

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">September 23, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. . . . . Commission Co-counsel Sandra Chaytor, Q.C. . . . . Commission Co-counsel</p> <p>Rolf Pritchard/Jackie Brazil . . . . Her Majesty in Right of NL</p> <p>Peter Browne . . . . . Doctors Kara Laing et al</p> <p>Daniel Simmons/Beth Whalen . . . . Eastern Regional Integrated . . . . . Health Authority</p> <p>Laura Brocklehurst. . . . . Members of the Breast Cancer . . . . . Testing Class Action</p> <p>Mark Pike . . . . . NL Medical Association</p> <p>Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)</p>	<p style="text-align: center;">LIST OF EXHIBITS</p> <p>EXHIBIT C-247 THROUGH C-261 . . . . . Pg. 183</p> <p>EXHIBIT P-2831 THROUGH P-2861 . . . . . Pg. 183</p> <p>EXHIBIT P-2863 THROUGH P-2882 . . . . . Pg. 183</p>
<p style="text-align: center;">TABLE OF CONTENTS</p> <p>DR. LAWRENCE ALTEEN - RESUMES THE STAND</p> <p>Examination by Bernard Coffey, Q.C. - Cont'd . . . Pgs. 4 - 165 Examination by Ms. Laura Brocklehurst . . . . . Pgs. 165 - 171 Examination by David Eaton, Q.C. . . . . Pgs. 171 - 182</p> <p>MS. NANCY PARSONS - SWORN</p> <p>Examination by Bernard Coffey, Q.C. . . . . Pgs. 182 - 381</p> <p>Certificate</p>	<p style="text-align: right;">Page 4</p> <p>1 THE COMMISSIONER: 2 Q. Please be seated. Mr. Coffey. Oh, Mr. 3 Coffey, before--well, actually some counsel 4 aren't here yet. I'll deal with the small 5 matter I have to deal with at the break, 6 perhaps. 7 COFFEY, Q.C.: 8 Q. Break time? Thank you. 9 DR. LAWRENCE ALTEEN, EXAMINATION BY BERNARD COFFEY, Q.C. 10 (CONTINUED) 11 COFFEY, Q.C.: 12 Q. Good morning, Doctor. 13 DR. ALTEEN: 14 A. Good morning. 15 COFFEY, Q.C.: 16 Q. Exhibit, Registrar, please, Exhibit P-2906? 17 Doctor, this particular exhibit is four pages 18 long. It's three pages of text and the fourth 19 page is a flow chart. 20 DR. ALTEEN: 21 A. Right. 22 COFFEY, Q.C.: 23 Q. As it were. It begins, "Overview of estrogen 24 and progesterone receptor testing." And do 25 you recognize the writing there?</p>

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<p>1 DR. ALTEEN: 2 A. That's Mr. Diamond's. 3 COFFEY, Q.C.: 4 Q. Mr. Diamond's. And I take it it's referring 5 to yourself? 6 DR. ALTEEN: 7 A. Correct. 8 COFFEY, Q.C.: 9 Q. And, Doctor, this--an outline of the 10 situation, I take it, if you look through 11 this, in the fall of 2005. It, as I said, 12 begins with "Overview of estrogen and 13 progesterone receptor testing." And it's kind 14 of a narrative when one looks at it. And then 15 on the second page is a title "Consumer 16 Feedback. The following questions and answers 17 are posted on our web site and form the basis 18 of our response to individuals when they 19 inquire." There's, "What is ER/PR? What is 20 happening now? Why are some results 21 different? I haven't been contacted, what 22 should I do?" And then "Synopsis of feedback 23 received to date. As of October 7, 2005 11 24 calls have been received regarding ER/PR. All 25 were a patient, family member or friend</p>	<p>1 three pages of this are a narrative. Would 2 you have understood them to be a narrative 3 provided by Eastern Health? 4 DR. ALTEEN: 5 A. Correct. 6 COFFEY, Q.C.: 7 Q. And then the fourth page, the flow chart is to 8 let the other regional health authorities, 9 such as Central, know the process from Eastern 10 Health's perspective? 11 DR. ALTEEN: 12 A. Correct. I think at that point in time we 13 were probably--this is probably a synopsis of 14 what we had already been told, probably. 15 COFFEY, Q.C.: 16 Q. Told, was it on - 17 DR. ALTEEN: 18 A. Told in the various teleconferences and that. 19 COFFEY, Q.C.: 20 Q. But it wasn't on paper? 21 DR. ALTEEN: 22 A. Wasn't on paper, correct. 23 COFFEY, Q.C.: 24 Q. If we could look, please, then, at Exhibit P- 25 2907? Doctor, this is a page of your notes of</p>
<p>Page 6</p> <p>1 calling to inquire about the status of an 2 individual, ie, if the individual was being 3 retested and when the results will be known." 4 And it goes on to talk about particular 5 instances. And it concludes by saying, "All 6 inquiries concerning patients currently 7 actively being followed by the Cancer Clinic 8 were forwarded to the Cancer Clinic for follow 9 up." Doctor, and then finally, Doctor, on the 10 fourth page of this is a flow chart here 11 entitled, "Retesting Process for Samples 12 Outside the St. John's Area." And it's got a 13 very--flow chart with a number of boxes and 14 arrows and small print. Doctor, do you recall 15 receiving this in the fall of 2005? 16 DR. ALTEEN: 17 A. Yes. 18 COFFEY, Q.C.: 19 Q. And you would have received it from Mr. 20 Diamond? 21 DR. ALTEEN: 22 A. That's the process I'm assuming I got it from, 23 yes. 24 COFFEY, Q.C.: 25 Q. And I take it that this, in effect, the first</p>	<p>Page 8</p> <p>1 October 7, 2005? 2 DR. ALTEEN: 3 A. Yes. 4 COFFEY, Q.C.: 5 Q. And it says "Robert Williams, telephone call." 6 And I take it this reflects your notes as to 7 what Dr. Williams was telling you at the time? 8 DR. ALTEEN: 9 A. That's right. 10 COFFEY, Q.C.: 11 Q. And from time to time then throughout your 12 involvement in this matter as time went on you 13 would speak with Dr. Williams? 14 DR. ALTEEN: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. Occasionally and make notes on it. Here it 18 indicates you're told 210 case were sent out 19 so far and returned. 41 conversions. "Letter 20 from Dr. Williams to GPs. Letter from Dr. 21 Gardiner to surgeons." And then "HIROC" 22 you've noted, "didn't want to disclose to 23 patients until we have test results back. 24 This cause unnecessary worry in Labrador last 25 year when patients contacted before results</p>

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1 available. Will try to arrange teleconference  
 2 with CEOs, HIROC to discuss." Doctor, this  
 3 reference to HIROC, I take it this is your  
 4 account or notes of what Dr. Williams was  
 5 telling you on the phone?  
 6 DR. ALTEEN:  
 7 A. That's correct.  
 8 COFFEY, Q.C.:  
 9 Q. Do you know if this teleconference with the  
 10 CEOs and HIROC was ever held?  
 11 DR. ALTEEN:  
 12 A. Unless I have notes that I can't recall  
 13 specifically, we had HIROC on a teleconference  
 14 at all.  
 15 COFFEY, Q.C.:  
 16 Q. Did you, yourself, or anybody from Central, to  
 17 your knowledge, ever deal with HIROC on this?  
 18 DR. ALTEEN:  
 19 A. I did not deal with HIROC personally that I  
 20 recall. Whether someone from the  
 21 organization. And again, going back to 2005,  
 22 I do believe HIROC was our insurer at that  
 23 point in time, although I can't--again, there  
 24 was a change at one point in time. And I'm  
 25 sure that somebody in our organization would

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1 have talked to our insurers at some point  
 2 during the process.  
 3 COFFEY, Q.C.:  
 4 Q. And that would be generally somebody from your  
 5 risk management?  
 6 DR. ALTEEN:  
 7 A. That's right, yeah.  
 8 COFFEY, Q.C.:  
 9 Q. Office.  
 10 DR. ALTEEN:  
 11 A. And certainly Betty Forward was the person who  
 12 had a lot of experience with dealing with  
 13 insurers and legal counsel and that, so she  
 14 may have been the person.  
 15 COFFEY, Q.C.:  
 16 Q. And here this reference to the note on HIROC,  
 17 did you have any understanding or obtain any  
 18 understanding from Dr. Williams on October 7th  
 19 as to what time frame he was referring to here  
 20 when HIROC didn't want to disclose to patients  
 21 until we have the test results back?  
 22 DR. ALTEEN:  
 23 A. Time frame in terms of?  
 24 COFFEY, Q.C.:  
 25 Q. Like, when it was that he was saying to you or

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1 communicating to you HIROC had gotten  
 2 involved?  
 3 DR. ALTEEN:  
 4 A. No, I don't recall the specifics of the time  
 5 frame, no.  
 6 COFFEY, Q.C.:  
 7 Q. The reference to Labrador, what was that  
 8 about?  
 9 DR. ALTEEN:  
 10 A. My recollection of Labrador is that they had  
 11 an instant, I do believe it was related to  
 12 sterilization of some gynecological equipment,  
 13 the year prior. And there was some concerns  
 14 raised that when you notify people early in  
 15 the process without having the repeat, the  
 16 results repeated and back to you, that you'd  
 17 have people worried and people that obviously,  
 18 some of these people would not have had a  
 19 change in their testing. So their concern was  
 20 that you had people worried unnecessary and  
 21 now if we do this now, recognizing that if the  
 22 figures were right and that 25 percent will  
 23 convert, you got 75 percent of people notified  
 24 and worried unnecessarily.  
 25 COFFEY, Q.C.:

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1 Q. Okay. And the reference here to 41  
 2 conversions, you understood conversion in this  
 3 context meant what?  
 4 DR. ALTEEN:  
 5 A. My understanding was that it's a change from a  
 6 negative to a positive.  
 7 COFFEY, Q.C.:  
 8 Q. Doctor, from Western's perspective, then, as  
 9 of October 7th, 2005, in what we've looked at  
 10 so far yesterday and today I don't believe  
 11 there's any reference to patients actually  
 12 being notified up to that point?  
 13 DR. ALTEEN:  
 14 A. Correct.  
 15 COFFEY, Q.C.:  
 16 Q. So as of that point, October 7th, to your  
 17 knowledge was there any plan to tell the  
 18 patients or contact the patients about this  
 19 whole matter other than after the results came  
 20 back?  
 21 DR. ALTEEN:  
 22 A. My recollection at that point in time, no,  
 23 that we had not decided which way this was--we  
 24 had numerous conversations and  
 25 teleconferences, now recognizing that if we're

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1 talking between, you know, September 28th and  
 2 October 7th -  
 3 COFFEY, Q.C.:  
 4 Q. Yes.  
 5 DR. ALTEEN:  
 6 A. - if a very short period of time. We're still  
 7 struggling, I guess, in some ways to make sure  
 8 we have captured everybody, the notification,  
 9 I mean, we have to get the information first  
 10 and then we'll worry about the notification  
 11 later. But those conversations, multiple  
 12 conversations were going on over this period  
 13 of time.  
 14 COFFEY, Q.C.:  
 15 Q. Exhibit P-2908? Doctor, this is a  
 16 spreadsheet, the patients' names, their phone  
 17 numbers, MCP numbers, and in this case the  
 18 surgical numbers -  
 19 DR. ALTEEN:  
 20 A. There's a -  
 21 COFFEY, Q.C.:  
 22 Q. I'm sorry, numbers, Central Western?  
 23 DR. ALTEEN:  
 24 A. That's the Central West Health Care numbers -  
 25 COFFEY, Q.C.:

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1 Q. Health Care number, it's redacted, the  
 2 doctors' names are redacted. But certainly  
 3 the pathology surgical numbers are here, the  
 4 ER and PR status are here in this document.  
 5 Whether or not the patient, Tamoxifen, I take  
 6 it, is an indication this column was to  
 7 whether or not the patient was taking  
 8 Tamoxifen or some drug?  
 9 DR. ALTEEN:  
 10 A. Correct.  
 11 COFFEY, Q.C.:  
 12 Q. Related to hormonal therapy similar to  
 13 Tamoxifen. And then E-X-P would be?  
 14 DR. ALTEEN:  
 15 A. Expired.  
 16 COFFEY, Q.C.:  
 17 Q. Expired, deceased?  
 18 DR. ALTEEN:  
 19 A. Correct.  
 20 COFFEY, Q.C.:  
 21 Q. And then a comments column, I take it, to pick  
 22 up comments thought pertinent to relate to the  
 23 particular patient?  
 24 DR. ALTEEN:  
 25 A. Correct.

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1 COFFEY, Q.C.:  
 2 Q. And ER/PR status, that would be the original  
 3 status?  
 4 DR. ALTEEN:  
 5 A. That's right.  
 6 COFFEY, Q.C.:  
 7 Q. Doctor, here, as well, is a handwritten note,  
 8 October 9th, '05?  
 9 DR. ALTEEN:  
 10 A. My handwriting.  
 11 COFFEY, Q.C.:  
 12 Q. Yours. So I take it then, Doctor, this would  
 13 be a spreadsheet as the patients were known at  
 14 the time and the various pieces of data  
 15 relating to them?  
 16 DR. ALTEEN:  
 17 A. That's right.  
 18 COFFEY, Q.C.:  
 19 Q. Your organization had prepared up to that  
 20 point. At the bottom on the third page you've  
 21 noted, "Comments. There 105 patients on this  
 22 list of which 27 had been treated, 13 deceased  
 23 and not treated, 14 positive, not treated and  
 24 not deceased. Therefore 51 patients that need  
 25 retesting." And the comment "51 that need

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1 retesting", Doctor, in that--you know, what  
 2 kind of a category was that here?  
 3 DR. ALTEEN:  
 4 A. When I was looking at this, and bearing in  
 5 mind obviously my concern at that point in  
 6 time was who was treated and who was not  
 7 treated.  
 8 COFFEY, Q.C.:  
 9 Q. Yes.  
 10 DR. ALTEEN:  
 11 A. From a testing perspective you can go back and  
 12 look at the 27 who have been treated, they may  
 13 have been ER/PR negative or may have had a  
 14 lower percentage, there may have been some  
 15 reason as to why they're put on hormone  
 16 therapy. From a testing perspective,  
 17 retesting perspective, that may have been  
 18 important to Eastern Health, but from my  
 19 perspective those people, even if they  
 20 changed, they still had been treated, and I  
 21 was more concerned about who hadn't been  
 22 treated who may now change and need treatment.  
 23 COFFEY, Q.C.:  
 24 Q. And therefore, I take it, this 51 patients  
 25 here that need retesting -

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<p>1 DR. ALTEEN:  2 A. That's ones -  3 COFFEY, Q.C.:  4 Q. - would be the patients who were negative  5 originally and had not yet received -  6 DR. ALTEEN:  7 A. Received treatment. As far as we can  8 determine by going to -  9 COFFEY, Q.C.:  10 Q. And who were still alive?  11 DR. ALTEEN:  12 A. That's right.  13 COFFEY, Q.C.:  14 Q. So that was kind of a process of elimination  15 at this point in terms of urgency?  16 DR. ALTEEN:  17 A. That's right.  18 COFFEY, Q.C.:  19 Q. From your perspective?  20 DR. ALTEEN:  21 A. Yeah.  22 COFFEY, Q.C.:  23 Q. And, in fact, if we were to go through this  24 chart, we'd be able to actually probably  25 ascertain exactly who those 51 were?</p>	<p>1 Q. You're referring to. And I appreciate the  2 distinction. But Gander, they were being -  3 DR. ALTEEN:  4 A. They were -  5 COFFEY, Q.C.:  6 Q. - being compiled by Ms. Forward?  7 DR. ALTEEN:  8 A. - we would have another spreadsheet done and  9 compiled with similar information.  10 COFFEY, Q.C.:  11 Q. Okay. Doctor, if I could have the Registrar,  12 please, bring up Exhibit P-2617? Doctor, this  13 is a document that's, actually, it's from a  14 journal. The document is entitled,  15 "Assessment of Tissue, Estrogen and  16 Progesterone Receptor Levels. A Survey of  17 Current Practice, Techniques and Quantitation  18 Methods." As well, if I could bring up,  19 please, P-2897? And this is an extract from a  20 journal. The article is "Estrogen Receptor  21 Analysis for Breast Cancer." And you can see  22 the publication date is January, 2005 on the  23 top left-hand side there?  24 DR. ALTEEN:  25 A. Um-hm.</p>
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<p>1 DR. ALTEEN:  2 A. Yes, with, you know, going back to the  3 information, I'd be able to look at the names  4 and find out which ones.  5 COFFEY, Q.C.:  6 Q. Now, Doctor, in terms of--and this particular  7 grouping of patients are the patients from  8 Grand Falls?  9 DR. ALTEEN:  10 A. That's from the Central -  11 COFFEY, Q.C.:  12 Q. Central.  13 DR. ALTEEN:  14 A. - not from--it's from the Central West side,  15 so it's Grand Falls and area, yes.  16 COFFEY, Q.C.:  17 Q. Grand Falls and area?  18 DR. ALTEEN:  19 A. Yes.  20 COFFEY, Q.C.:  21 Q. Basically Grand Falls Hospitals institutions  22 on the way -  23 DR. ALTEEN:  24 A. Yes.  25 COFFEY, Q.C.:</p>	<p>1 COFFEY, Q.C.:  2 Q. Doctor, did you, well, after you got involved  3 in this, beginning in late September, 2005,  4 ever obtain any journal articles?  5 DR. ALTEEN:  6 A. Myself?  7 COFFEY, Q.C.:  8 Q. Yes.  9 DR. ALTEEN:  10 A. No.  11 COFFEY, Q.C.:  12 Q. Okay. So -  13 DR. ALTEEN:  14 A. This would have been received probably through  15 Eastern Health.  16 COFFEY, Q.C.:  17 Q. Oh, that's what I was getting--you didn't go  18 looking for them yourself?  19 DR. ALTEEN:  20 A. No.  21 COFFEY, Q.C.:  22 Q. But were there articles provided to you,  23 journal articles, information?  24 DR. ALTEEN:  25 A. Yes.</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And you received them from Eastern Health?</p> <p>3 DR. ALTEEN:</p> <p>4 A. From Eastern Health.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. With a view, I take it, Doctor, to at least</p> <p>7 getting some sense from the literature,</p> <p>8 medical literature as to the parameters of</p> <p>9 what you're involved in?</p> <p>10 DR. ALTEEN:</p> <p>11 A. Correct.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. To, in effect, educate yourself about it?</p> <p>14 DR. ALTEEN:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Did you, within your own organization, pass</p> <p>18 that information on to anybody?</p> <p>19 DR. ALTEEN:</p> <p>20 A. This was probably shared. Now, I can't say</p> <p>21 specifically. Sometimes, again, when I'm</p> <p>22 sending out to people, I will write notes on</p> <p>23 the top of it to where they were sent. Again,</p> <p>24 there were a number of us sitting around the</p> <p>25 table, we all may have received copies of</p>	<p>1 A. Who may have been treated, who wasn't treated.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Who, for example, would have ended up under</p> <p>4 the column, "Tamoxifen or some other drug,</p> <p>5 yes, no," or the drug named?</p> <p>6 DR. ALTEEN:</p> <p>7 A. That's right, yeah.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. On that exhibit of October -</p> <p>10 DR. ALTEEN:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. October 9 spreadsheet.</p> <p>14 DR. ALTEEN:</p> <p>15 A. Yeah.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Exhibit P-2909, please? Doctor, too, in then</p> <p>18 packaging up the blocks containing the tissue</p> <p>19 samples to be sent to St. John's, the 51</p> <p>20 patients who were still alive and who had not</p> <p>21 received treatment, okay?</p> <p>22 DR. ALTEEN:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. You know, and were negative originally?</p>
<p>1 that, I wouldn't be sure.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Exhibit P-2907 again, please? These are your</p> <p>4 notes again, Doctor, your conversation of</p> <p>5 October 7th with Dr. Williams. The drugs used</p> <p>6 for treatment and there are a listing of seven</p> <p>7 of them, I believe, Tamoxifen only being one.</p> <p>8 I take it that Dr. Williams was providing you</p> <p>9 with a list of the various types of hormonal</p> <p>10 drugs?</p> <p>11 DR. ALTEEN:</p> <p>12 A. That's right. Some of these I would have been</p> <p>13 familiar with, others were not something that</p> <p>14 I would commonly have used in practice. So I</p> <p>15 just wanted to, again, we're looking through</p> <p>16 patient charts, making sure we're aware of</p> <p>17 which drugs were for specific hormonal</p> <p>18 treatment when we're trying to review that.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. In order to identify who -</p> <p>21 DR. ALTEEN:</p> <p>22 A. Who was treated.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Who was treated.</p> <p>25 DR. ALTEEN:</p>	<p>1 DR. ALTEEN:</p> <p>2 A. Right.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. That you had identified, were they actually</p> <p>5 kind of singled out and sent first or were</p> <p>6 they all packaged together and sent?</p> <p>7 DR. ALTEEN:</p> <p>8 A. I believe they were all packages together,</p> <p>9 because I think that had probably been done at</p> <p>10 that point in time. Specifics of that, like I</p> <p>11 said, Dr. Dalton would probably have more</p> <p>12 information around that than I.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And, Doctor, these are your notes, I take it,</p> <p>15 of October 11th, 2005?</p> <p>16 DR. ALTEEN:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And the heading is "Breast Cancer Patient,</p> <p>20 ER/PR Patient", I believe?</p> <p>21 DR. ALTEEN:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. And then it refers to a teleconference of</p> <p>25 October 11th, 2005. "Verbal and written</p>

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<p>1 correspondence." What was that about, Doctor, 2 do you know? 3 DR. ALTEEN: 4 A. Can't say right now, no, no. Mr. Coffey, I'll 5 just make a comment. 6 COFFEY, Q.C.: 7 Q. Sure. 8 DR. ALTEEN: 9 A. Too, is that when I'm writing these notes, 10 you're trying to listen to a conversation, 11 scribble some notes at the same time. 12 Sometimes when you go back and look at it, you 13 wonder why you wrote some things. But it was 14 done in that context, you're trying to pay 15 attention to what you're hearing as well as 16 keep some track with this at the same time. 17 And again, it's challenging. 18 COFFEY, Q.C.: 19 Q. Doctor, here the--do you recognize these words 20 here? 21 DR. ALTEEN: 22 A. Number of calls to their line. 23 COFFEY, Q.C.: 24 Q. Okay, so it's number of calls to their line, 25 consumer feedback line. That would be Eastern</p>	<p>1 that point in time to phone or to contact each 2 of these people that are being retested. 3 COFFEY, Q.C.: 4 Q. And because by that point, this is October 5 4th, this had been public then for about nine 6 days, October 2nd? 7 DR. ALTEEN: 8 A. Since the 11th. 9 COFFEY, Q.C.: 10 Q. I'm sorry, October 11th. 11 DR. ALTEEN: 12 A. Yeah. 13 COFFEY, Q.C.: 14 Q. Been public then for over a week? 15 DR. ALTEEN: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. There's a reference then to HIROC discussions, 19 "ongoing discussion". 20 DR. ALTEEN: 21 A. Yes. 22 COFFEY, Q.C.: 23 Q. So I take it that--what did you understand 24 then? 25 DR. ALTEEN:</p>
<p>1 Health's? 2 DR. ALTEEN: 3 A. Yes. 4 COFFEY, Q.C.: 5 Q. And consistent message being given out or 6 being received? 7 DR. ALTEEN: 8 A. Consistent message being given out. 9 COFFEY, Q.C.: 10 Q. And QI people are responsible for that line? 11 DR. ALTEEN: 12 A. That's right. 13 COFFEY, Q.C.: 14 Q. That would be Eastern Health's? 15 DR. ALTEEN: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. "Decided not to respond individually after 19 discussion with oncologist". What was that 20 about, Doctor? 21 DR. ALTEEN: 22 A. Again I think at that point in time they may 23 have had some discussion with their medical 24 oncologists, perhaps a radiation oncologist as 25 well, but there were decisions made not to at</p>	<p>1 A. Again I thought that they were having talks 2 with HIROC in regards to how to do the 3 communications. 4 COFFEY, Q.C.: 5 Q. Current talks, ongoing -- 6 DR. ALTEEN: 7 A. My note is ongoing discussions. They were 8 still talking with HIROC about this. 9 COFFEY, Q.C.: 10 Q. And there's an attribution of a comment to 11 George. That would be George Tilley? 12 DR. ALTEEN: 13 A. Correct. 14 COFFEY, Q.C.: 15 Q. Comments, "Each region will identify a 16 contact. That group will decide on the 17 frequency of conference calls, use the Health 18 Care Corporation of St. John's website and 19 consumer line as a point of referral. Will 20 use a global registry". That would be, I take 21 it, a provincial across the province registry? 22 DR. ALTEEN: 23 A. Yes. 24 COFFEY, Q.C.: 25 Q. "Need to look nationally at inconsistencies in</p>

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<p>1 ER/PR from pathology as well as oncology 2 perspective". There's a reference here to Pat 3 Pilgrim and a phone number for her.</p> <p>4 DR. ALTEEN: 5 A. Yeah.</p> <p>6 COFFEY, Q.C.: 7 Q. So, Doctor, this was a teleconference 8 involving all the regions?</p> <p>9 DR. ALTEEN: 10 A. The regions.</p> <p>11 COFFEY, Q.C.: 12 Q. And by the time this conference call ended, 13 bearing in mind what you noted about the 14 comments from Mr. Tilley, your understand was 15 what as to who was going to take the lead 16 then? You're a week into this now, just over 17 a week.</p> <p>18 DR. ALTEEN: 19 A. My understanding still I think at that point 20 in time was that Eastern was taking the lead 21 when it came to what we were going to do with 22 patient notification.</p> <p>23 COFFEY, Q.C.: 24 Q. Exhibit P-2910. Doctor, these are minutes of 25 what I'm going to describe as the 10th meeting</p>	<p>1 DR. ALTEEN: 2 A. Because I usually would give a report to the 3 board as well. I don't know if that was under 4 my -</p> <p>5 COFFEY, Q.C.: 6 Q. It's page two--actually, page three is 7 redacted here. This is page four. We have 8 the report to board chair, report CEO.</p> <p>9 DR. ALTEEN: 10 A. So this is under the CEO. The CEO gave that 11 report.</p> <p>12 COFFEY, Q.C.: 13 Q. Mr. Diamond.</p> <p>14 DR. ALTEEN: 15 A. I may have provided some commentary as well at 16 the time. The highlights are--I guess our 17 understanding at that point in time was the 18 contact with patients was coming from Eastern 19 Health.</p> <p>20 COFFEY, Q.C.: 21 Q. Doctor, in relation then to Central while you 22 were there as VP, I take it you routinely 23 attended the board meetings?</p> <p>24 DR. ALTEEN: 25 A. Yes.</p>
<p>Page 30</p> <p>1 of the Central Regional Integrated Health 2 Authority held Tuesday, October 11th, 2005, at 3 the James Paton Memorial Hospital in Gander. 4 Doctor, if I could ask, please, to look at 5 page four, paragraph 8.7. There's a reference 6 here to ER/PR and breast cancer testing and it 7 says "An article in the Globe and Mail was 8 circulated on ER/PR breast cancer testing. 9 ER/PR testing for the province is conducted by 10 the lab in Eastern Health. A problem with the 11 procedure was identified over the summer and 12 these problems go back as far as 1999. This 13 resulted in some patients from Central 14 Newfoundland testing negative where they 15 should have tested positive. Eastern Health 16 is coordinating testing and contact with 17 patients from the four regions". I take it 18 this was a briefing out of the board at the 19 time?</p> <p>20 DR. ALTEEN: 21 A. Yes, I don't know if you can go back--I'm not 22 sure if that was from me or from Mr. Diamond. 23 If you would just scroll back up, it would --</p> <p>24 COFFEY, Q.C.: 25 Q. Sure, I certainly can.</p>	<p>Page 32</p> <p>1 COFFEY, Q.C.: 2 Q. How much, if at all, from your perspective did 3 the board get involved in this matter?</p> <p>4 DR. ALTEEN: 5 A. In this matter, very little, other than 6 informing them what was happening.</p> <p>7 COFFEY, Q.C.: 8 Q. They didn't actually -</p> <p>9 DR. ALTEEN: 10 A. No.</p> <p>11 COFFEY, Q.C.: 12 Q. They were kept apprised of it.</p> <p>13 DR. ALTEEN: 14 A. They were kept apprised and that, but in terms 15 of any other involvement -</p> <p>16 COFFEY, Q.C.: 17 Q. They didn't intervene.</p> <p>18 DR. ALTEEN: 19 A. Just to let them know what was happening 20 provincially with this, so they would again-- 21 because again as a board, they would 22 periodically end up having questions around 23 certain aspects of health care, so mainly to 24 be knowledgeable about this, but --</p> <p>25 COFFEY, Q.C.:</p>



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1 Q. Doctor, Exhibit P-2911, 2911. Doctor, this is  
 2 another document with some handwriting of  
 3 October 20th, 2005.  
 4 DR. ALTEEN:  
 5 A. Mine.  
 6 COFFEY, Q.C.:  
 7 Q. Yours, and I take it you would make--when you  
 8 would receive a document from someone else,  
 9 you kind of had a habit, perhaps not  
 10 invariable, but you would put some kind of a  
 11 date on it?  
 12 DR. ALTEEN:  
 13 A. Particularly when you go into this, you're  
 14 trying--there's so much information coming in  
 15 and you're trying to keep it in some sort of  
 16 chronological order because again, we receive  
 17 some of these things and they do not have  
 18 dates on them. And I don't know specifically  
 19 on the bottom of this, but certainly I--it  
 20 wasn't uncommon to write a date on it, yes.  
 21 COFFEY, Q.C.:  
 22 Q. Here is entitled, "A message to breast cancer  
 23 patients. Retesting for ER and PR receptors,  
 24 what's it all about, what are ER/PR receptors,  
 25 and what is happening now". You would have

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1 received this from Eastern Health?  
 2 DR. ALTEEN:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. And -  
 6 DR. ALTEEN:  
 7 A. Now if I could just -  
 8 COFFEY, Q.C.:  
 9 Q. Sure.  
 10 DR. ALTEEN:  
 11 A. Whether I received that directly, whether that  
 12 went to our communications, but "we" as an  
 13 organization received it from Eastern Health.  
 14 COFFEY, Q.C.:  
 15 Q. Doctor, by this point in time, which would be  
 16 October 20th, the idea of a message to breast  
 17 cancer patients, within Central, this would  
 18 have been utilized where, this sort of a  
 19 message?  
 20 COFFEY, Q.C.:  
 21 Q. In our -  
 22 COFFEY, Q.C.:  
 23 Q. Within your region? Would it be posted on a  
 24 website, would it be--done what with?  
 25 DR. ALTEEN:

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1 A. Generally with this, it may have been posted  
 2 on our website. I don't know if it was at the  
 3 time. Again I think some of this was for our  
 4 communications people. People did get a phone  
 5 call, here's where we are at this point in  
 6 time with this whole retesting.  
 7 COFFEY, Q.C.:  
 8 Q. Okay.  
 9 DR. ALTEEN:  
 10 A. So again it was a message that we could--for  
 11 all of us who were going to be called  
 12 periodically, that we would be able to respond  
 13 to any questions that were arising.  
 14 COFFEY, Q.C.:  
 15 Q. Was there anyone in particular within Central  
 16 who was acknowledged or identified as being  
 17 the primary contact person for patient  
 18 inquiries?  
 19 DR. ALTEEN:  
 20 A. Most of the time this would have gone through  
 21 our communications side of the organization.  
 22 At that point in time, we did not have, and we  
 23 did--again the time frames are fuzzy, but we  
 24 did have a complaints department and an  
 25 officer actually put in that role, but it was

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1 probably after this. So at that point in  
 2 time, it probably would go to our  
 3 communications people and they would pass on  
 4 messages, and that may be received some of the  
 5 secretarial staff in the administration  
 6 office, that they would know to push this on  
 7 to the communications people who would then  
 8 bring it to our attention.  
 9 COFFEY, Q.C.:  
 10 Q. Exhibit P-2932. This is an e-mail, Doctor,  
 11 from yourself to Ms. Predham, and Jim Hornell  
 12 and Stephanie Power. Who's Mr. Hornell?  
 13 DR. ALTEEN:  
 14 A. Mr. Hornell was our--probably our COO at that  
 15 time. Either that or VP who dealt with, like  
 16 I said, complaints, communications, and those  
 17 sort of things. Again there was a change in  
 18 roles over a period of time, but he was  
 19 certainly at the VP level at that point in  
 20 time.  
 21 COFFEY, Q.C.:  
 22 Q. And it's dated October 23rd, 2005. The  
 23 attachments are labelled "ER/PR patients, old  
 24 Central East XLS", which is spreadsheet, and  
 25 then "ER/PR patients, old Central West XLS",

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1 and you write, "Hi Heather, I've attached two  
2 spreadsheets with the information from our  
3 area concerning ER/PR patients. I think we  
4 have all the data, but wanted to cross  
5 reference it with yours. My calculations  
6 suggest that there are probably only 51 from  
7 the old Central West, and 32 from central east  
8 that are actually of any immediate concern",  
9 and, Doctor, I'll stop there. That, I take  
10 it, is in relation to people who are still  
11 alive who tested negative originally --

12 DR. ALTEEN:  
13 A. And were not treated.

14 COFFEY, Q.C.:  
15 Q. And were not on hormonal therapy, to the best  
16 of your knowledge?

17 DR. ALTEEN:  
18 A. That's the way I was looking at this, yes.

19 COFFEY, Q.C.:  
20 Q. That 51 --

21 DR. ALTEEN:  
22 A. Yeah.

23 COFFEY, Q.C.:  
24 Q. Cross-referencing, in fact. Then you'd found  
25 when you got the information from Gander,

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1 Central East, you identified 32 such patients?

2 DR. ALTEEN:  
3 A. Correct.

4 COFFEY, Q.C.:  
5 Q. You go on to say then, "I have based that on  
6 if ER or PR 30 percent or greater, then there  
7 would be no need to retest the patient. I  
8 hadn't narrowed this down for patients tested  
9 after 2001, but that could be done if it is  
10 necessary. I just want to make sure that we  
11 have agreement on the final list so that any  
12 communication is based on the same base  
13 information. Can you review these  
14 spreadsheets and let me know if you or others  
15 have any changes that they wish us to make.  
16 Thanks, Larry". Now, Doctor, you do here  
17 refer to this ER/PR and 30 percent or greater?

18 DR. ALTEEN:  
19 A. Right.

20 COFFEY, Q.C.:  
21 Q. And you'll recall that yesterday, in fact, I  
22 believe it was on October 7th, you had spoken  
23 with--October 6th you had spoken with Dr.  
24 McCarthy?

25 DR. ALTEEN:

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1 A. Right.

2 COFFEY, Q.C.:  
3 Q. And she had been talking about the 10 percent,  
4 always treat at 10. The reference here to 30  
5 in 2001 --

6 DR. ALTEEN:  
7 A. Correct.

8 COFFEY, Q.C.:  
9 Q. Why are you referring to that?

10 DR. ALTEEN:  
11 A. Again my recollection is that prior to 2001,  
12 the 30 percent rule may have been in effect  
13 generally. Now again Dr. McCarthy said  
14 different people were doing perhaps different  
15 things, but we had found, I think, on our list  
16 at times there were people who were on that  
17 list that may have been sent out that were  
18 already at 30 percent, and the question was if  
19 they're already considered ER/PR positive,  
20 then why were they on a list to be sent out to  
21 anybody. We did have some people, I think,  
22 that were--that I would have thought were  
23 considered ER/PR positive, and may have been  
24 on the blocks that were sent out to St. John's  
25 and on to Mount Sinai. So I was basing it on

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1 the premise that prior to 2001, some of the  
2 information was that if you were ER/PR greater  
3 than 30 percent, you were considered positive  
4 at that point in time.

5 COFFEY, Q.C.:  
6 Q. Greater than 30 or greater than 10?

7 DR. ALTEEN:  
8 A. Prior --

9 COFFEY, Q.C.:  
10 Q. Oh, prior.

11 DR. ALTEEN:  
12 A. Prior to 2001, not after 2001. That what I  
13 said, I haven't narrowed it down for patients  
14 tested after the 2001 time frame.

15 COFFEY, Q.C.:  
16 Q. Doctor, from your perspective at the time,  
17 okay, your understanding was Central was  
18 gathering up and sending anyone who was less  
19 than 30, 30 or less?

20 DR. ALTEEN:  
21 A. Again, I think--again this was somewhat of a  
22 moving target and trying to be consistent with  
23 my assumption that if they were considered  
24 ER/PR negative, and again recognizing that the  
25 standards had changed, so I made the

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1 assumption that we were--because again we were  
2 looking for the statistics and there were  
3 people who were, you know, 25 percent, you  
4 know, 28 percent or whatever.  
5 COFFEY, Q.C.:  
6 Q. At what time frame?  
7 DR. ALTEEN:  
8 A. Pardon?  
9 COFFEY, Q.C.:  
10 Q. At what time frame, what year?  
11 DR. ALTEEN:  
12 A. Again that may have been--some of these may  
13 have been prior to 2001, some of these may  
14 have been after, because there was some--I  
15 certainly--my recollection going through the  
16 spreadsheet is that after 2001, there were  
17 still people that I would have considered  
18 positive by what I understood at that point in  
19 time that we're sending out.  
20 COFFEY, Q.C.:  
21 Q. And who was identifying them to have them sent  
22 out, who had done that?  
23 DR. ALTEEN:  
24 A. Probably through the lab, probably with Dr.  
25 Dalton and with his staff in the lab. They

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1 were going back and trying to compile all the  
2 ER/PR negative. Now I certainly would have  
3 been happier having more than missing  
4 somebody. So if we had to capture some  
5 unnecessary patients that you could argue  
6 about after, fair enough, but we wanted to  
7 make sure we captured everybody.  
8 THE COMMISSIONER:  
9 Q. Dr. Alteen, I just want to make sure I'm clear  
10 on this. It seems to me that what you are  
11 saying by implication in this e-mail is that  
12 whatever the instructions that came from  
13 Eastern Health, for the purposes of gathering  
14 together persons within your region, you used  
15 what we have been calling a cutoff of 30  
16 percent?  
17 DR. ALTEEN:  
18 A. Yes.  
19 THE COMMISSIONER:  
20 Q. And ignored the business of some people  
21 perhaps having changed to a cutoff at 10 at  
22 some point?  
23 DR. ALTEEN:  
24 A. That's right.  
25 THE COMMISSIONER:

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1 Q. Can you tell me then whether or not all of the  
2 people whose rest results--whose blocks were  
3 sent to Eastern Health for the purpose of them  
4 being sent on to Mount Sinai, did you get  
5 results back from those people?  
6 DR. ALTEEN:  
7 A. For all those people?  
8 THE COMMISSIONER:  
9 Q. Uh-hm.  
10 DR. ALTEEN:  
11 A. I'm assuming we did.  
12 THE COMMISSIONER:  
13 Q. Okay.  
14 DR. ALTEEN:  
15 A. Because our spreadsheets over time--these  
16 spreadsheets evolved over time, so that  
17 there's further spreadsheets where the  
18 percentages that came--where they came back  
19 from Mount Sinai.  
20 THE COMMISSIONER:  
21 Q. You know, the purpose of my question is to  
22 determine whether or not to your knowledge  
23 Eastern Health would have done any cull of the  
24 material that they got from you, or would they  
25 just merely send that on to Mount Sinai and

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1 then they would deal with the results when  
2 they came back?  
3 DR. ALTEEN:  
4 A. I don't know that I can say with 100 percent  
5 certainty, but I think they were all sent on.  
6 THE COMMISSIONER:  
7 Q. Thank you.  
8 COFFEY, Q.C.:  
9 Q. Doctor, to get some--could you just perhaps  
10 make that just a little larger, page two of  
11 the exhibit, Registrar. Doctor, this  
12 particular part of--I take it this is probably  
13 the old Central East?  
14 DR. ALTEEN:  
15 A. Correct.  
16 COFFEY, Q.C.:  
17 Q. James Paton?  
18 DR. ALTEEN:  
19 A. Yes.  
20 COFFEY, Q.C.:  
21 Q. And if we look down through this, it's  
22 classified by year.  
23 DR. ALTEEN:  
24 A. Yeah.  
25 COFFEY, Q.C.:

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1 Q. '97, '98, '99 and so on, and in each year the  
 2 specimen number, the James Paton Memorial  
 3 Hospital number is redacted, but it would be  
 4 in a column here.  
 5 DR. ALTEEN:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. The name of the patient, MCP number, their  
 9 address and phone number, and their family  
 10 physician. Tamoxifen given or not, as the  
 11 case might be, is listed.  
 12 DR. ALTEEN:  
 13 A. Yeah.  
 14 COFFEY, Q.C.:  
 15 Q. Then there's a listing for ER percent and PR  
 16 percent which would be the original test  
 17 results, I take it here at this point?  
 18 DR. ALTEEN:  
 19 A. Right.  
 20 COFFEY, Q.C.:  
 21 Q. And if you look down through this, one will  
 22 see your point here--for example, just to use  
 23 an example for the Commissioner, looking in  
 24 1998, I believe it's specimen number 1967, I  
 25 believe. It's difficult to follow.

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1 DR. ALTEEN:  
 2 A. Yeah.  
 3 COFFEY, Q.C.:  
 4 Q. Come across here, the ER percent is 30, and,  
 5 in fact, the first entry for 1999, specimen  
 6 #1135, again the first entry is 30, and this  
 7 is for ERs, and, of course, when we look under  
 8 the PR column, there are a number of entries  
 9 for which the percentages--well, the first  
 10 entry on the sheet back in 1997 is 40 to 50  
 11 percent, and then there is some at 70 and 80  
 12 percent and so on. So you were finding that  
 13 the PRs were on a number of occasions well  
 14 over 30?  
 15 DR. ALTEEN:  
 16 A. Correct.  
 17 COFFEY, Q.C.:  
 18 Q. And the ERs at times reached 30?  
 19 DR. ALTEEN:  
 20 A. Correct. It's interesting just to look at  
 21 that because again--and recognizing at that  
 22 point in time, and I don't profess to be an  
 23 expert in pathology or anything, but even if  
 24 you look at even the first one, I mean, the ER  
 25 is zero, the PR is 40/50 percent, that person

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1 was treated with Tamoxifen. And you go down  
 2 through this and you see various scenarios.  
 3 Another one three or four steps down whose PR  
 4 was 20 percent in 1998, that I perhaps would  
 5 have considered that a negative test based on  
 6 what I knew, and again the patient was on  
 7 Tamoxifen. Now again when I'm going through  
 8 the spreadsheet now, and I don't know if we  
 9 clarified it at the point was that patient  
 10 treated originally on Tamoxifen, was that  
 11 patient treated some time after. I wouldn't  
 12 know the answer to that question now.  
 13 COFFEY, Q.C.:  
 14 Q. Sure. Yes, in terms of this reference to  
 15 Tamoxifen given doesn't--if it says, yes,  
 16 you're saying that does not necessarily mean  
 17 it was given at the time of the original  
 18 surgery or just after the original surgery?  
 19 DR. ALTEEN:  
 20 A. Again from our perspective at that time, is  
 21 the patient treated or not. I mean, obviously  
 22 as part of this whole process the time frames  
 23 would be important, but for me at that point  
 24 in time if the patient was treated, they were  
 25 less of a concern to me in terms of what we

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1 had to do.  
 2 COFFEY, Q.C.:  
 3 Q. Doctor, if we go to page four of this  
 4 particular exhibit, we have a total of 75  
 5 patients, 33 received Tamoxifen, two ER or PR  
 6 greater than 30 percent, and no treatment,  
 7 eight deceased, less than 30 percent ER or PR,  
 8 and not treated.  
 9 DR. ALTEEN:  
 10 A. So again trying to break down the information  
 11 the way I was interpreting it at the time.  
 12 COFFEY, Q.C.:  
 13 Q. And, Doctor, here just because of the way the  
 14 spreadsheets print, on page five, I take it,  
 15 under the column patient deceased, there's a  
 16 listing there, that belongs with the --  
 17 DR. ALTEEN:  
 18 A. The spreadsheet.  
 19 COFFEY, Q.C.:  
 20 Q. And it's true for the next page as well?  
 21 DR. ALTEEN:  
 22 A. Correct.  
 23 COFFEY, Q.C.:  
 24 Q. And the next. Now, Doctor, at page eight of  
 25 the exhibit, Exhibit 2932, there is a listing

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1 of what would be patient names, phone numbers,  
 2 MCP numbers, Central West numbers, pathology  
 3 specimen surgical number, the ER status and  
 4 the PR status would be the original status?  
 5 DR. ALTEEN:  
 6 A. Correct.  
 7 COFFEY, Q.C.:  
 8 Q. The doctor's names are redacted, and Tamoxifen  
 9 or some other hormonal therapy drug is listed,  
 10 and EXP, you indicated, would be the date of  
 11 death, if known, and then some comments  
 12 column. Doctor, here--apologize, I'm just  
 13 going to go back then to page nine, the very  
 14 end of page nine, and the comments here at the  
 15 bottom of the spreadsheet is "there are 105  
 16 patients on this list, of which 36 have been  
 17 treated. 11 less than 30 percent ER or PR  
 18 deceased and not treated. Seven above 30  
 19 percent ER or PR not treated and not  
 20 deceased." So I take it this is just a note  
 21 as to -  
 22 DR. ALTEEN:  
 23 A. Yes. The other thing strikes me too, Mr.  
 24 Coffey, just looking at this now is when we're  
 25 looking at the deceased, getting that

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1 information was difficult. Also, when the  
 2 comment about Vital Statistics and trying to  
 3 get that information, I think part of our  
 4 thought process back then too was that you may  
 5 have had people on this list that may be  
 6 deceased but may have died of some other  
 7 illness, motor vehicle accident, whatever, and  
 8 so Vital Statistics, always their information  
 9 is not going to tell us exactly what we might  
 10 want to know. We may make certain assumptions  
 11 that may not be valid based on that.  
 12 COFFEY, Q.C.:  
 13 Q. Doctor, when you noted here that the person  
 14 was deceased and the date of death, were you  
 15 able--because, if it's noted here, does that  
 16 mean that the person's death could be  
 17 attributed to breast cancer or they just died  
 18 on that day?  
 19 DR. ALTEEN:  
 20 A. I think most of it is probably attributed to  
 21 breast cancer, but some of these, some of  
 22 these may have been elderly people that died  
 23 from other illnesses. So not all--I can't say  
 24 with confidence that all of that is breast  
 25 cancer related deaths, no.

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1 COFFEY, Q.C.:  
 2 Q. Exhibit P-1316, please? Now Doctor, this  
 3 particular exhibit is an e-mail of October  
 4 25th, 2005 from Ms. Predham to Dr. Williams,  
 5 Patricia Pilgrim and Dr. Cook and others  
 6 within Eastern Health, and she begins by  
 7 saying, "I just wanted to give you an update  
 8 on where we are as of this morning." But  
 9 then, when we look down through this, and the  
 10 reason I'm referring you to it is as follows,  
 11 the third last paragraph, she says "I  
 12 mentioned the other regions because Larry  
 13 Alteen sent me his data yesterday to confirm  
 14 our results with his. In our discussion  
 15 yesterday, we both felt that we should call  
 16 the people from his region on our list for  
 17 consistency, but after reviewing his names  
 18 last night, we only have a small portion of  
 19 his patients. I will talk to him today. I  
 20 think now it may be better if they do all the  
 21 contacting for their region. How do you  
 22 feel?"  
 23 So Doctor, how then did that work itself  
 24 out in terms of contacting patients? Because  
 25 I take it, we look back at this, by this point

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1 in time, Eastern had begun to contact patients  
 2 to let them know that, in fact, they were  
 3 being retested at this point.  
 4 DR. ALTEEN:  
 5 A. Correct.  
 6 COFFEY, Q.C.:  
 7 Q. So how then was that handled in Central?  
 8 DR. ALTEEN:  
 9 A. I think, just--and again, this is the first  
 10 time I seen this, but I think this highlights  
 11 to me again, I was still on the impression  
 12 that Eastern Health was going to handle all  
 13 this, and I think the problem started when  
 14 they had phoned people and again, found out  
 15 that they called and somebody already had been  
 16 deceased and that was causing obviously some  
 17 concerns for them. I think subsequent to  
 18 that, and we may have had other  
 19 teleconferences with the CEO and medical  
 20 directors and various people to make a  
 21 decision, but I think ultimately it came down  
 22 to that we were contacting the--probably the  
 23 ER/PR people who were negative and  
 24 recontacting people after we got information  
 25 back if they were not changed, but any changes

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1 would have been done through the medical  
 2 oncologists and those sort of things and  
 3 decision made as to how to contact people  
 4 after that, which may have been done through  
 5 the medical oncologists, through the surgeon  
 6 or perhaps through the family physician  
 7 subsequent to that.

8 COFFEY, Q.C.:  
 9 Q. Doctor, do you know if Central ever arranged  
 10 to make phone calls to patients just to let  
 11 them know that they were being retested?

12 DR. ALTEEN:  
 13 A. Again, I think at some point we may have done  
 14 some of that, but again, the dates are unclear  
 15 to me right now.

16 COFFEY, Q.C.:  
 17 Q. And if that occurred, who would have done it  
 18 within your organization?

19 DR. ALTEEN:  
 20 A. I think, again, that Judy Budgell on the west  
 21 side and Sherry Freake on the east side were  
 22 the two people that were making those  
 23 contacts.

24 COFFEY, Q.C.:  
 25 Q. Exhibit P-2914? Doctor, this is--there are

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1 two e-mails of October 25th and October 26th,  
 2 2005, and the first of October 25th, Ms.  
 3 Predham e-mails yourself and says "we've cross  
 4 referenced your list with ours. All the  
 5 patients on our list have been shaded and  
 6 we've given the way it is reported here, if it  
 7 is in any way different from yours. For  
 8 example, yours might say less than five  
 9 percent and ours says negative. There are a  
 10 couple that are truly different though. If  
 11 the comment field is blank, then ours says the  
 12 same thing. We did note that the MCP number  
 13 provided for one patient was" the particular  
 14 number is redacted. "Ours is" again  
 15 redaction. "As we only have the 'shaded'  
 16 people on our list, is it your plan to call  
 17 the rest? I started second guessing our  
 18 decision we made yesterday for us to call all  
 19 of yours on our list night," is what it says.  
 20 "My first call yesterday ended up being to a  
 21 husband of a lady who died. This was after we  
 22 had checked the Telegram obituaries and  
 23 memorials on line and pulled Cancer Clinic  
 24 charts. After that, I assessed each  
 25 individual's Meditech record before I called

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1 and did pick up on two more that had died. I  
 2 was thinking that if your staff could do that,  
 3 it would save both them and the person on the  
 4 other end a lot of torment. Anyway, give it a  
 5 thought and let me know." And then there are--  
 6 she's attached here, these two spreadsheets  
 7 with shaded areas.

8 And then you responded, Doctor, on the  
 9 next day saying "I need to understand what the  
 10 shaded area means. Are the results that you  
 11 have added the retesting done in Toronto?  
 12 Also, I need to confirm the patients that are  
 13 going to be retested from our list. I want to  
 14 make sure that the lists are the same. I'll  
 15 call you tomorrow to discuss further."

16 Now Doctor, do you recall then how that  
 17 played itself out?

18 DR. ALTEEN:  
 19 A. In terms of calling patients?

20 COFFEY, Q.C.:  
 21 Q. Yes.

22 DR. ALTEEN:  
 23 A. Again, when I go back to Heather's comment  
 24 that we had decided, I don't think it was  
 25 myself and Heather had decided how things were

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1 going to be done. I think this was a decision  
 2 made at a higher level, in terms of my  
 3 understanding anyway. I think subsequent to  
 4 that, there were changes made in the process  
 5 that Central Health would be responsible for  
 6 calling patients, and again, my recollection  
 7 is more around patients who were--who the  
 8 results came back and had been unchanged.  
 9 Whether we, in fact, called everybody prior to  
 10 the testing, I can't tell you right now.

11 COFFEY, Q.C.:  
 12 Q. Exhibit P-2915?

13 THE COMMISSIONER:  
 14 Q. Excuse me, but before we leave this issue.  
 15 Can you tell me why--what was it about what  
 16 you had that would make this any less  
 17 complicated than or more certain, in terms of  
 18 who you are contacting than what was available  
 19 to Ms. Predham in the list of things she says  
 20 that she looked at? She looked at--you know,  
 21 she had made the call and discovered that  
 22 there was a lady had already died, and that  
 23 was after she had checked the obituaries and  
 24 the memorials online and pulled the Cancer  
 25 Clinic charts, and after had--she'd gone to

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1 the Meditech records. So why was--what was it  
 2 that was in either Grand Falls or Gander that  
 3 would enable the people who were doing the  
 4 calls in Grand Falls or Gander to pick up more  
 5 of persons who might have been deceased?  
 6 DR. ALTEEN:  
 7 A. Recognizing when she's talking about Meditech,  
 8 we do not have a provincial Meditech system.  
 9 So she would only have access to Meditech in  
 10 St. John's. So, in fact, if a patient had  
 11 died in our hospital in Grand Falls, I could  
 12 easily find that on our Meditech system. She  
 13 would not have access to that.  
 14 THE COMMISSIONER:  
 15 Q. Okay.  
 16 DR. ALTEEN:  
 17 A. So that may not be in the Telegram, it may not  
 18 be in the--I mean, it may not be in the Cancer  
 19 Clinic information at that point in time, but  
 20 I would be able to go through Meditech and  
 21 search in our Meditech. So we don't have a  
 22 provincial system. That's one of the issues  
 23 we do have provincially, information sharing  
 24 is challenging.  
 25 THE COMMISSIONER:

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1 Q. Okay, so that you would have available to you  
 2 information if the patient had died in your  
 3 institution?  
 4 DR. ALTEEN:  
 5 A. In our institution or certainly whether an in-  
 6 patient or came in through the emergency  
 7 department and died in our emergency  
 8 department.  
 9 THE COMMISSIONER:  
 10 Q. Okay.  
 11 DR. ALTEEN:  
 12 A. We would also have abilities to, at times,  
 13 certainly Judy and Sherry at times, would call  
 14 individual physicians' offices. Most of these  
 15 people knew most of the physicians around, so  
 16 they may call the physicians' offices to check  
 17 and see is this patient -  
 18 THE COMMISSIONER:  
 19 Q. Okay, the advantage of being in a smaller  
 20 centre?  
 21 DR. ALTEEN:  
 22 A. In a smaller centre, plus with Meditech, you  
 23 have the ability to see if, for example, an  
 24 individual came in yesterday and had a blood  
 25 test done, I'd be able to see that they had a

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1 blood test, so obviously they were still  
 2 alive.  
 3 THE COMMISSIONER:  
 4 Q. Yes, okay.  
 5 DR. ALTEEN:  
 6 A. So you have different ways of accessing  
 7 information that Heather would not have had  
 8 access to.  
 9 THE COMMISSIONER:  
 10 Q. So, and the primary one of that would be the  
 11 problem, which frankly you're not the first  
 12 one to mention, all the Meditech system not  
 13 being province wide.  
 14 DR. ALTEEN:  
 15 A. We, in Central, I mean, we have two Meditech  
 16 systems, as we organized in April of 2005. We  
 17 are still running two separate. So I cannot--  
 18 I have to go on a separate Meditech system to  
 19 access information from the old Gander and  
 20 east side. So that's not even integrated yet,  
 21 let alone the province.  
 22 THE COMMISSIONER:  
 23 Q. Okay, and do you have two within the  
 24 hospitals? Because sometimes people switch  
 25 systems and then the old system doesn't

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1 (unintelligible) the new one. So are you  
 2 dealing with just two or are you dealing with  
 3 two plus, down the line?  
 4 DR. ALTEEN:  
 5 A. Two.  
 6 THE COMMISSIONER:  
 7 Q. Okay.  
 8 COFFEY, Q.C.:  
 9 Q. As of today?  
 10 DR. ALTEEN:  
 11 A. As of today.  
 12 COFFEY, Q.C.:  
 13 Q. If you were in the hospital in Grand Falls,  
 14 sitting at a terminal, are you able to access  
 15 the Meditech in Gander?  
 16 DR. ALTEEN:  
 17 A. We can. For example, we do, in Grand Falls,  
 18 have cross coverage with obstetrics at times.  
 19 So you do have the abilities to access  
 20 Gander's Meditech system. But it's a separate  
 21 system, separate password.  
 22 COFFEY, Q.C.:  
 23 Q. Okay.  
 24 DR. ALTEEN:  
 25 A. There's no sharing information between those,

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1 but that's being--that's something that, as  
 2 part of amalgamation, is being worked on to  
 3 integrate that, but it may be integrated and  
 4 there's been a lot of issues around the cost  
 5 of doing this, but it may be integrated on a  
 6 go-forward basis as opposed on a retrospective  
 7 basis. So again, something that happened two  
 8 years ago, I would still have to go into two  
 9 different systems and search in both.

10 COFFEY, Q.C.:

11 Q. And Doctor, at the time we're talking about  
 12 here, in 2005/2006, during the time you were  
 13 VP Medical, I take it it was two separate  
 14 systems?

15 DR. ALTEEN:

16 A. Still two separate systems.

17 COFFEY, Q.C.:

18 Q. You had the ability, wherever you--whether you  
 19 were in Gander or Grand Falls, to access both?

20 DR. ALTEEN:

21 A. Access the other.

22 COFFEY, Q.C.:

23 Q. Access the other?

24 DR. ALTEEN:

25 A. Well, access both, yes.

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1 COFFEY, Q.C.:

2 Q. Both, but you would have to log out of one and  
 3 go back on the other?

4 DR. ALTEEN:

5 A. Log into the other, yeah.

6 COFFEY, Q.C.:

7 Q. Exhibit P-2915, please? Doctor, these are, I  
 8 take it, your handwritten notes of November  
 9 28th, 2005.

10 DR. ALTEEN:

11 A. Correct.

12 COFFEY, Q.C.:

13 Q. And what is it, d?

14 DR. ALTEEN:

15 A. "Discussed with"

16 COFFEY, Q.C.:

17 Q. "Discussed with" and it's "re: follow up" and  
 18 you've noted here, "have no answer to my  
 19 spreadsheet as to who on our list are actually  
 20 being retested."

21 DR. ALTEEN:

22 A. Correct.

23 COFFEY, Q.C.:

24 Q. And what was that about, Doctor?

25 DR. ALTEEN:

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1 A. I guess it's still trying to confirm. We had  
 2 a spreadsheet of people that we had  
 3 identified, and again, specifics again, I'm  
 4 just trying to recall all this from looking,  
 5 but I think, again, are they sending out all  
 6 of these patients, and my question about if I  
 7 consider them ER/PR positive, where they're  
 8 ER/PR positive, are you sending those out or  
 9 are you not? Are you taking the whole lot and  
 10 sending them? My assumption was that they  
 11 were sending all of these things, but no one  
 12 had really confirmed that was -

13 COFFEY, Q.C.:

14 Q. That was the point that the Commissioner just  
 15 made with you.

16 DR. ALTEEN:

17 A. Yes, yeah. I was assuming they were, but  
 18 again, you're trying to--you know, have you  
 19 definitely confirmed that we're testing all  
 20 these individuals.

21 COFFEY, Q.C.:

22 Q. So you were identifying--you and--when I say  
 23 you, yourself and the people involved in this,  
 24 reporting to you from Central, were  
 25 identifying people, patient tissue to be sent

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1 to St. John's.

2 DR. ALTEEN:

3 A. Correct.

4 COFFEY, Q.C.:

5 Q. Or packaging it, cataloguing it, packaging and  
 6 sending it.

7 DR. ALTEEN:

8 A. Correct.

9 COFFEY, Q.C.:

10 Q. But up to this point, at the end of November,  
 11 still didn't know what St. John's had actually  
 12 done with any one patient's tissue?

13 DR. ALTEEN:

14 A. That's right. I assume certain things but  
 15 making that confirmation is what I was looking  
 16 for.

17 COFFEY, Q.C.:

18 Q. Then you said here, Doctor, number two, "need  
 19 to know what will be happening with the  
 20 converters. My understanding," which would be  
 21 your own -

22 DR. ALTEEN:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. - "is that a panel consisting of surgical



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<p>1 oncologists, medical oncologists times two,"</p> <p>2 actually, "medical oncologists times two, and</p> <p>3 pathologists, will review with communication</p> <p>4 to family doctor and/or attending"?</p> <p>5 DR. ALTEEN:</p> <p>6 A. Correct.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. So where have you gotten the understanding</p> <p>9 that there would be this panel?</p> <p>10 DR. ALTEEN:</p> <p>11 A. Again, this was conversations that had been</p> <p>12 had between the various organizations and</p> <p>13 again, this may have been through</p> <p>14 teleconferences. It may have come through our</p> <p>15 VP Medical Services meetings. There are</p> <p>16 various communications that we've had, but</p> <p>17 that was the understanding that we had been, I</p> <p>18 guess, at some point in time, been told this</p> <p>19 is how they're going to panel, what they're</p> <p>20 going to do with the converters.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. You go on then to say, Doctor, "need to know</p> <p>23 if all patients being retested have been</p> <p>24 notified of this. It's my assumption," that's</p> <p>25 your own, "is that ER IHA," which would be</p>	<p>1 between Ms. Predham, Mr. Gulliver and</p> <p>2 yourself, and it's scheduled to be 45 minutes.</p> <p>3 If we could look, please, at Exhibit P-</p> <p>4 2917? I take it, Doctor, this was a</p> <p>5 conference call that you wanted probably at</p> <p>6 that point?</p> <p>7 DR. ALTEEN:</p> <p>8 A. I think so, at that time. Again, may have</p> <p>9 been going back to who's being retested.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. These are your handwritten notes relating to</p> <p>12 that conference call of December 5th?</p> <p>13 DR. ALTEEN:</p> <p>14 A. Correct.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. And the participants are Ms. Predham, Mr.</p> <p>17 Gulliver and Larry. Criteria for retesting.</p> <p>18 So I take it you were being advised then of</p> <p>19 this, the information here generally?</p> <p>20 DR. ALTEEN:</p> <p>21 A. Correct.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. By these two individuals?</p> <p>24 DR. ALTEEN:</p> <p>25 A. Yeah.</p>
<p>Page 66</p> <p>1 Eastern, your assumption was that Eastern</p> <p>2 "have taken ownership and would be making this</p> <p>3 contact." So this is the subject matter I was</p> <p>4 asking about earlier. You were questioning,</p> <p>5 at the end of November, you needed to know if</p> <p>6 all the patients who were being retested have</p> <p>7 yet been notified about it, and you were, at</p> <p>8 that point, as of November 28th, were assuming</p> <p>9 that Eastern had notified all patients that</p> <p>10 they were being retested?</p> <p>11 DR. ALTEEN:</p> <p>12 A. That's, again, the chronology of things, but</p> <p>13 that's my notes from that particular time, so</p> <p>14 that's what I was thinking at that time.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. And you noted that the individual would</p> <p>17 confirm in writing what the process will be.</p> <p>18 Doctor, if I could ask, please, Registrar,</p> <p>19 Exhibit P-2916? Doctor, there's an e-mail</p> <p>20 here of December 1st, 2005 from Diane Smith to</p> <p>21 Ms. Predham, Mr. Gulliver and yourself. The</p> <p>22 subject is "confirmation of a conference call</p> <p>23 meeting with Dr. Larry Alteen" and she</p> <p>24 confirms that there'll be a conference call to</p> <p>25 discuss ER/PR scheduled for December 5th</p>	<p>Page 68</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. "Criteria for retesting, prior to 2001, ER</p> <p>3 less than 30 percent considered negative,</p> <p>4 whatever the PR status." So I take it then</p> <p>5 that--was that in keeping with your</p> <p>6 understanding up to that point in time?</p> <p>7 DR. ALTEEN:</p> <p>8 A. Again, it may have changed a little bit,</p> <p>9 because I was--I think I recall under some</p> <p>10 assumption that the PR status made some</p> <p>11 difference in this, but irregardless now,</p> <p>12 you're getting some clarity that the PR status</p> <p>13 we were ignoring. We were just doing if they</p> <p>14 were less than 30 percent ER, prior to 2001.</p> <p>15 After 2001, less than ten percent, these were</p> <p>16 all being retested.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. And after 2001, ER less than ten percent</p> <p>19 considered negative, whatever the PR status.</p> <p>20 DR. ALTEEN:</p> <p>21 A. Correct.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. In other words, to ignore the PR status.</p> <p>24 DR. ALTEEN:</p> <p>25 A. PR status, yes.</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And for you, at this point, this was really</p> <p>3 clarification of this?</p> <p>4 DR. ALTEEN:</p> <p>5 A. I just want, like again, from my perspective,</p> <p>6 I think prior to that I was probably not clear</p> <p>7 that we were not always using the PR status.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And here, St. John's--there's a heading "St.</p> <p>10 John's, 143 Central West that had been sent to</p> <p>11 Toronto, 74 Central East that had been sent to</p> <p>12 Toronto." I take it St. John's was providing</p> <p>13 these numbers?</p> <p>14 DR. ALTEEN:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. As being the numbers that had come out of</p> <p>18 Central West and Central East. And there's a</p> <p>19 note -</p> <p>20 THE COMMISSIONER:</p> <p>21 Q. So I take it from those numbers that your</p> <p>22 choice of who was sent--or your choice of who</p> <p>23 was sent--your choices--sorry, I got diverted</p> <p>24 in the English language, but would those</p> <p>25 numbers in fact match the numbers sent from</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. And then you've noted here, "I confirmed"--</p> <p>3 which would be, I take it, you're confirming</p> <p>4 that--"confirmed that we will match lists.</p> <p>5 St. John's will be contacting all patients</p> <p>6 being retested." So at this point, December</p> <p>7 5th, you're being told by Ms. Predham that St.</p> <p>8 John's will be doing the contacting of all</p> <p>9 patients to tell them that they are being</p> <p>10 retested?</p> <p>11 DR. ALTEEN:</p> <p>12 A. That's my notes, yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And "All will be recontacted once the results</p> <p>15 come back."</p> <p>16 DR. ALTEEN:</p> <p>17 A. Correct.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. As to the results, presumably.</p> <p>20 DR. ALTEEN:</p> <p>21 A. Right.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And then "Will be reviewing all converters by</p> <p>24 panel, Dr. Joy McCarthy, Kara Laing, Dr. Cook</p> <p>25 and Dr. Kwan."</p>
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<p>1 Grand Falls or Gander, as the case may be?</p> <p>2 DR. ALTEEN:</p> <p>3 A. Again, I would have to go back and look at the</p> <p>4 spreadsheets again to confirm that, because</p> <p>5 just eyeballing the numbers now, I'd say there</p> <p>6 probably looks like some disparity between the</p> <p>7 numbers. Because, again, if I go back and</p> <p>8 look at this and say, well we were--and again,</p> <p>9 and appreciate it wasn't just my</p> <p>10 consideration, it was other people had more</p> <p>11 expertise in the centre (sic.) region, that if</p> <p>12 we were considering PR status and that they</p> <p>13 were positive, then obviously they were only</p> <p>14 considering ER status and it may change the</p> <p>15 numbers.</p> <p>16 THE COMMISSIONER:</p> <p>17 Q. Uh-hm.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And, Doctor, in relation then to that, by</p> <p>20 doing such checking, was that done?</p> <p>21 DR. ALTEEN:</p> <p>22 A. Yes, we would have went back, you know,</p> <p>23 numerous times reconfirming, checking all the</p> <p>24 information that--there was a lot of work done</p> <p>25 by the staff in terms of tracking all this.</p>	<p>1 DR. ALTEEN:</p> <p>2 A. Correct.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. You understood -</p> <p>5 DR. ALTEEN:</p> <p>6 A. That's the panel.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. - to be the panel. And "Past 2004/05 recently</p> <p>9 done on new system." What's that about,</p> <p>10 Doctor?</p> <p>11 DR. ALTEEN:</p> <p>12 A. Again, I'm reading that note, I wouldn't be</p> <p>13 able to tell you what I was referencing there.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Exhibit P-1679? Doctor, these are VP Medical</p> <p>16 Services' minutes of December 22nd, 2005.</p> <p>17 You're in attendance and you have referred to</p> <p>18 at times, in your testimony, that Dr. Williams</p> <p>19 would occasionally raise the matter at such</p> <p>20 meetings.</p> <p>21 DR. ALTEEN:</p> <p>22 A. Right.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. This is one of those, paragraph 20, "update on</p> <p>25 screening for breast cancer and Bob Williams</p>

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<p>1 giving an update on some of the problems 2 incurred with getting results back from Mount 3 Sinai Hospital. It's hoped by the end of 4 January most of the backlog will be 5 eliminated. There was a question raised about 6 what is happening in Nova Scotia. It was 7 understood that Nova Scotia had started to do 8 some of their own testing." Doctor, do you 9 recall what that was about? 10 DR. ALTEEN: 11 A. No, I don't. 12 COFFEY, Q.C.: 13 Q. But in any case, in terms of the retesting 14 results from Mount Sinai, as of just before 15 Christmas in 2005, it was anticipated that 16 within a month or so, the results would be 17 back? 18 DR. ALTEEN: 19 A. They would be back, yes. 20 COFFEY, Q.C.: 21 Q. Now what were you doing, Doctor, then in 22 Central to prepare then for the return of the 23 results? 24 DR. ALTEEN: 25 A. Again, my understanding was that the results</p>	<p>1 Q. What does "all" mean here in this context, all 2 patients are being panelled or - 3 DR. ALTEEN: 4 A. No, again, I can't say what I was referencing 5 there. Certainly my recollection is that the 6 people are being panelled, all of them are 7 going to be--certainly the people that have 8 converted are all going to be panelled and 9 that be what I was trying to say, but - 10 COFFEY, Q.C.: 11 Q. Here, Doctor, you also made a note then, 12 "124"--something, that's probably scribbled 13 out, is it? 14 DR. ALTEEN: 15 A. Yeah, I had results, but it was sent to Mount 16 Sinai, it wasn't results - 17 COFFEY, Q.C.: 18 Q. "124 sent to Mount Sinai and back." And then 19 there's "49 to be panelled, Larry review." Is 20 that Larry or Laing? Laing review. Do you 21 know what that - 22 DR. ALTEEN: 23 A. I think it's Laing. 24 COFFEY, Q.C.: 25 Q. Laing, yes. "40 negative. We will"--I</p>
<p>1 come back, people are panelled, Eastern is 2 looking after the converters and my 3 recollection is that the people who came back 4 and who were still negative, our staff would 5 be contacting them and letting them know. 6 COFFEY, Q.C.: 7 Q. Exhibit P-2918. Doctor, these are your 8 handwritten notes of January 29th, 2006. 9 DR. ALTEEN: 10 A. Yes. 11 COFFEY, Q.C.: 12 Q. And you've noted here "PR/ER, Dr. Robert 13 Williams"--which I presume is the phone call 14 with him, and you note "want us to notify 15 patients that are negative. They will be 16 provided"--which I take it is you will be 17 provided with the list. 18 DR. ALTEEN: 19 A. Right. 20 COFFEY, Q.C.: 21 Q. Of negative patients being panelled. What's 22 that, Doctor? 23 DR. ALTEEN: 24 A. That's "all". 25 COFFEY, Q.C.:</p>	<p>1 presume this is 40 you will deal with. 2 DR. ALTEEN: 3 A. Yes. 4 COFFEY, Q.C.: 5 Q. Three panelled, I think would be probably to 6 date at that point. "Ten, no results yet or 7 they were ductal in situ." 8 DR. ALTEEN: 9 A. Right. 10 COFFEY, Q.C.: 11 Q. You then came to understand, I take it, that 12 Mount Sinai was not doing any ER/PR tests on 13 DCIS cases? 14 DR. ALTEEN: 15 A. Correct. 16 COFFEY, Q.C.: 17 Q. And then there are 22 deceased. 18 DR. ALTEEN: 19 A. Yes. 20 COFFEY, Q.C.: 21 Q. And then there's a note you attribute comments 22 to Heather, "124, Grand Falls, 49 to be 23 panelled. Larry review, 40 negative, Larry to 24 call." Larry would be your organization, I 25 take it?</p>

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1 DR. ALTEEN:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. "Two panelled already, 22 deceased, 10 DCIS."  
 5 This is in effect, the same -  
 6 DR. ALTEEN:  
 7 A. This is the same note from above, yes.  
 8 COFFEY, Q.C.:  
 9 Q. - same note, but better account of it.  
 10 DR. ALTEEN:  
 11 A. Confirms too that the 49 up above that we  
 12 talked about that may have been Laing, looks  
 13 like Larry.  
 14 COFFEY, Q.C.:  
 15 Q. Yes, Larry review. And here up to the 124 out  
 16 of Grand Falls, 71 in Gander, 27 to be  
 17 panelled, 19 negative, 3 panelled already, 20  
 18 deceased, 2 DCIS. So I take it, the St.  
 19 John's, Heather Predham was in this telephone  
 20 call breaking down between Central East and  
 21 West.  
 22 DR. ALTEEN:  
 23 A. That's what I'd assume, yes.  
 24 COFFEY, Q.C.:  
 25 Q. Yes, do you know what the Larry review means?

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1 Would you have reviewed the cases yourself?  
 2 DR. ALTEEN:  
 3 A. No, again, may have been again going back and  
 4 just making sure, cross-referencing the list,  
 5 I certainly would not be reviewing the cases,  
 6 no.  
 7 COFFEY, Q.C.:  
 8 Q. Exhibit P-2919. Doctor, this is an e-mail  
 9 from Ms. Predham to yourself of January 30th,  
 10 2006 and the attachment is Central  
 11 results.xls, it's a spreadsheet. She writes,  
 12 "Here are the results, if you have any  
 13 questions at all, don't hesitate to call. Can  
 14 you e-mail me back to confirm you got this,  
 15 thanks. Heather." And, Doctor, when we look  
 16 at the pages here, there's an RS number,  
 17 specimen number, patient's name, blocks, which  
 18 is an identification of the block identifier,  
 19 the region, the original ER result, the  
 20 original PR result, Mount Sinai ER result and  
 21 then there'd be, on page 4 of this, would be  
 22 the Mount Sinai PR result which are in the  
 23 spreadsheet, this would be the continuation of  
 24 the first page.  
 25 DR. ALTEEN:

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1 A. Correct.  
 2 COFFEY, Q.C.:  
 3 Q. Mount Sinai tumour designation as to the type  
 4 of tumour. IC would be the internal control  
 5 and fixation or processing, some kind of a  
 6 comment or key, and then a comment column.  
 7 Doctor, the results, I'm just going to go to  
 8 page--they're all Gander's. I take it,  
 9 Doctor, you would have received the same thing  
 10 for Grand Falls, in effect.  
 11 DR. ALTEEN:  
 12 A. I'm assuming, yes.  
 13 COFFEY, Q.C.:  
 14 Q. Yes. What did you do then, Doctor, with these  
 15 when you received them?  
 16 DR. ALTEEN:  
 17 A. With these lists?  
 18 COFFEY, Q.C.:  
 19 Q. Yes.  
 20 DR. ALTEEN:  
 21 A. I think at that point in time we probably  
 22 would have sat down with our group and gone  
 23 through to confirm, again, we're cross-  
 24 referencing lists all the time, taking that  
 25 information, recognized who was being

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1 panelled. And recognized at the same time  
 2 that I do believe at various times we were  
 3 getting individual, the testing results  
 4 actually coming back from Mount Sinai as well.  
 5 COFFEY, Q.C.:  
 6 Q. Yes.  
 7 DR. ALTEEN:  
 8 A. So some of these things, again, we were  
 9 keeping a database for this. And then you're  
 10 going down through your list confirming who  
 11 was back, if they were still negative, then  
 12 obviously our people would be making those, I  
 13 guess those contacts to those individuals.  
 14 The people who were panelled would be going  
 15 through the Eastern Health's system to notify  
 16 or certainly decide and then notify patients  
 17 about treatment changes.  
 18 COFFEY, Q.C.:  
 19 Q. Exhibit P-2920. Now this is--this  
 20 handwriting, that's not yours, is it, Doctor?  
 21 DR. ALTEEN:  
 22 A. No, it's not.  
 23 COFFEY, Q.C.:  
 24 Q. So I understand is Ms. Predham's. There is a,  
 25 on the second page of this exhibit, a

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<p>1 reference to--it's dated February 2nd, 2006  2 and under the heading "Progress" there's four  3 entries, and a reference to "contact Larry  4 Alteen, nursing home, Lewisporte". There's a  5 patient name redacted here, I gather.  6 DR. ALTEEN:  7 A. Uh-hm.  8 COFFEY, Q.C.:  9 Q. So, Doctor, I refer you to this, just ask you,  10 I take it then that at times there was contact  11 between yourself and Ms. Predham about  12 individual patients and what was to be done  13 about them -  14 DR. ALTEEN:  15 A. Yes.  16 COFFEY, Q.C.:  17 Q. In terms of communications. Exhibit P-1067?  18 Doctor, now these are minutes of the VP  19 Medical Services' meeting of February 2nd,  20 2006. You are in attendance along with your  21 counterparts and under paragraph G, page 9 of  22 the original document, there's a heading, "ER  23 and PR Receptors." And it's noted that "Bob  24 Williams provided an update on reports being  25 returned from Mount Sinai Hospital. Larry</p>	<p>1 any of the patients in the Centra area." So I  2 take it up to this point, February 2nd,  3 Central had not yet begun contacting patients  4 with the results, that would follow afterward.  5 DR. ALTEEN:  6 A. That's right, at that point in time, I can  7 only read the notes and that's why I say at  8 that point in time, so that's where I was at  9 that point in time.  10 COFFEY, Q.C.:  11 Q. Doctor, the reference here then that by April,  12 2006, Eastern will begin, I take it, testing  13 patients for ER/PR again, rather than  14 continuing to send the test to Mount Sinai,  15 and limiting it to two or three pathologists  16 actually doing the work, actually reporting  17 all the results.  18 DR. ALTEEN:  19 A. Correct.  20 COFFEY, Q.C.:  21 Q. At that point in time, now this is the  22 beginning of February, what was Central's view  23 at that time?  24 DR. ALTEEN:  25 A. My view, and again in talking to Dr. Dalton</p>
<p>1 advised that there had been no follow up with  2 any of the patients in the Central area. Bob  3 Williams advised that by April, 2006, they  4 hope to start testing patients in Eastern  5 Health, rather than continue to send tests to  6 Mount Sinai Hospital. The difference would be  7 that the report would include interpretation  8 of the slide. It is expected two or three  9 pathologists will do all the work associated  10 with breast cancer. There was some discussion  11 on the type of correspondence that should go  12 to families of patients who are deceased. It  13 was agreed that we need to have a standard  14 letter so that the same information would go  15 to all families." So, Doctor, a couple of  16 questions in relation to this now and this is  17 the beginning of February, February 2, 2006.  18 I take it you, of course, had just received  19 the results a couple of days before this, kind  20 of the great massive results in the  21 spreadsheets from St. John's?  22 DR. ALTEEN:  23 A. Correct.  24 COFFEY, Q.C.:  25 Q. "He advised there had been no follow up with</p>	<p>1 and either Dr. Gallagher or Dr. Somers in  2 Gander, we were still sending--and I don't  3 think there's any thought right at that point  4 in time of changing and going back to Eastern  5 Health. And again, pathologists as a group  6 were meeting on regular basis, so they were  7 having discussions. I would not have been  8 intimately involved in that, but again at that  9 point in time we were still sending our  10 samples to Mount Sinai and there was no plans  11 that I understood at the time to change and go  12 back to Eastern Health.  13 COFFEY, Q.C.:  14 Q. Doctor, here in the final two sentences, the  15 reference to the contacting the families of  16 the deceased patients who had been retested.  17 DR. ALTEEN:  18 A. Right.  19 COFFEY, Q.C.:  20 Q. Doctor, do I take it that this suggests that  21 as of the beginning of February, 2006, that it  22 was contemplated actual letters would go to  23 the families, is what was envisaged at the  24 time.  25 DR. ALTEEN:</p>

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Doctor, in Central, had there ever been an  
 4 effort to identify the deceased patients'  
 5 tissue and not have it retested, to set it  
 6 aside or originally did Central approach it as  
 7 no, we're going to gather up everybody's,  
 8 identify those who are deceased, but send it  
 9 all into St. John's for retesting.  
 10 DR. ALTEEN:  
 11 A. All were being sent. I was never under the  
 12 impression that we were not going to send  
 13 deceased patient's blocks and that. It was  
 14 testing everybody.  
 15 COFFEY, Q.C.:  
 16 Q. Because when you look at Central's, on some of  
 17 those spreadsheets we looked at, if you go  
 18 down through them, there are quite a number of  
 19 deceased identified.  
 20 DR. ALTEEN:  
 21 A. Correct, yes. And looking back, you're going  
 22 back, I mean from 1997 on.  
 23 COFFEY, Q.C.:  
 24 Q. Sure.  
 25 COFFEY, Q.C.:

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1 Q. Exhibit P-2912? Doctor, this is a  
 2 spreadsheet, this particular one, you'll  
 3 notice here, there's a number up here,  
 4 "Gander, 77", would that be your handwriting?  
 5 DR. ALTEEN:  
 6 A. Correct. That's my handwriting.  
 7 COFFEY, Q.C.:  
 8 Q. And these--this is very similar to the  
 9 spreadsheet we looked at, in fact, it's the  
 10 same one, another version of it.  
 11 DR. ALTEEN:  
 12 A. This looks like one that came from Heather,  
 13 it's not mine.  
 14 COFFEY, Q.C.:  
 15 Q. Heather. That came out from St. John's with  
 16 that January 30th e-mail.  
 17 DR. ALTEEN:  
 18 A. Right.  
 19 COFFEY, Q.C.:  
 20 Q. And exhibit P-2913? There's handwriting here  
 21 of "Grand Falls, GFW"--these are Grand  
 22 Falls/Windsor, "142".  
 23 DR. ALTEEN:  
 24 A. My handwriting.  
 25 COFFEY, Q.C.:

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1 Q. Your handwriting. I take it this is similar  
 2 information but this actually lists Grand  
 3 Falls as well--well not as well, it lists  
 4 Grand Falls.  
 5 DR. ALTEEN:  
 6 A. Correct, uh-hm.  
 7 COFFEY, Q.C.:  
 8 Q. Patients, and has all the results under the  
 9 various headings.  
 10 DR. ALTEEN:  
 11 A. Correct.  
 12 COFFEY, Q.C.:  
 13 Q. And, Doctor, when the information came back,  
 14 was there ever any analysis to your knowledge  
 15 done by yourself or anybody within your  
 16 institution, organization as to percentages of  
 17 conversions or, you know, based upon which  
 18 location?  
 19 DR. ALTEEN:  
 20 A. We may have done a rough calculation, but no,  
 21 again, our focus at that time had always been  
 22 the patients and the contact. In terms of the  
 23 issue with the lab, in terms of the  
 24 conversions, while of interest to us, the lab  
 25 issue was not our lab issue per se. It was

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1 more of an issue of ensuring that our focus at  
 2 that time and recognizing that you're doing  
 3 multiple things, our focus was again making  
 4 sure the patients were dealt with. I think  
 5 the overall conversion rates, yeah, you had  
 6 some interest in how much of a change was  
 7 there.  
 8 COFFEY, Q.C.:  
 9 Q. Do you recall what they were? Did you ever do  
 10 any rough calculation?  
 11 DR. ALTEEN:  
 12 A. I can't remember the calculations, no.  
 13 COFFEY, Q.C.:  
 14 Q. And one could, I take it, right now just, if  
 15 we were to sit here with a calculator -  
 16 DR. ALTEEN:  
 17 A. You could do it, yeah.  
 18 COFFEY, Q.C.:  
 19 Q. Just go through it. Doctor, throughout your  
 20 entire involvement in this matter because you  
 21 were involved certainly until the middle of  
 22 2007 in your capacity as VP Medical, in  
 23 relation to Central Newfoundland, Central  
 24 Health, did you at any point acquire any  
 25 understanding as to where Central stood in

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1 relation to the overall conversions compared  
 2 to other places?  
 3 DR. ALTEEN:  
 4 A. I don't remember hearing anything that we  
 5 were, that there was any difference with ours  
 6 as compared to others. I certainly didn't--  
 7 and I can't recall asking the question if we  
 8 were out of line, certainly when we talk about  
 9 things with fixation, you were certainly going  
 10 back and saying, I mean, has that affected our  
 11 results? But I didn't hear anything that we  
 12 were, you know -  
 13 COFFEY, Q.C.:  
 14 Q. Your region or any other particular region  
 15 stood out.  
 16 DR. ALTEEN:  
 17 A. Was up or down compared to, you know, the  
 18 overall status, no.  
 19 COFFEY, Q.C.:  
 20 Q. So the impression, I take it, by the time you  
 21 finished as VP Medical was was that the  
 22 problem was generally applicable, to the same  
 23 degree, moreorless, across the entire  
 24 province? That was your understanding?  
 25 DR. ALTEEN:

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1 A. Yes, and again, if you're going back to this  
 2 and going back to February of '06, and then  
 3 again, I can't even say right now that I knew  
 4 there was an issue with fixation at that point  
 5 in time, right, so -  
 6 COFFEY, Q.C.:  
 7 Q. And I'll be coming to that.  
 8 DR. ALTEEN:  
 9 A. So again, overall, I mean no, there was no--  
 10 certainly those questions would have been  
 11 asked, but in terms of are we outside of a,  
 12 you know, sort of an outlier? Not that I was  
 13 aware of, no.  
 14 COFFEY, Q.C.:  
 15 Q. Certainly no one suggested to you that you  
 16 were.  
 17 DR. ALTEEN:  
 18 A. No.  
 19 COFFEY, Q.C.:  
 20 Q. Exhibit P-2891? Doctor, this is a memo, it's  
 21 drafted, it appears to be a draft. It's Re:  
 22 ER/PR Retesting. It's from Dr. S. Somers.  
 23 Who is Dr. Somers?  
 24 DR. ALTEEN:  
 25 A. Dr. Somers is the pathologist in Gander and

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1 again, I don't see a specific date on this.  
 2 COFFEY, Q.C.:  
 3 Q. No, and it will become apparent, I think, when  
 4 we look at the text. She writes, "As a result  
 5 of inconsistencies in ER/PR testing at Eastern  
 6 Health between 1998 and 2005, the ER negative  
 7 cases were sent to Mount Sinai Hospital by  
 8 Eastern Health for retesting. The results of  
 9 the retest are included as addendums in the  
 10 patient's report. You may have already been  
 11 contacted by the Cancer Clinic or Risk  
 12 Management at James Paton with regards to  
 13 changes in the management of the patient where  
 14 required. Sincerely, Dr. Somers,  
 15 Pathologist." And there's an enclosure. So,  
 16 I'm sorry, Doctor, I interrupted you, this  
 17 appears to be what? What sort of a document?  
 18 DR. ALTEEN:  
 19 A. I just want to go back to Dr. Somers. Dr.  
 20 Gallagher was the chief in the Department of  
 21 Pathology on the Gander side of our region at  
 22 that time and again, I can't say specifically,  
 23 he would be able to give you that testimony,  
 24 but at one point he went away for a year and,  
 25 I don't know, probably a year and a half or

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1 close to a year and a half and she then was  
 2 taking a lead in the department. This memo  
 3 was related to, again we're getting  
 4 information back, what do we do with this?  
 5 And I do recall at some point in time, and  
 6 again, dates, I wouldn't be able to tell you,  
 7 but I met with Dr. Somers in Gander and we  
 8 talked about to ensure before we put this on  
 9 the individual patient record that in fact we  
 10 know that the patient was notified and/or  
 11 their family, in the case if there was someone  
 12 deceased and that. But again, timeframes, Mr.  
 13 Coffey, I can't be specific about that. But  
 14 my concern was having it on the chart without,  
 15 prior to the patient being notified that you,  
 16 you know, someone saw that, all kinds of  
 17 questions arise. You want to make sure  
 18 everyone was notified first before you--but it  
 19 had to go on the patient record.  
 20 COFFEY, Q.C.:  
 21 Q. Exhibit P-1091? Speaking of Dr. Somers, this  
 22 is a memo of, on Eastern Health letterhead,  
 23 Doctor, from Dr. Donald Cook. It's to a  
 24 number of individuals. The third entry here  
 25 and they are all pathologists.

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1 DR. ALTEEN:  
 2 A. Right.  
 3 COFFEY, Q.C.:  
 4 Q. With the exception of Dr. Williams. The third  
 5 entry is Dr. S. Somers, Pathology at James  
 6 Paton Memorial Hospital. Dr. Dalton is listed  
 7 above her, of course, in Central, that would  
 8 be Grand Falls/Windsor, so--one would see that  
 9 Dr. Gallagher is not listed there.  
 10 DR. ALTEEN:  
 11 A. Correct.  
 12 COFFEY, Q.C.:  
 13 Q. The entry for James Paton is Dr. Somers, so  
 14 this is February 1, 2006 and Dr. Cook is  
 15 advising all of the physicians that he has  
 16 received most of the results from Mount Sinai  
 17 regarding the ER/PR review. The results from  
 18 Mount Sinai are issued on Excel spreadsheets.  
 19 I will be"--he will be--"issuing individual  
 20 reports on patients and submitting these to  
 21 you at your respective sites. When you  
 22 receive these reports, please ensure that they  
 23 are incorporated into your hospital  
 24 information or laboratory information systems.  
 25 I expect that you will be receiving the first

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1 of these reports within the next two weeks."  
 2 So, Doctor, we look back then at P-2891  
 3 please? I take it then, Dr. Somers then, this  
 4 letter would have been intended to advise,  
 5 presumably physicians?  
 6 DR. ALTEEN:  
 7 A. Correct.  
 8 COFFEY, Q.C.:  
 9 Q. That she had issued addendums for these  
 10 individual patients and that would have had to  
 11 have occurred after the spreadsheets came  
 12 back.  
 13 DR. ALTEEN:  
 14 A. Correct.  
 15 COFFEY, Q.C.:  
 16 Q. Exhibit P-2921? Doctor, these are your  
 17 handwritten notes of February 14th, 2006?  
 18 DR. ALTEEN:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. The heading is "ER/PR" and "number one, note  
 22 change, call with script, notify family  
 23 physician with script. Number two, panelled  
 24 by Eastern Health and then there's "notify  
 25 family physician with script and surgeon

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1 oncologist. Follow up with physician to  
 2 ensure they have gotten letter and have told  
 3 patient. Wait one month. And deceased, what  
 4 to do?" So, Doctor, what was this about?  
 5 Were these questions you were posing or  
 6 formulating to ask Heather?  
 7 DR. ALTEEN:  
 8 A. No, I think these were answers.  
 9 COFFEY, Q.C.:  
 10 Q. There's a note here, "Heather Predham okay  
 11 with using Eastern Health script, will send to  
 12 us" -  
 13 DR. ALTEEN:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. She would be sending it to yourself, "if being  
 17 panelled, Eastern Health will call. Heather  
 18 will send a list of all patients being  
 19 panelled. Grand Falls/ Windsor, 53/57 being  
 20 panelled are Cancer Clinic patients. And in  
 21 Gander, 29/31 being panelled are Cancer Clinic  
 22 patients. HIROC will talk with Betty re:  
 23 calling." First of all, I'll ask you about  
 24 that, do you know what that's about? HIROC?  
 25 DR. ALTEEN:

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1 A. Again, this is referencing Betty Forward and I  
 2 guess I was having a conversation with Betty  
 3 regards to us calling patients.  
 4 COFFEY, Q.C.:  
 5 Q. "Talked to Betty Forward about calling the  
 6 patients in relation to HIROC's position."  
 7 DR. ALTEEN:  
 8 A. I would assume, yes.  
 9 COFFEY, Q.C.:  
 10 Q. To check, HIROC had a concern.  
 11 DR. ALTEEN:  
 12 A. That this is what we are going to do.  
 13 COFFEY, Q.C.:  
 14 Q. And do you recall what happened or what arose  
 15 out of that, if anything?  
 16 DR. ALTEEN:  
 17 A. No.  
 18 COFFEY, Q.C.:  
 19 Q. And, Doctor, looking at--this reference to 53  
 20 of 57 for Grand Falls/Windsor and Gander, 29  
 21 of 31, do you recall what that was about?  
 22 DR. ALTEEN:  
 23 A. You would assume that most patients who had  
 24 breast cancer will be seen by the Cancer  
 25 Clinic. For obvious reasons, you may have an



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1 elderly patient, you may have somebody else  
 2 that the Cancer Clinic is perhaps not going to  
 3 do anything with and not all patients who have  
 4 cancer will be seen by the Cancer Clinic, so  
 5 obviously there's, in the Grand Falls/Windsor  
 6 site, there's four people that we could find  
 7 that were not patients of the Cancer Clinic  
 8 and the same with two in Gander that weren't  
 9 patients of the Cancer Clinic. The specifics  
 10 around why they weren't, you'd have to go back  
 11 to individual files.  
 12 COFFEY, Q.C.:  
 13 Q. And I take it then that the ones being--if  
 14 there was 57 from Grand Falls/Windsor to be  
 15 panelled and 53 of them were already Cancer  
 16 Clinic patients, that they would have the  
 17 charts, St. John's would have the Cancer  
 18 Clinic charts?  
 19 DR. ALTEEN:  
 20 A. They would have the Cancer Clinic charts, they  
 21 wouldn't have the information system or the  
 22 physical chart in Grand Falls, they are two  
 23 separate charts.  
 24 COFFEY, Q.C.:  
 25 Q. Yes. But as for information concerning the

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1 other four patients, the four out of the 57  
 2 who are not Cancer Clinic patients?  
 3 DR. ALTEEN:  
 4 A. Right.  
 5 COFFEY, Q.C.:  
 6 Q. If they were to be panelled, any information  
 7 about them would have to come from Central -  
 8 DR. ALTEEN:  
 9 A. They'd have to come from us somehow, that  
 10 information.  
 11 COFFEY, Q.C.:  
 12 Q. From Central. And the same thing was true for  
 13 those two patients from Gander who were not -  
 14 DR. ALTEEN:  
 15 A. Correct.  
 16 COFFEY, Q.C.:  
 17 Q. - already patients of the Cancer Clinic? If  
 18 we could look, please, at Exhibit P-2899?  
 19 Doctor, here there's--it's a typed document  
 20 that says, "ER/PR Retesting Confirmed Negative  
 21 Script." It says, "Hello, may I speak to"  
 22 blank, "this is" blank "calling from" blank.  
 23 "Have you already heard about the retesting of  
 24 breast tissue for estrogen and progesterone  
 25 that has been in the news? Your previous test

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1 results indicated that you were negative for  
 2 estrogen and progesterone. We are pleased to  
 3 tell you that we have retested--we have your  
 4 retested results back and there is no change  
 5 from what they were originally. Everything  
 6 remain the same for you so no new treatment is  
 7 necessary at this time. You will need to  
 8 continue with your checkups the same as you  
 9 have been doing all along. If you have any  
 10 questions about this information later, don't  
 11 hesitate to call me back. My number is," and  
 12 there's a number here "256-5926."  
 13 DR. ALTEEN:  
 14 A. That's a Gander number.  
 15 COFFEY, Q.C.:  
 16 Q. That would be a Gander number?  
 17 DR. ALTEEN:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. So this is the sort of one that would have  
 21 been used in Gander?  
 22 DR. ALTEEN:  
 23 A. On the Gander side.  
 24 COFFEY, Q.C.:  
 25 Q. It goes on "If a patient" and there's a bold

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1 heading here, "If a patient asks 'How did this  
 2 happen?'" , the text goes on to say, "Due to  
 3 discovery of inconsistent results, Eastern  
 4 Health has been retesting breast cancer  
 5 patients whose results indicated that they  
 6 were negative for estrogen receptors. As a  
 7 result of the test influences treatment, they  
 8 felt it was important to make sure all the  
 9 test results were accurate. That's why they  
 10 are retesting all people who tested negative  
 11 for ER from 1997 to August, 2005." Now,  
 12 Doctor, so I take it that was a suggested  
 13 answer if that question or a similar one was  
 14 asked?  
 15 DR. ALTEEN:  
 16 A. Correct.  
 17 COFFEY, Q.C.:  
 18 Q. The people who were going to use this script.  
 19 Was this script utilized in Gander and Grand  
 20 Falls, do you know?  
 21 DR. ALTEEN:  
 22 A. I can't say specifically. I would assume,  
 23 perhaps, but I can't say specifically what  
 24 script they ran from or ran off.  
 25 COFFEY, Q.C.:

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<p>1 Q. And again, this would have been done from the 2 risk management side of your - 3 DR. ALTEEN: 4 A. That's right. 5 COFFEY, Q.C.: 6 Q. - establishment? Doctor - 7 DR. ALTEEN: 8 A. I guess I can go back, I mean, I'm sure I 9 would have probably had some knowledge of the 10 script at the time, but whether it was this 11 one or another one. 12 COFFEY, Q.C.: 13 Q. Doctor, your understanding then at the time as 14 to the patients then who were being panelled 15 and the choice for panelling was being made in 16 St. John's? 17 DR. ALTEEN: 18 A. Right. 19 COFFEY, Q.C.: 20 Q. At Eastern, they would be first contacted 21 about the fact that their results were back by 22 whom and when? 23 DR. ALTEEN: 24 A. Again, I can't say specific they were being 25 contacted, the results are back, or they're</p>	<p>1 Q. Does that, in fact, actually explain what 2 caused the problem, the answer doesn't, does 3 it? 4 DR. ALTEEN: 5 A. No. 6 COFFEY, Q.C.: 7 Q. No. 8 DR. ALTEEN: 9 A. No. 10 COFFEY, Q.C.: 11 Q. At that time, and this would have been 12 presumably sometime in February, 2006 when 13 this script is first being prepared or 14 certainly by March, 2006, what understanding 15 did you have at that point as to how this had 16 happened? 17 DR. ALTEEN: 18 A. Again, my recollection is that the process on 19 their old system, the DAKO system that 20 involved multiple steps and multiple things 21 that can affect--and again, my recollection is 22 there's a 40-step process and various things 23 can affect that process and there's somehow in 24 that whole process that things perhaps broke 25 down. But to say specifically which ones in</p>
<p>Page 102</p> <p>1 being contacted after they were panelled, I 2 don't, I really can't tell you specifically 3 which way it went. I'm making the assumption 4 again that if they were being contacted before 5 they were panelled, they were being done by 6 Eastern Health. My recollection is that we 7 were--they came--and again, there's a lot of 8 change in this over time. But it was the 9 people that came back that were still negative 10 that we were contacting from Central Health. 11 COFFEY, Q.C.: 12 Q. And they were to utilize this script or one 13 like it? 14 DR. ALTEEN: 15 A. Or one like it, yes. And it may go back to 16 the previous notes from Heather was sending us 17 a script, so this may have been the template 18 that she had, we may have made some changes to 19 it. 20 COFFEY, Q.C.: 21 Q. Doctor, the suggested response here to "How 22 did this happen?" 23 DR. ALTEEN: 24 A. Um-hm. 25 COFFEY, Q.C.:</p>	<p>Page 104</p> <p>1 that process, I don't think at that point in 2 time anybody knew for certain what was 3 happening and why they was such a varied 4 response. 5 COFFEY, Q.C.: 6 Q. So this 2899, the second page of it, Doctor, 7 here it's again entitled "ER/PR Retesting 8 Confirmed Negative Script." And if one 9 compares it to the page before in the exhibit, 10 it appears to be the same. The only 11 difference is there's a note in bold? 12 DR. ALTEEN: 13 A. Right. 14 COFFEY, Q.C.: 15 Q. Saying, "We have not been leaving messages or 16 voice mail. If we cannot speak with the 17 individual, we just say we will call back 18 later. In certain circumstances we have had 19 to disclose this information to a family 20 member, but we've had to work through the 21 individual circumstances to confirm it is 22 appropriate. And we have to call in the 23 evenings and on the weekends to ensure we have 24 made contact to the individual." So if that 25 was the approach adopted to confirm that in</p>

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<p>1 Central we have to speak to the risk 2 management people? 3 DR. ALTEEN: 4 A. Right. And again, we would--I mean, various 5 people would have had conversations about 6 these things and patient confidentiality 7 obviously is a concern. Leave a message would 8 not be appropriate. I mean, there was always- 9 -there was even conversations at times, not 10 necessarily just related to this, but in terms 11 of e-mailing people, but there's huge privacy 12 and confidentiality issues with that. 13 COFFEY, Q.C.: 14 Q. Exhibit P-2845? 15 REGISTRAR: 16 Q. 2845? 17 COFFEY, Q.C.: 18 Q. Yes. 19 REGISTRAR: 20 Q. That's (inaudible) up from the witness. 21 COFFEY, Q.C.: 22 Q. Okay, I'll--it's just a sample letter, so I'll 23 canvass it with them. 24 REGISTRAR: 25 Q. (Inaudible).</p>	<p>1 don't think we were involved in that at all. 2 COFFEY, Q.C.: 3 Q. Exhibit P-2922? Doctor, this is a series of 4 e-mails of February 21st and 22nd, 2006. 5 February 21st Ms. Predham wrote to Judy 6 Budgell, who you've identified already. And 7 Sherry Freake was? 8 DR. ALTEEN: 9 A. Was the risk manager on the east side of our 10 region. 11 COFFEY, Q.C.: 12 Q. Be, in effect, in Gander? 13 DR. ALTEEN: 14 A. Right. 15 COFFEY, Q.C.: 16 Q. And an e-mail from Ms. Predham on ER/PR. She 17 says, "We finished Grand Falls on Saturday and 18 I've attached the results. I sorted them by 19 outcome. As you can see, there are a few we 20 need more information on. If you can get them 21 to me before Saturday, that would be great. 22 We will be meeting on Thursday and starting 23 Gander. Call me if you want to run through 24 them." And the attachment is labelled 25 "GrandFalls.els." And then Ms. Budgell</p>
<p style="text-align: right;">Page 106</p> <p>1 COFFEY, Q.C.: 2 Q. No, no, that's fine. Thank you, Registrar. 3 Doctor, in terms of letters telling patients 4 the results--I'm sorry. The letters coming 5 from the panel, review panel to the doctors, 6 okay. 7 DR. ALTEEN: 8 A. Okay. 9 COFFEY, Q.C.: 10 Q. Was Central actually ever involved in that, to 11 your knowledge? 12 DR. ALTEEN: 13 A. In terms of the content of the letter or - 14 COFFEY, Q.C.: 15 Q. Yes. And, or even the handling of it? 16 DR. ALTEEN: 17 A. Not that I recall, no. 18 COFFEY, Q.C.: 19 Q. So the communication from the panel, review 20 panel was your understanding would be directly 21 to the physicians dealing, the attending 22 physicians? 23 DR. ALTEEN: 24 A. We, I'm sure we were told over times the 25 process, but in terms of the actual letter, I</p>	<p style="text-align: right;">Page 108</p> <p>1 responded the next day, February 22nd, saying 2 "Heather, will attempt to do this for you 3 ASAP. What's going to happen now to the ones 4 you have panelled and treatment changes 5 recommended, such as to treat with Tamoxifen?" 6 And that's a question mark. And then the same 7 day, February 22nd, Ms. Predham responded to 8 both Ms. Budgell and Ms. Freake saying "Glad 9 you asked that because I meant to tell you. A 10 letter will be sent to the most responsible 11 physician, copied to the others listed on the 12 chart, as well as the Grand Falls peripheral 13 clinic. We had a question whether you," that 14 is Dr. Alteen, "would like a copy of the 15 letter for the institution perspective or just 16 the spreadsheet we provided or something else? 17 Could you have that discussion with Larry and 18 let me know? We're open to whatever you would 19 like. Also, in a couple of weeks Nancy and I 20 will be calling all the people who have been 21 sent a letter to verify their receipt and that 22 the patient has been informed." So, Doctor, I 23 don't know if you recall whether or not, or 24 what actually happened then with respect to - 25 DR. ALTEEN:</p>

<p style="text-align: right;">Page 109</p> <p>1 A. I can't say that it did, that we said, yes, we 2 want a copy of the letter. It might have been 3 nice to have, but certainly the spreadsheet 4 gave us, I guess, the information that we 5 wanted to have. So whether we got, we 6 actually received letters, we said yes to 7 that, I'm sure someone can confirm, but I 8 wouldn't be able to tell you for sure, no. 9 COFFEY, Q.C.: 10 Q. And here, Doctor, at this point in time, this 11 would be the results, I take it, of the 12 panelling? 13 DR. ALTEEN: 14 A. The panelling, yes. 15 COFFEY, Q.C.: 16 Q. Doctor, I'm just going to have some documents 17 brought up on the screen here. I'll just ask, 18 Registrar, please, Exhibit P-2894? Doctor, 19 this is a spreadsheet entitled "Estrogen 20 Receptor, Progesterone Receptor Testing." 21 There's some redaction done, but out here to 22 the side it's a I(a). 23 DR. ALTEEN: 24 A. Right. 25 COFFEY, Q.C.:</p>	<p style="text-align: right;">Page 111</p> <p>1 DR. ALTEEN: 2 A. Again, ultimately Judy and Sherry may have 3 done that. 4 COFFEY, Q.C.: 5 Q. If they did, they weren't kind of assigned the 6 duty to do that, I take it? 7 DR. ALTEEN: 8 A. I don't think so, no. 9 COFFEY, Q.C.: 10 Q. Exhibit P-2924? Doctor, these are your 11 handwritten notes of March 17th, 2006? 12 DR. ALTEEN: 13 A. Yes. 14 COFFEY, Q.C.: 15 Q. Of a teleconference involving ER/PR tests. 16 You've attributed to Heather Predham the 17 following, "A letter to physicians for 18 patients being panelled by Eastern Health." 19 So I take it that she's advising those 20 involved in the teleconference that such a 21 letter was going out to the physicians? 22 DR. ALTEEN: 23 A. Right. 24 COFFEY, Q.C.: 25 Q. "Some were brought to panelling group,</p>
<p style="text-align: right;">Page 110</p> <p>1 Q. And go to the 1(b), 2(a), 2(b), 2(a), 3(b). 2 Do you recognize the handwriting? 3 DR. ALTEEN: 4 A. No. 5 COFFEY, Q.C.: 6 Q. Okay. They relate to, in some instances, to 7 Central Newfoundland. So why I just bring 8 those up, and we have numerous others, and 9 you've already alluded to this, the usage of 10 spreadsheets. I take it that Central 11 throughout this, from the time you got 12 involved, was keeping track of this from 13 numerous spreadsheets? 14 DR. ALTEEN: 15 A. I think numerous individuals were--and again, 16 we were, I'm may have been doing spreadsheets, 17 copying them to Judy, to other people and that 18 and then people were making additions to that 19 themselves, but I was trying to keep, again, a 20 spreadsheet myself with all this information. 21 COFFEY, Q.C.: 22 Q. Was there any central kind of repository of 23 data within Central, like a central person or 24 office that kind of collect it at all and 25 collated it all?</p>	<p style="text-align: right;">Page 112</p> <p>1 however"--something - 2 DR. ALTEEN: 3 A. I think I just scratched out "they were 4 deferred based on" - 5 COFFEY, Q.C.: 6 Q. Okay. "However, were deferred based on not 7 having a progress note, full pathology report, 8 consult report or breast consult report," it's 9 either "on" or "or". 10 DR. ALTEEN: 11 A. "Or," "or breast pathology." 12 COFFEY, Q.C.: 13 Q. "Or breast pathology and current status." I 14 take it here she was telling you that, look, 15 we've panelled some but some were deferred 16 because - 17 DR. ALTEEN: 18 A. We need more information. 19 COFFEY, Q.C.: 20 Q. We need more information. And then, "All 21 negatives which are still negative, we will be 22 sent script by Eastern Health and we will call 23 patients." That's yourself, Central. "And 24 deceased will be reviewed and panel deceased 25 converted patients." So at that point what</p>

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1 was anticipated with the deceased patients?  
 2 DR. ALTEEN:  
 3 A. Again, the people that were still negative,  
 4 I'm assuming we would have that information,  
 5 we would make contact with families.  
 6 COFFEY, Q.C.:  
 7 Q. Of the deceased?  
 8 DR. ALTEEN:  
 9 A. Of the deceased.  
 10 COFFEY, Q.C.:  
 11 Q. Yes.  
 12 DR. ALTEEN:  
 13 A. The people who are converted will be panelled  
 14 and go through the same process as the people  
 15 who were alive and panelled and I'm assuming  
 16 the contact--I don't know, reading this I  
 17 don't know if that point in time it was  
 18 decided who was going to make the contact, but  
 19 obviously one would have to make a decision as  
 20 to how you're contacting those individuals.  
 21 THE COMMISSIONER:  
 22 Q. So at that point you were going to do the same  
 23 thing as you'd been doing for the other  
 24 patients, it was just that it would be at the  
 25 end of the line?

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1 DR. ALTEEN:  
 2 A. That was my assumption, yes.  
 3 COFFEY, Q.C.:  
 4 Q. Exhibit P-2925, and, Doctor, this is a series  
 5 of e-mails beginning March 31st, 2006 through  
 6 April 3rd, 2006. The first of them on March  
 7 31, 2006, is from Stephanie Power to Ms.  
 8 Budgell and the subject is reports on deceased  
 9 patients. It reads, "Judy, Larry raised a  
 10 concern with me regarding reports that are  
 11 coming back from Mount Sinai. He wanted to  
 12 make sure that we aren't coping these reports  
 13 to the files of deceased patients as we have  
 14 not talked to their families. I know this is  
 15 not something that you would do, but I was  
 16 wondering who you think I should follow up  
 17 with to ensure that this isn't happening. Are  
 18 reports from Mount Sinai arriving at our  
 19 labs". Thank you, signed Stephanie Power, and  
 20 then there's an e-mail of April 3rd, 2006, to  
 21 Stephanie Power from Judy Budgell, copied to  
 22 Ms. Predham, Ms. Freake, and yourself, and  
 23 Judy Budgell writes, "Stephanie, the process  
 24 is as follows from what I can understand.  
 25 Reports are coming to St. John's for review

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1 and the retesting of the ER/PR clients. I  
 2 have not copied any of the reports to files as  
 3 I haven't received any pathology reports. I  
 4 will check to see if this is happening at the  
 5 west side and have forwarded this to Sherry,  
 6 who will be doing all the follow up with this  
 7 issue. All patient/families will be  
 8 contacted, but the deceased are at the bottom  
 9 of the pile and I'm unsure how this is going  
 10 to be approached. I've taken the liberty of  
 11 cc'ing this e-mail to Heather Predham for a  
 12 response". Doctor, do you know what then  
 13 became of this?  
 14 DR. ALTEEN:  
 15 A. In terms of --  
 16 COFFEY, Q.C.:  
 17 Q. In terms of the deceased?  
 18 DR. ALTEEN:  
 19 A. In terms of contact?  
 20 COFFEY, Q.C.:  
 21 Q. Yes.  
 22 DR. ALTEEN:  
 23 A. I can't say specifically, no, and again if  
 24 we're talking about the deceased converted,  
 25 no, I don't--I can't give the answer.

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1 COFFEY, Q.C.:  
 2 Q. Exhibit P-1069. Doctor, this is VP of Medical  
 3 Services meeting minutes of April 10, 2006.  
 4 You are in attendance, as are some of your  
 5 counterparts. It's noted you opened the  
 6 meeting and welcomed everyone and you asked  
 7 Kara Laing to do an overview of the Cancer  
 8 Care Provincial Standards Program, and then  
 9 there's a note here about the presentation by  
 10 Kara Laing and Christine Power about re;  
 11 cancer care provincial standards. So, Doctor,  
 12 you had been involved, I take it, in these VP  
 13 Medical Services meetings for a number of  
 14 years up to that point?  
 15 DR. ALTEEN:  
 16 A. I chaired the group for a number of years,  
 17 yes.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, was this the first such presentation  
 20 that group had had involving cancer care?  
 21 DR. ALTEEN:  
 22 A. Kara Laing to our group?  
 23 COFFEY, Q.C.:  
 24 Q. Yes.  
 25 DR. ALTEEN:

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1 A. I'm trying to think if Kara ever presented.  
 2 She may have been at a meeting at some point.  
 3 Again I go back to 1998, so sometime in that  
 4 she may have been at a meeting prior to that.  
 5 COFFEY, Q.C.:  
 6 Q. Doctor, in relation then to the communications  
 7 concerning the ER/PR matter as it unfolded,  
 8 from your perspective as VP Medical in  
 9 Central, your primary communication with  
 10 Eastern Health and generally throughout the  
 11 province about this was one off contacts at  
 12 times with Dr. Williams or Ms. Predham, or  
 13 someone else from Eastern?  
 14 DR. ALTEEN:  
 15 A. Correct.  
 16 COFFEY, Q.C.:  
 17 Q. Sometimes teleconferences involving just St.  
 18 John's and yourself, and sometimes everyone  
 19 throughout the province?  
 20 DR. ALTEEN:  
 21 A. Sometimes it involved the CEOs, medical  
 22 directors, from across the province.  
 23 COFFEY, Q.C.:  
 24 Q. How about contact with the Department of  
 25 Health, and we will get to one in May of '07?

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1 DR. ALTEEN:  
 2 A. Yeah, I don't recall--until that point in  
 3 time, I don't recall ever having the  
 4 Department of Health being part of the  
 5 conversation.  
 6 COFFEY, Q.C.:  
 7 Q. Exhibit P-2926. Doctor, this is a series of  
 8 e-mails. The first of them we looked at  
 9 before, that February 21st e-mail from Ms.  
 10 Predham, speaking about finishing the Grand  
 11 Falls results on Saturday--finishing the Grand  
 12 Falls and sending the results, and Ms.  
 13 Predham's e-mail of February 22nd, and then  
 14 here, Doctor, on the first page of the exhibit  
 15 is an e-mail from--actually, March 20th, 2006,  
 16 Ms. Budgell had sent you an e-mail asking, "Do  
 17 we want a copy of the letters for our files".  
 18 These would be the panel letters?  
 19 DR. ALTEEN:  
 20 A. Correct.  
 21 COFFEY, Q.C.:  
 22 Q. And on April 18th, 2006, she responded to Ms.  
 23 Budgell saying, "I don't know if I responded  
 24 to this. It may be beneficial to have copies  
 25 of the letters sent to us for our files. Do

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1 you think this is necessary", and then Ms.  
 2 Budgell sent an e-mail of April 19th to both  
 3 yourself and Ms. Predham saying, "Hi Heather,  
 4 is it possible for us to get a copy of the  
 5 letters that have been sent in follow up with  
 6 the physician's offices for the ER/PR clients.  
 7 Have you received the other information that  
 8 of the charts that I sent to you. Has there  
 9 been any follow up panelling". Signed, Judy.  
 10 So I take it, Doctor, then in terms of  
 11 gathering up information, Ms. Budgell  
 12 consulted you and then took it upon herself to  
 13 ask that the panelling letters be sent?  
 14 DR. ALTEEN:  
 15 A. Correct, that's the--yes.  
 16 COFFEY, Q.C.:  
 17 Q. Exhibit P-2927. Did you get the panel  
 18 letters, do you know, or will we have to ask  
 19 Ms. Budgell?  
 20 DR. ALTEEN:  
 21 A. You'll have to ask. I wouldn't be able to  
 22 tell you.  
 23 COFFEY, Q.C.:  
 24 Q. If it was being kept track of, it was Ms.  
 25 Budgell who was doing it?

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1 DR. ALTEEN:  
 2 A. Ms. Budgell, between Ms. Budgell and Ms.  
 3 Freake, yes.  
 4 COFFEY, Q.C.:  
 5 Q. Doctor, this is an e-mail of July 9th, 2006,  
 6 from Ms. Predham to yourself. The attachment  
 7 is a briefing note, July 4th.doc. She writes,  
 8 "Hello, Dr. Alteen; Dr. Williams asked me to  
 9 contact you regarding a development in our  
 10 ER/PR review. We have determined that there  
 11 are two categories of patients that require  
 12 further review and/or disclosure as a result  
 13 of our retesting. I have attached a briefing  
 14 note that explains the situation more clearly.  
 15 As the organization conducting the review, we  
 16 are asking for direction, in particular, to  
 17 the DCIS patients. Would you prefer to  
 18 conduct this review of the previous pathology  
 19 slides and blocks by the pathology lab in your  
 20 region, or would you like the review to be  
 21 conducted by Eastern Health. There are  
 22 approximately four patients in this category  
 23 from your region. In the case of the  
 24 retroconvertors, there is one patient from  
 25 your region affected and this information will

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1 have to be disclosed to her. Of course, this  
 2 situation will require further discussion, and  
 3 you can contact me" through a particular  
 4 number, "or you contact Dr. Williams  
 5 directly". Then, Doctor, here we have  
 6 attached, July 4th, 2006, memo from Ms.  
 7 Predham to a number of people within Eastern  
 8 Health, and the subject is "ER and PR testing,  
 9 DCIS and retroconvertors, and that first page,  
 10 paragraph one talks about DCIS, and paragraph  
 11 two about retroconvertors. Doctor, the  
 12 subject of DCIS and retroconvertors, is this  
 13 the first time really it came to your  
 14 attention in any detailed way?  
 15 DR. ALTEEN:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. And how then was this handled within Central?  
 19 DR. ALTEEN:  
 20 A. In terms of the DC --  
 21 COFFEY, Q.C.:  
 22 Q. DCIS, do you recall?  
 23 DR. ALTEEN:  
 24 A. Specifically, I do recall myself and--there's  
 25 one patient I'm trying to think of, she was a

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1 DCIS--they actually made the determination  
 2 that she probably was not a cancer diagnosis  
 3 at all, but there was one, possibly two  
 4 families, that we had talked to individually  
 5 and I was involved, myself and Dr. Dalton with  
 6 one family that sticks in my mind that we met  
 7 with the patient and the family and disclosed  
 8 to them the change in her status. There's  
 9 another family I do believe we met with, and I  
 10 can't remember if there are others outside of  
 11 that.  
 12 COFFEY, Q.C.:  
 13 Q. Now, Doctor, in relation to the entire ER/PR  
 14 matter, including the DCIS and retroconvertor  
 15 aspects of the matter, Central Health and its  
 16 predecessors, I take it, would have had an  
 17 adverse events or incident report policy?  
 18 DR. ALTEEN:  
 19 A. Correct.  
 20 COFFEY, Q.C.:  
 21 Q. Do you know if there was ever an adverse  
 22 events or incident report filed in relation to  
 23 any aspect of the ER/PR matter in Central?  
 24 DR. ALTEEN:  
 25 A. I don't recall, no, that there was ever one.

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1 COFFEY, Q.C.:  
 2 Q. Can you tell the Commissioner why not?  
 3 DR. ALTEEN:  
 4 A. I don't know that I can. Obviously, when it  
 5 comes to adverse events and incident  
 6 reporting, I think from--certainly from the  
 7 medical side, I think nursing are much more  
 8 trained in terms of reporting adverse events.  
 9 From the medical side, I think people are  
 10 still--and there's a lot of work being done  
 11 with that, I would say, in the last couple of  
 12 years and certainly information for CMPA and  
 13 those organizations in terms of how we  
 14 disclose information and record information.  
 15 I think from the medical side, there's still a  
 16 problem with physicians truly understanding  
 17 what adverse events exactly mean. They look  
 18 at lot at times at this as being, well, you're  
 19 pointing out somebody did something wrong  
 20 versus there's an outcome that is different  
 21 than perhaps what it should have been, and we  
 22 need to report those so you can go back and do  
 23 sort of the follow up on this sort of things.  
 24 So for most physicians, it's a issue that they  
 25 are just--it takes a lot of training to get

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1 them up to speed on how we do this.  
 2 Specifically, did we--I mean, we were going  
 3 through this process of working through the  
 4 ER/PR and reviewing this. So whether you  
 5 would have actually gone out and just done an  
 6 adverse event--we were going through the  
 7 process, anyway, so I guess from our  
 8 perspective, did it make any difference that  
 9 you want to report this and have the same  
 10 people doing what we were already doing. So,  
 11 I think, in a way, while we didn't fill out a  
 12 form, we were doing -  
 13 COFFEY, Q.C.:  
 14 Q. What would be required if a form was filled  
 15 out?  
 16 DR. ALTEEN:  
 17 A. What would be required in terms of from our  
 18 perspective, understanding that the test  
 19 itself was not--we were interpreting a test,  
 20 we weren't doing the test.  
 21 THE COMMISSIONER:  
 22 Q. Mr. Coffey, I think it's time for the morning  
 23 break, so wherever you can find a convenient  
 24 spot.  
 25 COFFEY, Q.C.:

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1 Q. Thank you, Commissioner. Exhibit P-2928.  
 2 Doctor, this is a fax cover sheet and an  
 3 attachment. It's to Sherry Freake at the  
 4 James Paton Hospital, from Nancy P, which  
 5 would be Nancy Parsons, dated October 5th,  
 6 2006, and she writes--the subject is the  
 7 patient list. She writes, "Sherry, as we  
 8 discussed, we are interested in knowing if all  
 9 the attached patients have been contacted with  
 10 their retesting results even if there are no  
 11 recommendations. Thanks for doing this", and  
 12 then there's a listing of dates, which  
 13 presumably is the dates the results came back  
 14 when you look at them, and then Central,  
 15 number and--I'm sorry, Central, and a number,  
 16 44, and then a doctor, and then a listing of  
 17 either no treatment change, Tamoxifen, no  
 18 recommendations, and so on. When we look down  
 19 through it, the patient's names and the  
 20 doctor's names are redacted. Do you recall  
 21 then, Doctor, and there is a similar sheet for  
 22 Grand Falls, okay, what happened then in the  
 23 fall of 2006 about this aspect of the matter,  
 24 this checking from--St. John's is asking  
 25 Central to check. Do you recall -

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1 DR. ALTEEN:  
 2 A. I don't--like I said, this information  
 3 generally was going through Ms. Budgell and  
 4 Ms. Freake. Certainly I would have had  
 5 conversations periodically with them as where  
 6 are we with these things, have the patients  
 7 been notified and so on. Bearing in mind  
 8 during this period of time the organization  
 9 had--Mr. Hornell, one of our VPs had left the  
 10 organization, I think, in early September, and  
 11 Mr. Diamond had resigned and was leaving the  
 12 end of October, early November, and the board  
 13 was asking various members of the senior team  
 14 to take on responsibilities in terms--also  
 15 looking at someone to take on the CEO  
 16 responsibilities in the interim basis. There  
 17 was a lot of changes going on. So  
 18 specifically my answer to you is that, look,  
 19 this was left with Judy Budgell. We would  
 20 have had, I'm sure, corridor conversations,  
 21 perhaps phone conversations, but I--until a  
 22 couple days ago I had never seen this list.  
 23 COFFEY, Q.C.:  
 24 Q. Thank you, Commissioner. When we come back, I  
 25 have just two other matters I'd like to

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1 continue with.  
 2 THE COMMISSIONER:  
 3 Q. We'll take the morning break. Before we do  
 4 though, since all counsel are here, there was  
 5 a point of information I should get to you.  
 6 You would have all received, this morning, or  
 7 if you haven't, you will get at some point  
 8 during the morning, a new CD. I'm sure you're  
 9 all overjoyed. And that CD carries about, I'm  
 10 told, approximately 132 new records which  
 11 Commission counsel have identified as records  
 12 that they anticipate would be entered during  
 13 the testimony of a witness who is scheduled to  
 14 appear tomorrow, that is Ms. Predham.  
 15 However, what's happened is that the  
 16 Commission has received, over recent days,  
 17 additional records from Eastern Health, some  
 18 of which come from Ms. Predham. Frankly,  
 19 there just hasn't been sufficient period of  
 20 time to go through the required process of  
 21 reviewing those records, redacting patient  
 22 personal information, getting it out to you so  
 23 that you have a chance to review it, then  
 24 getting it back and going through the process  
 25 of putting it in for use as an exhibit when

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1 that witness takes the stand.  
 2 Frankly, there just isn't that kind of  
 3 time available to us to do it, even if we had  
 4 an already stressed staff work around the  
 5 clock, we just couldn't get it out in time.  
 6 With that in mind, I've just concluded  
 7 that it is inappropriate to proceed with the  
 8 regularly scheduled list of witnesses and I  
 9 directed last evening that Ms. Predham be  
 10 rescheduled to later so that we can get that  
 11 information out to you and that it's available  
 12 before she takes the stand. Frankly, I  
 13 recognize that that may throw a bit of a  
 14 monkey wrench into our current schedule for,  
 15 among other things, completion of hearing  
 16 time, because at this stage in our hearings,  
 17 it's a lot more difficult than it was earlier  
 18 to move witnesses around and find somebody who  
 19 can come in on short notice, etcetera.  
 20 However, even weighing all this, in my  
 21 view, fairness demands that that particular  
 22 information get out to counsel with standing  
 23 before Ms. Predham takes the stand. So that  
 24 was the decision which I had made. You will  
 25 find, if it hasn't already been done so, that



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1 shortly there will be a revised schedule up  
 2 for the week. The reason I wanted to  
 3 particularly bring it to your attention is  
 4 that it is possible that we are not going to  
 5 be able to fill in all of the period of time  
 6 for this week and you may find, either to your  
 7 joy or your disappointment, it depends on your  
 8 particular point of view, that we will not be  
 9 here for all of the days during this week and  
 10 there might be a day which will not be filled  
 11 in. So I'll ask the staff to get the postings  
 12 up as quickly as we're able to do it, so you  
 13 can plan your week accordingly. Thank you.  
 14 We'll take a 15-minute break.  
 15 (BREAK)  
 16 THE COMMISSIONER:  
 17 Q. Please be seated. Mr. Coffey.  
 18 COFFEY, Q.C.:  
 19 Q. Thank you, Commissioner. Exhibit P-2929?  
 20 Doctor, these are a couple of e-mails of  
 21 November and December 2006. Doctor, the first  
 22 of them is an e-mail of November 21st, 2006  
 23 from Ms. Freake to Heather Predham and someone  
 24 else in Eastern. It says "Hi, ladies. The  
 25 sagas goes on for this one. I have a few

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1 questions that I thought you might be able to  
 2 help me with. What, if anything, is happening  
 3 with respect to the patients who are now  
 4 deceased? What about patients who were  
 5 positive and are now negative? Were any of  
 6 them from Central, and who will be contacting  
 7 them? What about the ones who are panelled  
 8 but were not on the list you gave Nancy to  
 9 contact the physicians regarding?" I'm sorry,  
 10 "you gave me, Nancy, to contact the physicians  
 11 regarding. These are the ones we sent  
 12 information--in information from their reports  
 13 for the panel, but did not receive any  
 14 specific responses re: the decision. Some are  
 15 in Nancy's list, but not all of them. I have  
 16 made contact with most of the ones on the list  
 17 and those from the Gander area that require  
 18 treatment were all notified by their doctor,  
 19 as were most of the ones not requiring any  
 20 change, but there are a few I have not been  
 21 able to confirm yet. Still waiting for  
 22 physicians to reply. I just left a message  
 23 for Ms. Peckford, Cheryl Peckford, Client  
 24 Relations Coordinator, as she was doing some  
 25 for the Grand Falls-Windsor area and she is

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1 out of the office until Friday. So I'll let  
 2 you know where she is with it when I hear from  
 3 her."  
 4 Doctor, then, Ms. Freake, on December  
 5 5th, 2006, sent an e-mail to Ms. Predham  
 6 forwarding, in effect, the same e-mail and  
 7 saying "Hi, Heather. Sorry to be a nag, but  
 8 do you have any info on this stuff. One of  
 9 our pathologists is also asking some of these  
 10 questions," I'm sorry, "as she has been  
 11 talking to a pathologist at Eastern about  
 12 claims and liability issues. Thanks, Sherry"  
 13 who is the regional risk manager for Central  
 14 Health.  
 15 Now Doctor, I'm referring you to both of  
 16 these e-mails, as well as I wanted to ask you  
 17 about a presentation which I understand  
 18 occurred in November of 2006 by Eastern Health  
 19 involving ER/PR.  
 20 DR. ALTEEN:  
 21 A. Correct.  
 22 COFFEY, Q.C.:  
 23 Q. I'll ask you first of all about that. Were  
 24 you aware that there was a briefing, as it  
 25 were, by Eastern Health for various health

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1 authorities across the province and  
 2 pathologists, in November 2006?  
 3 DR. ALTEEN:  
 4 A. I was aware, yes.  
 5 COFFEY, Q.C.:  
 6 Q. Did you participate in it?  
 7 DR. ALTEEN:  
 8 A. No, I did not.  
 9 COFFEY, Q.C.:  
 10 Q. Do you know who, if anyone, from Central did?  
 11 DR. ALTEEN:  
 12 A. I can't tell you who specifically attended  
 13 that, no.  
 14 COFFEY, Q.C.:  
 15 Q. And Doctor, why didn't you participate at the  
 16 time?  
 17 DR. ALTEEN:  
 18 A. Again, without going back to my schedule, I  
 19 think I recall I might have been out of town,  
 20 out of the--but I don't remember any other  
 21 specifics as to why I didn't attend.  
 22 COFFEY, Q.C.:  
 23 Q. And do you have any recollection of what you  
 24 understood the purpose of that was, at the  
 25 time? I mean, what was -

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1 DR. ALTEEN:  
 2 A. Again, I think they were just giving an  
 3 overall briefing to everybody to keep them--to  
 4 get them up to date as to where they were with  
 5 the whole ER/PR testing.  
 6 COFFEY, Q.C.:  
 7 Q. And here, Doctor, in terms of these e-mails,  
 8 because this is around the same time, late  
 9 November, early December 2006, this first e-  
 10 mail of November 21st, 2006 from Ms. Freake to  
 11 Ms. Predham, "what, if anything, is happening  
 12 with respect to the patients who are now  
 13 deceased?" So I take it that, at that point,  
 14 this was still up in the air as to what was to  
 15 be done?  
 16 DR. ALTEEN:  
 17 A. That's what I'm assuming from reading that  
 18 too, yes.  
 19 COFFEY, Q.C.:  
 20 Q. And at that point in time, just to reiterate a  
 21 point I take it you made before we broke, by  
 22 the fall of 2006, this was left with the risk  
 23 management people generally within Central to  
 24 handle?  
 25 DR. ALTEEN:

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1 A. Correct.  
 2 COFFEY, Q.C.:  
 3 Q. Doctor, we have heard evidence that on  
 4 December 11th, 2006, Eastern Health held a  
 5 media technical briefing.  
 6 DR. ALTEEN:  
 7 A. Right.  
 8 COFFEY, Q.C.:  
 9 Q. And there was then media reporting in the  
 10 aftermath of that. I wanted to ask you about  
 11 that generally from, you know, being a  
 12 resident of Central Newfoundland. How much  
 13 media play did this get back at that time?  
 14 DR. ALTEEN:  
 15 A. Again, in Central, I don't have--I can't  
 16 remember anything about this being either in  
 17 the local paper or on the local news and that.  
 18 Obviously, you know, when it comes to some of  
 19 the local news, obviously there's things  
 20 feeding in from St. John's, and again, as an  
 21 organization, I had not had personally had had  
 22 one question about this from the public or the  
 23 media. The only contact with individual  
 24 patients were when we had some test results  
 25 back and there were some changes made that

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1 those conversations with people, but other  
 2 than that, nothing else, and even when it came  
 3 to physicians, I don't recall many physicians  
 4 even asking questions about this. Now they  
 5 would have had the information obviously that  
 6 came out of St. John's and the family  
 7 physicians and the specialists would have had  
 8 that knowledge, but I'm sure it would have  
 9 come up periodically perhaps at our Medical  
 10 Advisory Committee, just in terms of  
 11 information sharing, but very little  
 12 information in Central around the ER/PR.  
 13 COFFEY, Q.C.:  
 14 Q. Exhibit P-2756? Doctor, the e-mail we just  
 15 looked at, before we go on with this, does  
 16 refer to, in passing, questions being raised  
 17 or having been raised by a pathologist. "She  
 18 has been talking to a pathologist at Eastern  
 19 about claims and liability issues." Was there  
 20 discussion involving claims and liability  
 21 issues that you were involved in?  
 22 DR. ALTEEN:  
 23 A. Not that I recall, no.  
 24 COFFEY, Q.C.:  
 25 Q. If there was such, were such contacts with

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1 HIROC or lawyers or whomever, I take it that  
 2 would be done through risk management?  
 3 DR. ALTEEN:  
 4 A. Through risk management. In a lot of cases, I  
 5 mean, if that had happened, I probably would  
 6 have been involved in that as well.  
 7 COFFEY, Q.C.:  
 8 Q. If it had happened, you -  
 9 DR. ALTEEN:  
 10 A. Yeah, now again, certainly we've had--again,  
 11 we talked with insurance companies and legal  
 12 counsel about numbers of issues. So whether I  
 13 was involved with a teleconference with HIROC  
 14 or any insurance company in regards to this,  
 15 it's possible that I was involved, but I don't  
 16 recall the specifics of it.  
 17 COFFEY, Q.C.:  
 18 Q. And how about the CMPA?  
 19 DR. ALTEEN:  
 20 A. Would have had no contact with CMPA.  
 21 COFFEY, Q.C.:  
 22 Q. No contact. Now Doctor, here this is an e-  
 23 mail of May 24th, 2007 from Denise Dunn who is  
 24 described as executive assistant to Dr. Oscar  
 25 Howell, had been to Dr. Williams, and she sent

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1 an e-mail then to yourself and Ken Jenkins and  
 2 Michael Jong on the 24th of May, 9:14 a.m.  
 3 The subject is an urgent conference call and  
 4 she writes "Dr. Oscar Howell asked that I  
 5 contact you at the request of the Minister of  
 6 Health for you, your CEO and head pathologist  
 7 to participate in a conference call at ten  
 8 a.m. today, May 24th, re: ER/PR."  
 9 DR. ALTEEN:  
 10 A. Correct.  
 11 COFFEY, Q.C.:  
 12 Q. Now this had become a matter of some public  
 13 interest, beginning May--public interest in  
 14 the sense of media exposure on May 15th, 2007.  
 15 Doctor, can you tell the Commissioner, just  
 16 again to put this in context for her from your  
 17 perspective, were you away in May of 2007?  
 18 DR. ALTEEN:  
 19 A. I was away from, if I remember correctly,  
 20 probably the 22nd-23rd of April. I was on  
 21 holidays and had a daughter graduated from  
 22 university, and I don't think I came back  
 23 until the 15th, 14th, 15th, 16th, somewhere  
 24 around that part of May. I was away for that  
 25 period of time, yes.

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1 COFFEY, Q.C.:  
 2 Q. And you were still the VP Medical at the time?  
 3 DR. ALTEEN:  
 4 A. Still the VP Medical.  
 5 COFFEY, Q.C.:  
 6 Q. And Doctor, upon your return then, would there  
 7 have been work piled up, I take it?  
 8 DR. ALTEEN:  
 9 A. Work piled up, plus I had a personal health  
 10 issue that I had to deal with as well.  
 11 COFFEY, Q.C.:  
 12 Q. So at the time, whatever media play there was  
 13 or media interest there was in this, I take  
 14 it, in the period from May 15th until around  
 15 May 24th, you weren't paying a lot of  
 16 attention yourself personally?  
 17 DR. ALTEEN:  
 18 A. No, but again, if something had come through  
 19 the organization, I mean, we all were attached  
 20 with Blackberries and laptops and these sort  
 21 of things, and even away on holidays, I mean,  
 22 generally you would have access to these sort  
 23 of things.  
 24 COFFEY, Q.C.:  
 25 Q. At the time, do you recall being contacted

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1 before this, this May 24th teleconference?  
 2 DR. ALTEEN:  
 3 A. No.  
 4 COFFEY, Q.C.:  
 5 Q. Okay, Doctor, if we could look please then at  
 6 Exhibit P-2930? Doctor, these are your  
 7 handwritten notes of May 24th, 2007.  
 8 DR. ALTEEN:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. Of that teleconference with CEOs and Medical  
 12 Directors?  
 13 DR. ALTEEN:  
 14 A. Correct.  
 15 COFFEY, Q.C.:  
 16 Q. And the Department of Health and Community  
 17 Services, John Abbott, John Rumboldt and Moira  
 18 Hennessey; Eastern Health, Dr. Howell, Dr.  
 19 Denic, Heather Predham and Terry Gulliver;  
 20 Western, Ken Jenkins, Paul Neil; and -  
 21 DR. ALTEEN:  
 22 A. Risk manager, I didn't get the name of the  
 23 person, I don't think, at that time, and  
 24 communications.  
 25 COFFEY, Q.C.:

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1 Q. Communications, and Labrador, Boyd and Dr.  
 2 Dankwa?  
 3 DR. ALTEEN:  
 4 A. Correct.  
 5 COFFEY, Q.C.:  
 6 Q. And I take it then, you were making a list, as  
 7 best you could, of who was participating?  
 8 DR. ALTEEN:  
 9 A. What's interesting, I didn't write down who  
 10 from Central Health.  
 11 COFFEY, Q.C.:  
 12 Q. Central, do you recall--so yourself, Dr.  
 13 Dalton would have been part of this, I take  
 14 it?  
 15 DR. ALTEEN:  
 16 A. Yes, yeah.  
 17 COFFEY, Q.C.:  
 18 Q. Do you recall if there was anyone else from  
 19 Central?  
 20 DR. ALTEEN:  
 21 A. Again, I'll make--Karen McGrath may have been  
 22 part of that at that time, but I didn't -  
 23 COFFEY, Q.C.:  
 24 Q. And who is Karen -  
 25 DR. ALTEEN:

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1 A. She is the CEO that started work in March of  
 2 '07, I believe, somewhere around there.  
 3 COFFEY, Q.C.:  
 4 Q. Okay. So she had just--really just getting in  
 5 the job?  
 6 DR. ALTEEN:  
 7 A. She had just been on the ground, yeah.  
 8 COFFEY, Q.C.:  
 9 Q. And then here you've written the issue, and  
 10 there's a bracket, John Abbott, issue was  
 11 "all" I take it that is A-L-L?  
 12 DR. ALTEEN:  
 13 A. That's right.  
 14 COFFEY, Q.C.:  
 15 Q. "All ER/PR testing was presumed to be done in  
 16 St. John's since St. John's restarted.  
 17 However, apparently, this is not the case.  
 18 Outside St. John's apparently all are still  
 19 being sent to Mount Sinai." So I take it  
 20 that's the issue, as framed by Mr. Abbott, the  
 21 DM of Health.  
 22 DR. ALTEEN:  
 23 A. That's correct.  
 24 COFFEY, Q.C.:  
 25 Q. And Doctor, we have heard evidence that

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1 beginning in February 2007, St. John's resumed  
 2 ER/PR testing locally.  
 3 DR. ALTEEN:  
 4 A. Right.  
 5 COFFEY, Q.C.:  
 6 Q. In the St. John's area. Had that come up  
 7 again as a topic to your attention, up to this  
 8 point?  
 9 DR. ALTEEN:  
 10 A. Again, not that I recall, and I believe it, at  
 11 this meeting, you heard--and again, you talked  
 12 to Dr. Dalton and Dr. Somers in Gander that we  
 13 weren't doing this and they had made a  
 14 decision that they were continuing just to  
 15 send their specimens out.  
 16 COFFEY, Q.C.:  
 17 Q. And then there's a note here you've attributed  
 18 to Terry Gulliver, "only specimens being done  
 19 in St. John's are those from St. John's. The  
 20 rest are being sent to Mount Sinai for ER/PR  
 21 HER2, all breast cancer patients. 300 to 350  
 22 patients are being diagnosed each year in  
 23 Newfoundland." So that's Mr. Gulliver's  
 24 comment on the current status. And then  
 25 there's a remark attributed to Nash Denic,

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1 "doing St. John's patients, trying to ensure  
 2 quality assurance is in place and standards  
 3 are met. Mount Sinai would like St. John's to  
 4 take over ER/PR for all province and may have  
 5 to send out for HER2/neu as not up to standard  
 6 yet with new antibodies. Need to ensure that  
 7 all regions--with all regions," I'm sorry,  
 8 "that fixation process for preparation of  
 9 sample is at same standard across the  
 10 province. Have drafted a recommendation for  
 11 proper fixation on such tissue to ensure  
 12 reproducibility. Needs to be fixed within  
 13 eight to 24 hours"  
 14 DR. ALTEEN:  
 15 A. Correct.  
 16 COFFEY, Q.C.:  
 17 Q. "Have package prepared for each region so that  
 18 each region understands protocol and ensures  
 19 that this will be followed. Went through  
 20 validation process for a year by working with  
 21 facilities in UK and USA to ensure standards  
 22 met. By February 1/07 were okay with this and  
 23 started processing their own samples again."  
 24 So I take it his account of where he is with  
 25 it.

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1 DR. ALTEEN:  
 2 A. Right.  
 3 COFFEY, Q.C.:  
 4 Q. Dr. Denic. And then you go on to note,  
 5 "Eastern Health are ready to take over ER/PR  
 6 testing within next month and will send  
 7 HER2/neu for all province to Mount Sinai until  
 8 their testing is validated." That would be  
 9 until Eastern Health's is validated.  
 10 DR. ALTEEN:  
 11 A. Right.  
 12 COFFEY, Q.C.:  
 13 Q. "Also suggest a review of DCIS for province."  
 14 Do you recall what that was about?  
 15 DR. ALTEEN:  
 16 A. No, don't recall.  
 17 COFFEY, Q.C.:  
 18 Q. Okay. "Nash got into issue of remuneration of  
 19 pathologists for taking on extra workload."  
 20 That would be reviewing breast cancer  
 21 diagnosis for the province?  
 22 DR. ALTEEN:  
 23 A. Um.  
 24 COFFEY, Q.C.:  
 25 Q. And then there's a remark to Terry attributed,

<p style="text-align: right;">Page 145</p> <p>1 "in the past, St. John's would do preparation 2 and send back to region for interpretation. 3 In future, would suggest that we send 4 specimens to St. John's after fixing for ER/PR 5 preparation and would also be read in St. 6 John's." And then Doctor, you've made a note 7 attributed to Maurice Dalton, you've written 8 "no issue that we are aware of related to 9 fixation" and then you've made a note, Nash 10 Denic says "fixation was a problem at all 11 sites after the review." And you've said, 12 Larry, you've attributed to yourself, "why 13 wasn't this identified before?" and so Doctor, 14 could you tell us then please about this 15 aspect of the matter, these three entries 16 here? Nash Denic has referred to protocols, 17 fixation, protocols for across the province 18 being available now, and Maurice Dalton 19 apparently spoke up and said, well, this is 20 the first he's heard about this. 21 DR. ALTEEN: 22 A. And I think, and again, going from recall, I 23 think Dr. Dalton may have been, around that 24 time, been aware prior perhaps just to this 25 teleconference, he was aware of that, and I'm</p>	<p style="text-align: right;">Page 147</p> <p>1 COFFEY, Q.C.: 2 Q. So there was--I take it when you posed the 3 question "why wasn't this identified before?" 4 DR. ALTEEN: 5 A. Yeah. 6 COFFEY, Q.C.: 7 Q. Because Nash had just--you have noted that 8 Nash Denic had just said "well, this is a 9 problem at all sites after the review." 10 DR. ALTEEN: 11 A. Right. 12 COFFEY, Q.C.: 13 Q. The review would be the external reviewers in 14 this context? 15 DR. ALTEEN: 16 A. Which was sometime - 17 COFFEY, Q.C.: 18 Q. Back in '05? 19 DR. ALTEEN: 20 A. Yeah. 21 COFFEY, Q.C.: 22 Q. And you, in effect, were saying "well, this is 23 May of '07, why are we hearing of this now for 24 the first time?" 25 DR. ALTEEN:</p>
<p style="text-align: right;">Page 146</p> <p>1 sure he passed that on to me, and again, we 2 were asking the question in a formal process, 3 well, if it's a fixation problem, why weren't 4 we notified that there's an issue with us? 5 Because obviously, if we've got an issue, 6 let's go get it rectified and get on with 7 life. And again, I still--I struggle with the 8 fixation issue because again, if it was a 9 fixation issue, and I've never been fully 10 aware of if it goes off to another 11 organization, it's still a fixed tissue 12 sample, and assuming they're doing slices 13 through the same area, then how does that 14 change the results? And I couldn't understand 15 that myself. But we were never told about a 16 fixation issue during this whole period of 17 time, you know. Why not? 18 COFFEY, Q.C.: 19 Q. And what were you told? 20 DR. ALTEEN: 21 A. Would you mind - 22 COFFEY, Q.C.: 23 Q. I take it, nothing. 24 DR. ALTEEN: 25 A. Other than my notes that are written, I mean -</p>	<p style="text-align: right;">Page 148</p> <p>1 A. Yeah. 2 COFFEY, Q.C.: 3 Q. And you didn't get a response? 4 DR. ALTEEN: 5 A. Nash - 6 COFFEY, Q.C.: 7 Q. Am I correct on that, Doctor? 8 DR. ALTEEN: 9 A. That's my general sense of that, and even as 10 we're talking about that now, it sort of 11 strikes me, well, we're sending these samples 12 now off to Mount Sinai and I didn't ask the 13 question at the time, but I would certainly 14 think now, is was Mount Sinai identified any 15 issues with us with our fixation? Because 16 it's been, you know, a year and a half at this 17 point in time that there's been an issue 18 identified and we're doing the same processes, 19 I'm assuming. I do understand--I understand 20 some of the basis of if there's over fixation 21 that may cause issues with the testing, but if 22 we haven't changed anything. 23 COFFEY, Q.C.: 24 Q. Doctor, after this teleconference, and I'll 25 continue on in a moment, after this</p>

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<p>1 teleconference, did you take this issue up 2 with anyone else?</p> <p>3 DR. ALTEEN:</p> <p>4 A. Again, my recollection is that I think Dr. 5 Dalton was dealing with pathologists in St. 6 John's to have those conversations as to what 7 they're getting at. Do we have problems? If 8 we do, again, they're going to send out 9 information. Let's make sure we fix whatever 10 problems exist.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And in terms of, so you would have left the 13 actual technicalities end of it, part of it -</p> <p>14 DR. ALTEEN:</p> <p>15 A. To Dr. Dalton and he would be conversing with 16 Dr. Somers. Dr. Gallagher was probably back 17 in Gander at that time. He would talk with 18 his colleagues in Gander and made sure that we 19 were doing whatever was necessary.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. Doctor, in relation to this whole idea of 22 communicating with yourselves about the 23 existence of fixation problems, were you ever 24 made aware that back, I believe it's January 25 20th, 2005, but it's thereabouts, sorry, 2006,</p>	<p>1 Q. Doctor, here, you go on then on page three on 2 the exhibit to note, you attribute to--after 3 posing the question "why wasn't this 4 identified before?" the following to Terry 5 Gulliver, "if the tissue was over fixed, may 6 cause issues with antigen/antibody and there 7 is new information" and you've noted here, 8 question mark "what year, around this that it 9 will be shared (this is part of quality 10 improvement)" and then there's a note here, 11 "technological advance," I'm sorry, 12 "technological advances have helped with over 13 and under fixation issues."</p> <p>14 DR. ALTEEN:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. So I take it Mr. Gulliver was addressing the 18 issue about over fixation potentially coming 19 into play here.</p> <p>20 DR. ALTEEN:</p> <p>21 A. Right.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And offering to share that information and he 24 was asserting that changes, technological 25 advances over the years have helped address</p>
<p style="text-align: right;">Page 150</p> <p>1 I apologize, January 20th, 2006, that there's 2 an e-mail that Dr. Mullen had sent to Dr. Cook 3 referring to the fixation issues?</p> <p>4 DR. ALTEEN:</p> <p>5 A. I had never seen or heard of that.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. In fact, when I'm saying it to you now, I take 8 it is the first time you've -</p> <p>9 DR. ALTEEN:</p> <p>10 A. Yeah, I've not heard of that. Like I said, as 11 an organization, was I aware? I was certainly 12 aware through Dr. Williams that they had an 13 external review, but what happened as part of 14 that.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. So if Dr. Mullen did communicate with Dr. 17 Cook, first nor last, I take it you were never 18 told -</p> <p>19 DR. ALTEEN:</p> <p>20 A. No.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. - about it while you were VP Medical?</p> <p>23 DR. ALTEEN:</p> <p>24 A. No.</p> <p>25 COFFEY, Q.C.:</p>	<p style="text-align: right;">Page 152</p> <p>1 any problems caused by over or under fixation?</p> <p>2 DR. ALTEEN:</p> <p>3 A. I think he's referencing perhaps too that the 4 new equipment, that the fixation may not be as 5 much of an issue as it was with the old 6 system.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. And then there's a note here then -</p> <p>9 DR. ALTEEN:</p> <p>10 A. Toys, yeah. (phonetic)</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. At the time, did it occur to you, Doctor, that 13 whatever Mount Sinai was doing with the then 14 current cases and had been doing for, up to 15 that point, more than a year and a half -</p> <p>16 DR. ALTEEN:</p> <p>17 A. Later.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. - almost two years in fact, whatever they were 20 doing may have been compensating for or 21 allowing for or addressing over or under 22 fixation?</p> <p>23 DR. ALTEEN:</p> <p>24 A. Perhaps, and I do recall, at some point in 25 time, and I can't tell you went, that I do</p>

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1 believe Dr. Dalton may have had some  
2 conversation--he, I think--and again, these  
3 are, you know, sort of in his office  
4 conversation, but I do believe that he talked  
5 with Mount Sinai at some point in time too to  
6 try and get some handle on this.

7 COFFEY, Q.C.:

8 Q. And then there's a note attributed to Nash  
9 Denic, "new studies have suggested that maybe  
10 fixation with new technology is not as much  
11 an issue. We, however, have recommendation  
12 from world renowned pathologist in this area  
13 who suggests we need to improve fixating and  
14 processing." And then Oscar Howell, you've  
15 made a note, "there is a standardization with  
16 a package around fixation that has come has"--  
17 that would be part?

18 DR. ALTEEN:

19 A. Part.

20 COFFEY, Q.C.:

21 Q. - part of quality improvement around this  
22 review." So Oscar Howell is saying that we've  
23 got some kind of a protocol written approach.

24 DR. ALTEEN:

25 A. And they were going to obviously share that.

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1 COFFEY, Q.C.:

2 Q. Did you ask, at the time, why it was only now,  
3 May 24th, 2007, that Eastern Health was going  
4 to share this fixation policy or protocol?

5 DR. ALTEEN:

6 A. I don't know specifically. Again, go back to  
7 the previous comment about, you know, why is  
8 this only coming up now? You know, so I guess  
9 it's part of that and again, these are not  
10 verbatim notes of what was said, but as part  
11 of that question, it may have been, you're  
12 telling about this now, you know. Why now?  
13 Why wasn't it shared? You have information,  
14 you know.

15 COFFEY, Q.C.:

16 Q. Particularly, in the context here, Doctor, at  
17 least, I take it then from your perspective,  
18 if they had information, as a tertiary care  
19 centre, you were relying upon them, from your  
20 perspective to provide it?

21 DR. ALTEEN:

22 A. Again, we work in a small province. We all  
23 know each other. Generally, there's no  
24 problem with us sending this information back  
25 and forth.

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1 COFFEY, Q.C.:

2 Q. There's a note here then, Terry Gulliver, you  
3 attribute the following to, "when a  
4 pathologist who was responsible for this left,  
5 the reporting of the slides were  
6 decentralized. Wish to centralize processing  
7 and interpretation again." So this is -

8 DR. ALTEEN:

9 A. Right.

10 COFFEY, Q.C.:

11 Q. This pathologist responsible for this left,  
12 and the reporting of the slides were  
13 decentralized -

14 DR. ALTEEN:

15 A. Right.

16 COFFEY, Q.C.:

17 Q. - did you know who that pathologist was? I'm  
18 going to refer to a gentleman named Khalifa?

19 DR. ALTEEN:

20 A. I think, that's my recollection that it was  
21 him, and they say, and my notes are talking  
22 about decentralization, but I don't remember  
23 specifically the time frame around where they  
24 were actually doing the processing and the  
25 reading of those slides when it came to ER/PR

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1 positivity negativity.

2 COFFEY, Q.C.:

3 Q. You go on to note, Doctor, attribute to Oscar  
4 Howell, "data analysis was not done on a  
5 regional basis. Other than fixation and  
6 subsequent reading, all other processes were  
7 done at the Health Care Corporation of St.  
8 John's." So Dr. Howell is pointing out that  
9 fixation and the interpretation by the  
10 pathologists would have been done outside the  
11 Health Care Corporation of St. John's, but  
12 everything else was done within?

13 DR. ALTEEN:

14 A. Right, I think that looks at that whole 40-  
15 step process. Those are the two things that  
16 were outside of their control, I guess.

17 COFFEY, Q.C.:

18 Q. And he's pointing out, this data analysis was  
19 not done on a regional basis, I take it to  
20 point out to you that, look, Eastern Health  
21 has not broken this down.

22 DR. ALTEEN:

23 A. Right, and that certainly answers the prior  
24 questions about this.

25 COFFEY, Q.C.:

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1 Q. Did Dr. Howell ever tell you that there had  
 2 been any analysis done on a provincial basis?  
 3 DR. ALTEEN:  
 4 A. Not that I recall, no.  
 5 COFFEY, Q.C.:  
 6 Q. And then here, there's a note here, Paul,  
 7 would it be Paul Neil?  
 8 DR. ALTEEN:  
 9 A. Paul Neil.  
 10 COFFEY, Q.C.:  
 11 Q. And Nash would be Nash Denic, "December 2000,  
 12 change from 30 percent to one percent.  
 13 However, one to ten percent were called low  
 14 expressors. In the USA, a lot of people were  
 15 treating at one percent. Others may treat at  
 16 one to ten percent, depending on other  
 17 factors." So I take it that this is  
 18 information coming from Dr. Neil and Dr.  
 19 Denic?  
 20 DR. ALTEEN:  
 21 A. Yeah, there was some conversation going on  
 22 around the changing criteria, I guess.  
 23 COFFEY, Q.C.:  
 24 Q. And Doctor, at this point, and again, looking  
 25 back at the--if I could, first page, there are

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1 no oncologists here, at least noted here.  
 2 DR. ALTEEN:  
 3 A. That's right.  
 4 COFFEY, Q.C.:  
 5 Q. Okay, so--and then finally, you've noted here,  
 6 "technology has changed, but as positive has  
 7 changed, there are process issues which we  
 8 need to improve, issues around fixation, new  
 9 studies." Do you recall what this was about  
 10 then? The technology has changed, well,  
 11 that's certainly true. I take it then, coming  
 12 away from this teleconference, Doctor, this is  
 13 kind of a summary?  
 14 DR. ALTEEN:  
 15 A. Yes, and whether somebody summarized that as  
 16 the salient features or points or whether it  
 17 was my summarization, I don't recall that  
 18 either.  
 19 COFFEY, Q.C.:  
 20 Q. But even up to and including the end of this  
 21 teleconference, I take it, you, yourself, no  
 22 one was pointing out to you or highlighting  
 23 for you the fact that Mount Sinai, which was  
 24 even then still doing your current cases, was  
 25 using the DAKO machine?

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1 DR. ALTEEN:  
 2 A. Yeah, I don't believe ever hearing that, to be  
 3 honest with you.  
 4 COFFEY, Q.C.:  
 5 Q. And so you're being advised technology has  
 6 changed, well certainly had a change in St.  
 7 John's.  
 8 DR. ALTEEN:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. What is positive has changed, which would mean  
 12 the cut off points?  
 13 DR. ALTEEN:  
 14 A. Points.  
 15 COFFEY, Q.C.:  
 16 Q. Process issues which we need to improve, and  
 17 these process issues would be what, around  
 18 fixation and tissue processing?  
 19 DR. ALTEEN:  
 20 A. Around fixation, but again, and I go back to  
 21 this whole step process, as how things get  
 22 from fixation through the whole testing  
 23 process. So they would have process issues,  
 24 and there's the separate issue as part of  
 25 process as well, but certainly separate issue

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1 for the province, in terms of fixation.  
 2 COFFEY, Q.C.:  
 3 Q. And issues around fixation and new studies.  
 4 Doctor, fixation itself, I take it, of course,  
 5 is a process would, in fact, begin in the OR?  
 6 DR. ALTEEN:  
 7 A. Correct.  
 8 COFFEY, Q.C.:  
 9 Q. In fact, or the clinic. Were there any steps  
 10 taken while you were VP medical that you are  
 11 aware of to address matters involving, like,  
 12 fixation, the fixation issue all the way back  
 13 into the OR or into the clinic, and if so, by  
 14 whom?  
 15 DR. ALTEEN:  
 16 A. Again, my recollection is that the  
 17 pathologists at each side did go back and make  
 18 sure the processes when it came to the point  
 19 of surgery, to getting the specimen in the lab  
 20 was done appropriately. And they had  
 21 conversations with the various surgical  
 22 specialties and the various individuals,  
 23 including nursing staff, as well, because, I  
 24 mean, again, as a surgeon you collect the  
 25 specimen, that's passed on to somebody else



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<p>1 which is, again, it's a process. There's some 2 issues around refrigeration, all those sort of 3 things. But those things, they went back and 4 looked to make sure those were done 5 appropriately.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Exhibit P-0454? Doctor, this is an e-mail 8 from Cathi Bradbury of May 24, 2007. The 9 subject is "Departmental Update, ER/PR 10 testing, May 24th, 2007." It's sent to a 11 number of individuals, including yourself. 12 See you're right there?</p> <p>13 DR. ALTEEN:</p> <p>14 A. Right.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. She says, "Please find attached a briefing as 17 provided to the minister and follow up to our 18 teleconference this morning." She asks that 19 it be distributed then to participants within 20 your own region. She didn't have their e- 21 mails, I take it, to the Dr. Daltons of the 22 world?</p> <p>23 DR. ALTEEN:</p> <p>24 A. Right.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 be advised that the attached briefing note was 2 never used and never--never approved and never 3 used. Also, please be advised that we," 4 Western Health, "did not issue any news 5 releases or do any interviews regarding ER/PR. 6 I have attached the only e-mails I can find in 7 my records regarding this matter." And that 8 would be that briefing note we looked at 9 yesterday.</p> <p>10 DR. ALTEEN:</p> <p>11 A. Okay.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. I take it, so.</p> <p>14 DR. ALTEEN:</p> <p>15 A. Right.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And with that she confirms your recollection 18 that there were no news releases or interviews 19 involving ER/PR done by Western?</p> <p>20 DR. ALTEEN:</p> <p>21 A. Eastern--or Central.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Central, I'm sorry, I apologize, at Central. 24 Doctor, your then involvement in this matter 25 ended when?</p>
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<p>1 Q. Would you have done that, sent that on, would 2 you have sent on the e-mail to -</p> <p>3 DR. ALTEEN:</p> <p>4 A. I'm assuming so. I don't recall this 5 specifically, but obviously it was sent to me, 6 so. And I would have Dr. Dalton and probably 7 Dr. Somer's and certainly the various e-mail 8 addresses.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Exhibit P-2931? Doctor, here I'm going to 11 refer you to this, I don't think it's 12 controversial at all that I do so. This is an 13 e-mail from Stephanie Power, who we've seen 14 referenced earlier, of July 3rd, 2007 to 15 Barbara Parsons.</p> <p>16 DR. ALTEEN:</p> <p>17 A. Right.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Do you know who Barbara Parsons is?</p> <p>20 DR. ALTEEN:</p> <p>21 A. Barbara is the secretary to the CEO.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Okay. And there are various attachments she 24 has there. And she says, "Barb, Karen," and 25 Karen would be the CEO at the time. "Please</p>	<p>1 DR. ALTEEN:</p> <p>2 A. June 22nd, I think it was the 22nd, it was a 3 Friday, anyway, of--that was when I resigned 4 as VP.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And since that time you've had no involvement 7 in it other than in connection with this?</p> <p>8 DR. ALTEEN:</p> <p>9 A. No involvement. Now, I mean, obviously with 10 the organization, you're still in the same 11 community, I've had conversation with the CEO 12 about various things, but I've not had any 13 involvement in the whole ER/PR.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Commissioner, they're the questions I have. 16 Thank you.</p> <p>17 THE COMMISSIONER:</p> <p>18 Q. Thank you. Mr. Pritchard?</p> <p>19 MR. PRITCHARD:</p> <p>20 Q. Thank you, Commissioner. I don't have any 21 questions for this witness. Thank you for 22 your evidence, Doctor.</p> <p>23 DR. ALTEEN:</p> <p>24 A. Thank you.</p> <p>25 THE COMMISSIONER:</p>

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1 Q. Mr. Simmons?  
 2 MR. SIMMONS:  
 3 Q. I have no questions either, Commissioner.  
 4 THE COMMISSIONER:  
 5 Q. Mr. Browne?  
 6 MR. BROWNE:  
 7 Q. No questions. Thank you, Dr. Alteen, for your  
 8 evidence.  
 9 THE COMMISSIONER:  
 10 Q. Ms. Newbury?  
 11 MS. NEWBURY:  
 12 Q. No questions.  
 13 THE COMMISSIONER:  
 14 Q. Ms. Brocklehurst?  
 15 MS. BROCKLEHURST:  
 16 Q. Just a couple, Commissioner, thank you.  
 17 DR. LAWRENCE ALTEEN, EXAMINATION BY MS. LAURA  
 18 BROCKLEHURST  
 19 MS. BROCKLEHURST:  
 20 Q. Good afternoon, Dr. Alteen. My name is Laura  
 21 Brocklehurst, I'm here with -  
 22 DR. ALTEEN:  
 23 A. It is afternoon.  
 24 MS. BROCKLEHURST:  
 25 Q. Yeah, sorry about that.

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1 THE COMMISSIONER:  
 2 Q. Time flies -  
 3 MS. BROCKLEHURST:  
 4 Q. When you're having fun, right, right. I'm  
 5 here with Ches Crosbie Barristers representing  
 6 the class members.  
 7 DR. ALTEEN:  
 8 A. Okay.  
 9 MS. BROCKLEHURST:  
 10 Q. And I just have a couple of questions for you  
 11 regarding the policies and procedures out in  
 12 Central Health.  
 13 DR. ALTEEN:  
 14 A. Right.  
 15 MS. BROCKLEHURST:  
 16 Q. Disclosure. Now, you mentioned a few times  
 17 that how patients were to be contacted sort of  
 18 evolved over time and changed throughout the  
 19 years. Did you ever check to see if what was  
 20 being done or what Eastern Health was advising  
 21 you to do conformed with the policies out in  
 22 Central Health?  
 23 DR. ALTEEN:  
 24 A. Did I specifically do that?  
 25 MS. BROCKLEHURST:

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1 Q. Yeah.  
 2 DR. ALTEEN:  
 3 A. I would say no to that.  
 4 MS. BROCKLEHURST:  
 5 Q. Do you know of anybody else who did?  
 6 DR. ALTEEN:  
 7 A. Perhaps between Judy Budgell and Sherry  
 8 Freake, they may have done some work on that.  
 9 And I, like I said, if someone was to ask me  
 10 what the policy was at the time, I'd have to  
 11 go dig it out and see what our policy might  
 12 have been at that time. As you say,  
 13 disclosure and that has evolved over times,  
 14 over time. We did put in place a client  
 15 relations officer, which certainly that person  
 16 was involved in doing a lot of these things  
 17 over time, too. But the time frames and when  
 18 these people started, I'd have to go back and  
 19 get records to confirm the dates and  
 20 everything.  
 21 MS. BROCKLEHURST:  
 22 Q. Okay, and you also mentioned Central Health's  
 23 web site a couple of times, that you mentioned  
 24 posting some frequently asked questions on the  
 25 web site and the message to breast cancer

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1 patients, which, Registrar, was P-2911. You  
 2 said it may have been posted on the web site,  
 3 you weren't sure. But anyway, certainly it  
 4 seems that Central Health's web site is  
 5 something that, you know, you're conscious of  
 6 and update.  
 7 DR. ALTEEN:  
 8 A. Again, if we go back to 2005, though, again,  
 9 we had an evolving organization with people  
 10 coming and going and we'd taken from an old  
 11 Central West, Central East web sites, trying  
 12 to integrate all this stuff, so there's a lot  
 13 of things that weren't being done as we tried  
 14 to bring this region together. So can I say  
 15 the web sites were kept up to date back then?  
 16 I suggest maybe they weren't kept up to date  
 17 as much as they could have been.  
 18 MS. BROCKLEHURST:  
 19 Q. Okay.  
 20 DR. ALTEEN:  
 21 A. Okay.  
 22 MS. BROCKLEHURST:  
 23 Q. Do you know if the policies and procedures  
 24 regarding disclosure are on the web site now?  
 25 DR. ALTEEN:

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1 A. I don't know.

2 MS. BROCKLEHURST:

3 Q. Don't know. And you certainly don't know if

4 they would have been a the time then?

5 DR. ALTEEN:

6 A. I would think that if we're going back to

7 2005, that they probably were not on the web

8 site. Whether they are now, I can't tell you.

9 MS. BROCKLEHURST:

10 Q. Do you think that those policies and

11 procedures around disclosure are something

12 that should be on the web site?

13 DR. ALTEEN:

14 A. I think once you have them, as an

15 organization--if you go back to the whole

16 process of organization, what are we there

17 for, I mean, you have a board, you're

18 providing health care to the population, I

19 mean, people, it's nice for people to have a

20 place to go where they can know what should

21 happen to them as individual patients and how

22 disclosure occurs and that. So overall, at

23 the end of the day, once you have those things

24 in place, is it something that you would keep

25 from people? I don't think there'd be any

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1 reason to hide it away or not make it public.

2 MS. BROCKLEHURST:

3 Q. Okay, so it is something that, you know, you

4 agree would help the patients understand what

5 to expect from Central Health with respect to

6 disclosure?

7 DR. ALTEEN:

8 A. Yeah, I think so.

9 MS. BROCKLEHURST:

10 Q. Are there any plans now, whether with you or

11 anyone else at Central Health that you know of

12 to put these procedures on the web site if and

13 when they're finalized?

14 DR. ALTEEN:

15 A. Since I've been out of the organization from a

16 management perspective, I can't tell.

17 MS. BROCKLEHURST:

18 Q. So you don't know. That's fine. Those are

19 all my questions. Thank you.

20 DR. ALTEEN:

21 A. Thank you.

22 THE COMMISSIONER:

23 Q. Mr. Pike?

24 MR. PIKE:

25 Q. No questions for Dr. Alteen. Thank you.

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1 THE COMMISSIONER:

2 Q. Mr. Eaton?

3 DR. LAWRENCE ALTEEN, EXAMINATION BY DAVID EATON, Q.C.

4 EATON, Q.C.:

5 Q. Thank you. Dr. Alteen, I'm just going to ask

6 you about the--your views on the necessity of

7 having pathology within the regional health

8 authority at, I think you called it level two

9 hospitals?

10 DR. ALTEEN:

11 A. Right.

12 EATON, Q.C.:

13 Q. Do you have any thoughts on that?

14 DR. ALTEEN:

15 A. I think, as I've talked to pathologists and

16 Dr. Dalton, like I said, has worked with us

17 and I've worked with him since in my capacity

18 as the VP since 1998 and with Dr. Gallagher

19 and Dr. Somers since 2005. We've had numerous

20 conversation and there has been a concern when

21 it come to a regional site that perhaps some

22 of these services could be done elsewhere, ie,

23 all centralized so that all pathology goes to

24 a central location. When you have these

25 conversations, I think you have to bear in

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1 mind that it depends on what your perspective,

2 pathologists do more than sit all day and look

3 at a microscope or do autopsies. Obviously

4 the general functioning of the lab when it

5 comes general pathology, they're involved in

6 hematology, blood bank and there's lots of

7 other issues that go on. At the same time

8 there are numerous conversations that go on,

9 certainly at our organization whereby there's

10 contact between the surgeons, the

11 dermatologists, even I as a family

12 practitioner there's times I've gone and met

13 with a pathologist about a particular patient

14 who you have some questions about because the

15 history that we give the pathologist and

16 generally for most of us as physicians you

17 tend to have busy lives, sometimes what you

18 put on a particular form that goes with the

19 specimen is very limited, you know, maybe a

20 one liner, sort of thing. And sometimes the

21 pathologists, they're providing a consultation

22 service, they need more information, and

23 sometimes that dialogue has to occur. They

24 could argue, I guess, that that dialogue can

25 occur, you know, we all have

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1 telecommunications, all kinds of access  
 2 points, but sometimes that one-on-one  
 3 conversation, and there's lots that they do in  
 4 terms of education. They have been doing for  
 5 a period of time now sort of reviews with the  
 6 radiology department in terms of breast cancer  
 7 or breast biopsies that may be done as needle  
 8 localizations and the correlation between that  
 9 and the final pathology. So there's lots of  
 10 interactions that go on. And my fear,  
 11 personally, is that if this service gets  
 12 removed from an organization, have you lost  
 13 something because of that, irrespective and  
 14 understanding the issues around the quality  
 15 that we all have to be concerned about and how  
 16 do you assure appropriate quality at the same  
 17 time as maintaining some of these other  
 18 services, those linkages, and it's a  
 19 challenge. And I think at some point you have  
 20 to come to the conclusion that there are  
 21 certain things you would do at a secondary  
 22 level service and there's other things that  
 23 are clearly should be done at a tertiary care  
 24 level.  
 25 THE COMMISSIONER:

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1 Q. Excuse me. What's a level two hospital?  
 2 DR. ALTEEN:  
 3 A. I guess the terminology has changed. But  
 4 generally a level two hospital is a hospital  
 5 that has some specialty services and there's a  
 6 group of core specialty services that we look  
 7 at which include pathology, radiology,  
 8 internal medicine, general surgery, there's  
 9 six or seven basic core services. A primary  
 10 care, a level one hospital would be a  
 11 hospital, if you go around this province, more  
 12 of the, in our region, more of the  
 13 Twillingate, Springdales where you have no  
 14 specialty services on site and generally it's  
 15 run by a family medicine for the in-patient  
 16 services. Also, a level two, most level two  
 17 hospitals by classification have fulltime  
 18 emergency rooms that are run by casualty  
 19 officers 24/7 so there's somebody in the  
 20 premise all day long.  
 21 THE COMMISSIONER:  
 22 Q. So do I take it there's a level one, a level  
 23 two and a level three?  
 24 DR. ALTEEN:  
 25 A. Yes.

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1 THE COMMISSIONER:  
 2 Q. And the hospital at the Health Sciences site  
 3 would be the level three?  
 4 DR. ALTEEN:  
 5 A. Level three, that's correct. And they would  
 6 have more subspecialty services or other types  
 7 of specialty services that you would not have  
 8 at a base level two hospital.  
 9 THE COMMISSIONER:  
 10 Q. And is this a sort of well recognized national  
 11 method of identifying?  
 12 DR. ALTEEN:  
 13 A. Well you can say there's national. Certainly  
 14 within the province it's the way we sort of  
 15 stratify things in the province when we've  
 16 talked about these things.  
 17 THE COMMISSIONER:  
 18 Q. I'll probably be sorry for asking this  
 19 question, but so when it comes to dealing with  
 20 the Department of Health, for example, your  
 21 classification as a one, two or three might  
 22 impact certain things, I guess?  
 23 DR. ALTEEN:  
 24 A. Right. And they're certainly, the Department  
 25 of Health is certainly well versed in terms of

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1 the types of levels that we have in the  
 2 province.  
 3 THE COMMISSIONER:  
 4 Q. I'll resist the temptation to ask what kind.  
 5 EATON, Q.C.:  
 6 Q. The terminology "tertiary care", does that  
 7 refer to a level three hospital, generally?  
 8 DR. ALTEEN:  
 9 A. Generally, yes.  
 10 EATON, Q.C.:  
 11 Q. Okay, and are there level fours?  
 12 DR. ALTEEN:  
 13 A. There is. And Dr. Hunt certainly used to be  
 14 the medical advisor in the department.  
 15 There's a quaternary type of service where  
 16 you do, there may be things in terms of  
 17 transplants, other types of high level  
 18 services that you would not be performing that  
 19 people for this province are sent out for the  
 20 types of services and that.  
 21 EATON, Q.C.:  
 22 Q. I won't ask you above level fours.  
 23 DR. ALTEEN:  
 24 A. None that I know of.  
 25 EATON, Q.C.:

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1 Q. Okay. Okay, that said, you have, I think, a  
 2 few comments just overall about the process  
 3 that you've prepared?  
 4 DR. ALTEEN:  
 5 A. If I can? Thank you for the opportunity to  
 6 address the Commission. As a health care  
 7 provider and a previous administrator, it's  
 8 implicitly understood that the decisions we  
 9 make ultimately have a significant impact on  
 10 individual patients. These patients are  
 11 always somebody's mother, father, brother,  
 12 sister, child, spouse. And I think for those  
 13 of us who are involved in health care, we try  
 14 to treat, generally, these individuals as we  
 15 would want our own family members treated,  
 16 with the same care and respect.  
 17 The stories that have come out during  
 18 this process from patients and their families  
 19 have been, I think, heart wrenching. This is  
 20 not lost on those of us who have worked in the  
 21 system for a period of time, either managing  
 22 the system or trying to be individual care  
 23 providers. And for those who have been  
 24 affected by this tragedy, I personally  
 25 certainly sincerely apologize for what they've

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1 been through.  
 2 We could spend hours, I think, debating  
 3 the issues around health care in general, but  
 4 there's a few things that stand out to me and  
 5 the first is, I think, that probably for the  
 6 first time this Inquiry has highlighted the  
 7 importance of what pathologists do in this  
 8 province and the impact that their work has on  
 9 the clinical decision making that we all are  
 10 involved in. For too long the work of  
 11 pathologists and the lab in general have been  
 12 taken for granted without understanding that  
 13 cancer diagnosis, for example, is not always a  
 14 straightforward yes or no answer. There's  
 15 process in coming to a specific conclusion.  
 16 We have for a number of years in this province  
 17 been struggling to recruit and retain  
 18 pathologists. We have had some difficulty in  
 19 the same because, for one, our human resource  
 20 planning historically has been focused on the  
 21 quantity of care provided and not necessarily  
 22 the quality of that care. When we are trying  
 23 to decide on the appropriate number of  
 24 individuals, and that could be in pathology or  
 25 other areas, we have to bear in mind that they

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1 do, and certainly from the physician's side,  
 2 their involvement in education,  
 3 administration, committee work, research, and  
 4 that's even, we have to deal with that even  
 5 prior to addressing the whole issue of  
 6 remuneration. We must now consider changes to  
 7 improve our health and human resource  
 8 planning. This would include not just  
 9 physicians, but nurses, pharmacists,  
 10 laboratory technologists and so on.  
 11 The second thing that stands out to me is  
 12 that the use of information and technology has  
 13 not advanced as it should in health care. I'm  
 14 sure there are a variety of hardware and  
 15 software systems that can enhance your access  
 16 to timely and proper information. As a family  
 17 physician I can tell you that I have no  
 18 ability, whatsoever, to be able to tell  
 19 anybody how many cancer patients I have, how  
 20 many diabetics I have, how many patients with  
 21 chronic pulmonary obstructive disease that I  
 22 have, because for many of us we're stuck in  
 23 this world between a paper environment and the  
 24 emerging, or perhaps I should certainly say  
 25 the emerged health--electronic world, and we

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1 must find some support for improving this as  
 2 it is vital to providing proper care, but also  
 3 for quality reviews and research.  
 4 While I personally can't say that I've  
 5 sat down every day and looked at what's gone  
 6 on at the Inquiry, you do read the news,  
 7 listen to the news, and it sort of struck me  
 8 in sort of as preparing for this how often  
 9 people will answer, well, I don't remember, I  
 10 don't recall. For me, personally, unless I  
 11 wrote specific note or something tweaks my  
 12 memory about a particular incident that may  
 13 have happened years ago, it's difficult to  
 14 remember all the exact details. At the same  
 15 time some of these conversations did occur in  
 16 corridors, you're on the phone, you're in your  
 17 car, you're in all kinds of places and the  
 18 ability to write notes about everything was  
 19 just non-existent. And currently, as I  
 20 mentioned previous, a lot of us were  
 21 struggling with our other roles and  
 22 responsibilities at the same time. It just  
 23 struck me that this happens a lot and there's  
 24 certain, I guess, negative connotations around  
 25 that. But it is difficult to remember exactly

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1 how things unfolded over a long period of  
 2 time. And I do apologize for saying that, as  
 3 I'm sure for most of the people around here  
 4 it's apparent this is a given that the memory  
 5 over time does change.  
 6 Finally, I look forward to the  
 7 recommendations of this Inquiry so that we  
 8 work towards improving patient health care and  
 9 restore the trust of people in this province  
 10 in our public health care system. At the end  
 11 of the day it's really their health care  
 12 system. However, with the recommendations  
 13 will come changes, and what we do, how we do  
 14 it and where we do it, we can't be afraid of  
 15 those changes or any changes that are based on  
 16 evidence. To maintain the status quo is  
 17 certainly unacceptable. Thank you,  
 18 Commissioner.  
 19 THE COMMISSIONER:  
 20 Q. Thank you.  
 21 EATON, Q.C.:  
 22 Q. Thank you, Commissioner.  
 23 THE COMMISSIONER:  
 24 Q. Anything arising, Mr. Coffey?  
 25 COFFEY, Q.C.:

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1 Q. No, Commissioner, thank you.  
 2 THE COMMISSIONER:  
 3 Q. Thank you very much, Dr. Alteen. I do  
 4 appreciate you coming here. It's always of  
 5 interest to me to find out what's happening  
 6 outside of this city in which we live.  
 7 DR. ALTEEN:  
 8 A. Thank you.  
 9 THE COMMISSIONER:  
 10 Q. I much appreciated your making your  
 11 contribution. Thank you. Now, Mr. Coffey,  
 12 are we ready for the next witness?  
 13 COFFEY, Q.C.:  
 14 Q. Yes, the next witness is Nancy Parsons.  
 15 MS. NANCY PARSONS (SWORN) EXAMINATION-IN-CHIEF BY BERNARD  
 16 COFFEY, Q.C.  
 17 REGISTRAR:  
 18 Q. Would you please state and spell your complete  
 19 name for the Commission?  
 20 MS. PARSONS:  
 21 Q. Nancy Parsons, N-A-N-C-Y P-A-R-S-O-N-S.  
 22 THE COMMISSIONER:  
 23 Q. Ms. Parsons, it's about fifteen or twenty  
 24 minutes before we normally break for lunch,  
 25 but I thought we'd just as well start. You'll

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1 get used to how we work and then we can get  
 2 into perhaps more detailed issues after lunch.  
 3 MS. PARSONS:  
 4 Q. That's fine.  
 5 THE COMMISSIONER:  
 6 Q. Mr. Coffey. Any exhibits?  
 7 COFFEY, Q.C.:  
 8 Q. Yes, I do, Commissioner. Thank you,  
 9 Registrar. The exhibits, Commissioner, are C-  
 10 247 through C-261 inclusive, and then Exhibits  
 11 P-2831 through P-2861 inclusive, omitting P-  
 12 2862, and then Exhibits P-2863 through P-2882  
 13 inclusive.  
 14 THE COMMISSIONER:  
 15 Q. Entered.  
 16 EXHIBIT C-247 THROUGH C-261 MARKED AND ENTERED  
 17 EXHIBIT P-2831 THROUGH P-2861 MARKED AND ENTERED  
 18 EXHIBIT P-2863 THROUGH P-2882 MARKED AND ENTERED  
 19 COFFEY, Q.C.:  
 20 Q. Thank you, Commissioner. Ms. Parsons, I'm  
 21 going to ask you to give the Commissioner an  
 22 overview of your educational background and  
 23 your professional life, okay.  
 24 MS. PARSONS:  
 25 A. Certainly. I'm a registered nurse. I did my

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1 basic nursing education at the General  
 2 Hospital School of Nursing. That was a three  
 3 year program, diploma program leading to RN.  
 4 I also have a certificate in --  
 5 COFFEY, Q.C.:  
 6 Q. When did you graduate?  
 7 MS. PARSONS:  
 8 A. Oh--I was afraid you'd ask, 1969.  
 9 COFFEY, Q.C.:  
 10 Q. Okay.  
 11 MS. PARSONS:  
 12 A. I also have a certificate in early childhood  
 13 education and Bachelors Degree in Vocational  
 14 Education from Memorial University. My work  
 15 experience includes hospital staff nurse,  
 16 nursing team leader in hospital. I've worked  
 17 in the community as a supervisor in an agency  
 18 which provided care to clients in their homes,  
 19 and in 1990, I obtained a position at the  
 20 Health Sciences Centre as an instructor in  
 21 staff development. I remained there until  
 22 March of 1999, when I moved to Quality  
 23 Initiatives as a quality facilitator. I  
 24 worked in Quality Initiatives until my  
 25 retirement which occurred June 30th, 2008.

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<p>1 For the first--from 1999 until 2002, I was a 2 quality facilitator. From 2002 until my 3 retirement, I was patient relations officer. 4 However, most of that time I worked part time, 5 three days a week. 6 COFFEY, Q.C.: 7 Q. What days of the week were they? 8 MS. PARSONS: 9 A. I worked every Monday, Wednesday, and 10 Thursday. 11 COFFEY, Q.C.: 12 Q. Now again just so the Commissioner has some 13 sense of your own background, Ms. Parsons, you 14 say you worked as a staff nurse at times in 15 your career? 16 MS. PARSONS: 17 A. Yes. 18 COFFEY, Q.C.: 19 Q. Which hospitals did you work in? 20 MS. PARSONS: 21 A. That would have been at the General Hospital 22 here in St. John's. 23 COFFEY, Q.C.: 24 Q. And for approximately how long would you have 25 worked at the General/</p>	<p>1 nurse, as I'll refer to it? 2 MS. PARSONS: 3 A. That's correct. 4 COFFEY, Q.C.: 5 Q. Have you been involved in clinical work since 6 that time? 7 MS. PARSONS: 8 A. Actually hands-on stuff providing care to 9 patients? 10 COFFEY, Q.C.: 11 Q. Yes. 12 MS. PARSONS: 13 A. Whenever there is a nursing strike, we are 14 called upon to go into the clinical areas and 15 provide emergency services, and I have done 16 that when requested. 17 COFFEY, Q.C.: 18 Q. So from time to time over the decades. 19 MS. PARSONS: 20 A. There's been little stints, yes. 21 COFFEY, Q.C.: 22 Q. But in the main, you've been away from 23 clinical work really for decades? 24 MS. PARSONS: 25 A. Yes, I have.</p>
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<p>1 MS. PARSONS: 2 A. Three years. 3 COFFEY, Q.C.: 4 Q. So that would be '69 through '72? 5 MS. PARSONS: 6 A. Yes. 7 COFFEY, Q.C.: 8 Q. And then--did you then leave nursing? 9 MS. PARSONS: 10 A. Yes, I became a stay at home mom while my 11 children were growing up. I did a refresher 12 course through the Association of Registered 13 Nurses of Newfoundland when I was ready to 14 return to the workforce, and I have been 15 working since. 16 COFFEY, Q.C.: 17 Q. And did you ever go back to staff nursing, 18 floor nursing, as it were? 19 MS. PARSONS: 20 A. I did some private duty and casual call back 21 nursing for a short time shortly after I 22 completed my refresher course. 23 COFFEY, Q.C.: 24 Q. And so since that time you haven't been 25 actually working as a staff nurse, or a floor</p>	<p>1 COFFEY, Q.C.: 2 Q. Okay. Ma'am, you've indicated that from 1990 3 to 1999 you worked as an instructor with a 4 staff development department of the Health 5 Care Corporation? 6 MS. PARSONS: 7 A. Yes. Well, it was Health Sciences Centre to 8 begin. 9 COFFEY, Q.C.: 10 Q. Health Sciences, as it then was -- 11 MS. PARSONS: 12 A. Yes. 13 COFFEY, Q.C.: 14 Q. For the first five years or so? 15 MS. PARSONS: 16 A. Uh-hm. 17 COFFEY, Q.C.: 18 Q. Of that period. What did--what sorts of 19 things did that involve over that nine year 20 period? 21 MS. PARSONS: 22 A. I was an instructor in general programs. So 23 that included providing orientation to new 24 staff, support staff, nursing staff, medical 25 staff. We did a lot of CPR training. I</p>

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<p>1 personally coordinated a course called ACLS, 2 Advanced Cardiac Life Support. This is a 3 course for doctors and nurses offered through 4 the Heart and Stroke Foundation. It was a 5 provincial program, and sometimes we would 6 travel to other parts of the province and 7 offer that course. We provided computer 8 training to staff who needed it to have access 9 to the Meditech System for patient care 10 information. We did a lot of back injury 11 prevention education, and other short in- 12 services as required.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And Ms. Parsons, you then became what you've 15 described as a--you then joined Quality and 16 Risk Management in 1999?</p> <p>17 MS. PARSONS:</p> <p>18 A. Yes.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And whatever the title of that department, 21 remained with that until the time you retired?</p> <p>22 MS. PARSONS:</p> <p>23 A. That's correct.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. You were a quality facilitator from 1999</p>	<p>1 committee called "Consumer Feedback" which has 2 representatives from all the departments 3 within the organization, most of the 4 departments, plus we had two consumer reps 5 from the community sit on that committee to 6 give us feedback as users of our service, and 7 we did chart reviews as requested from the 8 risk manager. We met with families who asked 9 for more information regarding either their 10 own episode of care or their next of kin's 11 episode of care. So there were many things.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Now at the time, between 1999 and 2002, who 14 was the risk manager, do you recall?</p> <p>15 MS. PARSONS:</p> <p>16 A. The risk manager was Heather Predham.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. And so you're a quality facilitator. Did 19 anyone report to you?</p> <p>20 MS. PARSONS:</p> <p>21 A. No.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And you had two colleagues who held the same 24 position?</p> <p>25 MS. PARSONS:</p>
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<p>1 through 2002?</p> <p>2 MS. PARSONS:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. What is a quality facilitator?</p> <p>6 MS. PARSONS:</p> <p>7 A. I was one of three people holding that title, 8 and our responsibilities were linked to the 9 programs that were assigned to us. So each of 10 us would have a list of departments and 11 programs that we were resourced to for quality 12 types of matters. We would develop--help the 13 programs, develop goals and objectives and 14 indicators for the programs. For example, 15 what are the areas that we want to focus on 16 this year, how are we going to get there, that 17 sort of thing. We would assist them with 18 collecting data for their annual report, and 19 sometimes formatting the data. We helped the 20 organization prepare for accreditation 21 surveys. All of the occurrence reports for my 22 programs would come to me, and I would review 23 them and trend them, and if I saw something 24 changing, I would report that back to the 25 program and to the risk manager. I chaired a</p>	<p>1 A. Yes, there were three of us.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And the three of you then reported to Ms. 4 Predham?</p> <p>5 MS. PARSONS:</p> <p>6 A. I believe we reported back then to the 7 Director. I'm not absolutely sure.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Okay, so maybe someone in--so Ms. Predham was 10 the risk manager?</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Was there somebody between her and yourselves?</p> <p>15 MS. PARSONS:</p> <p>16 A. There was no one between her and us, but I'm 17 wondering if we reported to Heather or if we 18 reported directly to the Director of Quality.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Whom Heather may have reported to as well?</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes, she would have, yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. And you may have--looking back on it, you may 25 have had a dual reporting?</p>



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1 MS. PARSONS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Structure.  
 5 MS. PARSONS:  
 6 A. Uh-hm.  
 7 COFFEY, Q.C.:  
 8 Q. Now you've referred to the fact there were  
 9 three of you. How--you had to cover the  
 10 entire Health Care Corporation at the time, I  
 11 take it?  
 12 MS. PARSONS:  
 13 A. Yes, yes.  
 14 COFFEY, Q.C.:  
 15 Q. And each of you had departments assigned to  
 16 you?  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. How were they divvied up?  
 21 MS. PARSONS:  
 22 A. I'm not sure what method was used to decide  
 23 who, but we each had a list of programs that  
 24 we linked to, the medicine program, child  
 25 health, mental health. Whatever was on my

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1 list was my responsibility.  
 2 COFFEY, Q.C.:  
 3 Q. Would laboratory medicine have been one of the  
 4 programs covered by --  
 5 MS. PARSONS:  
 6 A. Yes, I did have lab for a short time.  
 7 COFFEY, Q.C.:  
 8 Q. And the times that you didn't have it, someone  
 9 else--one of your others would have had them?  
 10 MS. PARSONS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. And I take it at times they would pass off  
 14 from one to the other?  
 15 MS. PARSONS:  
 16 A. Things would become reorganized when new  
 17 people came or needs changed, yes.  
 18 COFFEY, Q.C.:  
 19 Q. Now in terms of this quality facilitator's  
 20 role, I ask you if you can just to elaborate  
 21 on that a bit for the Commissioner, because  
 22 the word used--the title is two words  
 23 "quality" and "facilitator", okay.  
 24 MS. PARSONS:  
 25 A. Uh-hm.

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1 COFFEY, Q.C.:  
 2 Q. The facilitator aspect of it, can you expand  
 3 upon that for the Commissioner in terms of  
 4 your own role. For example, during the time  
 5 that you had the laboratory medicine program  
 6 during that period that you did have it --  
 7 MS. PARSONS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. As a facilitator, what were you doing, in  
 11 fact?  
 12 MS. PARSONS:  
 13 A. For the lab?  
 14 COFFEY, Q.C.:  
 15 Q. Yes, what would you do?  
 16 MS. PARSONS:  
 17 A. Actually, the only interaction that I can  
 18 recall having personally with the lab was  
 19 helping them with data collection for their  
 20 annual reports.  
 21 COFFEY, Q.C.:  
 22 Q. And perhaps you can explain to the  
 23 Commissioner, annual report by them to whom,  
 24 and how did you get involved?  
 25 MS. PARSONS:

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1 A. Yes. Well, the lab would be required, as is  
 2 every other department, to submit an annual  
 3 report which eventually went to the board.  
 4 They would require statistics perhaps, how  
 5 many occurrences did we have last year, what  
 6 were the nature of those occurrences. They  
 7 may need assistance in formatting the actual  
 8 report because from time to time formats  
 9 changed. We did go through a period of a  
 10 narrative report and then we went into a  
 11 balance score card format, and sometimes  
 12 people would need assistance with making sure  
 13 their format was what the board expected.  
 14 COFFEY, Q.C.:  
 15 Q. And so you do recall in terms of your own  
 16 interaction with the lab program while you did  
 17 have it that you certainly helped them on at  
 18 least one occasion prepare their report for the  
 19 board?  
 20 MS. PARSONS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. But that would be, I take it, more a clerical  
 24 or --  
 25 MS. PARSONS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Administrative role.  
 4 MS. PARSONS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Ms. Parsons, do you ever recall receiving an  
 8 incident report from the lab at all?  
 9 MS. PARSONS:  
 10 A. Oh, yes, there were occurrences from the lab.  
 11 COFFEY, Q.C.:  
 12 Q. So while you did have them as your  
 13 responsibility --  
 14 MS. PARSONS:  
 15 A. Uh-hm.  
 16 COFFEY, Q.C.:  
 17 Q. An incident report, as you described it, would  
 18 come in.  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. What sorts of things would--first of all, what  
 23 is an incident report?  
 24 MS. PARSONS:  
 25 A. We call them occurrence reports now.

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1 COFFEY, Q.C.:  
 2 Q. Occurrence reports.  
 3 MS. PARSONS:  
 4 A. It's an event that is unexpected. It can  
 5 involve patient care, it can involve hospital  
 6 property, it can involve one of our processes  
 7 or our departments, you know, like financial  
 8 services or something like that. So if we  
 9 could order up a perfect episode of care for a  
 10 patient, this thing wouldn't be included.  
 11 COFFEY, Q.C.:  
 12 Q. It wouldn't exist.  
 13 MS. PARSONS:  
 14 A. Yeah.  
 15 COFFEY, Q.C.:  
 16 Q. But--and what would you be expected, for  
 17 example, to do with an occurrence report, and  
 18 I'll ask you--I'll just give you an example.  
 19 If a patient's tissue sample was found to have  
 20 been mislabelled, as an example --  
 21 MS. PARSONS:  
 22 A. Uh-hm.  
 23 COFFEY, Q.C.:  
 24 Q. That would fall--and was discovered, that  
 25 would fall within the purview of requiring an

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1 occurrence report?  
 2 MS. PARSONS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. What would you be required to do with  
 6 something like that when it came in as a --  
 7 MS. PARSONS:  
 8 A. By the time--sorry.  
 9 COFFEY, Q.C.:  
 10 Q. As a quality facilitator?  
 11 MS. PARSONS:  
 12 A. By the time the occurrence report came to me,  
 13 the manager had already seen it, read it,  
 14 reviewed it, and hopefully initiated some  
 15 follow up.  
 16 COFFEY, Q.C.:  
 17 Q. Manager of?  
 18 MS. PARSONS:  
 19 A. The lab.  
 20 COFFEY, Q.C.:  
 21 Q. Okay.  
 22 MS. PARSONS:  
 23 A. Because the person filling out the occurrence  
 24 report would take it to his or her manager for  
 25 review. So sometimes I would have to do

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1 nothing because it would be already resolved  
 2 and that information would be included on the  
 3 follow up from the manager. If it were just a  
 4 statement of fact that this happened, I would  
 5 have to contact the manager of the lab, ask  
 6 him or her what do you know about this, and  
 7 sometimes we would form what we call a process  
 8 improvement team, which would trace the  
 9 process of labelling specimens and step by  
 10 step, how could this have occurred, what can  
 11 we do to put in place to prevent this from  
 12 happening again.  
 13 COFFEY, Q.C.:  
 14 Q. And while the period that you're a quality  
 15 facilitator, those three years, do you ever  
 16 recall any occurrence report or ever becoming  
 17 made aware that patient care had to be changed  
 18 because of a change in ER or PR results?  
 19 MS. PARSONS:  
 20 A. No.  
 21 COFFEY, Q.C.:  
 22 Q. As a quality facilitator, kind of putting on  
 23 your hat -  
 24 MS. PARSONS:  
 25 A. Uh-hm.

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1 COFFEY, Q.C.:

2 Q. Quality facilitator's hat. If in the clinical

3 laboratory, a patient's tissue sample was for

4 whatever reason to be retested, and that

5 originally the ER/PR result had been negative

6 and it became positive and required a change

7 in treatment, a change in the approach to the

8 way the patient was dealt with, would you have

9 expected that as a quality facilitator to

10 generate an occurrence report? Is that the

11 sort of thing that might occasion an

12 occurrence report?

13 MS. PARSONS:

14 A. That to me would be a sentinel event if it

15 were one patient.

16 COFFEY, Q.C.:

17 Q. Yes.

18 MS. PARSONS:

19 A. And it would require follow up and

20 investigation in and of itself.

21 COFFEY, Q.C.:

22 Q. Okay.

23 MS. PARSONS:

24 A. Not necessarily would that be put on an

25 occurrence report.

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1 COFFEY, Q.C.:

2 Q. Okay, was there any other form that would be

3 used in that case?

4 MS. PARSONS:

5 A. No.

6 COFFEY, Q.C.:

7 Q. Okay, so this--if it's a sentinel event, it

8 wouldn't necessarily even be recorded on an

9 occurrence report?

10 MS. PARSONS:

11 A. That's correct.

12 COFFEY, Q.C.:

13 Q. And to your knowledge while you were a quality

14 facilitator was there any form to be prepared

15 if there was a sentinel event?

16 MS. PARSONS:

17 A. We did have a policy and a process to follow

18 for sentinel events, yes.

19 THE COMMISSIONER:

20 Q. Mr. Coffey, could we clarify what this witness

21 sees as sentinel events?

22 COFFEY, Q.C.:

23 Q. Yes. So what is a sentinel event?

24 MS. PARSONS:

25 A. A sentinel event in my opinion is one which is

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1 important enough to be investigated in and of

2 itself. For example, an unexpected death.

3 COFFEY, Q.C.:

4 Q. Yes. And just so I'm clear, would--you would

5 expect that whoever was dealing, the

6 department was dealing with the patient, would

7 pursue why the patient died?

8 MS. PARSONS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. In an unexpected manner?

12 MS. PARSONS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. How, if at all, would that then come to the

16 attention of the quality and risk management

17 department?

18 MS. PARSONS:

19 A. It is always the practice within the

20 organization that when anything of that nature

21 occurred, the risk manager was notified.

22 COFFEY, Q.C.:

23 Q. But notified how?

24 MS. PARSONS:

25 A. Perhaps initially by a phone call to say we've

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1 had this happen, we need to discuss this with

2 you or we need your advice on how to proceed.

3 THE COMMISSIONER:

4 Q. I just want to make sure I understand, Ms.

5 Parsons. It's kind of important for me to

6 understand how it works.

7 MS. PARSONS:

8 A. Okay.

9 THE COMMISSIONER:

10 Q. And what you're describing as a sentinel

11 event, to me has a tone of being something

12 more serious -

13 MS. PARSONS:

14 A. Is very serious.

15 THE COMMISSIONER:

16 Q. - than something that would generate an

17 occurrence report?

18 MS. PARSONS:

19 A. Yes, it is.

20 THE COMMISSIONER:

21 Q. So do I understand it correctly that if there

22 is something that on the scale would be

23 considered to be less serious, that generates

24 a report, but if something is more serious,

25 there's no report but there may be a phone

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1 call to risk management?  
 2 MS. PARSONS:  
 3 A. Well, there would then follow a process that  
 4 the risk manager would put in place with that  
 5 program to follow up on this event.  
 6 THE COMMISSIONER:  
 7 Q. So, wait now. Now I'm seeing sort of forks in  
 8 the road.  
 9 MS. PARSONS:  
 10 A. Okay.  
 11 THE COMMISSIONER:  
 12 Q. And if it is of a certain level of  
 13 seriousness, then it gets diverted to risk  
 14 management and you, in your job, would not  
 15 thereafter deal with it. You would deal with  
 16 those kinds of events that would give rise to  
 17 an occurrence report?  
 18 MS. PARSONS:  
 19 A. For the most part. Now, the risk manager may  
 20 draw me in.  
 21 THE COMMISSIONER:  
 22 Q. Um-hm.  
 23 MS. PARSONS:  
 24 A. When she went and did her initial meeting with  
 25 the department involved and found out what the

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1 situation was, she may come back to me and  
 2 say, "I need you to help me follow up on  
 3 this."  
 4 THE COMMISSIONER:  
 5 Q. Okay.  
 6 COFFEY, Q.C.:  
 7 Q. Ms. Parsons, certainly during the time that  
 8 you were quality facilitator from 1999 to  
 9 2002, you have no recollection of anyone ever  
 10 bringing up ER/PR with you?  
 11 MS. PARSONS:  
 12 A. No.  
 13 COFFEY, Q.C.:  
 14 Q. In the way that we now have heard about it?  
 15 MS. PARSONS:  
 16 A. I did not hear of it until 2005.  
 17 COFFEY, Q.C.:  
 18 Q. 2005, okay. But again, to explore a bit  
 19 further the role of the quality facilitator  
 20 because the word "quality" is there, as well,  
 21 as part of the title, did a quality  
 22 facilitator have any role in ensuring that,  
 23 for example, QA activities were actually  
 24 carried out within the department you were  
 25 responsible for or departments you were

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1 responsible for or quality initiatives,  
 2 quality assurance, external proficiency  
 3 procedures, if they were applicable, did you  
 4 have any role at all as a quality facilitator  
 5 in monitoring whether or not there were any  
 6 such programs in the departments that  
 7 reported to you, or I shouldn't say reported  
 8 to you, you monitored?  
 9 MS. PARSONS:  
 10 A. No.  
 11 COFFEY, Q.C.:  
 12 Q. Okay.  
 13 MS. PARSONS:  
 14 A. We acted in a consultant role. We did not  
 15 have authority over the programs. And they,  
 16 for the most part, sought us out when they  
 17 required help with their quality activities.  
 18 COFFEY, Q.C.:  
 19 Q. What quality activities there were to be or if  
 20 there were to be any was up to the individual  
 21 department, and if they wanted help to  
 22 facilitate in relation to pursuing them, they  
 23 could consult you if they wished?  
 24 MS. PARSONS:  
 25 A. When a department or program was added to my

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1 list, I made myself available to them. I  
 2 introduced myself, I talked to them about my  
 3 role and that I was at their service and that  
 4 they should call me when they needed help.  
 5 COFFEY, Q.C.:  
 6 Q. And at one point the clinical laboratory  
 7 program was part of your -  
 8 MS. PARSONS:  
 9 A. Yes, it was.  
 10 COFFEY, Q.C.:  
 11 Q. - workload? And did they ever ask you for any  
 12 assistance other than to prepare their annual  
 13 report?  
 14 MS. PARSONS:  
 15 A. I did facilitate a planning day for the lab at  
 16 one point. I believe it may have been around  
 17 the time when we were beginning to talk about  
 18 restructuring and they were having a planning  
 19 day and asked me if I would come and  
 20 facilitate the event. My role was to keep  
 21 them on track. They would divide into  
 22 discussion groups and come back and report to  
 23 the larger group, those sorts of things.  
 24 COFFEY, Q.C.:  
 25 Q. Now, do you recall when it was in your tenure

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1 as a quality facilitator that you did have the  
 2 lab medicine program?  
 3 MS. PARSONS:  
 4 A. Right at the very beginning, I believe.  
 5 COFFEY, Q.C.:  
 6 Q. Okay. And so 1999, that would be around the  
 7 time, we understand, that the Grace Hospital  
 8 was being contemplated being closed?  
 9 MS. PARSONS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. And moving of the Janeway was also in the  
 13 picture?  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. So the idea of planning for changes involving  
 18 the lab medicine program in an annual planning  
 19 day?  
 20 MS. PARSONS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. It would be that sort of a meeting?  
 24 MS. PARSONS:  
 25 A. Yes.

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1 THE COMMISSIONER:  
 2 Q. Mr. Coffey, wherever you want to break for  
 3 lunch, you can -  
 4 COFFEY, Q.C.:  
 5 Q. Yes. Thank you, Commissioner. Actually, I  
 6 will ask that now, we'll come back then and  
 7 deal with your role as a patient relations  
 8 officer.  
 9 THE COMMISSIONER:  
 10 Q. Okay. We'll met at five after two. Thank  
 11 you.  
 12 (LUNCH BREAK)  
 13 THE COMMISSIONER:  
 14 Q. Mr. Coffey.  
 15 COFFEY, Q.C.:  
 16 Q. Thank you, Commissioner. Ms. Parsons, just  
 17 before lunch we were speaking of the  
 18 occurrence reports in contradistinction to  
 19 what might happen in the event of a sentinel  
 20 event, okay. The idea of something called a  
 21 near miss, are you familiar with that?  
 22 MS. PARSONS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. Okay. What would you understand by a near

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1 miss?  
 2 MS. PARSONS:  
 3 A. Those would be reported on occurrence reports.  
 4 COFFEY, Q.C.:  
 5 Q. So it would be required to be reported in an  
 6 occurrence report and would come through your  
 7 office?  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. And a near miss, I take it, would be something  
 12 or circumstances where it was realized after  
 13 the fact that there had been some kind of an  
 14 error made or mistake made, but the patient  
 15 had not been harmed by it?  
 16 MS. PARSONS:  
 17 A. Yes, or potentially.  
 18 COFFEY, Q.C.:  
 19 Q. Or patient could have been potentially harmed  
 20 by it?  
 21 MS. PARSONS:  
 22 A. Yes, a close call.  
 23 COFFEY, Q.C.:  
 24 Q. Close. If, for example, in respect of  
 25 laboratory medicine program, if an ER/PR test

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1 was done and at some point in time, for  
 2 example, 2002 or 2003, and it was repeated a  
 3 month later or a year later, for that matter,  
 4 and with a significantly different result, it  
 5 went from a negative to a positive but there  
 6 was no change in treatment required for the  
 7 patient for whatever reason, would that have  
 8 fallen into the category of a near miss?  
 9 Would that be something that you would expect  
 10 would have been reported on an occurrence  
 11 report?  
 12 MS. PARSONS:  
 13 A. It does fit the description.  
 14 COFFEY, Q.C.:  
 15 Q. Description.  
 16 MS. PARSONS:  
 17 A. However, I know it was not reported on an  
 18 occurrence report.  
 19 COFFEY, Q.C.:  
 20 Q. You know it was not actually reported, yes.  
 21 But it would fall within the category of the  
 22 things that should have been?  
 23 MS. PARSONS:  
 24 A. It certainly fits the definition.  
 25 COFFEY, Q.C.:

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1 Q. Definition. I take it, and we'll come to this  
 2 shortly, in 2005 when you first got involved  
 3 in this matter, I appreciate by then you were  
 4 patient relations officer?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. But in terms of when you were involved in it  
 9 in 2005 and 2006, do you know if any  
 10 inquiries, to your knowledge, were ever made  
 11 as to whether or not any occurrence reports  
 12 had ever been filed in relation to ER/PR?  
 13 MS. PARSONS:  
 14 A. I never heard it discussed.  
 15 COFFEY, Q.C.:  
 16 Q. Okay. Ms. Parsons, what does a patient  
 17 relations officer do?  
 18 MS. PARSONS:  
 19 A. I take compliments and complaints.  
 20 COFFEY, Q.C.:  
 21 Q. Okay.  
 22 MS. PARSONS:  
 23 A. From people who use our service.  
 24 COFFEY, Q.C.:  
 25 Q. And you were first appointed to that position

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1 in 2002?  
 2 MS. PARSONS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. At that time was--from the onset there, were  
 6 you working part-time?  
 7 MS. PARSONS:  
 8 A. No.  
 9 COFFEY, Q.C.:  
 10 Q. Okay. Could you tell the Commissioner how  
 11 that worked?  
 12 MS. PARSONS:  
 13 A. When I joined quality initiatives in 1999, as  
 14 I've told you, I was a quality facilitator  
 15 until 2002. With any new thing that comes  
 16 into an organization, often it takes time for  
 17 word to get around and for the job to require  
 18 someone's full attention all the time, so I  
 19 maintained many of my quality facilitator  
 20 duties, as well as adding on complaints  
 21 management to that.  
 22 COFFEY, Q.C.:  
 23 Q. That was beginning in 2002?  
 24 MS. PARSONS:  
 25 A. Yes.

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1 COFFEY, Q.C.:  
 2 Q. Okay, yeah. So it's clear, as the instructor  
 3 from 1999, that was a fulltime job back in--  
 4 staff development department?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. That would be a fulltime position?  
 9 MS. PARSONS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. When you joined quality and risk management  
 13 and acted as a quality facilitator between  
 14 1999 and 2002, that was a fulltime position?  
 15 MS. PARSONS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. But when you became a patient relations  
 19 officer, now called a client relations  
 20 consultant, beginning in 2002, initially you  
 21 were working fulltime?  
 22 MS. PARSONS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. But your duties involved a mixture of quality

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1 facilitator role that you continued on for -  
 2 MS. PARSONS:  
 3 A. Some of them, yes.  
 4 COFFEY, Q.C.:  
 5 Q. - a period of time. And as well, though, as  
 6 time went on, the fact that you were a  
 7 patients relations officer, I'm sorry?  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. When that became known, that took up more and  
 12 more of your time?  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. I have that?  
 17 MS. PARSONS:  
 18 A. By the fall of 2003 I requested to work part-  
 19 time. That request was granted. The quality  
 20 facilitator duties were reassigned to someone  
 21 else and I became solely responsible for  
 22 complaints management.  
 23 COFFEY, Q.C.:  
 24 Q. And that is in your capacity as a patient  
 25 relations officer?

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1 MS. PARSONS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. And that's the Monday, Wednesday and Thursday?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Work. And who did you report to as a patient  
 9 relations officer?  
 10 MS. PARSONS:  
 11 A. The director of quality.  
 12 COFFEY, Q.C.:  
 13 Q. And at the time that was whom?  
 14 MS. PARSONS:  
 15 A. In the beginning, in 2002, it was Sharon  
 16 Smith. There was a period when Heather  
 17 Predham was acting in that capacity. And  
 18 currently Pamela Elliott is the director of  
 19 quality.  
 20 COFFEY, Q.C.:  
 21 Q. And was there--while you were acting as a  
 22 patient relations officer, was there anyone  
 23 reporting to you?  
 24 MS. PARSONS:  
 25 A. No.

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1 COFFEY, Q.C.:  
 2 Q. Were there any other patient relations  
 3 officers?  
 4 MS. PARSONS:  
 5 A. Not in 2002. Since then Central board has  
 6 one. She did come and spend a week with me  
 7 seeing how I did my work. I would think that  
 8 was possibly in 2006.  
 9 COFFEY, Q.C.:  
 10 Q. I'm sorry, who was that?  
 11 MS. PARSONS:  
 12 A. Cheryl Peckford was her name and works in  
 13 Central.  
 14 COFFEY, Q.C.:  
 15 Q. Okay, she was just there for a week?  
 16 MS. PARSONS:  
 17 A. Came in to see how -  
 18 COFFEY, Q.C.:  
 19 Q. Oh, how you were doing, but in terms of -  
 20 MS. PARSONS:  
 21 A. - a patient relations officer works.  
 22 COFFEY, Q.C.:  
 23 Q. Have the Health -  
 24 MS. PARSONS:  
 25 A. And now she is -

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1 COFFEY, Q.C.:  
 2 Q. The Health Care Corporation and Eastern Health  
 3 effective -  
 4 MS. PARSONS:  
 5 A. I'm the only one.  
 6 COFFEY, Q.C.:  
 7 Q. You were the only one, okay. So then  
 8 throughout the time that you were dealing with  
 9 ER/PR, and I'll take you to it in a moment,  
 10 beginning in the middle of 2005, throughout  
 11 the time as a patient relations officer you  
 12 were reporting to, initially when this arose?  
 13 MS. PARSONS:  
 14 A. Heather.  
 15 COFFEY, Q.C.:  
 16 Q. Heather Predham. And then it became Pam  
 17 Elliott?  
 18 MS. PARSONS:  
 19 A. That's correct.  
 20 COFFEY, Q.C.:  
 21 Q. Ma'am, I appreciate that a patient relations  
 22 officer takes compliments and complaints, but  
 23 what in practice does that mean?  
 24 MS. PARSONS:  
 25 A. My role was to be a central registry for all

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1 of the complaints that came into the  
 2 organization. The idea for the patients  
 3 relations officer role came out of a  
 4 accreditation survey where in their report the  
 5 surveyor suggested to us that we might benefit  
 6 from having some idea of how many complaints  
 7 we were really getting because prior to the  
 8 role being created, departments and programs  
 9 dealt with their own complaints.  
 10 COFFEY, Q.C.:  
 11 Q. And there was no central?  
 12 MS. PARSONS:  
 13 A. That's correct.  
 14 COFFEY, Q.C.:  
 15 Q. Repository of that?  
 16 MS. PARSONS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. And then how then was that structured in terms  
 20 of how you would keep track of it?  
 21 MS. PARSONS:  
 22 A. Well, the role of the patient relations  
 23 officer was to take the information and then  
 24 put the person with the problem in touch with  
 25 someone who could help them. I kept track of

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1 that by setting up a file in my computer, an  
 2 Excel file in my computer, but day to day when  
 3 people called me, I kept a handwritten sheet  
 4 on each patient.  
 5 COFFEY, Q.C.:  
 6 Q. And how the record keeping approach and the  
 7 idea, for example, of keeping a particular  
 8 sheet for a particular patient for a  
 9 particular day, that, I take it, was your own?  
 10 MS. PARSONS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. You've referred to the fact that a person from  
 14 Central Newfoundland in 2006 came in to St.  
 15 John's at least to be able to observe what you  
 16 were doing?  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Your approach. Were you afforded the  
 21 opportunity, as a patient relations officer,  
 22 when you first started, to go anywhere else  
 23 and see how anyone might do this?  
 24 MS. PARSONS:  
 25 A. No.

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1 COFFEY, Q.C.:  
 2 Q. Like for example, Nova Scotia or Ontario or  
 3 Pennsylvania or anything like that?  
 4 MS. PARSONS:  
 5 A. No.  
 6 COFFEY, Q.C.:  
 7 Q. Okay. Were you given any guidance, Ma'am, at  
 8 the time when you were setting up as a patient  
 9 relations officer?  
 10 MS. PARSONS:  
 11 A. Well, we researched as much as we could from  
 12 other provinces, found places that had a  
 13 similar role, asked them if they would share  
 14 their material with us, and that's what we  
 15 based our practices on.  
 16 COFFEY, Q.C.:  
 17 Q. Do you recall who else you consulted or who  
 18 else you received material from?  
 19 MS. PARSONS:  
 20 A. I know there was material from Vancouver in  
 21 the file.  
 22 COFFEY, Q.C.:  
 23 Q. Pardon me?  
 24 MS. PARSONS:  
 25 A. In the files, I know there are copies of

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1 things from Vancouver.  
 2 COFFEY, Q.C.:  
 3 Q. Ma'am, if we could, Exhibit P-0042, please?  
 4 Just a couple of exhibits here that relate to  
 5 your testimony this morning. This is a Health  
 6 Care Corporation of St. John's document  
 7 implementing a quality plan. It's entitled  
 8 "Framework Process, Project Teams and Consumer  
 9 Feedback." It's dated April 1999, and then  
 10 there's a table of contents, but if we could  
 11 go, please, to page 81? This is the Quality  
 12 Initiatives department program/department  
 13 linkages.  
 14 MS. PARSONS:  
 15 A. Um-hm.  
 16 COFFEY, Q.C.:  
 17 Q. And it's indicated to be revised September  
 18 14th, 1998. Your name is there in the middle,  
 19 Nancy Parsons, QI facilitator, and then the  
 20 third entry, third department is laboratory.  
 21 MS. PARSONS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. And the other departments and institutions you  
 25 were responsible for at that time are listed

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1 there as well.  
 2 MS. PARSONS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. Ma'am, could you tell the Commissioner,  
 6 please, what then you recall about first  
 7 hearing about ER and PR, how you kind of got  
 8 involved in all this?  
 9 MS. PARSONS:  
 10 A. I first heard about it in the late spring  
 11 early summer of 2005. Heather called us, the  
 12 staff in Quality, together for a meeting. I'm  
 13 not sure if it was a regularly scheduled staff  
 14 meeting or a specially called meeting. She  
 15 told us that there was something happening in  
 16 the lab, that she wasn't sure the details yet,  
 17 but that we could possibly hear more about it  
 18 as time went on. She mentioned this test and  
 19 we asked her what that meant, and she  
 20 explained the test to us, generally.  
 21 COFFEY, Q.C.:  
 22 Q. The ER/PR test?  
 23 MS. PARSONS:  
 24 A. The ER/PR test.  
 25 COFFEY, Q.C.:



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1 Q. So before this meeting with Ms. Predham, you  
 2 had had no information generally about ER/PR?  
 3 It wasn't something you were familiar with?  
 4 MS. PARSONS:  
 5 A. Not at all.  
 6 COFFEY, Q.C.:  
 7 Q. And do you recall, at the time--well, first of  
 8 all, do you recall when this was? Can you  
 9 narrow it down any more than you have?  
 10 MS. PARSONS:  
 11 A. Around the end of May, first, early June,  
 12 first week in June possibly.  
 13 COFFEY, Q.C.:  
 14 Q. And what did you understand was the purpose of  
 15 Ms. Predham bringing the staff in to tell them  
 16 this?  
 17 MS. PARSONS:  
 18 A. This was her usual practice. She was acting  
 19 director at the time and if there was  
 20 something within the organization that could  
 21 possibly, in the future, require resources  
 22 from Quality, she would let us know that it  
 23 might be coming.  
 24 COFFEY, Q.C.:  
 25 Q. Do you recall anything more about what you

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1 were told at the time? Was there any sense of  
 2 how big the problem or potential problem might  
 3 be or the ramifications for patients, anything  
 4 like that?  
 5 MS. PARSONS:  
 6 A. No, it was a general piece of information.  
 7 This was one of the tests that we do on breast  
 8 cancer tumours, and whether it's negative or  
 9 positive can affect the treatment which a  
 10 patient can have, and we would know more as  
 11 time went on.  
 12 COFFEY, Q.C.:  
 13 Q. At that time, do you recall whether or not you  
 14 were told about a patient already having had a  
 15 changed result or patients having had changed  
 16 results?  
 17 MS. PARSONS:  
 18 A. I think so. I think Heather did mention that  
 19 there was a patient who when her specimen was  
 20 retested, her results were different.  
 21 COFFEY, Q.C.:  
 22 Q. I'm just going to ask, please, again, so the  
 23 Commissioner will have some sense of your work  
 24 environment as a patient relations officer, if  
 25 we could look, please, Registrar, at Exhibit

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1 C-0248? Now here, this handwriting, Ms.  
 2 Parsons, do you recognize that?  
 3 MS. PARSONS:  
 4 A. That is my handwriting.  
 5 COFFEY, Q.C.:  
 6 Q. This reads "Nancy Parsons, complaints,  
 7 November 1, 2004 to May 2006." It's Book Two.  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. What does Book Two mean?  
 12 MS. PARSONS:  
 13 A. There would have been a previous book starting  
 14 in 2002.  
 15 COFFEY, Q.C.:  
 16 Q. Okay. Just going to--and then we go on to the  
 17 second page of the exhibit is entitled,  
 18 message log sheet?  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. And there's a date, space for--a page, and the  
 23 page number is not filled in. There's a date  
 24 and time.  
 25 MS. PARSONS:

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1 A. Um-hm.  
 2 COFFEY, Q.C.:  
 3 Q. There's a message from column, a telephone  
 4 number column, and there's a message?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. And then there's a space out here for check  
 9 marks.  
 10 MS. PARSONS:  
 11 A. Um-hm.  
 12 COFFEY, Q.C.:  
 13 Q. And just go on through this, and in fact,  
 14 there are 82 pages in this particular exhibit.  
 15 Could you explain to the Commissioner then  
 16 what this sort of a book was used for? I take  
 17 it this is in the form of a book?  
 18 MS. PARSONS:  
 19 A. Yes, it is. It's a bound volume. This is the  
 20 book that I use to record the phone calls that  
 21 came in to me as the patient relations  
 22 officer. So on Thursday, October the 6th, at  
 23 11:15, there was a call from someone whose  
 24 name has been -  
 25 COFFEY, Q.C.:

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1 Q. Redacted.  
 2 MS. PARSONS:  
 3 A. - redacted, giving me information.  
 4 COFFEY, Q.C.:  
 5 Q. And then there's a second entry. There's some  
 6 kind of a star to the left-hand side, of  
 7 course there's redaction. There's a date,  
 8 June 7th, 1966 and then there's 2002 negative,  
 9 re: reconstructive surgery, and then there's  
 10 some names redacted or information redacted.  
 11 I take it then, Ms. Parsons, that you would--  
 12 as you would take phone calls, would record  
 13 information pertinent to the phone call?  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. How then would you utilize that information?  
 18 MS. PARSONS:  
 19 A. In the case of a call such as this, I know  
 20 that this is a call with regards to retesting  
 21 of breast tissue. If the patient were asking  
 22 me for information, I've written June 7th,  
 23 1966 there, I expect that is the patient's  
 24 birth date.  
 25 COFFEY, Q.C.:

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1 Q. Yes.  
 2 MS. PARSONS:  
 3 A. We use MCP and birth date as positive  
 4 identification. I may, as I was talking to  
 5 her, be able to look in the computer and see  
 6 whether there was any additional information  
 7 there that I could give her, or I may have to  
 8 take the information from her and say "I will  
 9 check and call you back."  
 10 COFFEY, Q.C.:  
 11 Q. And so, if you had to do some further  
 12 checking, you--if you couldn't do it right  
 13 then and there on the computer screen -  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. - you would record information to enable you  
 18 to go back to the patient?  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. Contact him or her again, and then make the  
 23 inquiries you had to and then contact the  
 24 patient again?  
 25 MS. PARSONS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Was there any system you had in place for  
 4 keeping track of "well, I've cleared this,"  
 5 cleared it in the sense of "I've responded to  
 6 the particular patient's inquiry or concern"?  
 7 Did you have any system in place in that  
 8 regard?  
 9 MS. PARSONS:  
 10 A. The tick on the left-hand side indicates to me  
 11 that I did call that patient back or her  
 12 business was concluded.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, so looking here, what I'm looking at  
 15 here, that tick there -  
 16 MS. PARSONS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. - this one, that one, that one, this one, if  
 20 we go down through them, some of them are  
 21 partially redacted, but we can see.  
 22 MS. PARSONS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. So if there's no tick, does that mean that it

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1 wasn't addressed or what? What does it mean?  
 2 The absence of a tick here on the left-hand  
 3 side.  
 4 MS. PARSONS:  
 5 A. I'm afraid that my system may not have been  
 6 100 percent perfect.  
 7 COFFEY, Q.C.:  
 8 Q. Foolproof.  
 9 MS. PARSONS:  
 10 A. Foolproof, but that was my aim, and my usual  
 11 practice to tick when the interaction had been  
 12 completed.  
 13 COFFEY, Q.C.:  
 14 Q. And I take it -  
 15 MS. PARSONS:  
 16 A. The absence of ticks may not mean that it was  
 17 not though.  
 18 COFFEY, Q.C.:  
 19 Q. That it was not--does not necessarily mean  
 20 that it wasn't addressed?  
 21 MS. PARSONS:  
 22 A. I may have--still may have done it without  
 23 ticking it.  
 24 COFFEY, Q.C.:  
 25 Q. In fact, I take it, in effect, this tick

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1 column on the right-hand side, or the space  
 2 for the ticks, you just simply didn't utilize  
 3 that, you utilized one on the left?  
 4 MS. PARSONS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. As a personal preference?  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. What would happen in relation to phone calls  
 12 intended for yourself during the days you were  
 13 not at work, for example, the Tuesdays and  
 14 Fridays? How did that work?  
 15 MS. PARSONS:  
 16 A. There was arrangements made with my colleagues  
 17 in Quality to take the calls that came in.  
 18 COFFEY, Q.C.:  
 19 Q. And then how would they be handled?  
 20 MS. PARSONS:  
 21 A. They would respond to them if necessary or  
 22 they would--if the caller specifically asked  
 23 to speak to me, they would explain that I was  
 24 at that number on Mondays, Wednesdays and  
 25 Thursday, and they could call back or I would

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1 call them back.  
 2 COFFEY, Q.C.:  
 3 Q. And did you, in your own position, have an  
 4 answering machine?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. For your own particular number. So for  
 9 example, on a Monday, if you were working and  
 10 the phone rang, you'd take the call?  
 11 MS. PARSONS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. If you were away from your desk and a person  
 15 phoned your number and chose to leave a  
 16 message, you would check your messages and get  
 17 back to them accordingly?  
 18 MS. PARSONS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. If a phone call came in on a Tuesday, because  
 22 at this point you were the only patient  
 23 relations officer -  
 24 MS. PARSONS:  
 25 A. Yes.

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1 COFFEY, Q.C.:  
 2 Q. - in the middle of 2005, I'm correct on that?  
 3 MS. PARSONS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Okay. They would either leave the--on  
 7 Tuesdays, would the message go or the call go  
 8 directly to your number?  
 9 MS. PARSONS:  
 10 A. Still, yes.  
 11 COFFEY, Q.C.:  
 12 Q. Were your colleagues answering your phone on  
 13 Tuesdays and checking the phone on Tuesdays or  
 14 would they kind of pile up until you came in  
 15 on Wednesday morning?  
 16 MS. PARSONS:  
 17 A. No, no, the messages were checked.  
 18 COFFEY, Q.C.:  
 19 Q. And then how did your colleagues then  
 20 communicate to you about what they did or  
 21 didn't do on Tuesdays and Fridays?  
 22 MS. PARSONS:  
 23 A. They would keep notes. They would, next  
 24 morning, come in and tell me what they had  
 25 done or what was outstanding for me to follow

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1 up on.  
 2 COFFEY, Q.C.:  
 3 Q. And what would happen then to those notes?  
 4 MS. PARSONS:  
 5 A. Their original notes?  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 MS. PARSONS:  
 9 A. I may have written them into my book and  
 10 discarded the note.  
 11 COFFEY, Q.C.:  
 12 Q. "My book" is this message log sheet?  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. Go ahead, I'm sorry.  
 17 MS. PARSONS:  
 18 A. Or sometimes I kept the actual piece of paper  
 19 that they gave me. My message on my voice  
 20 mailbox at the time did say, "You've reached  
 21 the patient relations officer, I am at this  
 22 number on Mondays, Wednesdays, and Thursdays.  
 23 Please leave a message and I'll call you back,  
 24 or if you need help right away, you can  
 25 contact my colleagues".

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1 COFFEY, Q.C.:

2 Q. Now here, for example, looking at page five of

3 this particular exhibit, C-248, I look here--

4 and the entry number--well, it's dated

5 Thursday, October 13th, 2005, across the top

6 here. I take it that that--would that signify

7 then whatever happens below relates to that

8 date?

9 MS. PARSONS:

10 A. Yes.

11 COFFEY, Q.C.:

12 Q. Okay, until you have a new date?

13 MS. PARSONS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. And here on that particular day there's a

17 reference to coordinator, cancer registry,

18 NCRTP, Dr. Paul Neil, Corner Brook, pathology,

19 listing of all breast cancer patients, 1997,

20 1998, 1999, were not on Meditech.

21 MS. PARSONS:

22 A. Uh-hm.

23 COFFEY, Q.C.:

24 Q. What sort of information does this relate to,

25 would you actually be dealing with Dr. Neil

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1 yourself?

2 MS. PARSONS:

3 A. Sometimes I did speak to him. This may have

4 been something that we were looking for, a

5 list of all the breast cancer patients, and

6 Dr. Neil suggested that I check with the

7 Cancer Centre.

8 COFFEY, Q.C.:

9 Q. So at times if one was to go through this, one

10 would see--be able to see a time, say, if they

11 went through it line by line, and there are a

12 number of these exhibits, the interaction at

13 times that you had had with, for example, Dr.

14 Neil, Dr. Cook, I'm pointing at here?

15 MS. PARSONS:

16 A. Uh-hm.

17 COFFEY, Q.C.:

18 Q. Barry Dyer. At times you would record your

19 interaction with people such as them in this

20 book?

21 MS. PARSONS:

22 A. Yes, I would. For example, if I wanted to

23 remind myself to call Dr. Cook, I might write

24 it there like that, to call him, or Barry

25 Dyer.

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1 COFFEY, Q.C.:

2 Q. And I take it as well, Ms. Parsons, that there

3 would be a number of entries in these books

4 that would have nothing to do with ER/PR?

5 MS. PARSONS:

6 A. Oh, yes.

7 COFFEY, Q.C.:

8 Q. Quite a number of them. All the other work

9 you were doing, any other complaint, concern,

10 compliment --

11 MS. PARSONS:

12 A. Everything is in here.

13 COFFEY, Q.C.:

14 Q. That would have been passed through your

15 office would be recorded here in a fashion

16 similar to the ER/PR?

17 MS. PARSONS:

18 A. That is correct.

19 THE COMMISSIONER:

20 Q. What does the star or the asterisk indicate?

21 MS. PARSONS:

22 A. Commissioner, in the beginning when we started

23 recording calls from breast cancer patients, I

24 attempted to keep track of them by indicating

25 with a star that that was a breast cancer

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1 inquiry.

2 COFFEY, Q.C.:

3 Q. That's this star here, for example?

4 MS. PARSONS:

5 A. Yes. However, I did not--I wasn't able to

6 keep doing that as the numbers became higher

7 and higher.

8 COFFEY, Q.C.:

9 Q. And an asterisk meant what?

10 MS. PARSONS:

11 A. An asterisk probably meant I wasn't able to

12 reach the person, I'll call them back,

13 reminding myself that you still haven't

14 reached that person.

15 COFFEY, Q.C.:

16 Q. And, for example, here Thursday, October 13th,

17 2005, at the top of page five of this exhibit,

18 C-248 --

19 MS. PARSONS:

20 A. Uh-hm.

21 COFFEY, Q.C.:

22 Q. Go on to the next page, the next entry is from

23 Monday, which would be your next working day?

24 MS. PARSONS:

25 A. Yes.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. October 17th, 2005, and it goes on from there.</p> <p>3 So generally, at least in the beginning, we</p> <p>4 see here on October 17th the--not the first</p> <p>5 entry, but the next four entries have stars?</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Which would be related to ER/PR?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And then there's a number of others below?</p> <p>14 MS. PARSONS:</p> <p>15 A. Uh-hm.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And we'll come to the screen captures in your</p> <p>18 notes on those in a little while. If we</p> <p>19 could, please, bring up Exhibit C-249. This</p> <p>20 is book three noted there on the first page of</p> <p>21 the exhibit right there, "Nancy Parsons</p> <p>22 communications, May, 2006 to May, 2007,</p> <p>23 message logbook", and I take it then, Ms.</p> <p>24 Parsons, we just--really just continue on with</p> <p>25 the narrative?</p>	<p>1 MS. PARSONS:</p> <p>2 A. Yes.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. And finally C-261. This is book five,</p> <p>5 February of 2008. So if we intersperse them</p> <p>6 there, you can actually just kind of lay it</p> <p>7 out chronologically from beginning to end, a</p> <p>8 record of your notes?</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. As kept in this format?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. You'll be happy to learn that I'm not going to</p> <p>17 be taking you through it line by line. If we</p> <p>18 could look, please, at Exhibit P-1929. Ma'am,</p> <p>19 this is a note, if I recall correctly, this</p> <p>20 would be Dr. Cook's handwriting. Anyway, he</p> <p>21 notes, "Nancy Cook Parsons had called on July</p> <p>22 14th. Mrs [redacted] felt no need to see us.</p> <p>23 Nancy called on July 14th, 2005, at 12:01</p> <p>24 p.m." So at times, as we looked earlier in</p> <p>25 the message log, you're dealing with Dr. Cook</p>
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<p>1 MS. PARSONS:</p> <p>2 A. Yes.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. In effect.</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. And if we could bring up, please, Exhibit C-</p> <p>9 250. This is noted to be book three</p> <p>10 continued, this particular portion of the</p> <p>11 message log sheet, which again, I take it, is</p> <p>12 just a continuation of your records. C-251,</p> <p>13 please. Again following--this is book four,</p> <p>14 May 23rd, 2007, to September 5th, 2007.</p> <p>15 Similar?</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. C-252, please, a message log sheet, book four</p> <p>20 continued, September, 2007, to February, 2008.</p> <p>21 If we could look, please, at Exhibit C-260,</p> <p>22 and these are, I take it--the first entry here</p> <p>23 on page one--it's 13 pages long, the exhibit,</p> <p>24 is April 21st, 2008, so again, I take it, it's</p> <p>25 a continuation?</p>	<p>1 directly?</p> <p>2 MS. PARSONS:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Barry Dyer directly, Paul Neil, could be</p> <p>6 anybody involved in this, in effect?</p> <p>7 MS. PARSONS:</p> <p>8 A. Mostly Dr. Cook.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Okay, in a clinical sense --</p> <p>11 MS. PARSONS:</p> <p>12 A. Frequency of interaction with him.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. So Dr. Cook in the main?</p> <p>15 MS. PARSONS:</p> <p>16 A. Yes.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Whom else then, the next most frequently?</p> <p>19 MS. PARSONS:</p> <p>20 A. That I would be talking to?</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Yes.</p> <p>23 MS. PARSONS:</p> <p>24 A. Heather.</p> <p>25 COFFEY, Q.C.:</p>

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1 Q. Ms. Predham.  
 2 MS. PARSONS:  
 3 A. And Dr. Cook's secretary, Judy Thomas, because  
 4 often she would answer Dr. Cook's phone. The  
 5 people who worked in the pathology labs in the  
 6 regions, it would often be necessary for me to  
 7 call them and ask them to check on a patient's  
 8 original results. It's difficult for me to  
 9 think about only ER and PR because everything  
 10 else was happening too. Those are some of the  
 11 frequent people I would talk to.  
 12 COFFEY, Q.C.:  
 13 Q. So to return then to the middle of 2005,  
 14 Heather has gathered you all together.  
 15 MS. PARSONS:  
 16 A. Uh-hm.  
 17 COFFEY, Q.C.:  
 18 Q. Giving you a heads up.  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. After that, do you recall whether there was  
 23 any discussions amongst the staff as to what  
 24 was going on here?  
 25 MS. PARSONS:

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1 A. No.  
 2 COFFEY, Q.C.:  
 3 Q. You were told about it, and left it there for  
 4 the time being?  
 5 MS. PARSONS:  
 6 A. She said she would keep us informed.  
 7 COFFEY, Q.C.:  
 8 Q. And then what happened, what do you next  
 9 remember happening?  
 10 MS. PARSONS:  
 11 A. From the notes that I've reviewed, there was a  
 12 meeting that Heather invited me along to, and  
 13 I went.  
 14 COFFEY, Q.C.:  
 15 Q. Do you recall who was at the meeting?  
 16 MS. PARSONS:  
 17 A. I have seen the note on this, and I believe it  
 18 was Dr. Williams, Mr. Tilley--there was one  
 19 meeting where I met Dr. Hunt. I'm not sure if  
 20 that was the first meeting or not.  
 21 COFFEY, Q.C.:  
 22 Q. And do you recall--first of all the notes  
 23 you've seen, do you recall whose notes you  
 24 saw?  
 25 MS. PARSONS:

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1 A. Dr. Williams.  
 2 COFFEY, Q.C.:  
 3 Q. And the purpose you understood you were there  
 4 for was what?  
 5 MS. PARSONS:  
 6 A. In case there was any decision made about  
 7 communicating with patients, I was there to  
 8 hear it firsthand and to know what the plan  
 9 was.  
 10 COFFEY, Q.C.:  
 11 Q. If we could look, please, at Exhibit P-0070,  
 12 and this is an e-mail, July 15th, 2005. It's  
 13 from Deborah Thomas to Susan Bonnell. She  
 14 refers to update from Heather Predham. The  
 15 first bullet is, "Nancy is thinking about how  
 16 to implement a hotline".  
 17 MS. PARSONS:  
 18 A. Uh-hm.  
 19 COFFEY, Q.C.:  
 20 Q. See that?  
 21 MS. PARSONS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. What do you recall about that?  
 25 MS. PARSONS:

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1 A. What I recall is that there was--in the early  
 2 days in July, there was discussion about  
 3 whether we would write a letter to patients or  
 4 whether we would--I think it was writing a  
 5 letter in the early days was the intention,  
 6 and it was wondered by the staff whether  
 7 people getting a letter might have questions.  
 8 COFFEY, Q.C.:  
 9 Q. Uh-hm.  
 10 MS. PARSONS:  
 11 A. So I was asked to investigate whether we could  
 12 set up a 1-800 line where people could call  
 13 with their questions.  
 14 COFFEY, Q.C.:  
 15 Q. Did you make such inquiries?  
 16 MS. PARSONS:  
 17 A. Yes, I did.  
 18 COFFEY, Q.C.:  
 19 Q. And what happened?  
 20 MS. PARSONS:  
 21 A. The phone people said it was no problem, did  
 22 we want a line where someone would be  
 23 answering it 24/7, or did we want a line where  
 24 there would be voice mailbox. Those were the  
 25 two options, and that was the end of my

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<p>1 involvement with that.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. So you were told that the phone company could</p> <p>4 do, in effect, whatever you wanted?</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. In terms of make the arrangements.</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. Who did you pass that information on to?</p> <p>13 MS. PARSONS:</p> <p>14 A. I certainly would have told Heather.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Do you know if such a hotline was set up at</p> <p>17 the time?</p> <p>18 MS. PARSONS:</p> <p>19 A. It was not.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. Were you aware of why it was not?</p> <p>22 MS. PARSONS:</p> <p>23 A. No.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Exhibit P-2832 please? This is an e-mail from</p>	<p>1 women who are not required to have additional</p> <p>2 testing and are not required to come to the</p> <p>3 hospital. Women who do not have to have their</p> <p>4 treatment altered because of this result, will</p> <p>5 be contacted by their family doctor or</p> <p>6 oncologist. If you are not contacted, your</p> <p>7 result did not change. If you have any</p> <p>8 questions about this process, please call 1-</p> <p>9 800 and leave a message. Someone will get</p> <p>10 back to you promptly. Thank you." Now, Ms.</p> <p>11 Parsons, why would Deborah Thomas at 2:31 p.m.</p> <p>12 on July 18th be sending you this letter draft?</p> <p>13 MS. PARSONS:</p> <p>14 A. The coversheet says for my thoughts, so I</p> <p>15 expect she was asking whether I had anything</p> <p>16 that I wanted to add or change in the letter.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Did you?</p> <p>19 MS. PARSONS:</p> <p>20 A. No.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. What then happened with respect to this? Did</p> <p>23 you communicate back to Ms. Thomas that the</p> <p>24 letter was fine from your perspective?</p> <p>25 MS. PARSONS:</p>
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<p>1 Deborah Thomas, Monday, July 18th, 2005 at</p> <p>2 2:31 p.m. to yourself. It's copied to Ms.</p> <p>3 Bonnell and Ms. Predham. The subject is</p> <p>4 "Letter Draft". And Ms. Thomas writes, "This</p> <p>5 is just to get us going.....Nancy, your</p> <p>6 thoughts." Who is Deborah Thomas?</p> <p>7 MS. PARSONS:</p> <p>8 A. She worked in corporate communications.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. And when we look here at page two of the</p> <p>11 exhibit, it reads "Eastern Health would like</p> <p>12 to advise you of a situation which has led to</p> <p>13 the retesting of your breast tissue sample.</p> <p>14 This is just an advisory notice, you would not</p> <p>15 have to do anything. Due to improved</p> <p>16 technology and the finding of some earlier</p> <p>17 inconsistent results, Eastern Health has begun</p> <p>18 retesting a select group of breast cancer</p> <p>19 patient samples to check for estrogen and</p> <p>20 progesterone receptors. The presence of these</p> <p>21 receptors helps determine the most appropriate</p> <p>22 treatment of breast cancer. Although we are</p> <p>23 retesting your tissue, this does not mean your</p> <p>24 treatment has or will change. Retesting will</p> <p>25 be conducted with existing tissue samples of</p>	<p>1 A. I can't recall, but I probably did.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And then what happened to the idea, I take it</p> <p>4 this is a letter that's intended to go to</p> <p>5 patients who were being retested?</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. What happened with the idea?</p> <p>10 MS. PARSONS:</p> <p>11 A. There was more than one draft of the letter,</p> <p>12 there were--that were being circulated. The</p> <p>13 idea of a letter continued to be discussed</p> <p>14 until a decision was made much later that we</p> <p>15 were going to notify patients by phone.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. So this here, covering e-mail as I pointed</p> <p>18 out, is midway through the afternoon of</p> <p>19 Monday, July 18th. The idea of sending a</p> <p>20 letter then, I take it, had come up before?</p> <p>21 MS. PARSONS:</p> <p>22 A. It must have, yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. It came up at some time because "this is just</p> <p>25 to get us going" and this was not new to you,</p>

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<p>1 the idea of a letter?</p> <p>2 MS. PARSONS:</p> <p>3 A. I had heard it before.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. You heard about this before.</p> <p>6 MS. PARSONS:</p> <p>7 A. Uh-hm.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. You would have understood you were being asked</p> <p>10 for your input or thoughts.</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. But it wouldn't have been the first you heard</p> <p>15 of it?</p> <p>16 MS. PARSONS:</p> <p>17 A. No, but it may have been the first draft that</p> <p>18 I saw.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And we do look here, it does refer to</p> <p>21 potential for a 1-800, which would be, in</p> <p>22 effect, a hotline.</p> <p>23 MS. PARSONS:</p> <p>24 A. Uh-hm.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 circulating, from the discussion at the</p> <p>2 meeting regarding how are we going to contact</p> <p>3 the patients.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And, I take it, that would be one of the</p> <p>6 purposes of having a hotline at all, which you</p> <p>7 had been asked to look into.</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. As part of your role in this would be -</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. People would have to know about it generally</p> <p>16 or at least somebody would have to know about</p> <p>17 it for there to be any use for a hotline at</p> <p>18 all?</p> <p>19 MS. PARSONS:</p> <p>20 A. That's correct.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. If we could look, please, at Exhibit P-0926?</p> <p>23 This is two e-mails of July 19th, 2005. One</p> <p>24 at 8:22 a.m. from Ms. Predham to a number of</p> <p>25 individuals. The subject is "Information from</p>
<p style="text-align: right;">Page 254</p> <p>1 Q. And you had been checking, according to that</p> <p>2 e-mail we just looked at back on Friday, July</p> <p>3 15th, late the week before you were inquiring</p> <p>4 into implementing a hotline.</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. So, Ms. Parsons, like as of the end of the</p> <p>9 week of July, the week that ended July 15th</p> <p>10 and began July 18th, those two weeks -</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. On that weekend and going into the week of</p> <p>15 July 18th, from your perspective what did you</p> <p>16 understand was contemplated would happen at</p> <p>17 that point?</p> <p>18 MS. PARSONS:</p> <p>19 A. That patients who had been identified as</p> <p>20 needing retesting would be notified in a</p> <p>21 letter.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And where did you get that understanding from?</p> <p>24 MS. PARSONS:</p> <p>25 A. From these draft letters that were</p>	<p style="text-align: right;">Page 256</p> <p>1 HIROC" and the Commissioner has seen this a</p> <p>2 number of times before because a number of</p> <p>3 other witnesses have been referred to it. At</p> <p>4 the top of the page in the exhibit, there's an</p> <p>5 e-mail at 8:36 a.m. on the same day from Ms.</p> <p>6 Predham to Debbie Parsons and Nancy Parsons,</p> <p>7 Deanne Emberley, David McCormack, Pamela King-</p> <p>8 Jesso and Janet Laidley, same subject matter,</p> <p>9 is "Information from HIROC" and in fact, she's</p> <p>10 forwarding the e-mail she had sent at 8:22 to</p> <p>11 yourself and others. These individuals, who</p> <p>12 are they, up here at the top of the page?</p> <p>13 MS. PARSONS:</p> <p>14 A. That is the staff of the Quality Department.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Who would have reported to Heather Predham at</p> <p>17 the time?</p> <p>18 MS. PARSONS:</p> <p>19 A. No--well yes, if she were in the director's -</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. If she was still in the acting director's</p> <p>22 role.</p> <p>23 MS. PARSONS:</p> <p>24 A. Yes.</p> <p>25 COFFEY, Q.C.:</p>



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1 Q. And she has written here in relation to the e-  
 2 mail below here, "The plot thickens....". And  
 3 in this e-mail, the one of 8:22, ma'am, she  
 4 refers to the Labrador situation--what we now  
 5 know to be Health Labrador situation class  
 6 action lawsuit, disclosing to patients,  
 7 sending letters to patients and she concludes  
 8 by saying "This leads to our situation, it's  
 9 not that they don't want us to disclose, they  
 10 just don't want us to disclosure until we are  
 11 sure of our facts. I've had a quick voice  
 12 mail from Dan after my chat with HIROC, they  
 13 contacted him after they hung up with me,  
 14 reiterating this and that they will be in  
 15 touch again in the morning. So I guess we  
 16 will have to re-evaluate where we are before  
 17 we plan to send those letters, et cetera.  
 18 Should we chat about this face to face?  
 19 Signed Heather." And I appreciate she's  
 20 sending this to senior people within Eastern  
 21 Health, but she did copy it to yourselves, the  
 22 staff.  
 23 MS. PARSONS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. Was there any discussion then about this  
 2 within the Quality Department?  
 3 MS. PARSONS:  
 4 A. No.  
 5 COFFEY, Q.C.:  
 6 Q. Had you discussed this at all with anybody?  
 7 MS. PARSONS:  
 8 A. We all read the e-mail and said, well, there's  
 9 still no decision made about notifying the  
 10 patients. We will have to wait and see.  
 11 COFFEY, Q.C.:  
 12 Q. And what did you next hear then about that  
 13 issue about notifying the patients? What did  
 14 you next hear?  
 15 MS. PARSONS:  
 16 A. It was an ongoing dialogue about the letters  
 17 and how we were going to get the contact  
 18 information for all the patients and things  
 19 like that and the next definitive thing that I  
 20 can remember is Heather coming back from a  
 21 meeting and saying to me, we are going to be  
 22 phoning all the patients to inform them that  
 23 they're being retested.  
 24 COFFEY, Q.C.:  
 25 Q. Do you recall when that would have been?

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1 MS. PARSONS:  
 2 A. Oh much later, probably October.  
 3 COFFEY, Q.C.:  
 4 Q. Okay, that's the fall of 2005.  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. So in the meantime, there is--the week before  
 9 July 18th, the week before that, you're asked  
 10 to check on a hotline and you do it.  
 11 MS. PARSONS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Monday, July 18th you're asked to comment upon  
 15 a letter to a patient, a draft of a letter to  
 16 patients.  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Then you get an e-mail, you're copied on an e-  
 21 mail or forwarded an e-mail saying there is  
 22 some concern about communicating with patients  
 23 by letter.  
 24 MS. PARSONS:  
 25 A. Yes.

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1 COFFEY, Q.C.:  
 2 Q. Raised by the insurer and the next, other than  
 3 a general, sometimes a discussion about it or  
 4 a comment upon it, the next you hear about  
 5 communicating with patients is in October from  
 6 Ms. Predham?  
 7 MS. PARSONS:  
 8 A. The next specific thing I can remember, I was  
 9 away for the month of August. There may have  
 10 been lots being discussed in August that I am  
 11 not aware of.  
 12 THE COMMISSIONER:  
 13 Q. Ms. Parsons, I just want to make sure I  
 14 understand, now you're saying that by October,  
 15 some point in October at any rate, Ms. Predham  
 16 indicated to you that a decision had been made  
 17 to phone the patient and I understand that up  
 18 until the point of this particular exhibit in  
 19 mid July, the plan of action included writing  
 20 the patients.  
 21 MS. PARSONS:  
 22 A. Yes.  
 23 THE COMMISSIONER:  
 24 Q. So between July, mid July and this point in  
 25 October when a decision is made to phone them,

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<p>1 is it a case of letters being off the table 2 and people looking at other considerations or 3 what sort of happened between those two 4 periods of time, if anything, that you can 5 remember? 6 MS. PARSONS: 7 A. What I can remember, Commissioner, about 8 September is the letter is still being 9 discussed, but along with that, there are the 10 pros and cons being considered. Would it be 11 better if we talked to the patients because 12 then they would have an opportunity to ask us 13 questions then an there, or is it better to 14 give them something that they can refer to and 15 call us back when they've had a moment to 16 digest the information. 17 THE COMMISSIONER: 18 Q. Uh-hm. 19 MS. PARSONS: 20 A. And that's the way it went. 21 THE COMMISSIONER: 22 Q. Okay, so really between mid July and some 23 point in October, there's just an ongoing 24 dialogue continuing about what the best way is 25 to communicate.</p>	<p>1 them had been told about the results already? 2 In effect, I'm asking you how much were you in 3 the loop before you went on vacation? 4 MS. PARSONS: 5 A. I was only aware of the index case and 6 possibly two others. 7 COFFEY, Q.C.: 8 Q. And in relation--without naming those two 9 patients, what would you have been told about 10 the two others? 11 MS. PARSONS: 12 A. Just that there was one patient, the index 13 case was the start and then there were two 14 other patients who, their physicians requested 15 their samples be retested as well and they had 16 also changed. 17 COFFEY, Q.C.: 18 Q. And did you have any understanding about what 19 else, if anything, was going on? 20 MS. PARSONS: 21 A. No. 22 COFFEY, Q.C.: 23 Q. Like how much retesting was going to be done, 24 where it was going to be done, anything like 25 that?</p>
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<p>1 MS. PARSONS: 2 A. Yes. 3 THE COMMISSIONER: 4 Q. And do you know what you were going to 5 communicate? Sorry, Mr. Coffey, am I getting 6 ahead of things? 7 COFFEY, Q.C.: 8 Q. No, no, you go ahead. 9 MS. PARSONS: 10 A. We were going to inform the patients who 11 needed retesting that we would be retesting 12 their sample. 13 THE COMMISSIONER: 14 Q. Okay, so the plan at that point was to 15 communicate about the fact that there would be 16 retesting. All right, thank you. 17 COFFEY, Q.C.: 18 Q. You were gone, I take it, Ms. Parsons on 19 vacation all of August? 20 MS. PARSONS: 21 A. Yes. 22 COFFEY, Q.C.: 23 Q. Of 2005. Prior to going on vacation, what, if 24 any, understanding did you have about how many 25 patients had been retested, how many if any of</p>	<p>1 MS. PARSONS: 2 A. In the middle of July? 3 COFFEY, Q.C.: 4 Q. Yes, before you went on vacation, because that 5 would be the point at which--and I will ask 6 you this, while you were on vacation, I take 7 it you weren't in contact with Eastern Health? 8 MS. PARSONS: 9 A. No. 10 COFFEY, Q.C.: 11 Q. Okay, when you went on vacation, you went on 12 vacation. 13 THE COMMISSIONER: 14 Q. Lucky you. 15 COFFEY, Q.C.: 16 Q. Yes, you were able to. But what I'm getting 17 at, ma'am, is when you went no vacation, up to 18 that point you were aware of the index 19 patient, two others, perhaps retested, the 20 hotline, the letter draft and that e-mail then 21 about the plot thickens, and there's another 22 one I'm going to refer you to now of Q &amp; A's, 23 but in terms of what Eastern Health was doing 24 or planned to do in terms of actual retesting, 25 where it was going to be done, you weren't</p>

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1 privy to that?

2 MS. PARSONS:

3 A. No.

4 COFFEY, Q.C.:

5 Q. Before you went on vacation, had anyone

6 alerted you to the fact that, well some

7 patients do know, you knew about three, but

8 there were others, in fact, apparently had

9 been told their retest results. Were you

10 alerted to the idea or notion that you might

11 get a call asking you about it?

12 MS. PARSONS:

13 A. No.

14 COFFEY, Q.C.:

15 Q. That someone else, because you would be the

16 person, I gather, who people would be directed

17 to initially.

18 MS. PARSONS:

19 A. Yes.

20 COFFEY, Q.C.:

21 Q. And on that point I wanted to ask you within

22 Eastern Health at the time, this is the middle

23 of 2005 and before you went on vacation, what

24 sorts of matters would people within the

25 organization understand should be referred to

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1 you?

2 MS. PARSONS:

3 A. It varied a great deal. Some managers were

4 very good with dealing with their own problems

5 and others preferred to refer to a third party

6 for the initial encounter, if you will.

7 COFFEY, Q.C.:

8 Q. With the patient.

9 MS. PARSONS:

10 A. Yes. So and individual's comfort levels with

11 confrontation is different, so your question

12 was?

13 COFFEY, Q.C.:

14 Q. What was the understanding within Eastern

15 Health as to what sorts of matters were to be

16 referred on to you, in your capacity?

17 MS. PARSONS:

18 A. When I began the role, I give little education

19 sessions to anyone who would allow me to come

20 and talk to them about the new role and the

21 purpose of it and how I could help them and

22 how they could help me by--I didn't

23 necessarily need to be the first person to

24 hear about a problem or a complaint, but I

25 would appreciate when they had it all sorted

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1 out to send it over to me, so I could file it

2 as resolved, or if they prefer, they could

3 refer the person to me as a sort of uninvolved

4 third party, if you will, and I would initiate

5 the investigation.

6 COFFEY, Q.C.:

7 Q. And I take it there was no hard and fast rule

8 within Eastern Health or the Health Care

9 Corporation before and now Eastern Health, as

10 to certain things are to be referred to Ms.

11 Parsons?

12 MS. PARSONS:

13 A. No, there was a great deal of variety and the

14 severity of the complaints that I dealt with.

15 COFFEY, Q.C.:

16 Q. In that regard then, if a manager was of the

17 disposition or of the sort that was prepared

18 to deal directly with a complaint -

19 MS. PARSONS:

20 A. Yes.

21 COFFEY, Q.C.:

22 Q. And it came directly to that manager, then you

23 might never heard about it first nor last?

24 MS. PARSONS:

25 A. Hopefully they would tell me afterwards, but I

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1 would have no way of knowing if they chose not

2 to.

3 COFFEY, Q.C.:

4 Q. And there was no requirement or rule that they

5 tell you?

6 MS. PARSONS:

7 A. It was, when I went and explained my role -

8 COFFEY, Q.C.:

9 Q. Oh yes.

10 MS. PARSONS:

11 A. It was part of the process that the

12 information would eventually end up with me.

13 COFFEY, Q.C.:

14 Q. So they would have understood -

15 MS. PARSONS:

16 A. For registering the complaint.

17 COFFEY, Q.C.:

18 Q. Okay, so they would have understood that

19 protocol required that even if they dealt with

20 it, that they were supposed to pass it on to

21 you?

22 MS. PARSONS:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. Exhibit P-0510 please? Ms. Parsons, this is

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<p>1 an e-mail of Tuesday, July 19th at 10:05 a.m.  2 from Ms. Predham, that same Tuesday. It's to  3 a number of individuals within Quality,  4 including yourself. The subject is  5 "Questions", the attachments are labelled  6 faq.doc. She writes, "I've attached the  7 questions and some answers I came up with  8 yesterday. Before I send them elsewhere, look  9 them over and let me know what needs to be  10 added or deleted. Signed Heather." If we  11 look here on page two of the exhibit, there's  12 a series of questions in bold print, the first  13 of which was "I was tested for ER/PR receptor  14 between 1997 and 2004, what does this mean to  15 me?" And then there's a response. There's a  16 question, "I was tested for ER/PR receptor  17 before 1997, what does this mean to me?" And  18 there's no response drafted here. It goes on  19 down through this, okay?  20 MS. PARSONS:  21 A. Yes.  22 COFFEY, Q.C.:  23 Q. Do you know if you responded to this? Did you  24 ever provide any -  25 MS. PARSONS:</p>	<p>1 COFFEY, Q.C.:  2 Q. And when did you first formulate that answer?  3 MS. PARSONS:  4 A. When I started getting calls from patients.  5 COFFEY, Q.C.:  6 Q. Which would be in October, I believe, of 2005?  7 MS. PARSONS:  8 A. Yes.  9 COFFEY, Q.C.:  10 Q. And did you continue to give that answer as  11 the years went on?  12 MS. PARSONS:  13 A. Pretty much.  14 COFFEY, Q.C.:  15 Q. And who did you get that understanding from?  16 MS. PARSONS:  17 A. From the information that I had heard at the  18 meetings or talking to Heather or -  19 COFFEY, Q.C.:  20 Q. Did anyone approve of you giving that answer?  21 MS. PARSONS:  22 A. I'm sure I said to Heather, my boss, this is  23 what I've been saying to patients.  24 COFFEY, Q.C.:  25 Q. When it was breaking in the media on October</p>
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<p>1 A. I had certainly seen it before. Whether or  2 not I had input, I can't remember.  3 COFFEY, Q.C.:  4 Q. One of the questions posed here is, six from  5 the bottom is "How did this happen?"  6 MS. PARSONS:  7 A. Yes.  8 COFFEY, Q.C.:  9 Q. And I see there's no answer here, suggested  10 here. As of July 19th, I take it you would  11 not have known the answer to that? "How did  12 this happen?"  13 MS. PARSONS:  14 A. No.  15 COFFEY, Q.C.:  16 Q. Did you ever learn yourself the answer to that  17 question or a possible answer to it?  18 MS. PARSONS:  19 A. The explanation that I gave to patients who  20 asked me that question was that we don't  21 really know. This is a complicated test,  22 there are many steps to it and we are checking  23 to see whether something went wrong in the lab  24 and until we have the answer, we don't know  25 either.</p>	<p>1 2nd, October 3rd, that week, you would have  2 understood that you were about to get such  3 questions, you anticipated them.  4 MS. PARSONS:  5 A. Yes, yes.  6 COFFEY, Q.C.:  7 Q. And you would have told her at the time, this  8 is what I am going to say or I just said this  9 morning and I am going to repeat, unless you  10 tell me otherwise, I take it that was the sort  11 of -  12 MS. PARSONS:  13 A. Yes.  14 COFFEY, Q.C.:  15 Q. Did she have any problem or express any  16 reservation with you doing that?  17 MS. PARSONS:  18 A. She didn't say if she did.  19 COFFEY, Q.C.:  20 Q. She didn't tell you she had any problem with  21 it?  22 MS. PARSONS:  23 A. That's right.  24 COFFEY, Q.C.:  25 Q. Did anyone ever explain to you what had</p>

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<p>1 happened here or how did this happen? Anyone,  2 for example with some--who would be in a  3 position to know and I'll name Dr. Cook, Dr.  4 Carter, Dr. Williams, Ms. Predham, probably  5 Patricia Pilgrim, there's a number of  6 different people I could kind of name off, did  7 any of them ever tell you, explain to you how  8 did this happen?  9 MS. PARSONS:  10 A. No.  11 COFFEY, Q.C.:  12 Q. Did you ever ask any of them point blank and  13 bluntly how did this happen, because I'm  14 having to tell the patients the answer to that  15 question. Did you ever ask anybody that?  16 MS. PARSONS:  17 A. I may have asked Heather, do we know what  18 happened?  19 COFFEY, Q.C.:  20 Q. Do you recall when that was in the whole of  21 the scenario?  22 MS. PARSONS:  23 A. No.  24 COFFEY, Q.C.:  25 Q. What did she respond?</p>	<p>1 your regular time off, would these notes be  2 maintained or kept in any particular spot?  3 MS. PARSONS:  4 A. The notes that they gave me?  5 COFFEY, Q.C.:  6 Q. Yes.  7 MS. PARSONS:  8 A. I may not keep them if I transcribed the  9 information onto my own sheet in my own  10 handwriting, I would have discarded the  11 original.  12 COFFEY, Q.C.:  13 Q. How about the ones you wouldn't have  14 discarded, would they have been kept?  15 MS. PARSONS:  16 A. Sometimes my colleagues wrote directly into my  17 book in their own handwriting, so that would  18 still exist.  19 COFFEY, Q.C.:  20 Q. And how about any notes that were not  21 transposed into your book or handwritten by  22 them into your book, they gave you a sheet of  23 paper with something written on it?  24 MS. PARSONS:  25 A. Um-hm.</p>
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<p>1 MS. PARSONS:  2 A. We still don't know.  3 COFFEY, Q.C.:  4 Q. And from the perspective of, you know, kind of  5 fielding calls that might be coming to the  6 Eastern Health as an institution, beginning in  7 October of 2005, certainly, this is the first  8 of these calls and we're going to see some now  9 in a moment, from that point until you  10 retired, you would have been the, probably the  11 most frequently contacted person, wouldn't  12 you?  13 MS. PARSONS:  14 A. By patients?  15 COFFEY, Q.C.:  16 Q. By patients, at least initial contact.  17 MS. PARSONS:  18 A. Yes, my colleagues and I would be, but the  19 majority would have been me because I was  20 there three days.  21 COFFEY, Q.C.:  22 Q. While I'm thinking of, and you mentioned your  23 colleagues, when you would keep their notes,  24 make a note of a phone call they had fielded  25 while you were gone, while you were off on</p>	<p>1 COFFEY, Q.C.:  2 Q. And you didn't transcribe it, what would  3 happen to the note?  4 MS. PARSONS:  5 A. I would staple it to my pages in my book.  6 COFFEY, Q.C.:  7 Q. And so in effect these message log sheets were  8 your filing system, in one sense?  9 MS. PARSONS:  10 A. A record of the calls.  11 COFFEY, Q.C.:  12 Q. Yes.  13 MS. PARSONS:  14 A. Yes.  15 COFFEY, Q.C.:  16 Q. Did you have any other record keeping system?  17 MS. PARSONS:  18 A. I kept a sheet on each patient.  19 COFFEY, Q.C.:  20 Q. Yes. And we will see that's this computer  21 screen capture?  22 MS. PARSONS:  23 A. Yes.  24 COFFEY, Q.C.:  25 Q. And we'll look at those.</p>

1 MS. PARSONS:  
 2 A. And at the end of every month I entered the  
 3 calls that I received into an Excel file in my  
 4 computer.  
 5 COFFEY, Q.C.:  
 6 Q. And what about the call, what would be entered  
 7 about a particular call, what would you put in  
 8 the Excel spreadsheet?  
 9 MS. PARSONS:  
 10 A. It would identify the patient by name and MCP  
 11 number, the date of the complaint, the area  
 12 that the complaint was about, whether it was  
 13 the lab or emergency, the nature of the issue.  
 14 So with these calls from patients regarding  
 15 breast cancer retesting, I labelled them  
 16 communication, so the nature of the issue was  
 17 communication. I would say whether it was  
 18 resolved or ongoing, what I did in follow up  
 19 to it, very, very -  
 20 COFFEY, Q.C.:  
 21 Q. Cryptic.  
 22 MS. PARSONS:  
 23 A. - briefly. You know, "FU Dr. Cook" would mean  
 24 Dr. Cook is following up. And then I would  
 25 say at the end whether it was resolved or

1 Type four meant -  
 2 COFFEY, Q.C.:  
 3 Q. That was type three, I take it?  
 4 MS. PARSONS:  
 5 A. That was type three.  
 6 COFFEY, Q.C.:  
 7 Q. Okay.  
 8 MS. PARSONS:  
 9 A. Type four crossed over more than one  
 10 department. It might be an issue affecting  
 11 the emergency department and the women's  
 12 health service. They need to work together, I  
 13 would help them resolve this issue that they  
 14 had. Type 5 the patient called and said, "I  
 15 just want you to know I've retained a lawyer  
 16 and we're suing you because of the way I was  
 17 treated or my family member was treated." So  
 18 I gave the breast cancer retesting complaints  
 19 the classification of three.  
 20 COFFEY, Q.C.:  
 21 Q. Exhibit P-2833? Now this is, if we look, Ms.  
 22 Parsons, at this, that's that e-mail Heather  
 23 Predham sent at 10:05 on July 19th with the  
 24 attached frequently asked questions document.  
 25 And then there's a response from Pamela King-

1 ongoing, as I said, and I would give it a  
 2 severity rating.  
 3 COFFEY, Q.C.:  
 4 Q. And could you explain that to the  
 5 Commissioner?  
 6 MS. PARSONS:  
 7 A. Early on I realized that there was a great  
 8 deal of variety in the seriousness of the  
 9 complaints that I was getting, if you like.  
 10 Some of them were very minor, people calling  
 11 me just to vent and when I asked them if--what  
 12 I could do to help them, they said, nothing, I  
 13 just wanted to you to know this is what  
 14 happened and I'm a little annoyed, but I don't  
 15 need you to change anything or do anything  
 16 about it. And from that up to very serious  
 17 complaints. So I categorized them one  
 18 through, well, type one was in the mildest  
 19 form. Type two meant I needed to go and talk  
 20 to the staff, get the other side of the story,  
 21 call the patient back, apologize, if  
 22 necessary. Type two, we really needed to look  
 23 at our practices within a particular area  
 24 because if what this patient has told me is  
 25 really happening, we need to change that.

1 Jesso to Ms. Predham and other--and yourself  
 2 and others. She says, "Hi Heather, looks  
 3 good. I also thought of these, one, what if  
 4 my results come back positive, what does this  
 5 mean to me, what can I expect, does this mean  
 6 I received the incorrect treatment? And two,  
 7 my family member has died, would, could her  
 8 outcome have been different if she was  
 9 actually positive." Signed, "Pam." I take it  
 10 Ms. King-Jesso was simply adding to the  
 11 potential questions?  
 12 MS. PARSONS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. What, if anything, happened in respect of this  
 16 frequently asked questions document?  
 17 MS. PARSONS:  
 18 A. This was a document that was being prepared in  
 19 anticipation of patients calling us after they  
 20 got the proposed letter and we wanted to have  
 21 consistency in how we answered the questions.  
 22 COFFEY, Q.C.:  
 23 Q. And I take it then as the sending out of the  
 24 letter got delayed, there was no urgency to  
 25 complete the frequently asked questions

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1 because there'd be no questions as there was  
2 no letter?  
3 MS. PARSONS:  
4 A. Yes.  
5 COFFEY, Q.C.:  
6 Q. What then do you next recall--this is July  
7 19th, Tuesday, July 19th, 2005. What do you  
8 next recall about ER and PR?  
9 MS. PARSONS:  
10 A. I recall in--and I believe it was in September  
11 some retesting had taken place and results had  
12 returned.  
13 COFFEY, Q.C.:  
14 Q. Yes.  
15 MS. PARSONS:  
16 A. Heather invited me and Deanne Emberley to go  
17 with her to the Cancer Clinic where we sat  
18 down with Dr. Laing in her office, we were at  
19 a round table. Heather had the list of the  
20 retesting results and she and Dr. Laing went  
21 through the list.  
22 COFFEY, Q.C.:  
23 Q. Um-hm.  
24 MS. PARSONS:  
25 A. And my memory tells me that they were

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1 separating the confirmed negatives from the  
2 people who had changed and making a short list  
3 to give to Deanne and myself to call the  
4 patients who were confirmed negative from this  
5 group of retesting.  
6 COFFEY, Q.C.:  
7 Q. Um-hm.  
8 MS. PARSONS:  
9 A. And occasionally Dr. Laing would recognize a  
10 patient who she knew was coming to see her in  
11 a short period and would say "I will tell--I  
12 will give this patient her results."  
13 COFFEY, Q.C.:  
14 Q. The results of patients who were negative  
15 still?  
16 MS. PARSONS:  
17 A. I don't know.  
18 COFFEY, Q.C.:  
19 Q. Oh, she just whatever -  
20 MS. PARSONS:  
21 A. I would -  
22 COFFEY, Q.C.:  
23 Q. - whatever the classification -  
24 MS. PARSONS:  
25 A. "I will communicate with this patient."

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1 COFFEY, Q.C.:  
2 Q. Okay.  
3 MS. PARSONS:  
4 A. She did say that once or twice.  
5 COFFEY, Q.C.:  
6 Q. So did you leave that meeting with a list?  
7 MS. PARSONS:  
8 A. I did not have it physically in my hand, but  
9 we left with a list of confirmed negatives  
10 that we were going to call and give their  
11 results to. We needed contact information for  
12 the patient and Chris Power was the nurse at  
13 the Cancer Centre was going to get that  
14 information for us, so we left the meeting and  
15 we were waiting for the information to contact  
16 the patients.  
17 COFFEY, Q.C.:  
18 Q. What then happened?  
19 MS. PARSONS:  
20 A. I think the next thing that happened was that  
21 a decision was made to call all the patients  
22 to tell them they were being retested. So  
23 simultaneously with waiting to get this  
24 contact information to call patients with  
25 their results, we were also then having to get

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1 ready to call all the patients to say your  
2 sample will be retested.  
3 COFFEY, Q.C.:  
4 Q. So we have heard already, I believe, that the-  
5 -and I apologize if I don't have the exact  
6 dates, but probably September 26th Brendan  
7 Mullen e-mailed Dr. Cook with the first of the  
8 results and September 27th, it's in that  
9 range. So you're meeting then with Dr. Laing  
10 and Ms. Predham would have been, presumably,  
11 shortly after that, this meeting you just  
12 referred to?  
13 MS. PARSONS:  
14 A. That sounds about right.  
15 COFFEY, Q.C.:  
16 Q. And then you had your list but no contact  
17 information, you had to wait then -  
18 MS. PARSONS:  
19 A. We were waiting -  
20 COFFEY, Q.C.:  
21 Q. - for -  
22 MS. PARSONS:  
23 A. Chris Power.  
24 COFFEY, Q.C.:  
25 Q. Chris Power to get back to you with it. So I

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<p>1 take it, Ms. Parsons, then that up to that 2 point no concrete arrangements had been made 3 to identify or provide contact information for 4 the patients who were being retested? 5 MS. PARSONS: 6 A. That's my understanding, as well. 7 COFFEY, Q.C.: 8 Q. So they'd been all gathered up, the blocks, 9 the tissue samples sent off, spent time in 10 Ontario being retested and reported, and it 11 was only after they got back that you were 12 involved and you were waiting, I appreciate, 13 you're going to make the calls you're asked to 14 do. But up to that point no information, no 15 real planning had gone into this? 16 MS. PARSONS: 17 A. I hesitate to say no real planning because I'm 18 not aware of any. 19 COFFEY, Q.C.: 20 Q. Well, when you got the list, there were no 21 phone numbers next to it or readily available? 22 MS. PARSONS: 23 A. There were no--there was no contact 24 information on the list Heather had with the 25 results.</p>	<p>1 have to appreciate I would not have been at 2 work on Friday. 3 COFFEY, Q.C.: 4 Q. Sure. 5 MS. PARSONS: 6 A. I didn't know it had happened, and when I went 7 to work on Monday morning, Heather invited me 8 to come to a meeting with her. 9 COFFEY, Q.C.: 10 Q. And what happened, who did you meet with, and 11 what happened? 12 MS. PARSONS: 13 A. There was Dr. Laing, Mr. Tilley, Dr. Williams, 14 and Heather, and Susan Bonnell. It's hard to 15 remember every single person, and the 16 discussion at the meeting was mainly around 17 the article. 18 COFFEY, Q.C.: 19 Q. Do you recall what was said about it? 20 MS. PARSONS: 21 A. The only thing I can recall definitely is that 22 Dr. Laing was quoted in the article and she 23 was talking about that. 24 COFFEY, Q.C.: 25 Q. What did she say about how she was quoted in</p>
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<p>1 COFFEY, Q.C.: 2 Q. How long passed before you got the contact 3 information? 4 MS. PARSONS: 5 A. A week or two maybe. 6 COFFEY, Q.C.: 7 Q. Exhibit P-1941 - I'm sorry, I apologize, 1491. 8 This, Ms. Parsons, are some e-mails of October 9 34rd, 2005, and the one at the top of the page 10 there is from Heather Predham, 11:38 a.m., 11 Monday, October 3rd, to yourself and others. 12 You're listed there, and the attachment is 13 "Breast Screening, The Independent, October 14 2nd, 2005.pdf". She says, "Hi, in case you 15 didn't see it, stay tuned to NTV tonight". 16 The Independent article of October 2nd is 17 there. When did you first learn that this was 18 going to go public, the publication of a story 19 by The Independent? 20 MS. PARSONS: 21 A. After it had happened. 22 COFFEY, Q.C.: 23 Q. I take it, probably by this e-mail? 24 MS. PARSONS: 25 A. Monday morning when I went to work. Now you</p>	<p>1 the article? 2 MS. PARSONS: 3 A. Just that she was quoted. 4 COFFEY, Q.C.: 5 Q. Up to that point, had you received any phone 6 calls in your capacity as patient relations 7 officer in relation to ER/PR? 8 MS. PARSONS: 9 A. No. 10 COFFEY, Q.C.: 11 Q. Had the meeting that you referred to where you 12 sat with Ms. Predham and Dr. Laing, and broke 13 the group down into - 14 MS. PARSONS: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. Spreadsheet, and two groups. 18 MS. PARSONS: 19 A. Yes. 20 COFFEY, Q.C.: 21 Q. Had that already occurred? 22 MS. PARSONS: 23 A. Before this? 24 COFFEY, Q.C.: 25 Q. Yes.</p>



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<p>1 MS. PARSONS:  2 A. Yes.  3 COFFEY, Q.C.:  4 Q. Oh, so that would have been probably the week  5 before, and then you had--you go to work  6 Monday morning and this is what you come in  7 to?  8 MS. PARSONS:  9 A. Uh-hm.  10 COFFEY, Q.C.:  11 Q. Was there any discussion then at that time  12 about what might be expected of you?  13 MS. PARSONS:  14 A. I realized that now that people are aware,  15 they will be interested in information about  16 themselves, I'm sure.  17 COFFEY, Q.C.:  18 Q. So that thought crossed your mind?  19 MS. PARSONS:  20 A. Uh-hm.  21 COFFEY, Q.C.:  22 Q. What did you do, if anything?  23 MS. PARSONS:  24 A. I went to my office and waited.  25 COFFEY, Q.C.:</p>	<p>1 Q. How many might require a change in treatment  2 as a result of a converted result, you weren't  3 made aware of any of that at that point?  4 MS. PARSONS:  5 A. No.  6 THE COMMISSIONER:  7 Q. Sorry, I wasn't sure I understood what you had  8 said, Ms. Parsons. You said you were aware  9 that they were looking at one more at this  10 stage? So you just--The Independent story has  11 just broken, you've been to the meeting. As  12 you say, you went back to your office and  13 waited because quite reasonably you were  14 expecting that people would start calling?  15 MS. PARSONS:  16 A. Yes.  17 THE COMMISSIONER:  18 Q. And then at that point, as I understand it,  19 you're saying I didn't have an in depth  20 understanding of the problem, and I thought  21 you said I was aware that we were looking at  22 one more, perhaps group of tests?  23 MS. PARSONS:  24 A. Well, the group of tests that the results were  25 back from, I would have been aware of them by</p>
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<p>1 Q. Okay. Did you seek any information internally  2 within Eastern Health, seek further  3 information as to--that you might supply to  4 people?  5 MS. PARSONS:  6 A. No.  7 COFFEY, Q.C.:  8 Q. How well briefed at that point did you feel?  9 MS. PARSONS:  10 A. I didn't have an in depth understanding of the  11 problem, however, I was aware that we were  12 looking at more and more test results and I,  13 as an individual, was not aware of the extent  14 of the problem.  15 COFFEY, Q.C.:  16 Q. For example, in terms of just the sheer number  17 of retests?  18 MS. PARSONS:  19 A. Yes.  20 COFFEY, Q.C.:  21 Q. How many were expected to convert or might  22 anticipate might convert --  23 MS. PARSONS:  24 A. Or require a retesting.  25 COFFEY, Q.C.:</p>	<p>1 now.  2 THE COMMISSIONER:  3 Q. Okay.  4 MS. PARSONS:  5 A. And waiting for contact information to call  6 them with their confirmed negative result.  7 THE COMMISSIONER:  8 Q. Okay.  9 MS. PARSONS:  10 A. But I was not aware of the numbers that we  11 were going to be dealing with. I had no  12 information about that.  13 THE COMMISSIONER:  14 Q. So it was possible that--I mean, was it that  15 you didn't know how many--you knew that there  16 would be more retesting, but you just didn't  17 know how many of those people there would be,  18 or were you thinking this group that had been  19 discussed by Dr. Laing and Ms. Predham in the  20 meeting you had attended, were the people who  21 were going to be retested, period?  22 MS. PARSONS:  23 A. I thought it was possible that that was all,  24 but then again it didn't--it wasn't outside my  25 realm of reality to think they may continue</p>

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1 looking.  
 2 THE COMMISSIONER:  
 3 Q. Okay.  
 4 COFFEY, Q.C.:  
 5 Q. We had seen, I recall--could we look again,  
 6 Exhibit P-0510. This draft FAQ, frequently  
 7 asked questions.  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. On October 3rd, 2005, and as that week went  
 12 on, were you provided with any frequently  
 13 asked questions and responses?  
 14 MS. PARSONS:  
 15 A. I don't know, Mr. Coffey, when I would have--  
 16 you mean, if I did in a script?  
 17 COFFEY, Q.C.:  
 18 Q. Yes.  
 19 MS. PARSONS:  
 20 A. No.  
 21 COFFEY, Q.C.:  
 22 Q. Any script or at least a chit sheet, as it  
 23 were, in the sense of like here?  
 24 MS. PARSONS:  
 25 A. I would have seen this, and it probably was

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1 available to me had I looked for it.  
 2 COFFEY, Q.C.:  
 3 Q. I appreciate that because this passed through  
 4 your hands back in the middle of July.  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. As a recipient of the e-mail. What I'm asking  
 9 about is when you're alerted to this on  
 10 October 3rd, and go back to await the phone  
 11 calls, were you provided with a fuller version  
 12 of this because a lot of these questions are  
 13 not answered, there's not even a draft answer,  
 14 and what I'm asking you is--to prep you for  
 15 this, I take it, you not only weren't told  
 16 anything in particular to brief you fully on  
 17 it, but not even given answers to what does  
 18 this, "I was tested for ER/PR receptor before  
 19 1997; what does this mean to me".  
 20 MS. PARSONS:  
 21 A. There was no formal answers provided, no.  
 22 COFFEY, Q.C.:  
 23 Q. Even informal answer at that point?  
 24 MS. PARSONS:  
 25 A. No, if I--if a question occurred to me, I

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1 would ask, Heather, what about this, what  
 2 about that.  
 3 COFFEY, Q.C.:  
 4 Q. I take it if you were asked a question by a  
 5 patient on the phone and didn't know the  
 6 answer, you'd say you'd get back to them and  
 7 go looking for it?  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 THE COMMISSIONER:  
 11 Q. So I take it from what you have said that, for  
 12 example, if a patient had called up and asked  
 13 that very question, "I was tested for ER/PR  
 14 receptor before 1997; what does this mean to  
 15 me", you would have had to say, "I don't know,  
 16 I'll have to get back to you"?  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 THE COMMISSIONER:  
 20 Q. And the same thing for if somebody had, in  
 21 fact, talked about it in the context of 2004?  
 22 MS. PARSONS:  
 23 A. Yes.  
 24 THE COMMISSIONER:  
 25 Q. Thank you.

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1 COFFEY, Q.C.:  
 2 Q. Exhibit P-0606. Now there is a couple of e-  
 3 mails of October 3rd, 2005. You at 2:57 that  
 4 afternoon wrote to Ms. Bonnell saying, "All  
 5 patients who had breast cancer had been tested  
 6 for the presence or absence or estrogen and  
 7 progesterone receptors. The presence or  
 8 absence of ER and PR helps determine the most  
 9 appropriate treatment of breast cancer. One  
 10 treatment option is hormone therapy and the  
 11 other is chemotherapy. Due to improved  
 12 technology and the discovery of inconsistent  
 13 results, Eastern Health has begun retesting a  
 14 select group of breast cancer patients whose  
 15 results indicated they were negative for ER  
 16 and PR. We are using previously collected  
 17 tissue samples, so patients are not required  
 18 to come to the hospital or have any additional  
 19 testing. Patients who have breast cancer and  
 20 are concerned about their previous test  
 21 results and treatment may wish to contact  
 22 their oncologist, surgeon, or family doctor.  
 23 Patients who are not being followed by a  
 24 physician may call the patient relations  
 25 officer at Eastern Health", and then give the

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1 number. "She will attempt to answer questions  
 2 and link patients with someone who can help  
 3 them". Why did you send--well, first of all,  
 4 who created the text of that e-mail?  
 5 MS. PARSONS:  
 6 A. This looks to me like part of the text that  
 7 was in one of the draft letters.  
 8 COFFEY, Q.C.:  
 9 Q. Yes, and in fact I was about to refer back to  
 10 P-2832, or some version of it.  
 11 MS. PARSONS:  
 12 A. Yes. I don't know why I would be sending it  
 13 to Susan Bonnell unless she asked me for it,  
 14 and possibly it was for me to add the contact  
 15 information at the end, my phone number, and  
 16 that people could call me if they had  
 17 questions.  
 18 COFFEY, Q.C.:  
 19 Q. And there's a --  
 20 MS. PARSONS:  
 21 A. The other possibility, Mr. Coffey, is that  
 22 there may have been a statement on the Health  
 23 Care Corporation website.  
 24 COFFEY, Q.C.:  
 25 Q. Yes.

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1 MS. PARSONS:  
 2 A. And I'm not sure if this might have been that  
 3 information.  
 4 COFFEY, Q.C.:  
 5 Q. So wherever it was, you got it from an earlier  
 6 draft of a letter or the website, or some  
 7 other document that you'd seen and added the  
 8 contact information?  
 9 MS. PARSONS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. And forwarded it to Susan Bonnell?  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. Exhibit P-0087, please. These are Dr.  
 17 Williams notes. They're originally  
 18 handwritten. This is a typed version of them  
 19 for October 4th, 2005, which is a Tuesday,  
 20 actually. It says, "This refers to a  
 21 conference call with other regional boards"  
 22 and it lists the boards and participants.  
 23 Under the General site, yourself, Ms. Predham,  
 24 Pat Pilgrim, Dr. Cook, and Dr. Williams are  
 25 listed. Do you recall participating in this?

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1 MS. PARSONS:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. And if you did, I take it, it would have been  
 5 on a day that you would normally have been  
 6 off?  
 7 MS. PARSONS:  
 8 A. Uh-hm.  
 9 COFFEY, Q.C.:  
 10 Q. Were you ever asked to come in on days you  
 11 were off?  
 12 MS. PARSONS:  
 13 A. Oh, yes.  
 14 COFFEY, Q.C.:  
 15 Q. Okay, I take it because it was perceived that  
 16 you were needed at the time?  
 17 MS. PARSONS:  
 18 A. Yes, there were a few occasions when I worked  
 19 full time when workload demanded.  
 20 COFFEY, Q.C.:  
 21 Q. Exhibit P-2835, please. This is an e-mail  
 22 from Elizabeth Strange-Hollett to yourself and  
 23 Ms. Predham, October 5th, 2005, at 4:14 p.m.  
 24 and the attachment is "False results at  
 25 Newfoundland and Labrador lab. CBC, October

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1 5, 2005.doc", she says for your information.  
 2 She described it as being Corporation  
 3 Communications, Eastern Health. If we look  
 4 here at page two of the exhibit, there is a  
 5 printout of a website story, I suspect,  
 6 looking at that, entitled "Newfoundland Cancer  
 7 Lab Produces False Results", last updated  
 8 Wednesday, October 5th, 2005. Why would Ms.  
 9 Strange-Hollett be sending this to you?  
 10 MS. PARSONS:  
 11 A. Corporate communications sent me clippings of  
 12 any patient related issue that they felt I  
 13 might get a call about.  
 14 COFFEY, Q.C.:  
 15 Q. Would you have read this at the time you  
 16 received it?  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Here, in the middle of the text of the story,  
 21 they quote Dr. Williams here in that paragraph  
 22 about percentages, and they go on to say "he  
 23 said about ten percent of the tests performed  
 24 over the past seven years may show conflicting  
 25 results."

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1 MS. PARSONS:  
 2 A. Um-hm.  
 3 COFFEY, Q.C.:  
 4 Q. "Discrepancies were in tests for breast  
 5 cancer. The Authority receives seven or eight  
 6 such samples each week" and they go on to talk  
 7 about then, "the reason for the conflicting  
 8 results is not known, but last year the  
 9 facility brought in a new fully automated  
 10 system for detecting hormone receptors in  
 11 breast tissue. An older system required more  
 12 steps in the testing process." I have two  
 13 questions in relation to this, Ms. Parsons.  
 14 One is, the reason for the conflicting results  
 15 is not known, but then there were--it's  
 16 asserted there, but then there's a reference  
 17 to this new machinery.  
 18 MS. PARSONS:  
 19 A. Um-hm.  
 20 COFFEY, Q.C.:  
 21 Q. And the older system requiring more steps.  
 22 Your information about what the potential  
 23 causes, I take it, would have come from these  
 24 sorts of things?  
 25 MS. PARSONS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. This sort of--what Eastern Health was  
 4 releasing publicly?  
 5 MS. PARSONS:  
 6 A. Yes. I seem to recall as well that Heather  
 7 did give us a little summary report at one of  
 8 our staff meetings about the history of ER and  
 9 PR testing, DAKO, Ventana, you know, general  
 10 descriptive terms and words that we hadn't  
 11 heard before.  
 12 COFFEY, Q.C.:  
 13 Q. Here, the reference to "ten percent of the  
 14 tests performed over the past seven years may  
 15 show conflicting results," did you have any  
 16 understanding as to how many tests were  
 17 expected to convert?  
 18 MS. PARSONS:  
 19 A. No.  
 20 COFFEY, Q.C.:  
 21 Q. You never did.  
 22 THE COMMISSIONER:  
 23 Q. Mr. Coffey, wherever you can find a spot,  
 24 we'll break for the afternoon break.  
 25 COFFEY, Q.C.:

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1 Q. Do you recall why it was that you took part in  
 2 that conference call of--or I should, you're  
 3 listed as having taken part in the conference  
 4 call.  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Do you recall why?  
 9 MS. PARSONS:  
 10 A. No. Often Heather would invite me to things  
 11 that I would not normally have attended, in  
 12 case there was information regarding  
 13 communicating with patients.  
 14 COFFEY, Q.C.:  
 15 Q. And Commissioner, here is a good time. Thank  
 16 you.  
 17 THE COMMISSIONER:  
 18 Q. We'll take the afternoon break.  
 19 (BREAK)  
 20 THE COMMISSIONER:  
 21 Q. Please be seated. Mr. Coffey.  
 22 COFFEY, Q.C.:  
 23 Q. Thank you, Commissioner. If we could bring  
 24 up, please, Exhibit P--I'm sorry, C-0248?  
 25 It's already open, I believe. And this is

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1 October 5th, 2005, continued, noted here, and  
 2 then there's a--this then, I take it, would  
 3 indicate that the immediate--the calls here  
 4 immediately at the top of the message log  
 5 sheet relate to October 5th?  
 6 MS. PARSONS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. So this is early days, as it were, in terms of  
 10 your dealing with the public on this.  
 11 MS. PARSONS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Would have been a Wednesday. 2003 diagnosis,  
 15 information redacted, Dr. Laing's patient,  
 16 sister, cell number, on three month checks end  
 17 of November, currently actively followed, and  
 18 this is one of those with the star.  
 19 MS. PARSONS:  
 20 A. Right.  
 21 COFFEY, Q.C.:  
 22 Q. And a check mark. So again, without naming  
 23 the patient or identifying the patient in any  
 24 way, what sort of activity, if any, would this  
 25 have involved by you?

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<p>1 MS. PARSONS:</p> <p>2 A. I can tell from the information that the</p> <p>3 patient or the caller said the patient was</p> <p>4 diagnosed in 2003, that she is Dr. Laing's</p> <p>5 patient and being followed every three months.</p> <p>6 The caller was probably inquiring about the ER</p> <p>7 and PR status.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And if that was, your inference there is</p> <p>10 correct, what, if anything, then would you</p> <p>11 have been required to do, if anything, in this</p> <p>12 regard?</p> <p>13 MS. PARSONS:</p> <p>14 A. I would need to try and find out whether this</p> <p>15 patient was a candidate for retesting. I</p> <p>16 could look in the computer and see whether she</p> <p>17 had existing results there and whether she was</p> <p>18 initially ER and PR negative. I would check</p> <p>19 to see whether she already had been identified</p> <p>20 for retesting. I would call her back and give</p> <p>21 her whatever information I could find out</p> <p>22 regarding that.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Now how physically would you go about doing</p> <p>25 each of those things? If you could take the</p>	<p>1 their records to see whether they had ER and</p> <p>2 PR information on this patient, or I could</p> <p>3 call Dr. Cook and ask him whether he knew of</p> <p>4 this patient or could find information on her.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Now your ability, from your workstation--where</p> <p>7 were you physically located?</p> <p>8 MS. PARSONS:</p> <p>9 A. In the Miller Centre, in the Southcott Hall.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. On Forest Road?</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. And your work environment, from your</p> <p>16 workstation, you could access what sorts of</p> <p>17 computer information?</p> <p>18 MS. PARSONS:</p> <p>19 A. I could access pathology results on patients</p> <p>20 who had their pathology done within the Health</p> <p>21 Sciences Centre or St. Clare's or the Grace</p> <p>22 Hospital.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. So on Meditech, you could go in and -</p> <p>25 MS. PARSONS:</p>
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<p>1 Commissioner through that, how would you do</p> <p>2 that?</p> <p>3 MS. PARSONS:</p> <p>4 A. There was a list generated which was--I saw it</p> <p>5 after our initial interview, Mr. Coffey. I</p> <p>6 did not remember, but there was a list called</p> <p>7 "retesting results" and it listed the patients</p> <p>8 who were being retested. I could look at that</p> <p>9 and see whether the patient's name was on that</p> <p>10 list.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. So this list was alphabetical?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes. I could look in the computer to see</p> <p>15 whether there was previous pathology results</p> <p>16 for this patient that I could access and if</p> <p>17 that report was there and it included ER and</p> <p>18 PR original testing, I could tell the patient,</p> <p>19 "yes, you were negative originally, so you</p> <p>20 will be retested." If I was not able to get</p> <p>21 the information that way, I could call the</p> <p>22 Cancer Centre. She's told me she's Dr.</p> <p>23 Laing's patient, so I know she's being</p> <p>24 followed and I would ask Dr. Laing's secretary</p> <p>25 if she or the appropriate person could check</p>	<p>1 A. Yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And to access a patient's information on</p> <p>4 Meditech, you needed what information?</p> <p>5 MS. PARSONS:</p> <p>6 A. I needed their MCP number. I would ask them</p> <p>7 for their date of birth, just to confirm that</p> <p>8 I had the right person.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. You're talking to the patient on the phone,</p> <p>11 their name, date of birth, MCP number and then</p> <p>12 go to the computer and bring it up?</p> <p>13 MS. PARSONS:</p> <p>14 A. Sometimes when a patient was on the phone, I</p> <p>15 would say "just a minute now, I'll look you</p> <p>16 up."</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Sure.</p> <p>19 MS. PARSONS:</p> <p>20 A. And I could say "yes, I can see here that you</p> <p>21 were tested in 2003 and you were indeed</p> <p>22 negative at that time. So you will be one of</p> <p>23 the patients who requires retesting," or not,</p> <p>24 if I couldn't find it.</p> <p>25 COFFEY, Q.C.:</p>

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1 Q. Up to this point, October 2005, had you ever--  
 2 I mean, routinely, at least in your work as a  
 3 patient relations officer, would you routinely  
 4 access or be called upon to access pathology  
 5 reports?  
 6 MS. PARSONS:  
 7 A. Yes, there have been instances when family  
 8 members may have called seeking information  
 9 about a loved one who was deceased and we were  
 10 arranging a meeting. I would access the  
 11 pathology report, print it, put it in a file  
 12 and then if I was attending the meeting, I  
 13 would have that information. I would not be  
 14 competent to discuss the pathology, but I  
 15 would have my copy, because often people will  
 16 call back later and ask for more  
 17 clarification, what did the pathologist say  
 18 about certain things, and I will say "well, I  
 19 have it here that" whatever the information  
 20 was.  
 21 COFFEY, Q.C.:  
 22 Q. Now in the context of ER/PR, how did you know  
 23 what to go looking for, in terms of  
 24 determining whether someone was ER or PR  
 25 negative or positive?

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1 MS. PARSONS:  
 2 A. Well, it would say sometimes negative or  
 3 positive.  
 4 COFFEY, Q.C.:  
 5 Q. Okay.  
 6 MS. PARSONS:  
 7 A. But sometimes it would give a number value.  
 8 COFFEY, Q.C.:  
 9 Q. Yes, and say if it gave a number value?  
 10 MS. PARSONS:  
 11 A. It's difficult for me to remember what I knew  
 12 when.  
 13 COFFEY, Q.C.:  
 14 Q. Yes.  
 15 MS. PARSONS:  
 16 A. But I now know, and I have known for sometime,  
 17 that up until 2000, the year 2000, there was  
 18 the less than 30 percent and less than ten  
 19 percent cut offs that I've heard discussed  
 20 recently.  
 21 COFFEY, Q.C.:  
 22 Q. When did you first, do you think, become aware  
 23 that these cut offs were being used?  
 24 MS. PARSONS:  
 25 A. I don't know.

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1 COFFEY, Q.C.:  
 2 Q. Would you have known what the cut offs were on  
 3 October 5th, do you think?  
 4 MS. PARSONS:  
 5 A. That was very early days.  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 MS. PARSONS:  
 9 A. I would think not.  
 10 COFFEY, Q.C.:  
 11 Q. And so at least in the early stages, I take it  
 12 you're telling the Commissioner, that in the  
 13 early stages, unless it said negative or  
 14 positive -  
 15 MS. PARSONS:  
 16 A. Or zero.  
 17 COFFEY, Q.C.:  
 18 Q. Or zero, that you would interpret as negative?  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. If it gave another number other than perhaps  
 23 100 -  
 24 MS. PARSONS:  
 25 A. Um-hm.

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1 COFFEY, Q.C.:  
 2 Q. - which you would interpret as positive, but I  
 3 take it, I'd be correct on that, would I?  
 4 MS. PARSONS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Yes, but if it was ten or 15 or 20 and in  
 8 terms of the years, '98, 2001, you weren't  
 9 familiar, in the early stages, as to what  
 10 criteria would have been utilized by Eastern  
 11 Health?  
 12 MS. PARSONS:  
 13 A. I did not always know that information, no.  
 14 COFFEY, Q.C.:  
 15 Q. Understand. At some point though, as time  
 16 went on, you did acquire it?  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. And in searching then the pathology module,  
 21 pathology records, you would have been able to  
 22 tell well, this is the figure?  
 23 MS. PARSONS:  
 24 A. Um-hm.  
 25 COFFEY, Q.C.:

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1 Q. So you could search the pathology records and  
2 respond to the patient immediately or by  
3 calling them back?  
4 MS. PARSONS:  
5 A. Yes.  
6 COFFEY, Q.C.:  
7 Q. Were you in any way able yourself to determine  
8 whether the patient was already on hormonal  
9 therapy?  
10 MS. PARSONS:  
11 A. I would ask them.  
12 COFFEY, Q.C.:  
13 Q. Okay, yourself. Would they always know or  
14 understand whether they--what they--whatever  
15 treatment they were on was a form of hormonal  
16 therapy?  
17 MS. PARSONS:  
18 A. Most people were familiar with Tamoxifen.  
19 COFFEY, Q.C.:  
20 Q. Okay.  
21 MS. PARSONS:  
22 A. They knew the name of that drug and they  
23 would--I would ask them that specifically, or  
24 any other similar drug, and sometimes they  
25 would say "I was on Tamoxifen and I couldn't

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1 tolerate it, so I've now switched to another."  
2 COFFEY, Q.C.:  
3 Q. But in terms of accessing medical records in  
4 that regard, I take it you couldn't do that  
5 from your -  
6 MS. PARSONS:  
7 A. No.  
8 COFFEY, Q.C.:  
9 Q. Because we've seen references to, I believe  
10 it's the OPUS system, and that's the Cancer  
11 registry records.  
12 MS. PARSONS:  
13 A. Yes, I did not have access.  
14 COFFEY, Q.C.:  
15 Q. You didn't have access to those?  
16 MS. PARSONS:  
17 A. No.  
18 COFFEY, Q.C.:  
19 Q. And you didn't have access to those, I take  
20 it, at any time in your--as a patient  
21 relations officer?  
22 MS. PARSONS:  
23 A. No, there was a very brief period this past  
24 spring when Heather went on holiday and she  
25 did have access to it on her computer in her

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1 office, and she transferred that or arranged  
2 for me to have that ability while she was  
3 away, but that was two weeks.  
4 COFFEY, Q.C.:  
5 Q. And that was in 2008?  
6 MS. PARSONS:  
7 A. In April, I believe, yes.  
8 COFFEY, Q.C.:  
9 Q. And then if you wanted to know or ascertain  
10 information from--that might be recorded in  
11 the Cancer Centre chart or records, you'd call  
12 them?  
13 MS. PARSONS:  
14 A. Yes.  
15 COFFEY, Q.C.:  
16 Q. You'd have to call them. Now in the early  
17 stages, were you checking for their ER and PR  
18 status or just their ER status, and what -  
19 MS. PARSONS:  
20 A. Both.  
21 COFFEY, Q.C.:  
22 Q. Both, so you would tell them what? The ER  
23 status and their PR status?  
24 MS. PARSONS:  
25 A. Yes, both.

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1 COFFEY, Q.C.:  
2 Q. If you could find it?  
3 MS. PARSONS:  
4 A. Yes.  
5 COFFEY, Q.C.:  
6 Q. In the early stages, in early October 2005,  
7 did you have any understanding about what  
8 retest criteria were being used by Eastern  
9 Health?  
10 MS. PARSONS:  
11 A. I'm sorry?  
12 COFFEY, Q.C.:  
13 Q. Did you understand what retest criteria were  
14 being used?  
15 MS. PARSONS:  
16 A. You mean the percentage of positivity?  
17 COFFEY, Q.C.:  
18 Q. Well, not only--okay, I'll deal first of all  
19 with the percentage of positivity. Did you  
20 understand that at the time, in the early  
21 stages?  
22 MS. PARSONS:  
23 A. At some point, I did acquire that information.  
24 COFFEY, Q.C.:  
25 Q. But that was after, as we got into this?

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1 MS. PARSONS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. After October 5th?  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. How about in terms of the fact that they were  
 9 only concentrating on ER and were ignoring PR,  
 10 did you understand that?  
 11 MS. PARSONS:  
 12 A. I didn't realize that at the time, but I have  
 13 since learned that.  
 14 COFFEY, Q.C.:  
 15 Q. When do you think you might have first  
 16 understood that?  
 17 MS. PARSONS:  
 18 A. It was fairly recently, I would think within  
 19 the past year when patients were self-  
 20 identifying, and they would have a patient  
 21 with a positive PR, but ER zero, and the  
 22 criteria, I was told then, that we had used  
 23 originally to identify patients was negative  
 24 ER.  
 25 COFFEY, Q.C.:

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1 Q. So then a patient in that category then should  
 2 be on some retest this summer?  
 3 MS. PARSONS:  
 4 A. Yes.  
 5 THE COMMISSIONER:  
 6 Q. Ms. Parsons, what about the person who was  
 7 calling, was not a client of Eastern Health?  
 8 MS. PARSONS:  
 9 A. I would have to contact my colleagues in the  
 10 regions, Commissioner, and ask the people in  
 11 pathology whether the patient had been  
 12 previously tested and whether they could  
 13 forward us a copy of their original ER and PR  
 14 results.  
 15 THE COMMISSIONER:  
 16 Q. So you dealt with the inquiry, you just had to  
 17 go a greater distance to get the information?  
 18 MS. PARSONS:  
 19 A. I explained to the patient that I was not able  
 20 to access their records from where I was and  
 21 ask them where did they have their surgery.  
 22 They would tell me. I would call and then  
 23 refer that inquiry to Dr. Cook.  
 24 COFFEY, Q.C.:  
 25 Q. So Ms. Parsons, in the early stages, if a

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1 patient called you and you looked up her  
 2 records, in the main it would be a her, and  
 3 were told or you found that the person was PR  
 4 positive, ER negative, would you have told the  
 5 patient they were part of the retesting, in  
 6 the early stages? If you looked up and it  
 7 was, say, zero 50 or zero, 90?  
 8 MS. PARSONS:  
 9 A. I would probably have to go and ask someone  
 10 that, in the early stages.  
 11 COFFEY, Q.C.:  
 12 Q. And that would be, in this context, either  
 13 Heather or Dr. Cook?  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Heather Predham or Dr. Cook. Now you've  
 18 referred to a spreadsheet of people who were  
 19 being retested. You just were telling the  
 20 Commissioner about that.  
 21 MS. PARSONS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. You've come to realize since, been reminded  
 25 that in fact you had such a thing.

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1 MS. PARSONS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Was that a print out -  
 5 MS. PARSONS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. - or was it electronic?  
 9 MS. PARSONS:  
 10 A. It was a print out.  
 11 COFFEY, Q.C.:  
 12 Q. Print out, and who would have provided that to  
 13 you?  
 14 MS. PARSONS:  
 15 A. It would have come from Heather.  
 16 COFFEY, Q.C.:  
 17 Q. And was it updated from time to time, do you  
 18 know?  
 19 MS. PARSONS:  
 20 A. Not to my knowledge.  
 21 COFFEY, Q.C.:  
 22 Q. So we understand that there was probably no  
 23 full master sheet such as they were, until  
 24 after--it would have been after October 5th.  
 25 MS. PARSONS:



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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Because there were still things coming in from  
 4 outside St. John's to be shipped off to  
 5 Toronto.  
 6 MS. PARSONS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. So this sheet, with the listing of retest  
 10 patients, are you able to give the  
 11 Commissioner some idea of when you would have  
 12 first had that?  
 13 MS. PARSONS:  
 14 A. It would have come to me after we had made the  
 15 initial calls to the patients that they were  
 16 being retested.  
 17 COFFEY, Q.C.:  
 18 Q. Okay.  
 19 MS. PARSONS:  
 20 A. They were--it was a different set of  
 21 information than we used initially to call the  
 22 patients.  
 23 THE COMMISSIONER:  
 24 Q. I'm sorry, okay, just want to make sure I  
 25 understand this. You're saying that at some

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1 point, someone produced a list which was  
 2 created to enable you to phone patients to say  
 3 "you are being retested"?  
 4 MS. PARSONS:  
 5 A. Initially, yes.  
 6 THE COMMISSIONER:  
 7 Q. Okay, and then sometime after that -  
 8 MS. PARSONS:  
 9 A. Yes.  
 10 THE COMMISSIONER:  
 11 Q. - you had a spreadsheet of people who were  
 12 retested, which was provided by Ms. Predham?  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 THE COMMISSIONER:  
 16 Q. And what would be on that spreadsheet?  
 17 MS. PARSONS:  
 18 A. It would be the patient's name and MCP number,  
 19 probably their place of residence, and their  
 20 original pathology hormone receptor status.  
 21 It was meant to be everyone who was negative  
 22 and needed retesting.  
 23 THE COMMISSIONER:  
 24 Q. But it did not contain the retest results?  
 25 MS. PARSONS:

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1 A. I'm not sure, Commissioner, it may have.  
 2 COFFEY, Q.C.:  
 3 Q. Ms. Parsons, in your capacity as patient  
 4 relations officer, did you ever receive any  
 5 phone calls from attending or treating  
 6 physicians or family physicians?  
 7 MS. PARSONS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. Asking you for just information, period, about  
 11 ER/PR?  
 12 MS. PARSONS:  
 13 A. Mostly they were calling on behalf of a  
 14 patient, for specific patient information, but  
 15 there was one physician who called because he  
 16 had a patient with--who had had her original  
 17 hormone receptor testing done by the old  
 18 biochemical assay method, and he was asking me  
 19 how reliable was that method. Of course, I  
 20 wasn't able to answer, so I referred him to  
 21 Dr. Cook and Dr. Cook did call him and  
 22 discuss.  
 23 COFFEY, Q.C.:  
 24 Q. If we could look, please, at Exhibit P-1954?  
 25 This is, of course--there's a large part of

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1 this page redacted and then there's some  
 2 handwriting below it. I take it this is your  
 3 handwriting?  
 4 MS. PARSONS:  
 5 A. Yes, it is.  
 6 COFFEY, Q.C.:  
 7 Q. And I'm going to take you just through this  
 8 one as an example. It's dated October 5th,  
 9 2005 and there's a reference here to lab  
 10 communication, and we'll deal with that in a  
 11 moment. But here, I take it what's redacted  
 12 here would be what's--what has been redacted  
 13 is what I'll refer to as a screen capture?  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Which is a print out of what's on a computer  
 18 screen?  
 19 MS. PARSONS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. So if you just--because in some of these  
 23 exhibits, there are numerous of these here.  
 24 MS. PARSONS:  
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. Could you tell then the Commissioner, please,

3 what sort of information, computer

4 information, you would be looking at on the

5 screen?

6 MS. PARSONS:

7 A. Demographic information regarding the

8 patient's name, address, phone number, date of

9 birth, age. I don't think next of kin is

10 there. And then underneath, there would be a

11 listing of the most recent episodes of care

12 that that patient had with us at Eastern

13 Health but that information was not important

14 for this purpose. I printed it so that I

15 could avoid having to rewrite name, address,

16 telephone number, every time.

17 COFFEY, Q.C.:

18 Q. So when you would bring--a patient would call

19 or the patient's relative would call, identify

20 him or herself to your satisfaction, you would

21 then go into the computer and bring up the

22 patient's demographic information?

23 MS. PARSONS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. And it would have their name, address and

2 phone number?

3 MS. PARSONS:

4 A. MCP.

5 COFFEY, Q.C.:

6 Q. MCP number.

7 MS. PARSONS:

8 A. Um-hm.

9 COFFEY, Q.C.:

10 Q. And you would then print that off?

11 MS. PARSONS:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. With the printer that was nearby?

15 MS. PARSONS:

16 A. Yes.

17 COFFEY, Q.C.:

18 Q. And then utilize that as a sheet to make notes

19 on in relation to that particular patient?

20 MS. PARSONS:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. What then would be done with this sheet?

24 MS. PARSONS:

25 A. I would keep it in my file.

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1 COFFEY, Q.C.:

2 Q. And is this the sheets, I take it, that at the

3 end of each month, you would -

4 MS. PARSONS:

5 A. Transfer the information from into the Excel

6 data.

7 COFFEY, Q.C.:

8 Q. Which you've -

9 MS. PARSONS:

10 A. Used for reporting.

11 COFFEY, Q.C.:

12 Q. - you've told us about earlier.

13 MS. PARSONS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. This particular one is dated October 5th, 2005

17 and you've written "this woman had breast

18 cancer, 1979. She states she was ER negative

19 and PR positive. She 'had to ask for

20 Tamoxifen' and took it for five years. She

21 now wonders if her specimen will be retested.

22 She feels her diagnosis could impair -

23 MS. PARSONS:

24 A. Impact.

25 COFFEY, Q.C.:

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1 Q. - impact," I'm sorry, I apologize, "her

2 daughter. Discussed this case with Dr. Cook.

3 Patient's family doctor is" and it's redacted.

4 "I spoke to Dr. Cook. We will retest this

5 patient."

6 MS. PARSONS:

7 A. Yes.

8 COFFEY, Q.C.:

9 Q. And you've written lab communication. Now

10 what does this mean here on the bottom right-

11 hand corner?

12 MS. PARSONS:

13 A. Those were my classifications that we talked

14 about earlier. This would be a lab for the--

15 the program or the department involved in this

16 inquiry, I would say it was the lab, and the

17 issue was communication. I did give them all

18 a rating of three, and I neglected to write it

19 there, and then I would say "ongoing" because

20 none of them were resolved.

21 COFFEY, Q.C.:

22 Q. And why would you categorize this as

23 communication? What possible categories were

24 there?

25 MS. PARSONS:

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<p>1 A. Well, complaints come in many categories. 2 Access to services, quality of care. From my 3 perspective, it was a communicating 4 information to the patient. That was my role. 5 COFFEY, Q.C.: 6 Q. So the characterization here as a 7 communication was because of the nature of 8 your involvement? 9 MS. PARSONS: 10 A. Yes. 11 COFFEY, Q.C.: 12 Q. Did you understand at the time that what was 13 going on here overall in the retesting could 14 have an impact on quality of care? 15 MS. PARSONS: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. Was any thought ever given to classifying the 19 ER/PR matter under quality of care? 20 MS. PARSONS: 21 A. Actually, I started out that way, I think. I 22 believe if you look, you will see that one or 23 two had quality of care. But I quickly 24 realized that there were already many people 25 involved in this and aware of the situation,</p>	<p>1 positive, at least on one category. I wonder 2 is she being retested or will she be retested, 3 and you would have contacted Dr. Cook then? 4 MS. PARSONS: 5 A. For his opinion. 6 COFFEY, Q.C.: 7 Q. Yes. 8 MS. PARSONS: 9 A. I may not have been able to look her up, 10 which--and he could have done that. 11 COFFEY, Q.C.: 12 Q. And then having been told by Dr. Cook that 13 Eastern will retest this patient, what, if 14 anything, would you have done then? 15 MS. PARSONS: 16 A. Called her back and told her "yes, you're 17 being retested." The other piece of 18 information there is her family doctor. I 19 would always ask the patients, when they 20 called, "do you have a doctor that you can 21 talk to, to answer your questions?" and this 22 patient actually gave me the name of her 23 family doctor and I would say to her, "if you 24 have questions about this, you know, you could 25 talk to your doctor any time."</p>
<p>1 so it was not a matter of the patient 2 relations officer having to correct this 3 problem. It was, for my purposes, recording 4 the interactions. 5 COFFEY, Q.C.: 6 Q. Now here, in particular, when discussing this 7 matter with Dr. Cook, where you had been told 8 she was ER negative--by the patient she was ER 9 negative and PR positive - 10 MS. PARSONS: 11 A. Yes. 12 COFFEY, Q.C.: 13 Q. Would you have understood at the time that, 14 based upon the retest criteria, that she was 15 going to be retested anyway, or at this point 16 in time, would you have not have known? 17 MS. PARSONS: 18 A. I would not have known that on October the 19 5th. 20 COFFEY, Q.C.: 21 Q. Because she had said PR positive to you - 22 MS. PARSONS: 23 A. Yes. 24 COFFEY, Q.C.: 25 Q. - you kind of would have wondered well, she is</p>	<p>1 COFFEY, Q.C.: 2 Q. And the fact, record the fact that you had 3 called her back, is there any record of that 4 kept? 5 MS. PARSONS: 6 A. No. 7 COFFEY, Q.C.: 8 Q. Okay. 9 MS. PARSONS: 10 A. There may be a tick in my phone log book next 11 to her name. 12 COFFEY, Q.C.: 13 Q. And in order to do that, we'd have to look at 14 - 15 MS. PARSONS: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. - unredact it and look back and forth. 19 MS. PARSONS: 20 A. Yes. 21 COFFEY, Q.C.: 22 Q. But your system, such as it was, would be to 23 make a tick or at times even to note? 24 MS. PARSONS: 25 A. Oh yes.</p>

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1 COFFEY, Q.C.:

2 Q. Sometimes here, and we'll look at some of

3 these.

4 MS. PARSONS:

5 A. Many times I did go back and write "called her

6 back" especially if there was anything else I

7 wanted to add to that note. At the time, I

8 felt these notes were adequate for my needs,

9 but -

10 COFFEY, Q.C.:

11 Q. And you've told the Commissioner already that

12 at the time, as of this, at that point in

13 time, in the first week of responding to

14 patients, you didn't really have a handle on

15 how many might be involved in this yourself.

16 MS. PARSONS:

17 A. That's right.

18 COFFEY, Q.C.:

19 Q. Those characterizations or ratings you've used

20 there, the communication or patient care, are

21 they used for any other purpose or any purpose

22 at all? I mean, you pick communications or

23 quality of care. Are they catalogued in some

24 way and then added up at the end of the year?

25 MS. PARSONS:

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1 A. Yes, the Excel file that I use, there's a

2 column for nature of the complaint, and that's

3 where I would put communication, in this case,

4 but I would also put access to services,

5 quality of care, whatever the case might be,

6 and at the end--I used to give a monthly

7 report. Then it switched to quarterly

8 reports, but the report and then annually,

9 we'd put it all together and they are added up

10 at the end, yes.

11 COFFEY, Q.C.:

12 Q. And so these reports go to whom?

13 MS. PARSONS:

14 A. The director of quality.

15 COFFEY, Q.C.:

16 Q. Do you know what she does with them?

17 MS. PARSONS:

18 A. Yes, she is required, as the director of a

19 department, to compile a report to the board.

20 Plus, she would meet with a group called

21 quality council, I believe, and present

22 information from her department at regular

23 intervals.

24 COFFEY, Q.C.:

25 Q. So in respect of the entire ER/PR matter

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1 within Eastern Health there would be a

2 considerable number of entries for

3 communication in relation to ER/PR?

4 MS. PARSONS:

5 A. Yes, under "lab."

6 COFFEY, Q.C.:

7 Q. Under "lab." If anyone was to look back now,

8 they'd find not a whole lot for 2003 or 4 or

9 even '05 until the fall of '05 and then they'd

10 find this big ballooning of lab

11 communications?

12 MS. PARSONS:

13 A. For the last three months of 2005, yes.

14 COFFEY, Q.C.:

15 Q. And same thing in '06?

16 MS. PARSONS:

17 A. Continuing on in '06 -

18 COFFEY, Q.C.:

19 Q. Into '07. But in terms of keeping track of

20 things, quality of care as an issue, and that

21 was the first thing that occurred to you, as

22 you indicated, is the quality of care issue,

23 they would find nothing or no such entries in

24 relation to ER/PR other than the first couple?

25 MS. PARSONS:

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1 A. That's--they wouldn't be categorized as such.

2 COFFEY, Q.C.:

3 Q. And did you speak to anybody about the change

4 in your characterization of this?

5 MS. PARSONS:

6 A. No.

7 COFFEY, Q.C.:

8 Q. So the change from communications to--I'm

9 sorry, from quality of care to communications

10 was your own?

11 MS. PARSONS:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. Did anyone ever ask you about that, about the

15 way you--or speak to you about the way you

16 were categorizing it?

17 MS. PARSONS:

18 A. No.

19 COFFEY, Q.C.:

20 Q. About the fact that, you know, when you got

21 your first report at the end of October, you

22 know, which would have compiled these, the

23 fact that there are an awful lot of lab

24 communications -

25 MS. PARSONS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Only one or two lab quality of care and we  
 4 were involved in this large lab quality of  
 5 care problem, no one took that up with you?  
 6 MS. PARSONS:  
 7 A. No. I think it was obvious what it might have  
 8 been by the people who would get my report.  
 9 COFFEY, Q.C.:  
 10 Q. This quality council you referred to, who is  
 11 that, do you know?  
 12 MS. PARSONS:  
 13 A. I don't know.  
 14 COFFEY, Q.C.:  
 15 Q. Ms. Predham would know that, I take it?  
 16 MS. PARSONS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. The rating of one through five which you told  
 20 the Commissioner about, are they kept track  
 21 of, the numbers of three, the numbers of  
 22 fours?  
 23 MS. PARSONS:  
 24 A. I summarize the results at the end of my  
 25 report and say there were a total of 27

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1 complaints this month, four were type four and  
 2 seventeen were type two and so on, yes, it's  
 3 broken down.  
 4 COFFEY, Q.C.:  
 5 Q. And can I take it that's for the risk  
 6 manager's purposes and then for the board's  
 7 purposes?  
 8 MS. PARSONS:  
 9 A. I report to the director.  
 10 COFFEY, Q.C.:  
 11 Q. Director, I apologize, director. Are there  
 12 any consequences, to your knowledge, of like  
 13 having so many threes or so many fours or so  
 14 many fives?  
 15 MS. PARSONS:  
 16 A. No.  
 17 COFFEY, Q.C.:  
 18 Q. No. Why did you choose three?  
 19 MS. PARSONS:  
 20 A. I felt it was something that perhaps would  
 21 result in a change of practices.  
 22 COFFEY, Q.C.:  
 23 Q. Okay. That's probably a fair assumption at  
 24 the time, even based upon what you knew.  
 25 Four, though, involved different departments?

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1 MS. PARSONS:  
 2 A. More than one area involved.  
 3 COFFEY, Q.C.:  
 4 Q. More than one area. From your perspective did  
 5 you ever have any understanding that this  
 6 involved potentially more than the lab?  
 7 MS. PARSONS:  
 8 A. No, I felt it was a problem in the lab.  
 9 COFFEY, Q.C.:  
 10 Q. For example, the idea that fixation issues,  
 11 you understand now what fixation of tissue  
 12 means?  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. Were involved, that that might extend all the  
 17 way back into the OR?  
 18 MS. PARSONS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. And the transport from the OR to the lab. As  
 22 you acquired that, you didn't change your  
 23 rating system, your understanding that this  
 24 extends out from the lab out into potentially  
 25 into the OR, you didn't?

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1 MS. PARSONS:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. If we could look, please, at Exhibit P-0625?  
 5 This is several e-mails of October 6th, 2005.  
 6 Ms. Bonnell early that day sent an e-mail to  
 7 yourself and Ms. Predham saying, "For your  
 8 information. Have you got all the information  
 9 on Clarenville you need?" And then Ms.  
 10 Predham responded four minutes later saying,  
 11 "I am here with Nancy waiting for a conference  
 12 call and we were wondering what this cryptic  
 13 message means." And then Ms. Bonnell  
 14 apologizes for being cryptic and speaks about  
 15 having been contacted by Ms. Coish-Snow from  
 16 Clarenville and speaks about it being  
 17 mentioned in executive yesterday that she  
 18 would like to forward patient inquiries on the  
 19 ER/PR issue to Nancy, that would be yourself,  
 20 "so one message reaches all." And then she  
 21 refers to the fact that at Clarenville,  
 22 apparently, since 1998 she would have to  
 23 verify that had been sending its results or  
 24 have been sending samples to Mount Sinai since  
 25 1998. What I wanted to ask you about was is

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1 this, in relation to this, what then happened  
 2 in relation to inquiries coming in to you from  
 3 various regions in the province? I take it  
 4 initially, of course, you had signed on for,  
 5 as an Eastern Health employee, to handle the  
 6 Eastern Health's inquiries. Did this change  
 7 then as time went on, that you were getting  
 8 inquiries from outside the city?  
 9 MS. PARSONS:  
 10 A. Yes, I did get inquiries from all the regions.  
 11 It seemed as if the regions would mention to  
 12 their patients that if they had additional  
 13 questions, they could call me.  
 14 COFFEY, Q.C.:  
 15 Q. And the reference here is is to this lady from  
 16 Clarenville wanted to--would like to forward  
 17 patient inquiries on this issue to you so that  
 18 one message reaches all. So and the one, the  
 19 idea of one message reaching all through  
 20 yourself, did anyone ever discuss with you in  
 21 detail what that message was to be?  
 22 MS. PARSONS:  
 23 A. No. I think it's a reflection of the people  
 24 in the regions and their comfort level with  
 25 the topic and that perhaps we at Eastern

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1 Health might know more than they about this  
 2 situation.  
 3 COFFEY, Q.C.:  
 4 Q. And there's a reference here to "When she  
 5 called me this morning," that is Ms. Coish-  
 6 Snow, "she asked me if Nancy was aware of the  
 7 situation with Clarenville. I informed her  
 8 that she should, given that all the issues  
 9 were discussed on the conference call two days  
 10 ago." Which would be, this is the 6th, that  
 11 would have been the conference call we looked  
 12 at earlier of October 4th. So apparently you-  
 13 -this suggests that you were on that  
 14 conference call at the time.  
 15 MS. PARSONS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. What do you recall being told about  
 19 Clarenville?  
 20 MS. PARSONS:  
 21 A. That Clarenville had been sending their  
 22 samples away to Mount Sinai for testing all  
 23 along and so their patients' samples would not  
 24 need retesting.  
 25 COFFEY, Q.C.:

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1 Q. And here in this series of e-mails, the first  
 2 of these, actually, that initiated these is  
 3 one of October 6th, 2005. It's from Ms. Pat  
 4 Coish-Snow to a number of individuals, I  
 5 suspect that they are in the Clarenville area  
 6 and it's copied to Ms. Bonnell. It says, she  
 7 writes to people in, out in Clarenville way,  
 8 "For your information, if we get any patient  
 9 inquiries, we can also direct them to Nancy  
 10 Parsons, patient relations officer" at your  
 11 particular phone number. So as early as this  
 12 you would have understood that patient calls  
 13 were going to be redirected to you?  
 14 MS. PARSONS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Did you ever have any misgiving about that,  
 18 based upon, like, the amount of knowledge you  
 19 did or didn't have?  
 20 MS. PARSONS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. Okay. Could you tell the Commissioner about  
 24 that, I mean, what, you know, at times you  
 25 felt?

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1 MS. PARSONS:  
 2 A. It was a very stressful experience for me.  
 3 The patients who were calling were very brave.  
 4 They were calling seeking information. And  
 5 often I couldn't--I didn't know the answers  
 6 and I would have to go away and try to find  
 7 it. And I had to rely on my colleagues to  
 8 provide the information that they were  
 9 seeking, and often due to their workloads,  
 10 there may be a delay in getting the  
 11 information back. And they would keep calling  
 12 me and I would say, "well, I've asked so and  
 13 so to check on that for you, but I've heard  
 14 nothing back." And I just found that a little  
 15 difficult.  
 16 COFFEY, Q.C.:  
 17 Q. If we could look, please, at Exhibit P-0639?  
 18 These are the minutes of a meeting of the  
 19 senior management of the Newfoundland Cancer  
 20 Treatment and Research Foundation. The  
 21 agenda, in fact, is to be held October 13th,  
 22 2005. When we look at the second page, we'll  
 23 see the actual minutes. Do you see there?  
 24 MS. PARSONS:  
 25 A. Yes.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And present are Doctors Gardiner, Ganguly,</p> <p>3 Laing, Ms. Pilgrim, Ms. Chris Power and Ms.</p> <p>4 Michelle Gregory, the recording secretary.</p> <p>5 And here under "Business Arising" 3.1, "ER/PR</p> <p>6 testing." There's a note, "Dr. Laing provided</p> <p>7 a brief update on the ER/PR testing. Results</p> <p>8 for the ER/PR testing are coming back and</p> <p>9 patients are being notified. Dr. Laing and</p> <p>10 Dr. Ganguly will be attending a tumour board</p> <p>11 rounds meeting this afternoon to review cases</p> <p>12 and discuss appropriate actions. It was noted</p> <p>13 that this is not a cancer clinic issue, but a</p> <p>14 lab issue. However," I'm sorry, which affects</p> <p>15 our patients. Any calls that staff review"</p> <p>16 I'm sorry, that should probably be "receive</p> <p>17 regarding ER/PR testing and reporting should</p> <p>18 be directed to Nancy Parsons at quality</p> <p>19 initiatives." So even within Eastern Health</p> <p>20 and even within the Cancer Clinic people were</p> <p>21 being directed, if there were any calls about</p> <p>22 ER/PR, to redirect them to you?</p> <p>23 MS. PARSONS:</p> <p>24 A. Yes. In fact, I did have a call from an</p> <p>25 oncologist letting me know that a patient was</p>	<p>1 MS. PARSONS:</p> <p>2 A. Debbie Parsons.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. She's one of your colleagues?</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. This is the sort of phone message, I take it,</p> <p>9 you were referring the Commissioner to a note?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. That you might be given while you were off,</p> <p>14 concerning a phone call while you were off or</p> <p>15 away from your desk?</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And you would be expected to then contact the</p> <p>20 patient and -</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. - follow through? And again, we look down</p> <p>25 here. Here I suspect is the back of it, "Just</p>
<p>Page 346</p> <p>1 in and was upset and had been referred to me.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Do you recall at what stage in this process</p> <p>4 that was?</p> <p>5 MS. PARSONS:</p> <p>6 A. '05 or '06.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Now, if we could look, please, at Exhibit P-</p> <p>9 2836? Do you recognize--well, this is</p> <p>10 obviously a telephone message form here on the</p> <p>11 top right-hand side.</p> <p>12 MS. PARSONS:</p> <p>13 A. Um-hm.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. The date is October 14th, 2005. The time is</p> <p>16 there, it's to Nancy Parsons, and it's "While</p> <p>17 you were out" obviously there's a patient</p> <p>18 name. The DOB is redacted, phone number.</p> <p>19 Mastectomy, 2002, November. Doctor's name is</p> <p>20 redacted. I take it that this sort of phone</p> <p>21 message, do you recognize the initials there?</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Who is that?</p>	<p>Page 348</p> <p>1 wanted general info. Is seeing some doctor</p> <p>2 anyway."</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And then there's another phone call noted here</p> <p>7 at the bottom of the page, same date. And it</p> <p>8 reads, "Diagnosed January, 2001. Biopsies,</p> <p>9 lumpectomy. Dr. Kwan." And again, there's</p> <p>10 certain amounts of information about the</p> <p>11 patient?</p> <p>12 MS. PARSONS:</p> <p>13 A. Right.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Pertinent information. And I refer to that</p> <p>16 just as an example of the sort of information</p> <p>17 that you might, upon your return to work, from</p> <p>18 time to time receive this?</p> <p>19 MS. PARSONS:</p> <p>20 A. Be given these papers which I would use to</p> <p>21 return the calls.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Exhibit P-0647? This is an e-mail from Dr.</p> <p>24 Cook of October 17th, 2005. I shouldn't say</p> <p>25 it's an e-mail, it's a notification of a</p>

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1 meeting, I suspect. The required attendees  
 2 are Dr. Cook, Ms. Predham, yourself, Susan  
 3 Bonnell, Dr. Williams, Chris Power, Dr. Laing.  
 4 And he's written here, "Start media campaign  
 5 and information for public." Number two.  
 6 MS. PARSONS:  
 7 A. Um-hm.  
 8 COFFEY, Q.C.:  
 9 Q. Why would you be required to attend such a  
 10 meeting?  
 11 MS. PARSONS:  
 12 A. I don't know.  
 13 COFFEY, Q.C.:  
 14 Q. Now, we've seen references, the Commissioner  
 15 has, at times, to, like, the team, and  
 16 sometimes actually it's written in quotes,  
 17 there's a quote around "the team" or--from  
 18 your perspective how did you fit into, or what  
 19 was your role, if any, in the group that was  
 20 managing this?  
 21 MS. PARSONS:  
 22 A. I was not a member of the team.  
 23 COFFEY, Q.C.:  
 24 Q. Of the team.  
 25 MS. PARSONS:

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1 A. I was--I worked closely with Heather, close  
 2 proximity physically.  
 3 COFFEY, Q.C.:  
 4 Q. Yes.  
 5 MS. PARSONS:  
 6 A. Office wise, and she communicated with me  
 7 daily and I reported to her. I would say I  
 8 was on the periphery of -  
 9 COFFEY, Q.C.:  
 10 Q. Kind of one step removed -  
 11 MS. PARSONS:  
 12 A. - in the picture -  
 13 COFFEY, Q.C.:  
 14 Q. - from the team?  
 15 MS. PARSONS:  
 16 A. Certainly, yes.  
 17 COFFEY, Q.C.:  
 18 Q. You wouldn't have identified yourself as a  
 19 member of the team?  
 20 MS. PARSONS:  
 21 A. No.  
 22 COFFEY, Q.C.:  
 23 Q. Ms. Predham would have been, I take it, from  
 24 your perspective?  
 25 MS. PARSONS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Yes. Who else would have been on the team?  
 4 MS. PARSONS:  
 5 A. Perhaps the individuals here with the  
 6 exception of Chris Power. Chris would  
 7 probably be in the same category as myself.  
 8 COFFEY, Q.C.:  
 9 Q. And were you ever asked yourself for any  
 10 input, did the team or members of the team  
 11 ever ask you for your views on--this  
 12 particular case involves information for  
 13 public in starting the media campaign that's  
 14 referred to here as two of the possible  
 15 subject matters. But were you ever asked for  
 16 any--your views on how this matter should be  
 17 proceeded with?  
 18 MS. PARSONS:  
 19 A. No.  
 20 COFFEY, Q.C.:  
 21 Q. I'm not, of course, limiting my question to  
 22 this point, early on, it's throughout the  
 23 whole of this. You were never actually asked  
 24 for your own views on a particular course of  
 25 action, letters to patients, phoning patients,

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1 whether it's wise or not, those sorts of  
 2 things?  
 3 MS. PARSONS:  
 4 A. No.  
 5 COFFEY, Q.C.:  
 6 Q. Would your colleagues in Eastern Health, do  
 7 you think, have understood that you probably  
 8 had more contact with individual patients  
 9 alone than everybody else--I'm sorry, than  
 10 everybody else?  
 11 MS. PARSONS:  
 12 A. Yes. Heather was certainly aware of my  
 13 patient contacts and the stress levels.  
 14 COFFEY, Q.C.:  
 15 Q. Who would have known that?  
 16 MS. PARSONS:  
 17 A. I beg your pardon?  
 18 COFFEY, Q.C.:  
 19 Q. Who would have known that, who amongst your  
 20 colleagues would have known that?  
 21 MS. PARSONS:  
 22 A. Oh, the other quality facilitators who filled  
 23 in for me on days when I was not there. They  
 24 would be glad to see me when I came back the  
 25 next day.



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1 COFFEY, Q.C.:

2 Q. Yes. And would Ms. Predham have known that

3 you were under stress?

4 MS. PARSONS:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. Would Ms. Elliott have known, Pam Elliott?

8 MS. PARSONS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. Would Dr. Williams have known, do you think?

12 MS. PARSONS:

13 A. I expect Heather would have discussed things

14 generally. We were all aware of each other's

15 stress levels. I had the advantage of getting

16 a break two days a week to not have to be

17 exposed on a fulltime basis as everyone else

18 was.

19 COFFEY, Q.C.:

20 Q. If we could look, please, at Exhibit P-1494.

21 Ms. Parsons, again this is -- there are

22 numerous e-mails, I'm not going to take you

23 through them all, but I just pick this because

24 it's within the first two weeks, and I will

25 refer you to others, but this was within the

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1 first two weeks and it'll give the

2 Commissioner some sense of what you were

3 dealing with. A lot of this is redacted for

4 confidentiality reasons. It's sent, Saturday,

5 October 15th, at 10:28 a.m. It's to Ms.

6 Bonnell, Susan Bonnell. The subject is

7 "breast cancer" and the sender's name and e-

8 mail address are redacted. It reads, "My

9 wife", and the name is redacted, and the DOB,

10 I suspect as well was redacted, "was diagnosed

11 with breast cancer in", and it's redacted.

12 "Is she one of the people who is having her

13 hormone receptor findings reexamined". On

14 Monday, October 17th, at 8:51, Ms. Bonnell

15 forwarded that to somebody -- I'm not sure why

16 that's redacted, but it's copied to yourself,

17 and it's say -- actually, it's to the patient,

18 the response to the patient. It's copied to

19 you saying, "I'm forwarding your e-mail to

20 Nancy Parsons, our patient relations officer.

21 She will make contact with you", or your

22 relative, I suspect, is there, "as soon as

23 possible", and then there's a response to Ms.

24 Bonnell from the original contact on October

25 17th saying, "Please have her contact me", and

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1 the contact number is there. Then Ms. Bonnell

2 at 9:09 on Monday morning forwards all this to

3 you saying, "For your information". So I take

4 it then that in terms of dealing with the

5 spouse of this patient, you would be expected

6 to follow up on this?

7 MS. PARSONS:

8 A. Yes. Sometimes people would get the Corporate

9 Communications Department identified as where

10 to call for information since it was

11 Communications.

12 THE COMMISSIONER:

13 Q. Ms. Parsons, the original contacts with

14 patients to tell them that they were going to

15 be retested, would you have done all of those

16 yourself, or would there have been a team?

17 MS. PARSONS:

18 A. There were four people who called,

19 Commissioner.

20 THE COMMISSIONER:

21 Q. And in that case, was there a script as to

22 what should be said to these persons?

23 MS. PARSONS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. If we could, please, on that point,

2 Commissioner, P-0095. This is an e-mail of

3 October 26th, 2005, from Ms. Predham to Dr.

4 Williams and Patricia Pilgrim. It's copied to

5 Ms. Dunn and Ms. Smith, but she says, "Here

6 are the latest numbers for the ER/PR

7 contacting. I just want you to know that

8 Nancy Parsons, Janet Laidly, and Deanne

9 Emberley have done a tremendous job with this

10 task. It was extremely draining and they have

11 done all this notification in the day and in

12 the evenings with the utmost of compassion and

13 professionalism", and she goes on then to talk

14 about the numbers involved, okay.

15 MS. PARSONS:

16 A. Yes.

17 COFFEY, Q.C.:

18 Q. Could you tell the Commissioner about what

19 went on then in the days just before October

20 26th about contacting people to tell them that

21 they were being retested? Who first told you

22 that you were going to be involved in that and

23 how did it unfold?

24 MS. PARSONS:

25 A. Heather came to my office and said we would be

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1 calling the patients to notify them that they  
 2 were being retested and the lab was compiling  
 3 a list of people to contact, and when we had  
 4 the names we would begin.  
 5 THE COMMISSIONER:  
 6 Q. Who would be the fourth person?  
 7 MS. PARSONS:  
 8 A. Heather did some of the calling as well.  
 9 COFFEY, Q.C.:  
 10 Q. Now who provided the script or the text?  
 11 MS. PARSONS:  
 12 A. That was a script that was created in the  
 13 quality office. I hesitate to say any one  
 14 person. Perhaps more than one had input.  
 15 COFFEY, Q.C.:  
 16 Q. And what was the nature of what they were  
 17 told?  
 18 MS. PARSONS:  
 19 A. The information in the script was so that we  
 20 would all use the same language when talking  
 21 to the patients. So it just -- basically, it  
 22 told people who we were, why we were calling,  
 23 and then we waited for them to ask us anything  
 24 that they wanted to know.  
 25 COFFEY, Q.C.:

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1 Q. And I take it, if you could tell them the  
 2 answer, you did, and if you couldn't --  
 3 MS. PARSONS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. You would do what?  
 7 MS. PARSONS:  
 8 A. It was amazing to me that the majority of the  
 9 women were very calm when I called to say,  
 10 hello, this is Nancy Parsons calling you from  
 11 Eastern Health, are you a patient who had --  
 12 you know, by the name of who had breast cancer  
 13 in 2004, and -- but I later found out from the  
 14 women that they were concealing their anxiety  
 15 very well, and they told me later that they  
 16 didn't hear much else of what I said after  
 17 that.  
 18 COFFEY, Q.C.:  
 19 Q. After you identified them as being a patient?  
 20 MS. PARSONS:  
 21 A. After -- yeah, with breast cancer. So we  
 22 would talk about the test and try to explain  
 23 what it was, and that it was one of the tests  
 24 that was done on breast cancer tumours to help  
 25 determine what treatment a patient would

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1 require, and they would ask how long will I  
 2 have to wait, and we at that time thought four  
 3 to six weeks. So we're calling in October. I  
 4 said to them we'll have the news before  
 5 Christmas.  
 6 COFFEY, Q.C.:  
 7 Q. At the time, and you got that understanding  
 8 from whom?  
 9 MS. PARSONS:  
 10 A. Most of the information that I received, I got  
 11 from Heather, but I'm sure it didn't originate  
 12 with her.  
 13 COFFEY, Q.C.:  
 14 Q. And so -- and this is the middle, toward the  
 15 end of October this would have been occurring,  
 16 and you indicated you had understood  
 17 internally it would be four to six weeks, so  
 18 you would tell people before Christmas because  
 19 that's what you thought at the time?  
 20 MS. PARSONS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. Were records kept of the fact that particular  
 24 patients were contacted?  
 25 MS. PARSONS:

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1 A. Yes. We used a list that was generated in the  
 2 lab and it was an alphabetical list of  
 3 patients names, MCP numbers, place of  
 4 residence was there, contact information,  
 5 phone numbers, and original ER and PR results,  
 6 I'm pretty sure.  
 7 COFFEY, Q.C.:  
 8 Q. And when you would contact patients at the  
 9 time, would you tell them what their original  
 10 ER/PR results were?  
 11 MS. PARSONS:  
 12 A. No, no, not unless they asked.  
 13 COFFEY, Q.C.:  
 14 Q. If they asked --  
 15 MS. PARSONS:  
 16 A. We would say, you know, you were diagnosed in  
 17 2004 with breast cancer, we wanted to let you  
 18 know that we are sending away your sample  
 19 which we've kept to have it retested for one  
 20 of the tests that we do on breast tumours,  
 21 which can determine treatment.  
 22 COFFEY, Q.C.:  
 23 Q. And would you routinely tell these patients  
 24 what might happen if the test result came back  
 25 different? Would that come up?

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<p>1 MS. PARSONS: 2 A. If they asked me. 3 COFFEY, Q.C.: 4 Q. Okay, so it wasn't part of the script, but if 5 they asked, what would you tell them? If it 6 comes back positive, what would you tell them? 7 MS. PARSONS: 8 A. I would say that we will be in touch with you 9 with your results. 10 COFFEY, Q.C.: 11 Q. And generally if a patient -- you've indicated 12 that records would be kept. I mean, I take it 13 they would be checked off or -- 14 MS. PARSONS: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. Somehow recorded on a particular date and time 18 a particular patient was contacted? 19 MS. PARSONS: 20 A. Yes. 21 COFFEY, Q.C.: 22 Q. Is there any record kept of your perception of 23 the patient's reaction; the patient was calm, 24 the patient was upset, did you make any notes? 25 MS. PARSONS:</p>	<p>1 always left our number for them to call back 2 after we'd spoken to them if they needed to 3 when they had time to think about it. 4 COFFEY, Q.C.: 5 Q. And would you have passed -- to your 6 knowledge, the information about the reaction 7 of patients have been made available to Ms. 8 Predham, would she have been aware of the 9 general understanding of patient's reactions? 10 MS. PARSONS: 11 A. Yes, generally. 12 COFFEY, Q.C.: 13 Q. If we could look, please, at Exhibit P-2837. 14 This is an e-mail from Ms. Predham -- I'm 15 sorry, it's from yourself, I apologize, ti's 16 for Ms. Predham, and it's a message -- the 17 subject is "Message for Heather". It's 18 October 26th, 2005, and you write, "I spoke to 19 Deborah Wurtzfeld today". That's a doctor? 20 MS. PARSONS: 21 A. Yes. 22 COFFEY, Q.C.: 23 Q. "She called to inquire about the pathology 24 results that she has been getting under breast 25 cancer patients who were retested. Dr. W.</p>
<p>Page 362</p> <p>1 A. Not initially, no. When I was calling 2 patients later with results, I did record 3 their reaction. 4 COFFEY, Q.C.: 5 Q. And your memory of the contact with the 6 patients in the initial group in October to 7 tell them they were being retested or are 8 being retested, your memory of it is that int 9 he main the patients took it calmly? 10 MS. PARSONS: 11 A. Yes. 12 COFFEY, Q.C.: 13 Q. At least across the phone to you? 14 MS. PARSONS: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. Did you communicate that to -- like, the 18 reactions that you were getting, to anybody 19 within your office? 20 MS. PARSONS: 21 A. Yes, we would comment to each other that, you 22 know, did the patients ask many questions. 23 Sometimes somebody might say one lady seemed 24 upset, so I made sure that she understood she 25 could call back and ask questions, and we</p>	<p>Page 364</p> <p>1 wanted to know who would be giving these 2 patients the results and asked if the Cancer 3 Clinic is getting in touch with them. I told 4 her the Cancer Clinic will contact the 5 patients who are currently being actively 6 followed. Dr. W. said it would be a lot of 7 work to find out which of her patients are and 8 who isn't being followed, so she wants us to 9 know that she won't be doing that". I take it 10 that she was, in effect, telling you she 11 didn't have the resources to do it? 12 MS. PARSONS: 13 A. That's correct. 14 COFFEY, Q.C.: 15 Q. That's your understanding. Why would you have 16 passed this on to Heather Predham? 17 MS. PARSONS: 18 A. Well, it was my understanding that if patients 19 results changed, their physician would be the 20 one to communicate that to them. Patients 21 with results that had not been confirmed 22 negative would need to go before a panel and a 23 letter would be written to the physician. In 24 this case, Dr. Wurtzfeld is talking about a 25 pathology report on her patients. So I wanted</p>

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1 to let Heather know that we shouldn't assume  
 2 that the physician will notify the patient  
 3 when he or she gets that report.  
 4 COFFEY, Q.C.:  
 5 Q. The pathology report?  
 6 MS. PARSONS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. A report that would have been generated based  
 10 upon the spreadsheets that were -- that had  
 11 started to come back from Mount Sinai?  
 12 MS. PARSONS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. And what type of a physician is Dr. Wurtzfeld,  
 16 do you know?  
 17 MS. PARSONS:  
 18 A. I believe she's one of the gyne oncs.  
 19 COFFEY, Q.C.:  
 20 Q. Gyneoncologist.  
 21 MS. PARSONS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. So you would have understood that she at some  
 25 point in her practice would have been getting,

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1 if not as a primary recipient, copied the  
 2 pathology report with the new results?  
 3 MS. PARSONS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And did you speak to Heather further about  
 7 this afterward?  
 8 MS. PARSONS:  
 9 A. No.  
 10 COFFEY, Q.C.:  
 11 Q. Or the subject matter, the idea that some  
 12 doctors, just because they got a copy of the  
 13 pathology report, might not actually contact  
 14 the patient?  
 15 MS. PARSONS:  
 16 A. We may have commented to each other. This  
 17 group of patients would be patients who were  
 18 being notified by their doctors, and they were  
 19 not the patients that I dealt with primarily.  
 20 I was calling patients who had been confirmed  
 21 negative.  
 22 COFFEY, Q.C.:  
 23 Q. Exhibit P-2838. Here in an e-mail of October  
 24 27, 2005, under the subject matter, "ER/PR,  
 25 what else", and you got a question mark. I

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1 take it that in framing it in that manner as  
 2 of October 27th, 2005, in an e-mail to Heather  
 3 Predham, that the ER/PR subject matter was  
 4 occupying --  
 5 MS. PARSONS:  
 6 A. It was all I talked to her about.  
 7 COFFEY, Q.C.:  
 8 Q. By that point in time.  
 9 MS. PARSONS:  
 10 A. Uh-hm.  
 11 COFFEY, Q.C.:  
 12 Q. And you write, "I don't mean to freak you out,  
 13 but if a patient was retested at Mount Sinai,  
 14 MS, Mount Sinai, should her name be on our  
 15 "retesting results" list. I checked with Judy  
 16 Thomas, Dr. Cook's secretary, and she said  
 17 [redacted name, MCP redacted] was retested and  
 18 her results confirmed negative, but I don't  
 19 see her on our list anywhere. Mrs [redacted]  
 20 died" in a particular year. "Her husband  
 21 called. I told him someone would call him  
 22 when the results are available. Curiouser and  
 23 curiouser". What did you mean, ma'm, by  
 24 curiouser and curiouser?  
 25 MS. PARSONS:

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1 A. That is just an expression that I use, Mr.  
 2 Coffey, when something surprises me.  
 3 COFFEY, Q.C.:  
 4 Q. What surprised you?  
 5 MS. PARSONS:  
 6 A. I couldn't find her on the list, and I called  
 7 Judy Thomas and she said, yes, she was  
 8 retested, but the piece of information that I  
 9 overlooked or didn't take into consideration  
 10 was that Heather had created a deceased  
 11 patient's list, and that's where the lady's  
 12 name was. So when I sent her this e-mail, she  
 13 said, yes, I know about her, she's on the  
 14 deceased list.  
 15 COFFEY, Q.C.:  
 16 Q. But this was your first indication after  
 17 Heather got back to you in response to your e-  
 18 mail -- this was the first time you knew there  
 19 was such a thing as a deceased list?  
 20 MS. PARSONS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. So up to that point you'd been thinking that  
 24 your retesting results list is it?  
 25 MS. PARSONS:

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<p>1 A. Yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And you're operating on that premise?</p> <p>4 MS. PARSONS:</p> <p>5 A. And I had been made -- I had been made aware</p> <p>6 that some deceased patients had inadvertently</p> <p>7 been sent away earlier on.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. For retesting?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. But some time in October, 2005, presumably you</p> <p>14 were given a retesting results list, as you</p> <p>15 describe it?</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. You thought, well, that's it?</p> <p>20 MS. PARSONS:</p> <p>21 A. That's everybody.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. To date, this is everybody?</p> <p>24 MS. PARSONS:</p> <p>25 A. Uh-hm.</p>	<p>1 keeping track of inquiries about the deceased?</p> <p>2 MS. PARSONS:</p> <p>3 A. No.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Were you actually keeping track of them other</p> <p>6 than your general way of keeping track of</p> <p>7 those?</p> <p>8 MS. PARSONS:</p> <p>9 A. No, they were just given a sheet like every</p> <p>10 other call.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And where had you gotten the understanding</p> <p>13 that the deceased tissue samples would be</p> <p>14 retested later?</p> <p>15 MS. PARSONS:</p> <p>16 A. Initially when we started making contact and</p> <p>17 talking to patients who called us, somehow I</p> <p>18 had the information that the living patients</p> <p>19 would be retested first, and once that had</p> <p>20 been completed, the deceased would be tested</p> <p>21 then, and we thought at those early stages</p> <p>22 that the process would be completed in a short</p> <p>23 time and I felt it was safe to say the new</p> <p>24 year because that's 12 months.</p> <p>25 COFFEY, Q.C.:</p>
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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And it was only after this e-mail here of</p> <p>3 October 27th that you were told by Ms.</p> <p>4 Predham,, well, no, actually there's another</p> <p>5 list of people we understand to be deceased?</p> <p>6 MS. PARSONS:</p> <p>7 A. That's correct.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And you'd have to then look at both lists. Did</p> <p>10 you get a copy of the other list, the deceased</p> <p>11 list, do you know?</p> <p>12 MS. PARSONS:</p> <p>13 A. I believe so.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Exhibit P-2839. This is an e-mail of November</p> <p>16 9th, 2005, from yourself to Ms. Predham. The</p> <p>17 subject is ER/PR, and you said, "Hi, I don't</p> <p>18 know if you're keeping track of calls we get</p> <p>19 from relatives of deceased patients. If so,</p> <p>20 the husband of the late", the name is</p> <p>21 redacted, MCP number is redacted, "called</p> <p>22 today. I told him her tissue sample would be</p> <p>23 tested, but probably not until the new year".</p> <p>24 So I take it that as of November 9th, you</p> <p>25 didn't know whether Ms. Predham was actually</p>	<p>1 Q. I'm sorry, that's?</p> <p>2 MS. PARSONS:</p> <p>3 A. I said I thought it was safe to say the new</p> <p>4 year, I didn't commit to a month in the new</p> <p>5 year.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. I see.</p> <p>8 MS. PARSONS:</p> <p>9 A. It was November of '05 that the inquiry was</p> <p>10 made, so I thought surely sometime in '06 this</p> <p>11 would be done.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Exhibit P-0687? This is an e-mail from</p> <p>14 Deborah Thomas-Pennell of Friday, December</p> <p>15 2nd, 2005 at 8:23 a.m. and it's to a number of</p> <p>16 individuals and then copied, though, to Ms.</p> <p>17 Predham, yourself and others. And the subject</p> <p>18 matter is "On CBC Radio news this a.m., cancer</p> <p>19 testing. Note: cancer patients frustrated</p> <p>20 with test wait times." You've already</p> <p>21 referred to the idea that at times you were</p> <p>22 copied or sent copies of media clippings, as</p> <p>23 it were.</p> <p>24 MS. PARSONS:</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 373</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. For the purpose of just keeping you apprised</p> <p>3 of what was going on in the media.</p> <p>4 MS. PARSONS:</p> <p>5 A. Yes.</p>	<p style="text-align: right;">Page 374</p> <p>1 anticipated then?</p> <p>2 MS. PARSONS:</p> <p>3 A. I didn't know.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Did you ask anyone within your organization?</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Who did you ask?</p> <p>10 MS. PARSONS:</p> <p>11 A. Most of the communication that I would have</p> <p>12 around things like that would be with Heather</p> <p>13 and to my memory, she wasn't able to give me</p> <p>14 an expected date either or when the results</p> <p>15 would be available.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And how would patients react to being told "I</p> <p>18 don't know"?</p> <p>19 MS. PARSONS:</p> <p>20 A. They were frustrated, they were always very</p> <p>21 courteous to me, but they were confused, they</p> <p>22 were angry sometimes and they were</p> <p>23 discouraged. They would say things like this</p> <p>24 is, you know, I've been waiting and worrying</p> <p>25 and now I still have to wait longer.</p>
<p>1 COFFEY, Q.C.:</p> <p>2 Q. And I've skipped over a number of them that</p> <p>3 were sent to you before this, the idea that</p> <p>4 cancer patients were frustrated with the test</p> <p>5 wait times by early December, had you</p> <p>6 encountered that in the phone calls?</p> <p>7 MS. PARSONS:</p> <p>8 A. Oh yes, patients were calling me throughout</p> <p>9 November seeking their results.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. And what would you tell them?</p> <p>12 MS. PARSONS:</p> <p>13 A. I'm sorry -</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. I'm sorry, what did you tell them?</p> <p>16 MS. PARSONS:</p> <p>17 A. I told them, I'm sorry, there's no results</p> <p>18 back.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Okay. Did you explain when they were</p>	<p style="text-align: right;">Page 375</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. Did you communicate the frustration you were</p> <p>3 hearing at times from patients who were</p> <p>4 contacting you to anyone? Did you pass that</p> <p>5 on to anyone?</p> <p>6 MS. PARSONS:</p> <p>7 A. Oh yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Whom?</p> <p>10 MS. PARSONS:</p> <p>11 A. I would talk about it at staff meetings within</p> <p>12 our department. We each had a turn to go</p> <p>13 around the table and talk about our work or</p> <p>14 anything that we wanted to share with our</p> <p>15 colleagues and I would talk about the volume</p> <p>16 of calls and the nature of the calls and the</p> <p>17 general information that patients were giving</p> <p>18 me.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Now, Ms. Parsons, did anyone within the</p> <p>21 department you were working in or anyone else</p> <p>22 in Eastern Health, ever ask at any time until</p> <p>23 this Commission of Inquiry got underway, to</p> <p>24 review the notes that you had made in respect</p> <p>25 of the patient contacts? And what I'm getting</p>

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1 at is this, I appreciate at staff meetings you  
 2 would pass on kind of the general tenor of  
 3 what you were hearing from time to time.  
 4 MS. PARSONS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Now, in terms of somebody, kind of,  
 8 systematically sitting down and reading. To  
 9 your knowledge -  
 10 MS. PARSONS:  
 11 A. No.  
 12 COFFEY, Q.C.:  
 13 Q. - no one ever came to you and said, Nancy, can  
 14 you give me the calls to date or the calls  
 15 from last month so I can get some sense of  
 16 what you are dealing with?  
 17 MS. PARSONS:  
 18 A. During this '05/'06 period?  
 19 COFFEY, Q.C.:  
 20 Q. Yes.  
 21 MS. PARSONS:  
 22 A. No.  
 23 COMMISSIONER:  
 24 Q. Mr. Coffey, it's getting near the break time,  
 25 so whenever -

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1 COFFEY, Q.C.:  
 2 Q. Yes. At any time, did anyone ever?  
 3 MS. PARSONS:  
 4 A. Within 2007 when more attention was being  
 5 paid, provincially, to the issue, people would  
 6 want to be informed of any communication that  
 7 we had with patients.  
 8 COFFEY, Q.C.:  
 9 Q. Okay. And that was after the announcement of  
 10 the Commission of Inquiry.  
 11 MS. PARSONS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Since then--sometimes people have asked you,  
 15 well -  
 16 MS. PARSONS:  
 17 A. Provincial database being -  
 18 COFFEY, Q.C.:  
 19 Q. Sure. If we could look, please, at Exhibit P-  
 20 2841? This is an e-mail of December 12th,  
 21 2005, from yourself to Ms. Predham. You  
 22 write, "Hi Heather, a patient named"--it's  
 23 redacted, the MCP number is redacted--"called  
 24 me on November 17th, said she had lobular CIS  
 25 in 1997 and inquired whether she had ever had

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1 ER/PR testing done and if not, could she  
 2 please be tested now. Dr. Cook agreed to send  
 3 her specimen and her results are now back  
 4 positive. I guess she will need to be  
 5 'panelled'. I do not know if a doctor has  
 6 been in touch with her. The original surgery  
 7 was done by Dr. Gardiner, but Dr. Kwan saw her  
 8 in July of this year." Why then, I'm going to  
 9 ask you about this, is that you obviously had  
 10 had a note still that November 17th this  
 11 patient had contacted you and now, on December  
 12 12th, you are aware of the results -  
 13 MS. PARSONS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. And how would the fact that her test results  
 17 were back have been brought to your attention?  
 18 MS. PARSONS:  
 19 A. Perhaps Dr. Cook would have called me to tell  
 20 me.  
 21 COFFEY, Q.C.:  
 22 Q. Because this was a particular request.  
 23 MS. PARSONS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. And so you would have understood, that if her  
 2 results were now positive, that she would be  
 3 panelled, need to panelled.  
 4 MS. PARSONS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. That was your understanding. And your purpose  
 8 then in doing this was to bring this to  
 9 Heather's attention, to have her deal with it  
 10 however it was appropriate, from her  
 11 perspective?  
 12 MS. PARSONS:  
 13 A. Yes. Whenever I heard from a patient who,  
 14 when I looked her up, it appeared to me as if  
 15 she required to go before the panel, I would  
 16 let Heather know that information, that this  
 17 patient had called, she, for whatever reason,  
 18 whether she was seeking her results or  
 19 whatever the reason she was calling me, I  
 20 would let Heather know that this patient  
 21 obviously requires to be panelled and ask her  
 22 if she had any idea when that might happen.  
 23 COFFEY, Q.C.:  
 24 Q. And would you then communicate that back, if  
 25 you were told that the patient would be

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1 panelled shortly, would you communicate that  
 2 to the patient?  
 3 MS. PARSONS:  
 4 A. No.  
 5 COFFEY, Q.C.:  
 6 Q. Okay, it was just for your own information?  
 7 MS. PARSONS:  
 8 A. Most of time what would happen then is if  
 9 there was a patient who had contacted us and  
 10 self identified, we would perhaps panel her at  
 11 the next panel. She was calling and inquiring  
 12 and looking for information.  
 13 COFFEY, Q.C.:  
 14 Q. So her case would be brought ahead, as it  
 15 were, to be dealt with at the next available  
 16 opportunity.  
 17 MS. PARSONS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. And here in respect of this particular  
 21 patient, lobular CIS in 1997, actually had  
 22 this patient been tested in 1997?  
 23 MS. PARSONS:  
 24 A. I don't know and I can't tell from here.  
 25 COFFEY, Q.C.:

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1 Q. Okay. Commissioner then, if we could,  
 2 tomorrow?  
 3 THE COMMISSIONER:  
 4 Q. Tomorrow morning? All right, we'll meet again  
 5 at 9:30. Thank you.

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1 CERTIFICATE  
 2 I, Judy Moss, hereby certify that the foregoing is  
 3 a true and correct transcript in the matter of the  
 4 Commission of Inquiry on Hormone Receptor Testing,  
 5 heard on the 23rd day of September, A.D., 2008  
 6 before the Honourable Justice Margaret A. Cameron,  
 7 Commissioner, at the Commission of Inquiry, St.  
 8 John's, Newfoundland and Labrador and was  
 9 transcribed by me to the best of my ability by  
 10 means of a sound apparatus.  
 11 Dated at St. John's, Newfoundland and Labrador  
 12 this 23rd day of September, A.D., 2008  
 13 Judy Moss



Inquiry on Hormone Receptor Testing

<p><b>-#-</b></p> <p>#1135 [1] 46:6</p> <hr/> <p><b>-&amp;-</b></p> <p>&amp; [1] 264:22</p> <hr/> <p><b>-'-</b></p> <p>' [1] 100:2</p> <p>'05 [6] 15:8 147:18 335:9 335:9 346:6 372:9</p> <p>'05/'06 [1] 376:18</p> <p>'06 [5] 90:2 335:15,17 346:6 372:10</p> <p>'07 [4] 117:25 141:2 147:23 335:19</p> <p>'69 [1] 186:4</p> <p>'72 [1] 186:4</p> <p>'97 [1] 45:1</p> <p>'98 [2] 45:1 312:8</p> <p>'99 [1] 45:1</p> <p>'had [1] 327:19</p> <p>'How [1] 100:1</p> <p>'panelled' [1] 378:5</p> <p>'shaded' [1] 54:15</p> <hr/> <p><b>---</b></p> <p>-and [1] 284:5</p> <p>-she's [1] 55:6</p> <p>-there [1] 105:9</p> <p>-this [1] 342:13</p> <hr/> <p><b>-1-</b></p> <p>1 [4] 93:14 110:1 227:7 251:8</p> <p>1-800 [2] 248:12 253:21</p> <p>1/07 [1] 143:22</p> <p>10 [6] 39:3,4 40:6 42:21 77:4 116:3</p> <p>100 [3] 44:4 232:6 311:23</p> <p>105 [2] 15:21 49:15</p> <p>10:05 [2] 269:1 279:23</p> <p>10:28 [1] 354:5</p> <p>10th [1] 29:25</p> <p>11 [2] 5:23 49:17</p> <p>11:15 [1] 228:23</p> <p>11:38 [1] 286:10</p> <p>11th [6] 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