

Dr. Dave Webster
Health Sciences North
Sudbury ON
P3E 5J1

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Dr. Mark Henderson
EVP, Patient Services
Thunder Bay Health Sciences

RE:PET RELATED ISSUES.

Dear Mark

Thanks for speaking me about the concerns you and Cancer Care Ontario have about my advocacy for patients with respect to PET/CT scans. After reflecting on our conversation and then your email I feel I would like to get a better understanding of what is expected of me, if I wish to continue to work at Thunder Bay Health Sciences.

PREAMBLE:

As I am sure you would agree and would be the message the Cancer Care Ontario wants people to think, is that CCO is all about:

- Openness, transparency and evidence-based approach to it's work and in particular with respect to PET/CT.
- Indeed this is made very clear in the mission statement from the Cancer Care Ontario Imaging Section headed by Dr. Dobranowski.

In addition, physicians working for Cancer Care Ontario are essentially 'civil servants' or at least must be responsible to and be held accountable to the citizens of Ontario. In other words, a CCO 'medical expert' should be held more directly accountable to the citizens as a whole for their actions working for the government in this capacity as compared to an independent physician who simply bills OHIP.

Further, when I met with Dr. Les Levin who was the Senior Medical Advisor to the Ontario Ministry of Health in 2004 just after he finished stating that Health Technology Assessment [HTA] was not a respectable valid way of assessing PET he said to me:

- ***"Dave it is not about the money, we're just trying to do what is best for Ontario's cancer patients."***

I'm sure you and your colleagues at CCO would fully agree with this statement.

Therefore I would suggest we keep these issues in mind as you answer my questions and I try and clarify what your statement to me means:

- 'Cancer Care Ontario does not mind you advocating for PET, but not by dealing with patients in Thunder Bay.'

ISSUES:

As you are well aware the problem developed not when I initially approached PET ACCESS about being able to apply for a PET/CT for patients. I was happily assigned an ID and sent the appropriate documentation and guides to filling out the applications. However after some five or six weeks it suddenly became the position of PET ACCESS that I was not allowed to order these scans and that they could only be ordered by the patients oncologists.

- In spite of repeated attempts to have CCO send me the documentation making clear that as a fully qualified physician and specialist who see's cancer patients, that I am not allowed to order a PET/CT on a patient to which I have been referred.
- However it is clear from recent communications that this remains the position of CCO yet ***without the supporting documentation.***

This only become a problem when I made it clear to PET ACCESS that patients are entitled to full answers to questions or concerns they might have about a diagnostic procedure or therapy proposal. I will presume that you and CCO agree with this principle. If not, please state why.

In our discussions you seemed to suggest that much of what I have said about PET in Ontario, or the advice and information I have given to the physicians and patients has been true and factual.

- In fact I have never been told by anyone at TB Health Sciences that anything I have said in a report or otherwise is not true.
- What is clear however is that I am not supposed to say these things to physicians and patients, ***keeping in mind the openness and transparency mandate of CCO.***

The literature and statements by world PET experts about what CCO has done to patients would support the position I took with PET ACCESS:

- ***That Ontario physicians are being asked to practice not just substandard medicine, but medicine that could be considered incompetent, and indeed in some with lymphoma and gallium, in the US this would be considered***

criminal.

- *Therefore, and keeping in mind the 'special responsibilities' of physicians acting as medical experts for the Ministry of Health or Cancer Care Ontario, that they should answer the patients questions and concerns.*
- *And further, this would surely be appropriate, since as the patients have pointed out, the physicians who are making the decisions affecting the various patients surely should be able to be asked for answers and clarifications.*

QUESTION 1:

1. Do you and/or the representatives of CCO agree that those acting in the capacity of government medical experts, and also responsible for making the decisions affecting patient's ability to get a PET/CT ***should answer reasonable and well-informed questions and concerns from patients they are making decisions on?***
 - If not, please elaborate.

As you are also aware the 'upshot' of the whole affair was that someone from CCO called someone in Senior Administration here, perhaps you, and told him or her to shut me down. The end result was:

- ***If I continue to see and act for patients as I had regarding PET/CT, that I might not be able to work at this hospital.***

It is also important to note that:

On each occasion that I have been 'reprimanded' for my statements or positions on PET from working here:

- It has been from my colleague, Dr. Jonathan Boekhound.
- ***It was NOT from a senior person in the hospital administration. In addition, normally if there is a problem with a physician's work or behaviour, the Chief of the Department, in this case Dr. Kisselgof, would speak to me.***
 - a. On both occasions, Dr. Kisselgof did not seem to be even aware this was happening.

This would tend to 'suggest' that those involved with this process, and delegating the 'reprimanding' to my colleague do not really feel that these actions are 'quite kosher'.

SPECIFIC ISSUES FOR CLARIFICATION:

At the end of our conversation I had stated that I would not do any more consults on patients from Thunder Bay regarding PET/CT issues for the oncologists. What I meant was that although I would not pick up any new patients, in my head it implied that I would clearly have to finish what I had promised the patients and their families that I would do as part of our Doctor Patient Contract. However as I thought about it I realized you might have taken my position differently. I emailed you about my intentions to not take up any new patients, but finish up with the two patients I had been dealing with. Your email response:

Thank you. Could I just request that the relevant Oncologist(s) are in agreement with your plan of action?

Dr. Mark Henderson
EVP, Patient Services TBRHSC and RVP Cancer Care Ontario

It seemed pretty clear we were on different pages. Therefore.

QUESTION 2:

2. Why would you expect me to get clearance from the oncologists for the patients?

I think we would both agree that if an oncologist had consulted some other specialist about an issue they were not as familiar with, that the consultant would NOT be expected to clear everything they proposed, or would suggest in their dealing with the patient to have to first be approved by the referring oncologist.

In fact although the oncologists were fully informed and agreed with my advice and what I was proposing to do as an advocate for the patient. I would add that I copied all communications to them. It became apparent that they felt I was being a little too aggressive and I agreed and that led to the letter to PET ACCESS suggesting we could all work for the benefit of the patient.

- ***I think it is fair to say and has only become more obvious as subsequent investigations have taken place, that at least for one of the patients, the PET/CT showed that the patient showed that the patient SHOULD HAVE HAD THE EXAM BEFORE TREATMENT.***
- ***It was only because of the findings on the PET/CT that THE ONCOLOGISTS EVEN KNEW THEY HAD TO BE CONCERNED ABOUT STAGE IV DISEASE!***
- Unfortunately subsequent investigations are confirming that the patient should never have had the radical radiation therapy from which she suffered significant morbidity.

I believe it is fair to say that it was also made clear to the two oncologists from someone from administration that they 'cease and desist' such activity regarding

advocating for what clearly WAS THE BEST CHOICE FOR THESE PATIENTS.

I say this because in speaking with patients after this call, when they met again with their oncologists, the 'tone of the meeting' was decidedly different, and the physicians avoiding discussing the issues, which of course, and appropriately so, were on their minds.

However, since the events transpired I have not sent any further emails or documentation to the oncologists with respect to my further discussion with the patients, or what I am proposing to do with them.

What I can tell you is that I had made a contract with these patients and their families as any physician would do and implied by how we have proceeded. The patients are understandably quite unhappy with how their diagnostic imaging investigations went, and since you are aware of the details, I will assume you would agree with their concerns.

QUESTIONS 3, 4:

3. Are you asking me to break my contract with these patients and not finish up what I had proposed and they agreed to?
4. If I 'finish up' what I started with these two patients, ***will this be considered reason to block my ability to work at Thunder Bay Health Sciences?***

QUESTION 5:

5. Would you and your CCO colleagues be willing to offer what has transpired as an archetypical' example of their mandate of 'openness and transparency'?

It seemed implied from your statements and the email, that it was not the expectation that I just not do consults on new patients, but:

- ***The expectation is that I WOULD NOT USE ANY CASE EXAMPLES EVEN WITH NO PATIENT IDENTIFIERS, OR OTHERWISE IN MY ADVOCACY EFFORTS ON PET.***

QUESTION 6:

6. Is this in fact what CCO is expecting?

QUESTIONS 7,8:

7. Keeping in mind that I have read over 5,000 PET cases and have no shortage of examples of why Canadian and International PET experts have condemned

CCO's actions on patients, ***on what basis is this request being made along with supporting documentation?***

8. If I were to use facts or images related to any PET/CT cases devoid of any identifying features I have been involved with in Thunder Bay, ***will this be considered a reason to restrict my access to working at Thunder Bay Hospital?***

One statement you made to me troubled me somewhat regarding patient privacy issues. You told me that the patient in question was Stage IV.

- ***I was not aware that this was the case for this unfortunate patient.***

We then discussed how this was made and the conclusions were based on a CT in April. However, you are a Cardiologist, and your involvement with this matter was one of an administrator.

QUESTION 9:

9. ***In what capacity were acting such that you had access to the details of the patient we were talking about and would not have come from my communications since this was the first I had heard this news?***

One final issue related to your statement that CCO has not trouble with me advocating for PET:

- "Mind me continuing my advocacy efforts on PET for Ontario patients."

QUESTION 10:

10. ***Could you or someone from CCO outline specifically and in detail what would be acceptable 'advocacy' from me regarding access to PET/CT for Ontario patients?***

I was happy to have discussed these issues with you and would be pleased to answer any of your further questions and supply appropriate documents to back my positions and statements.

- In return, Mark, are you prepared to answer fully, what I believe are reasonable questions?

I look forward to your reply and the answers to the questions I have raised to clarify what Cancer Care Ontario 'is requesting' that I co-operate with' if I want to continue to work at this hospital. Keep in mind that I was the physician who set up the PET/CT imaging and was heavily involved in the cyclotron and related issues, and I value my ability to continue to be part of the operations at Thunder Bay Health Sciences.

Sincerely

Dave Webster MD FRCP