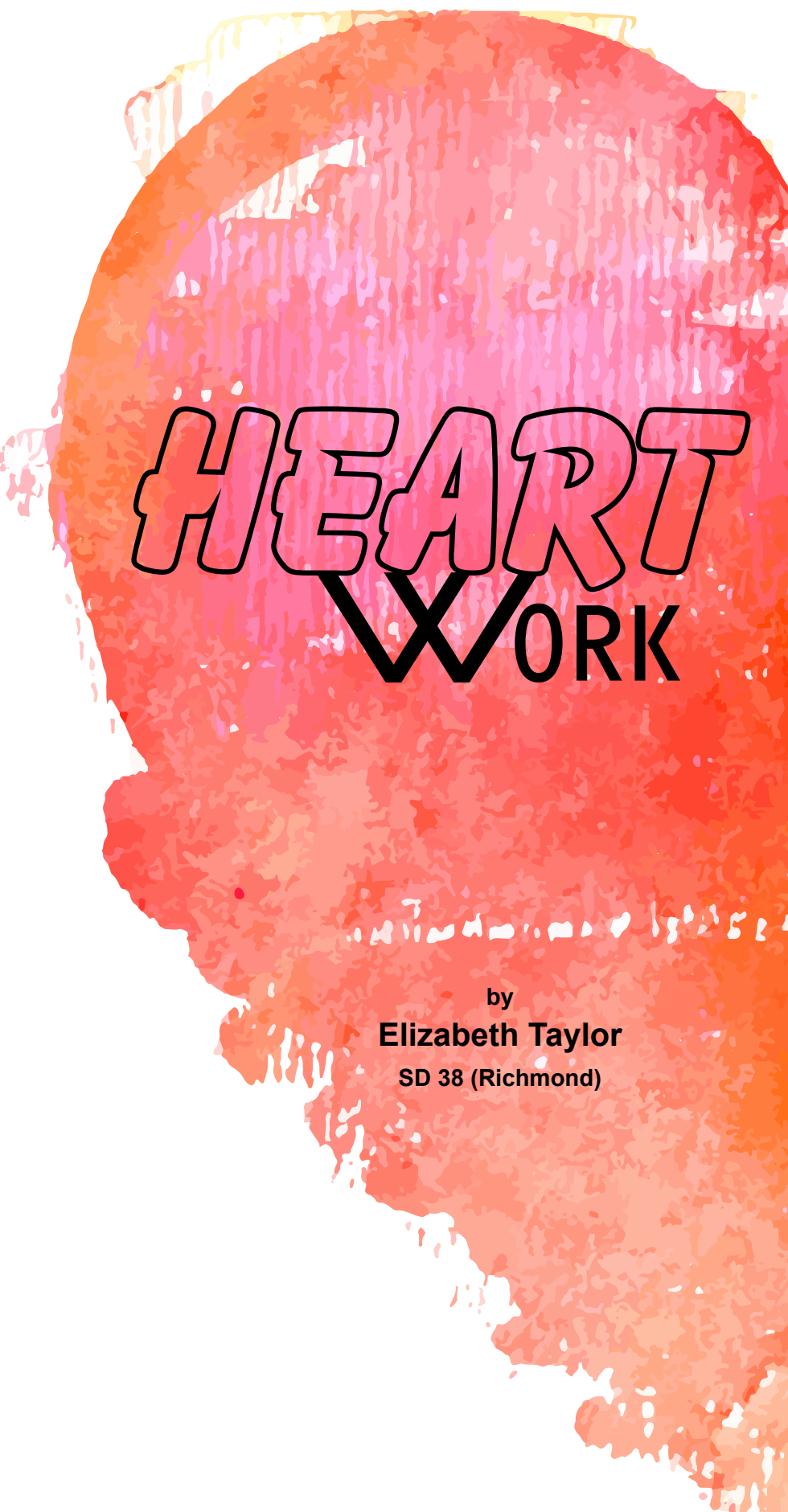


In October of 2020, I was asked something along the lines of, “Surely, you’re planning to retire sometime soon?”

“Ummmm, no,” replied the workaholic in me. “I have no desire to retire, possibly ever. My husband knows that even if I won the lottery, I’d likely start my own school. Naturally, I’m always open to new opportunities in education, but retirement isn’t one of them. I love what I do.”

Afterward, I was somewhat miffed, as I suddenly felt ageism was hitting me square in the face and I didn’t like it. I loved my crazy schedule. I thrived in the multi-tasking nature of being a District Principal. Most of all, I believed I was making a difference. I took great pride in contributing to pedagogical planning and discussions around curriculum, professional development, and assessment through my various responsibilities. Being a District Principal allowed me to participate in a multi-leveled approach that could be one-on-one with a colleague, an individual school, our entire district, several Metro districts, and provincially through the Ministry of Education and Child Care. I was lucky enough to lead a fantastic team of Teacher Consultants, sit on multiple internal, external, and provincial committees as both a member or Chair, and was one of two BCPVPA reps on the Ministry’s Classroom Assessment & Reporting Committee. My educative life was busy and extremely fulfilling.

Little did I know, less than one month later, it didn’t matter how fulfilled I was or how I felt about education, retirement, or ageism, because my body decided to – slowly and surely – bring me to a halt. Sometime around Remembrance Day, 2020, I began having crushing chest pain. The kind of chest pain that made it impossible to use the stairs at



HEART WORK

by
Elizabeth Taylor
SD 38 (Richmond)

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work, walk to the bathroom, exercise, or do much of anything that was physical without struggling for breath and energy. At first, I thought my asthma was getting the better of me, but when my asthma inhalers brought no relief, I was worried I had contracted a weird version of COVID-19. So, I made the dreaded call to the 811 COVID Helpline.

I was connected to a calm and supportive health professional who ruled out COVID and was initially worried I might be having a heart attack. I laughed and said, "Can you have a heart attack for over a week?" After going through a series of questions, they ruled out heart attack, but made me promise to connect with my GP in the morning and have my heart system checked. That was a Friday, and my GP had me monitor my blood pressure readings over the weekend. I have to say, the numbers were consistently crazy, which is why she immediately referred me to a cardiologist on Monday and adjusted my medication. My doctor told me that my symptoms were consistent with micro-vascular disease. Since I'd never heard of this disease, and it started with micro, I wrote it off as something small. I mean, how bad could something tiny be? I was fit, worked out regularly, and while I've had high blood pressure since my early 30s, it had been well controlled. However, she was very concerned and advised me to cut back my work schedule as much as possible until I saw the cardiologist.

I must admit that the blood pressure numbers I continued to get did concern me, especially since the chest pain was getting worse. While I tried not to worry, I truly felt horrible. As such, I began the journey of using up many sick days. I started by trying to cut my week in half and working from home, when possible, but neither of these lasted long, as I ended up in the ER not once, or twice, but three times before Christmas. Sadly, the ER doctors tried to write off my symptoms as indigestion and stress.

I have since discovered, from research and personal experience, that women presenting to the ER with heart issues tend to be treated less seriously than men. "Women are under-aware and under-researched. Within the healthcare system they are under-diagnosed and under-treated, and under-supported in their recovery. Women's unique physiology poses distinct challenges in the prevention and management of heart disease."¹

While I was beginning to suspect that my GP was right, and the ER doctors were wrong, it's hard to know who to believe when I didn't know the facts myself. As a result, I thought I just needed a longer rest, and that the upcoming two-week winter break would do the trick. Boy, was I wrong. One holiday ambulance ride later, I began 2021 feeling worse than ever. I dragged myself to work in January thinking half days would be fine, but I could barely manage three half days a week without exacerbating the crushing chest pain I was already trying to live with. And so, I used up more sick days without a second thought.

Fortunately, I had finally been connected to a cardiologist, and I'm pretty sure I hit the lottery with Dr. Tara Sedlak; she is the only certified Women's Heart Health Cardiologist in Canada, and Director of the Leslie Diamond Women's Heart Health Clinic at VGH. It wasn't long before Dr. Sedlak confirmed the diagnosis of Coronary Micro-Vascular Disease and tried to help me understand its seriousness. Unfortunately, I was stubborn and thought this was something I could overcome with the many heart

¹ <https://www.heartandstroke.ca/heart-disease/what-is-heart-disease/types-of-heart-disease/women-and-heart-disease>



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medications I was now taking along with the ongoing reduction in my workload. Sadly, neither were helping; in early February, between meeting five and six that day, my chest pain began to ramp up. I ended up laying on my office floor over lunch spraying rescue nitroglycerin under my tongue and using the ECG app on my watch, which told me I should call an ambulance if I was having symptoms. All the while, as I lay on the floor behind my desk, I was thinking, "If I die here, who will find me and WTF, am I thinking I could die here? Why? Is work really that important to me that I'm willing to risk my life?" Suffice to say, that was the last day I worked, and my journey into Long-Term Disability began. It's also when my connection to Rochelle Morandini, BCPVPA's Director of Member Health and Well-Being, became super important as she has helped me navigate my leave every step of the way.

Luckily, by then I had just over 120 sick days left in my sick bank, which turned out to be fortuitous, as Long-Term Disability doesn't begin until you've been off sick for a consecutive 120 days. Let me say that again: Long-Term Disability doesn't begin until you've been off sick for a consecutive 120 days. This is one of the reasons that you can port 120 sick days with you to a new district. I can't say I didn't know that, as I'm sure we've all been given the spiel about being careful with our sick days since we might need them one day. I just thought, like many reading this, that I

wouldn't. Even then, I really didn't believe that I would be off for that long. Surprise to me: I needed them all, and I am still off. As such, I am extremely grateful for these days, as they provided me with income during a very vulnerable time. If I hadn't had at least 120 sick days, then I would have had to live on nothing until LTD began. I can't imagine the extra toll that the financial stress would have taken on my health. We all know serious illnesses happen, but we rarely – if ever – think we'll get one that will put us out of commission for good. I certainly didn't.

Also, I've known plenty of colleagues – mostly males – who've had heart attacks or blockages, had them fixed, and then been back to work before long. I was truly hoping I would bounce back in a similar fashion. Sadly, my heart disease is not like that. It is chronic and debilitating, with unpredictable angina (chest pain) most days, and no cure at present. My version can lead to heart failure, heart attack, or stroke if the angina remains uncontrolled. As a result, it has not only taken away my career, but it has impacted every single aspect of my day-to-day life. Many days I feel accomplished and exhausted if I can drive to Starbucks for a coffee and then stop to get a small, light bag of groceries. Due to the reduction in oxygenated blood flow to my heart, I often have brain fog when my angina is bad, which makes concentrating and thinking challenging. This means that things like writing this article can be mentally exhausting.

However, I am determined to not let it get me down. I've spent years putting my heart into my work, and now I need to learn how to put work into my heart. I have had to let go of many, many plans and goals as I learn to create new ones within my scope of abilities. I am slowly educating myself about heart disease in women; a big part of that is the women's heart health support group, where we bolster each other and advocate for increased awareness for patients like us. A cure would be amazing; until then, I'll take what I can. Yes, life is different and that is the key – LIFE. Like they say, it's the only one we've got. Treasure it, protect it, be informed, and be an advocate.

Heart attack symptoms are **not recognized** in over **50%** of women.

3+ Women are more likely
to present with **3 or more**
symptoms in addition to
chest pain.

If you think someone is
having a heart attack,
seek medical attention

SYMPTOMS OF HEART ATTACK MOST OFTEN REPORTED BY WOMEN

- Chest pain or discomfort
(ex. pressure, tightness or burning)
- Pain in the jaw, neck, arm, or back
- Abnormal excessive sweating
- Shortness of breath
- Stomach pain or discomfort, feelings of
nausea or indigestion

OTHER ACCOMPANYING OR ASSOCIATED SYMPTOMS

- Unusual weakness or fatigue
- Back, shoulder, or right arm pain
- Sleep disturbance
- Dizziness or light-headedness
- Fast or irregular heartbeat

Lichtman JH, et al. Circulation. 2018;137:781-790

Facts courtesy of



**CANADIAN WOMEN'S
HEART HEALTH CENTRE**

On that note, here are some facts:

- In BC, 75% of teachers, 60% of school administrators, and 35% of superintendents are women.
- Heart disease is on the rise and is the leading cause of death for women worldwide.
- Women can be at greater risk for heart disease than men.
- Learn the symptoms of heart disease in women and advocate for yourself with healthcare professionals.
- Become an informed Her Heart Matters advocate –
<https://cwhhc.ottawaheart.ca/education/what-makes-women-different>
- Read about heart disease in women on the Heart & Stroke Foundation's website – <https://www.heartandstroke.ca/women>
- Bookmark Carolyn Thomas' blog with advice and firsthand experience accounts of heart disease – <https://myheartsisters.org/>



Finally, keep putting your heart into your work, our students need that – just don't ignore it.