

Dr. Dave Webster
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July 1, 16

RE: The potential impact of the “travesty of PET” on the Ontario Liberal Party.

Dear Ms. Wynn

I am writing you in one last effort to remain quietly behind the scenes and work towards raising our patients from last place in the OECD countries when it comes to the modern standard of imaging management of many serious human illnesses. This not only would be a better, more caring and cost-effective system, but with the added bonus of drastic reductions in radiation exposure to our patients.

A single PET scan can in most cases better direct patient management than the 'Ontario Standard' of six to eight CT scans with more than 3,000 chest x-rays worth of radiation exposure. Besides the cost savings imagine the reduction in anxiety and stress for patients. Tragically, for many of these people, by the time they get a PET scan, it will be too late.

An additional and critical benefit would be to give a reason for cynical voters and especially the youth, who have lost faith in the ability of politicians to be a force for positive change, a reason to be proud to live in a Liberal Ontario.

After 15 years of wasted efforts, I have reached my ‘tipping point’. I’ve looked into the eyes of too many sick and dying patients, knowing that if they had not lived in Ontario, things might have been different. I have always believed that it is my role to act as an advocate for patients. Mr. Sam Bruno, a truly noble man, his surviving wife Cheryl and his family, have been my greatest inspiration and source of strength to continue to fight for Sam’s Vision for all Ontario cancer patients. Yet Deb Matthews a previous Minister of Health, and the previous Ombudsman, Mr. Andre Marin, went out of their way to insult and block Sam’s efforts.

The time has come to either bring our patients into the modern era of medicine, or let people judge for themselves the 'Liberal Health Care Vision' for some our sickest and most distressed patients.

Canadian Cancer Advocacy Coalition 2006

“If you do not want access to modern imaging management [PET] and treatment for your cancer, move to Ontario.”

I have only ever wanted to work behind the scenes and be part of creating what actually is a world-class health care system rather than what the MOH and Cancer Care Ontario [CCO] would have us believe. The facts will speak for themselves. CCO continues to play a major role in the deliberate efforts to block access to PET such that Ontario patients not only have the most restricted access to PET but, the indications for the vast majority of OHIP funded scans could lead to charges of medical incompetence.

My vision is a health care system that is patient centered, rather than forced to be ‘physician income focused’ due to threats from powerful medical lobby groups. The key to doing so will be to reassess the roles of all diagnostic imaging tests, and not just PET.

The guiding principle must be that OHIP will only pay for the test if it has a reasonable chance to help direct patient management appropriately. Your MOH physician experts will say this is exactly what they are doing with PET. Their position is nothing but sophistry.

I would respectfully suggest to you, Ms. Wynn that I am not the enemy. It is CCO and other so called MOH ‘expert advisory’ bodies that have the potential to not just destroy the Ontario Liberals but also lead to the threat of the largest personal lawsuits against the government in the provinces history.

Cancer Care Ontario’s Mission Statements of “rapid access to imaging technology, based on quality evidence” either needs to dramatically shift its focus to meeting these goals, or it won’t be long before people start asking the obvious question:

If Cancer Care Ontario has spent 15 years blocking Ontario’s cancer patients from the world standard of imaging management, just what else have they done to them?

Yet I still believe there is an opportunity for a ‘win-win’ situation for patients and to restore faith in the Liberal Party. This will require extraordinary political leadership since powerful medical lobby groups stand to lose significant incomes if there was a rational scrutiny of imaging tests. I have challenged these groups in the past, and would be prepared to do so again since their positions are indefensible from many perspectives.

However if Cancer Care Ontario's direction remains unchanged there are internationally recognized PET experts 'waiting in the wings' and Ontario lawyers currently reviewing extensive documents in my possession and will be well equipped to challenge the MOH 'experts'. The fact that without exception, MOH officials and at least two Ministers of Health have refused to respond to inquiries from medical professional associations and PET experts speaks volumes.

Although I am an optimist by nature, my sense at this point is that the only way to get access to PET and justice for what has been perpetrated on patients will be the threat of lawsuits. This could potentially involve tens of thousands of not just living patients, but from those related to the deceased who have been impacted by the "egregious" actions of CCO. This is quote is from a recent email exchange I have had with an acknowledged world PET expert, Professor Rodney Hicks from Australia. He has already published a paper demonstrating what the MOH did to patients. He also has the distinction of having successfully brought criminal charges against MOH officials in Australia who had tried to block PET.

Yet because it doesn't have to be this way I submit this letter as my last attempt to work cooperatively with the government.

There are numerous issues that will be 'problematic for your government', but none will be more disturbing than the PET PREDICT Trial which was nothing less than an 'assault' on women with newly diagnosed breast cancer. The MOH goal was to discredit and delay PET as long as possible to cut costs. This trial best demonstrates why the MOH PET Trials lead to unprecedented accusations and demands not just from Canadian experts, but condemnation by international experts published in leading medical journals.

- *They exposed more than 300 women, terrified with their new diagnosis, to even further stress of a PET scan and thus exposed them to more than 300 chest x-rays worth of radiation:*
 - ***When the PET camera was not physically capable of detecting the vast majority of cancers they were told these 'experts' were looking for.***
- *They did not stop the trial as absolutely required by the Helsinki Accord on Human Experimentation when it was obvious, by design (also blatantly unethical) when it was obvious the experiment would fail. Instead they put almost 300 women through this trial.*
- *They deliberately excluded from the trial the very breast cancer patients the rest of the world knew could have benefited from a PET.*

The PET PREDICT trial continues to justify Ontario's scientifically baseless denial of the critical benefit of PET for certain women with breast cancer, unique in the civilized medical world.

The government experts callously used these unsuspecting women as pawns to achieve their targets. The Senior Advisor to the MOH, Dr. Les Levin stated in 2004:

“Dave, we’re just trying to do what is best for Ontario’s cancer patients.”

The harsh reality is that many of our breast cancer patients have a greater chance of dying from their disease simply because they have the misfortune of living in Ontario? Even though this trial took place before your term as leader, it has the potential to be your ‘legacy’.

This unconscionable attack on these women lead directly to the 2005 Canadian Society of Nuclear Medicine motions declaring the Ontario PET trials “unethical”, demanded they be halted, and ***that a national body of experts in Ethics, determine how this could have happened in Ontario.*** The Minister of Health, Mr. Smitherman, the PET Steering Committee and other expert bodies dismissed these profoundly disturbing motions and demands, and proceeded with the trails. Dr. Driedger, the senior member of the PET Steering Committee resigned in disgust in 2009 and stated publicly:

“What those who are blocking PET are doing, borders on immoral.”

Yet there are those in the MOH who are very proud of what they’ve accomplished and offer their ‘methods’ up as a model for others to follow. They continue to think up new ways of blocking patients from new imaging technology. Perhaps the time has come to subject their methodology to the ultimate ‘litmus test’ and:

Carry out the CSNM motion and have an independent body of nationally recognized experts in Ethics review what has transpired.

Ultimately your decision comes down to whether you are prepared to stand shoulder to shoulder with those physicians who have perpetrated this travesty on our patients, or be part of an exciting and rewarding new path for a future we can all be proud of.

If you felt it would be of any use, I would be happy to meet with you to discuss the issues further.

If not then I would appreciate an acknowledgement that this letter has been received, so that as I move forward, I have my facts correct.

Respectfully Submitted.

Dr. Dave Webster