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From: **Dave Webster**

Date: Wed, Feb 1, 2017 at 3:22 PM

Subject: Re: question from stephen skyvington re dr. david webster and christine elliott

Thanks again Stephen

I would suspect that the patient Ombudswoman is, like Mr. Jeff Yurek, unaware of the fact that Cancer Care Ontario, under direct instructions from the Ministry of Health have spent almost 15 years discrediting, delaying and blocking access to PET. She may not even be aware that PET has been the accepted world standard of imaging management, in the case of lung cancer for almost 20 years, as well as now the cornerstone of imaging in Personalized Medicine, including Dementia and other critical issues. Most physicians, even those that use PET are unaware of the fact that the international medical community has been condemning, in unprecedented terms, in major journals, of what the Ontario Government has done to it's citizens in a doomed effort to reduce health care costs.

Ontario has the most restricted access in the world: 2016 CADTH report:

- Ontario 0.7 scans/1,000 population
- Quebec 5.1/1,000 population

But the bad news?

- Up to 90% of OHIP indications for PET are with respect to lung nodules and lung cancer.
- ***The indications are the exact opposite of the entire expert body of opinion in the world.***
- ***They could result in charges of incompetence or worse in Quebec or elsewhere.***

Recent statement of world PET expert:

- "Ontario has the most egregious and politically motivated agenda against PET in the world."
  - Recent email to me from Professor Rodney Hicks, an acknowledged world class PET expert.
  - Dr. Hicks has published an article on how CCO deliberately manipulated medical literature to get the answers they needed to discredit and block PET.
    - How for example, an independent Multidisciplinary Team report on good evidence to support use of PET in the late 90's recommended up to 40,000 patients/year would benefit from

PET scans.

- The first report of the MOH through the Institute for Clinical Evaluative Studies [ICES] in 2005 and stated there was ZERO quality evidence to support even a single use of PET for patients in Ontario.
- Confirmed that a photograph of mere poster presentation from a medical meeting in Australia, was used to stop PET in Ontario, an excuse for CCO to perform it's own evaluation of PET..... clearly every aspect of this was to delay PET...even after a decade the experiments were not completed....then this poster was PROMOTED to a LEVEL A paper,... and at the same time, they downgraded papers favouring PET to unacceptable status...even though they actually met the criteria for Level A B papers set by ICES!

The bottom line is what CCO has done and continues to do to patients has been officially declared "unethical", in a series of motions from the Canadian Association of Nuclear Medicine in 2005, all ignored, and the most senior member of the CCO PET STEERING Committee, and was Chair of the Multidisciplinary Team that performed the independent evaluation of PET described above, stated to Dr Julian Dobranowski, Head of Imaging for Cancer Care Ontario:

1. I resign from the PET STEERING Committee
2. I regret having ever worked with this group.
3. **"I believe that what those who are evaluating PET are doing borders on immoral."**

What galvanized the Canadian and International Medical Community to such levels of condemnation was the blatant "unethical" experiment perpetrated on unsuspecting women, terrified with their new diagnosis of breast cancer.

To this day this unconscionable action is still used to ensure that Ontario Women who would benefit from a PET scan, acknowledged even in Paraguay, do not have access to routine PET scans. One reason for the outrage?

#### **DOCUMENTS:**

- 1. TRIUMF REPORT ACCESS IN CANADA by Susan Martinuk
    - a. I was extensively involved in introducing Susan to key people in Canada and supplying her with all the documents I had including when I was President of the Ontario Association of Nuclear Medicine [OANM] when the executive had the critical meetings with MOH officials.
    - b. See KEY SECTION ON ONTARIO.
  2. Article by Professor Hicks referred to above.
  3. Letters from Dr Al Driedger to the Minister of Health Mr. George Smitherman in 2004. Ignored by Mr. Smitherman, and CCO. [Dr. Hicks article proves that Dr. Driedger's accusations about denying data favouring PET were correct.]

4. Editorial from the President of the American Society of Nuclear Medicine.
5. Letter on behalf of patient [no names] to PET ACCESS, and introductory letter to PET ACCESS.
6. Letter to Dr. Hoskins, he requested I write, from Dr. Carolyn Bennet contact. Dr. Hoskins refused to respond for 18 months. Also his reply.
7. CANM motion

- ***The PET scanners were NOT physically capable of detecting the cancers the CCO physicians told them they were looking for.***
- ***They excluded from the trial, the very women the entire rest of the world knew would benefit from a PET scan***

SUMMARY:

I am now insisting that the MOH physicians who have made the 'rules' on PET give the complete story and informed consent to patients that I am representing to them.

I will include a letter that I just sent to PET ACCESS PANEL, the group that decides whether a patient will be allowed to have a PET not covered by OHIP.

I would very much appreciate the opportunity to meet with the Patient Ombudswoman or her representative.

Sincerely

Dave Webster MD FRCP

(Canadian PET expert)