



Health and Welfare Fund

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Dear Participant:

The following information is a quarterly income and expense summary to inform you the member of the Fund's financial position and additional information that will help you in understanding your benefits that are available.

The Fund experienced a \$2,608,191 decrease in Fund assets for the quarter ended 7/31/2009. Plan expenses were \$15,286,877 in benefits paid to participants and administrative costs. Total income was \$12,678,686 that includes employer contributions, employee self pays and investments.

Please remember that this is an unaudited summary and is subject to change. The reserves for estimated liabilities are determined annually by the Fund's Consultant. No adjustments of these liabilities have been made since the prior year-end. Appropriate adjustments will be made to the audited year-end financial statements to be issued subsequent to these summaries. You will be receiving a quarterly summary in the future any questions please address them to the Fund Office.

News And Our Views

Many lose sleep due to economic issues

Most Americans have experienced at least some anxiety in the past year related to the economic environment. And according to a recent poll taken by the National Sleep Foundation, a lot of people have a hard time putting these worries aside at bedtime.

The poll, conducted in March 2009, found that one-third of Americans are losing sleep over the state of the economy and other personal financial concerns.

If worries are keeping you from sleeping, the foremost recommendation of Mayo Clinic sleep experts is to avoid confronting the issues that are causing your stress while trying to fall asleep.

How? Sort out your stresses during the day. You may try to write down your thoughts and worries and discuss them with a loved one, a friend or possibly a counselor. Identify problems that you have some control over, then determine actions you can take to address them.

Do what you can in a given day, recognizing that it may take time to resolve problems. Try to wrap up your daily efforts at least a few hours before bedtime. This gives you time to unwind, perhaps by taking a walk, having a good laugh, taking a warm bath, or practicing deep breathing or other relaxation exercises.

If you find yourself awake in bed and preoccupied by worry, get up out of bed and do a quiet activity — such as reading, listening to the radio or watching television — in another room. This can help take your mind off things until you feel tired enough to sleep.

If sleep problems persist for more than a few weeks despite these measures, talk to your doctor about medical or psychological problems that may be affecting sleep and how to manage them.

– September 2009 www.HealthLetter.MayoClinic.com

End-of-life care — Decisions with dignity

Talking about death is uncomfortable for many people. Moreover, it may seem tacky or even morally offensive to talk of your — or your loved one's — final days from a financial perspective.

But it's a fact that everyone dies, and end-of-life care is likely to be one of the most expensive periods of health care in your life.

In many cases, what makes financial sense with end-of-life care also is what makes sense in terms of living out your final days in a dignified and comfortable manner, with as much quality time as possible with family and friends. The end-of-life time frame generally begins when it's no longer possible to cure or stop the progression of a disease such as cancer or heart failure. This point may begin a year or more before death, or later.

One option for end-of-life care is the "life-prolonging" approach. This involves aggressive treatment in hope of prolonging life, even though a cure is highly unlikely. It may include aggressive therapies, surgery, hospitalizations, feeding tubes and mechanical ventilation. Due to legal and social factors, many doctors work best in this mode, as they are concerned that they will be faulted if they don't do everything possible to prolong life.

Another main track of end-of-life care is the life-enriching or palliative care approach, which can include hospice care. This approach treats dying as an expected process and seeks neither to hasten nor postpone death. It puts the emphasis on comfort and care, quality of life, pain relief, attention to emotional and spiritual needs, and spending as much time as possible with family and friends.

A key event in transitioning from a life-prolonging approach to a palliative care approach is coming to terms with the fact that you or a loved one will pass away. If you can do that, the following ideas may be able to simultaneously increase your level of comfort and dignity, and reduce the cost of end-of-life care:

- Look your doctor in the eye and assure him or her that you've accepted the fact that you're dying. Explain that your preference is to enjoy your remaining time as best you can, rather than to aggressively seek an unlikely cure.

- Remember the golden rule of testing, which is to always ask your doctor: "What will be done with the answer?" Will the answer make a difference in your care, or will it reveal information that isn't likely to be acted on.

- With any procedure, ask your doctor: "What are the chances of making me better, making me no better or no worse, or making me worse due to complications?" If you're making choices for a loved one, ask yourself — and your loved one's doctors — whether the treatment is prolonging life or prolonging suffering.

– July 2009 www.HealthLetter.MayoClinic.com

Second Opinion: Questions and your answers

Q: I recently has a colonoscopy test that showed no polyps. But my doctor told me that I need to have another colonoscopy in the next couple of years because my colon preparation hadn't been thorough enough. Is this common? And what can I do to prevent this from happening the next time?

A: You're not alone. Although rates of inadequate colon preparation prior to colonoscopy vary from one medical center to another, it generally occurs in 10 to 15 percent of people nationwide.

If this happens in someone considered at average risk of colon cancer, the test is typically repeated sooner than would otherwise be recommended.

As for improving the results of your colon preparation, consider shifting your diet to clear liquids — preferably electrolyte-rich solutions such as broth and sports drinks — two days before doing the actual colon preparation. Doing so can substantially improve the quality of the preparation process in many people, as well as decrease the chances that the procedure will need to be redone.

Take the entire preparation as directed by your doctor, and be sure to stay well hydrated throughout the preparation process. True, you'll consume a great deal of liquid as part of the actual preparation. But this liquid isn't absorbed into your system and actually pulls water out of your body.

You can continue to drink clear liquids as you consume all of the colon-cleansing solution, and for up to four hours prior to your procedure. Doing so will keep you hydrated and make the day of the procedure easier overall.

If you've had trouble with the preparation, it's important to tell your health care providers before you have the test, as they may decide to alter your preparation schedule to try to maximize the quality of your test.

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Q: I take a blood thinner daily. Before year's end, I'm scheduled to have a couple teeth pulled. My dentist wants me to stop my medicine a day or two beforehand so that there won't be too much bleeding, but a friend says her doctor told her not to stop the medication ahead of time. I'm confused.

A: Generally, a blood thinner (anticoagulant) doesn't need to be stopped prior to having dental procedures such as tooth extractions, gum (gingival) surgery, fillings, or crown and bridge work.

There's always a chance of some bleeding during minor dental surgeries, whether or not you regularly take an anticoagulant. Even if you do take an anticoagulant and stop taking it ahead of a dental procedure, there's no guarantee doing so will eliminate the risk of some postoperative bleeding. However, most cases of bleeding after minor dental surgery can be easily controlled.

A serious risk may occur when anticoagulant therapy is put on hold prior to minor dental surgery. Permanent disability and even death may occur if a clotting complication — such as a stroke or heart attack — develops in the absence of anticoagulant therapy.

Anticoagulants are used for many different reasons. These include preventive or therapeutic measures to control the risk of heart disease, stroke, clotting related to heart valve replacement, stents and other circumstances that increase risk of clot formation.

If there's consideration given to discontinuing an anticoagulant, a consultation between your dentist and doctor may be in order. They can decide whether a simple blood test to measure how well your blood is thinned — called an international normalized ratio (INR) — might be of help. An INR on the day of your surgery may be a good idea, especially if yours tends to fluctuate significantly.

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Sincerely,

Board of Trustees of the Ohio
Carpenters Health Fund