



# A

## Copy-Editing Practice

Using copy-editing symbols and a pencil, and referring to your *Canadian Press Stylebook*, *Caps and Spelling* and *Oxford Canadian Dictionary*, make all the necessary corrections to the news stories that follow. Look for errors in grammar, spelling, punctuation and cp style. There are two review tests (with two stories in Test A and two stories in Test B). When you've completed each test, check your work against the original versions of these stories (you will find stories A1 in Chapter 8, A2 in Chapter 9, and stories B1 and B2 in Chapter 10). There is a total of 100 errors in all the tests, with a tally listed at the end of each story. You can count the errors you have found and corrected and thus gauge your progress in terms of a total percentage grade at the end. Some important notes to remember as you do your editing: If capital letters are needed for proper nouns such as "House of Commons," capitalizing the "h" in "house" and the "c" in "commons" counts as one error/correction (not two); please use Canadian spellings; and the first references of names are spelled correctly, so check all names against the first reference to them.

### From Chapter 8

#### A1

TORONTO—The last thing Benjamin ever thought he'd have to do is too help his father die.

But after a cancer diagnosis in the prime of life, his father gathered his wife, 20-year-old Benjamin and his older brother around the kitchen table in there Toronto home to discuss exactly that.

“We faced his death together, as a challenge,” recalls Benjamin, who asked that his surname not be used to protect the privacy of his grieving mother. “When he knew the end was near, he asked that something good come out of it and that his body be used to help others”.

Benjamin struggled to accept the fact that his father, a successful businessman and enthusiastic skier, golfer and runner in his late 50’s, had only months to live. Just over a year, as it turned out, from diagnosis to his death last January. When aggressive treatment failed to stop the spread of pancreatic cancer to his internal organs, his father opted for palliative care.

“There was no sugarcoating. We knew he was going to die,” says Benjamin, a poised and thoughtful business student. “We were involved in every decision. We normalized it by talking about everything, including all the therapies and procedures my father went through.”

With every passing year, as life expectancies increase, there is an illusion we will all last forever. Medical stories often focus on the sexier aspect of medicine—the cure.

But palliative-care experts say the bulk of medicine is about something less cherry: how to manage the care of terminally ill people. Research shows that many doctors, as well as patients, are reluctant to initiate this conversation. A recent study by Queen’s University in Kingston found that only 18% of 440 patients with endstage disease talked to doctors about their prognosis, even though most were likely to die within a few months.

The time has come to put death back on the table for discussion, says Gary Rodin, the head of psychosocial oncology and palliative care at Princess Margaret Hospital in Toronto.

“For years there was a feeling in the medical community that you shouldn’t talk about death. This created a conspiracy of silence.” Says Dr. Rodin, who is also a University of Toronto prof. “But someone who is seriously ill knows it, so if you don’t talk about it they feel very alone.”

Today, medicine students are being taught empathy and communication along with anatomy and physiology.

Doctors understand that terminally ill patients don’t want sympathy, or to be deprived of hope. “But hope isn’t just about how long you live,” says Dr. Rodin, “but about knowing you are loved, and that your life is meaningful.”

Researchers have found that the final days of a person’s life are often the most expensive, and medical complicated. In many cases, active treatment are maintained, or another round of chemotherapy administered, even if there is no chance it will improve the patient’s quality of life.

“There are cases where futile treatment, such as chemotherapy, is given because people are reluctant to have these conversations,” Dr. Rodin says, “and patients fear they will be abandoned. Far too often, people are referred to palliative care too late.”

If patients plan ahead, there is a greater likelihood that their passing will be more peaceful, and that their death won't in any way diminish the life they have lived. Planning includes a discussion about how and where to die and the writing of a living will and a do not resuscitate order (dnr).

Though Dr. Rodin helped Benjamin and his family cope, a recent U.S. study found that forty percent of people with family members in hospice care were provided no information about the loved one's life expectancy, and 20% were never told the illness could not be cured. The study, published last year in the journal of palliative Medicine, concluded that the most common question was: “How long does my loved one have?” and “What is happening with my loved one.” Many were afraid to ask doctors for a physical description of a dying person's last moments, which can be quite frightening.

In his recent book *The Welcome Visitor*, legendary bbc broadcaster John Humphrys writes about people who are afraid of living too long and having no control over how their lives end.

“Society's approach to death must change as we all live longer,” Mr. Humphrys says. He was inspired to write the book by his father's “final sad, lingering and undignified” years. “My father's last year's cast a shadow over what had been a good life,” he says.

Benjamin knows he is blessed to have well-adjusted parents who helped him face death: “We saw it as our family responsibility.”

Dr. Rodin also helped the family decide how to manage their father's care, including whether he should participate in a clinical trial and when to stop aggressive cancer therapies in favor of enjoying the few months he had left. Ultimately, his father decided to work a half-day at the office, and ski and travel as long as he could. The summer after his diagnosis, he even completed a two-day, 200-kilometre bike race to raise money for cancer research.

By the fall of 2008, when his illness became debilitating, he chose to be cared for at home. A palliative-care team installed a hospital bed in his bedroom, and a physician was on call 24 hours a day. His sons and wife helped him with his medication and going to the bathroom.

Two days before he died, his father checked into Princess Margaret's palliative-care unit. A colorful mural decorated the wall of his room, and soothing music from a cd player on his bedside table filled the room. A physician told the family what to expect when his time came, and explained that he wouldn't be in pain.

“He told us it could be a few days or hours. We held my father’s hand and told him we loved him, because he could still feel our presence, even though he wasn’t responding,” Benjamin says. His breathing became laboured toward the end, which was a little scarie, but the palliative-care team insured he had the right balance of drugs.

In his greif, Benjamin felt supported by his close-knitt pear group, but also found he had no script for his journey. “I didnt want my friends to pity me or for them to feel hurt. I wanted them to know that I was still the same person,” he recalls.

In this, too, his father and Dr. Rodin helped him, advising him how to share news of the illness with friends.

Dr. Rodin notes that things rarely go as smoothly as they did for Benjamin’s family. Sometimes, the dying person changes his wishes as he becomes sicker. There is no prescription for a “good death,” as it is strongly influenced by a person’s religion, culture, age, background and psychology.

But every family can benefit from open communication, early planning and attention to pain relieve, Dr. Rodin says. “Birth and death are two major life events. We go to prenatal classes to prepare for birth, and we also need to prepare for death.”

TALLY /50

## From Chapter 9

### A2

The most important thing woman’s basketball coach Vance Coleman carries in his briefcase is not a sketch of a new defencive scheme, a game plan for the upcoming oponent, or even the phone number of a basketball colleague.

It’s a crumpled, yellowed piece of paper with a list full of scratches and re-do’s. It’s his list of 5 life goals. Coleman lists living a long and healthy life, playing the roll of a good father and husband, and earning a million dollars as his top 3 goals. The other 2, he said, constantly change as he ages.

But the point, Coleman said, is to always have them.

“There is an equation I use that works on the basketball court, on the playing field, in business, and in life,” Colman said, “and that is performance equals ability times motivation. You may have all the ability in the world, but with no motivation, you won’t acomplish anything. 0 times anything is nothing.

“No matter what you do in live, you have to have goals. And you have to stick to those goals.”

Colemann, now in his second year at the university and his 17th year of coaching, spoke about goals and motivation to nearly three hundred students at the Student alumni association Conference Friday.

“The first thing you need is a good attitude.” Coilman said, “When you get up at 7 a.m., do you say, ‘Good morning, God,’ or ‘Good God, morning’? Same words, big difference in attitude.”

Next, the coach shifted gears to the importance of beliefs.

“When someone asks you what you belief in, tell them with conviction,” Coleman said. “Say, ‘I belief in myself and what I think with my whole heart and nothing less.’”

TALLY /20

## From Chapter 10

### B1

Muslims in Montreal and around the world are celebrating the end of the wholly month of Ramadan with eid-al-fitr, a celebration that started Sat. evening.

While the traditions is centuries old, the month of reflection offers those who practice the faith the chance to reflect on the World around them.

Samah Jebbari, a Montreal high school teacher and member of the canadian muslim forum, did things a little differently this year. On top of the traditional ramadan fast, which lasts from dusk until dawn, she decided not to cook for her children untill the food she had already prepare was finish—it was a month of left overs.

“(My children) really liked the idea because it reminded him every night that, for example, children in syria don’t have this,” Jebbari said.

The idea came as a result of the violent and attacks that have happened in the past year, she said. ramadan gave her an oppportunity to discus the idea of sharing and thinking of others with her students and children.

Fasting can be taxing, but Jebbari wanted to dispell stereotypes that every Muslim is tired during the holy month—which coincided with exam preparation. She made sure to hydrate at night and eat very healthy food.

Along with prayer, charity and faith, a big part of Ramadan is spending time with one’s family—Jebaddi said she made time with her children—who are seventeen, fourteen and eight—a priority. “It’s a time to reconnect,” she said.

TALLY /20

## From Chapter 10

### B2

A man has to trust his barber.

And Johnny Bower trusted Tony Baggetta.

The Maple Leafs legend, who died Dec. 26 at the age of 93, first met Baggetta in the fall of 1961, when he was cutting hair at the royal york plaza in Etobicoke.

Ten years later, Bageta opened Anthony's Family Hairstyling inside the Woodchester Mall on Dundas Street in west Mississauga. There are not alot of pictures on the wall, but one stands out. A young Baggetta standing beside his barbers chair with the Leafs goalie smiling for the cameras.

Bower eventually moved west to Oakville, but remained a regular till Tony retired in the Fall of 2015.

"Johnnie Bower was one of the nicest man to ever come into the store," said Rosemarie, Tony's wife. "He had zero anger, he was always smiling and he was such a grate guy. He was such a generous man. He always gave of her time. People he didn't know would ask to have their picture taken with him and he would say, 'Of course.'"

TALLY /10

TOTAL /100