them, if you're over 65 are on long term disability, or there are mechanisms if you're on social assistance, to have coverage. But if you're the unfortunate, I don't know 50 year old man with prostate cancer, who needs to take certain oral medications for your prostate cancer, you're in trouble. Those are expensive drugs, and the publicly funded health care system doesn't cover it. And you know, I don't know how you plan for this in your life, because you don't know whether you're gonna get prostate cancer, breast cancer earlier and then 65 and might require these things. But it does underscore the need to be thinking about medical insurance, not just insurance for your car, your house. And those things that we think of more commonly. And and so how does one go about the process of dealing with this? You mentioned earlier, your the company you work in has a spectrum of, of insurance advisors. So would you would you advise people to go in have a conversation about medical insurance and what might be reasonable coverage if they're sort of not working in a business that's providing them health benefits? You know, you're an entrepreneur and you have your own company? Should you be going and seeing someone about medical insurance in case you get cancer or have cardiac problems or other medical problems? Oh, yeah, the age of 65? Yes, most

**Linda Papadopoulos** 19:07

definitely. In fact, I was approached, this is how I ended up in the insurance business when I was 21, by someone who was selling encyclopedias at the time, and some of your listeners may remember those encyclopedias kind of dating myself now, but also life insurance. The individual was also licensed to sell life insurance and I looked at myself and I'm only 21 I'm healthy as a horse. Why would I even consider life insurance and I wasn't employed at the time I was looking for a job. I just graduated from university looking for a job. And you know, I bought a $25,000 life insurance policy at the time. This was 40 years ago. And so start start early. You know, as a young professional, certainly if you're going into business or starting your own business, you know, you're looking at inch During your your business for its contents and for your assets, that's a good time to also have a conversation about life insurance, medical insurance, it can be very costly when you're self employed. But it's a start. And it's, it's a start to, to have that those discussions, when we're younger, we'd feel invincible, and we don't think it's going to happen to us just like me. You know, cancer, the cancer genes, not in my family, no one in my family has had cancer. And then lo and behold, within five years, you know, both parents diagnosed with different kinds of cancers. So it can happen to the best of us, the important thing is to start early, whether it's when you're starting out in your career as a young professional, or being employed or starting a family, most of us tend to put things off but once but once we get married, or have a spouse or a partner and the children start coming, that's when we kind of think about, okay, what can happen to our family to our to those people that rely on us, and how can I not be a financial burden to them. So it's important that we start early. Certainly, that's not to say if you have a medical condition that arises that there is there are no options, there are options, but it's much harder, at that time, and much more costlier to procure any type of insurance. So start early, talk to the people that are selling you house insurance or car insurance. Most insurance advisors, brokers, especially if you're dealing with professional brokers do have the resources and the connections to to provide you with those contacts, is

**Dr. Bill Evans** 21:48

really excellent advice and an important message for everybody here. And particularly, I guess, a lot of people who may be listening who are caregivers to cancer patients, because they probably haven't thought about some of these issues. Because they're younger, as you're saying, and you should be thinking about insurance at an earlier time. We're going to take a brief break and come back in a moment after hearing a message from the cancer assistance program. We'll be right back.

**Narrator** 22:13

We'd like to take a moment to thank our generous supporters. The Hutton Family Fund and Banco creative studio who make the cancer says podcast possible. The cancer Assistance Program is as busy as ever, providing essential support to patients and their families. We remain committed to providing free services for patients in our community, including transportation and equipment loans, personal care and comfort items, parking and practical education. These services are made possible by the generosity of our donors through one time gifts, monthly donations, third party fundraising, corporate sponsorships, and volunteer opportunities. Visit cancer assists.ca to see how you can make a difference in the lives of cancer patients and their families.

**Dr. Bill Evans** 22:58

We're back talking about insurance with Linda Papadopoulos, Vice President at Gallagher insurance. And we've already heard some really important messages. And I'm hopeful that it's stimulating our listeners to think about their medical insurance needs. You know, it's certainly been drawn to my attention that there are a lot of costs that can be incurred after a cancer diagnosis that are not covered by the public funded healthcare system. In a prior podcast, which listeners may want to go and find in our library at the Cancer Assistance Program, we did talk to Dr. Chris Longo, who's a health economist and McMaster University. And He underscored how much the out of pocket costs have gone up, I think from 2003 to about 2019. They got up over 130% and costing in excess of $2,000 a month, which I don't think most of us would anticipate and we got sick, we'd have to be forking out $2,000 a month for various things that supported our cancer care. And these things can run the gamut of assistive devices, but medications that aren't covered supportive care, medications, pain medications, travel to and from the Cancer Center parking, meals, lost income cost to caregivers and so on. You add it all up, it can be pretty expensive proposition now insurance isn't going to cover all of that. But there are certain things that insurance will cover and I guess that's one of the things I'd like to have a better understanding of, and I hope our listeners to what sorts of things that the public system doesn't cover but getting medical insurance would cover to reduce the burden on our families. Should we get sick with a cancer? Yes,

**Linda Papadopoulos** 24:48

well, firstly, with respect to medication, any medications that are prescribed outside of the hospital environment would be covered under a health insurance program. That's not to say About 100% are covered. Typically there's a an 80 or 90%. Co payment. In other words, the patient is responsible for 10 or 20%. It really all depends on the carrier. The other thing that's important with medications is most plans will cover or all plans do cover generic brand medications. But if there's a brand name medication, it may or may not be covered under the drug plan, the medical plan,

**Dr. Bill Evans** 25:29

or may be placed on a higher tier so to speak, so that your copay will be larger, right. And this is very relevant for a lot of newer medications, because the new medications are often what we call biologics. And as they've come out, and then their patents have expired than they've been so called biosimilar. So a very similar almost identical product is made, but it's much cheaper and provincial funding programs, really much prefer to pay for the less expensive biosimilars and faster for are basically forcing the issue that direction. But if you were on the original product and you wanted to continue on it, you could still get it. But if your insurer has it on their formulary, then you would be paying at a higher copay for that particular agent, as I understand it. And

**Linda Papadopoulos** 26:20

sometimes you may be asked to pay up front, the total cost of the medication. And that could be a cash flow challenge for most waiting to be reimbursed. Very

**Dr. Bill Evans** 26:34

good point there, because when we think of a lot of the new drugs, for cancer are coming in with prices between five and $10,000 a month, a month. So if you had to buy three months of medication upfront, that's a huge hit that most people would really have difficulty absorbing.

**Linda Papadopoulos** 26:54

Absolutely. The other part of coverage that private medical plan would would provide protection for is therapeutic devices. As you said, for example, colonoscopy patient will require ostomy supplies. And again, depending on the carrier, there could be a co payment attributed to those. And ostomy supplies are expensive here in Canada. Now.

**Dr. Bill Evans** 27:25

Just curious with all that stuff, the in the fine print of the insurance code. Yes. So So typical, very specific yet supply Yes,

**Linda Papadopoulos** 27:34

most most plans will identify the scope of coverage, for example, prosthetic devices, wheelchairs and any other apparatus or equipment they do identify there, you're usually provided with a menu of what's covered. And if there's also a cap or a limit on an annual basis that will also be identified or described in the in the menu of coverage. In addition to having a co payment. In other words, being responsible for a certain percentage of the costs, you may only be eligible for a set amount per year, for example, up to $500 a year for massage therapy by registered massage therapist. So there are there are prerequisites and requirements. And that's where it's important, again to discuss the scope and extent of coverage with a financial advisor with someone who is in the know. And not just looking at the cost. But also looking at what's covered under getting to getting exactly

**Dr. Bill Evans** 28:41

and also requires you to read the documents in detail, which I think most of us feel we have the time for and then maybe it's too late when we needed to find out that that wasn't covered in the text somewhere. But that's that's an important thing. Because obviously, you can get wide coverage but have to pay for it. And I suppose most of us don't want to pay too much. So we accept some middle ground or maybe we can't even afford the middle ground. But then you're not going to get as much coverage when when you might need it. So another

**Linda Papadopoulos** 29:14

important component to the coverage is support services, whether it's in home care services by PSWs or other types of support people including caregivers. So if a patient requires care in the home, and I know the you know we are we're trying as a society to keep everyone at home comfortable at home studies have said that if you're convalescing at home, you're probably better and quicker to recover than being in a hospital environment. But there are costs associated with that. So medical programs do provide for that type of support. Where it's not proven idea are available to the patient through you know, a Community Assistance Program or through the hospital or through the through Oh, hip. So if you need that extra care, you know, if you need a couple of hours at night to help you get ready for bed or in the morning, or meal preparations or housekeeping, these are some of the costs that sometimes we don't think about, because we do them ourselves. But once we're sick, you know, we have to hire someone to do them. And these are necessities of life. So those costs are also part of and can be part of a medical insurance private plan.

**Dr. Bill Evans** 30:39

I guess I'm struggling in my mind a bit because people tend to put these kinds of things off because they, they see it as an expense. And they're well, the moments and you said, Well, you should do these things early. But I imagine the vast majority people don't. And then he gets to be 5060, maybe they start to become aware that cancer is heart disease, pulmonary disease. And all those things happen as you get older, and I guess maybe my risk is going up, and maybe I should get protection. But then there's seems like there's a very wide menu of things that one might purchase through insurance. And I kind of like how other people can do that. And how do they sort it out? And think through with an advisor? What's appropriate, right? And

**Linda Papadopoulos** 31:31

you know, you're right on, you don't know what you don't know. Exactly right. And, and that's where a good insurance broker and insurance advisor can sit down. And this is their, this is their area of expertise. So they know what plans are available. And the important thing is to have those discussions. When I was 48, I fell and broke my leg. And unfortunately, I couldn't wait bear for three months. And you know, at that time, we had to put in a ramp, we had to get a special bed for myself, there were certain costs that I didn't even think about at the time. And luckily, I was employed and I had a plan that I didn't even know would cover, you know, a certain percentage of the ramp costs. Two years later, when we decided to build a house. And it was a custom built home. I talked to the builder and I said, I want wider hallways. Well, why do you want wider hallways. Because someday if I'm ever in a wheelchair, I want to be able to be able to move from one room to another. I want a washroom that has some degree of accessibility, I want you to put in a ramp on the side entrance. And I want to I don't want stairs in my home. And so because I had been in the situation of a couple years prior, I was made aware of you know, what could happen. But had I not been I probably wouldn't have, you know, even thought about, you know, wider hallways than than your typical building code standards, right? I mean, we're so highly inundated with information through the internet through social media, that that we ask the questions and have those discussions with professionals that are in the know, and can guide us accordingly. Well,

**Dr. Bill Evans** 33:22

I hope that's what this podcast is stimulating people to think about. Because I rather imagine that the vast majority of people listening and vast majority of people generally try to put off these sorts of thoughts and actions. Hopefully heightening awareness about these issues will stimulate a few people to go and find an advisor to talk about medical insurance, because there are really significant issues that can impact a family hugely. And it does depend a bit where you live in Canada or in the world, what kind of coverage you'll have. There were so many things about insurance I find kind of mysterious. I imagine that's the case for most people. Car Insurance seems simple in comparison to medical insurance, but I guess you've said it a number of times but having access to someone in the insurance industry who specialized in the medical area and sitting down have a conversation, particularly as you said early, especially relevant for people where there's predisposition in a family to certain illnesses of cancer is common or there's a genetic predisposition that may be known within the family as can occur with like types of breast cancers and example, that that was all the more relevant for those individuals to have those conversations early and probably for all of us. Is that a reasonable summary?

**Linda Papadopoulos** 34:49

Absolutely. Absolutely. You know, we're, we're living longer to but we're not necessarily living better. So that also is as an industry as an insurance industry. We've tried to keep up with the times. And certainly the plans are much more comprehensive in the scope of coverage than they ever have been. But they're still restrictions and limitations of coverage, especially with respect to you know, what stage of cancer the individual is in the age, whether they're employed or not, whether they're the main caregiver or not, whether you you know, you're planning to travel out of province or not, and you know, whether that coverage out of province is for a shorter period of time, once you're over a certain age or at a certain stage of, of cancer. So these are all very specific questions, but also very important to have the answers to because they can be very costly to the individual. And only a professional that does this type of insurance day in day out can give you that information or can prompt you to to have that discussion as well.

**Dr. Bill Evans** 36:05

You mentioned living longer, I might say living longer with cancer, too. And so many of our cancers now are being treated with therapy that goes on for years, it may be an oral medication for years, or one of these new immunotherapies, that's given for two years. So producing better results. But having that therapy means more traveled to the cancer center, more supportive care medications that are going to be out of pocket or out of insurance. So some of those costs are being amplified by the success of being able to treat cancer. So these things all interact in a rather complex way. And I have a sense that we're kind of scratching the surface in a way. But I think it's also been really helpful to have this conversation and put it out there for our listeners, if only it heightens awareness and gets people thinking about what they may be need to be doing to ensure that if they do run into a catastrophic illness like cancer, that they have the kind of coverage that will allow them not to deplete the family resources, because of medical things that are not covered through our publicly funded system. The

**Linda Papadopoulos** 37:18

only thing I'd like to say is, you know, podcasts like this are certainly very, very valuable to our communities. I encourage people to to participate and listen to these podcasts, but more importantly, to use the resources that are made available through these podcasts, especially through the cancer assistance program that we have here in our community in Hamilton. It's been a lifesaver for me, as a caregiver to two parents with serious cancer issues. There are support services available. But most importantly, it's it's knowing who to go to. And so the only thing I'd like to say is the resources are there. The supports are there, ask the questions, do your homework and find the right professionals to assist you and guide you through this process.

**Dr. Bill Evans** 38:07

Oh no, that's a great concluding message and, and so thank you for all your inputs to this. And as we close out the podcast today, also to remind listeners that we've done a lot of previous podcasts, but 50 of them are available at the Cancer systems Programs website cancer, assist.ca Cancer system all one word. They cover a wide range of topics, the supportive care services in our community, the talk to a lot of specialists from our community. We're really blessed in Hamilton to have great oncologists hematologists and other disciplines and many of them we've talked to on our podcast. So there's a lot of resources there as Linda has just been saying and Linda, again, just to underscore you are BP at Gallagher insurance. And thank you for your time and for and your wise comments today. I think we should be very helpful to our listeners. So thank you for joining us and thank our listeners for listening till the next time.

**Linda Papadopoulos** 39:06

Thank you.

**Narrator** 39:11

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