

An ally toward health

RN tackles the health and social issues that afflict hepatitis C sufferers.

BY HELENA MONCRIEFF

Cathy Woldanski calls her job with the Ontario Hepatitis Nursing Program “Pandora’s Box.”

Woldanski is one of 13 nurses across the province educating and coaching people with hepatitis C through treatment. But once she lifts the lid and peers inside their life “box,” she often finds a raft of issues including other health ailments, poverty and addiction.

“It isn’t just taking care of hep C. It’s taking care of all their needs. They need help in their homes. They need jobs,” she says. “Hep C? Holy cow. That’s just the tip of the iceberg.”

Woldanski serves Algoma Region from Sault Ste. Marie’s Group Health Centre. More than 1,700 people in the area have the disease, the third highest prevalence rate in the province behind Kingston and Haliburton. Woldanski counts 200 of them as her patients, but the goal is to reach them all. It’s a tough job given she covers a territory that stretches 1,235 kilometres north to Hornepayne and east to Elliot Lake.

Although she works closely with a gastroenterologist, the program is nurse-managed. So even if the patient is hundreds of kilometres away, it’s the RN watching for any changes, problems or concerns with hep C treatment, which can be gruelling. Six to 12 months of pegylated interferon and ribavirin drug therapy can cause side effects including severe depression, fatigue, mood swings, anemia and flu-like symptoms. Without support, 70 per cent give up. With nursing allies, that number drops to 10.

Anyone can become infected through blood-to-blood transmission. But more than half of hep C patients are intravenous drug users. “Being on the Trans Canada highway means we have a more transient population,” Woldanski says. “Many in that group are marginalized.”

The opportunity to work with those people drew her to the program. Woldanski graduated from Sault College in 1981. She spent 26 years in the emergency depart-



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ment of the Sault Area Hospital, and often cared for people with mental illnesses. In 2000, she started working part-time for the Group Health Centre, first in obstetrics and gynecology, then in occupational health. But she missed caring for people with mental health issues.

When the government announced the hep C program in 2007, Woldanski saw a fit. “I was eager to embark on another learning curve and felt my years working with a marginalized and mental health population would be helpful.”

Some of Woldanski’s patients are self-referring, but most learn about the program through a physician, counsellor, or social program. They won’t all go through treatment. For some, other illnesses may be in the way. Still, Woldanski stays in touch with them, to monitor their condition and answer questions.

Woldanski meets with patients before they see the physician. She takes their history, provides information about hepatitis, explains the risk factors that may have brought them into contact with the dis-

ease, and orders blood work.

Diagnosing hep C is a two-part process. The first blood test determines exposure; the second shows whether the virus is still active. In as many as 20 per cent of people, the body rids itself of the illness.

“So many of them have been told they have hep C but haven’t had the second test,” Woldanski explains. “They may have cleared the virus all on their own. It’s so exciting for me to share that with someone. They’ve lived so many years thinking they were positive.”

Sometimes, the news comes too late. Woldanski remembers one woman who was sharing needles with a hep C positive partner, assuming she couldn’t do any more harm. Her second blood test showed she no longer had the virus. But Woldanski hasn’t been able to find her again. Woldanski says when you’re working with people living on the edge, the best outcomes can be elusive. Poor nutrition, low self esteem, poverty and inadequate housing stand in the way of even the most basic steps toward health.

“Medication must be refrigerated,” she says. “We hope that they are putting it in a proper fridge. And it’s hard to tell them to go buy Ensure and fresh fruits and vegetables.”

As an advocate, Woldanski knows when soup kitchens serve up meals and who she can count on to donate the sometimes costly nutrition-boosting drinks.

Despite the challenges, Woldanski is optimistic about her work. “I prefer to look at the glass half full rather than half empty. I continue to be excited about what our community can offer.” She points to the community workers who know where all the resources are, and the many nurses dedicated to liver disease long before this program started. “They come with a lot of knowledge and wisdom...They continue to teach me so much.” **RN**

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