

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

September 24, 2008

Appearances:

- Bernard Coffey, Q.C. Commission Co-counsel
- Sandra Chaytor, Q.C. Commission Co-counsel

- Rolf Pritchard/Jackie Brazil Her Majesty in Right of NL

- Peter Browne Doctors Kara Laing et al

- Dan Simmons/Beth Whalen Eastern Regional Integrated
. Health Authority

- Ches Crosbie, Q.C.
- Laura Brocklehurst. Members of the Breast Cancer
. Testing Class Action
- Mark Pike NL Medical Association
- Jennifer Newbury Canadian Cancer Society (NL Division)
- David Eaton, Q.C.. . . . Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

LIST OF EXHIBITS

No exhibits entered on this date.

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Certificate

1 THE COMMISSIONER:
 2 Q. Mr. Coffey.
 3 MS. NANCY PARSONS, EXAMINATION BY BERNARD COFFEY, Q.C.
 4 (CONTINUED)
 5 COFFEY, Q.C.:
 6 Q. Thank you, Commissioner. If we could bring up
 7 Exhibit P-2837, please? Ms. Parsons, I
 8 believe in relation to Dr. Wurtzfeld that you
 9 wanted to clarify something you said
 10 yesterday?
 11 MS. PARSONS:
 12 A. Yes, Mr. Coffey, I was mistaken. Dr.
 13 Wurtzfeld is a surgeon.
 14 COFFEY, Q.C.:
 15 Q. Yes. And, of course, that would explain why
 16 in relation to this matter Dr. Wurtzfeld would
 17 probably have been sent the pathology report
 18 as, in fact, the original attending doctor?
 19 MS. PARSONS:
 20 A. That's right.
 21 COFFEY, Q.C.:
 22 Q. In the pathology report. And when the
 23 pathology report was generated with the new
 24 results, ER/PR results, it would end up,
 25 wherever else it might end up, on Dr.

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1 Wurtzfeld's desk?
 2 MS. PARSONS:
 3 A. Exactly.
 4 COFFEY, Q.C.:
 5 Q. Okay. Now, Ms. Parsons, I wanted to ask you
 6 then about, explore a bit further with you the
 7 fall of 2005, okay. You were telling the
 8 Commissioner yesterday that, I believe, in
 9 October, 2005 yourself and three other
 10 individuals from the quality department were
 11 asked to contact patients and let them know
 12 that they were being retested?
 13 MS. PARSONS:
 14 A. Yes, that's correct.
 15 COFFEY, Q.C.:
 16 Q. Okay. And I believe you referred to utilizing
 17 a script?
 18 MS. PARSONS:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Does that script still exist, do you know?
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. It does, okay. Do we have--have we, Mr.

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1 Simmons, have we received that?
 2 MR. SIMMONS:
 3 Q. I think that's the one that we have in
 4 evidence, the one (inaudible).
 5 COFFEY, Q.C.:
 6 Q. There is a script for confirmed negatives.
 7 This is a script to tell people that they are
 8 being retested. Do you know if -
 9 MS. PARSONS:
 10 A. No. I'm sorry, I'm thinking of the one that
 11 was when we were calling people to give them
 12 their results.
 13 COFFEY, Q.C.:
 14 Q. Give them their results?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And I appreciate there is a script there.
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. And I'll be taking you to that shortly. But
 23 in terms of the initial group of calls, which
 24 would be the ones to tell people that they
 25 were being retested?

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. And I understand, do I understand correctly
 5 that was the first large group that you ended
 6 up calling?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. And was there actually a script for that, do
 11 you know?
 12 MS. PARSONS:
 13 A. I think not. The decision was made and we
 14 acted upon it fairly soon after the decision
 15 was made. And up until that time the idea of
 16 a letter was still being discussed, so there
 17 was no real preparation on our part for
 18 phoning people until that decision was finally
 19 made.
 20 COFFEY, Q.C.:
 21 Q. And so what happened at the time was, I take
 22 it, from your perspective, your position in
 23 the organization at that point, you had known
 24 since the summer that the idea of sending a
 25 letter to individual patients to tell them

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1 they were being retested had arisen in July?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And we saw a draft of that letter and it was
 6 probably redrafted at times?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. It was discussed on and off, into the fall?
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And then really until October, in fact, it was
 15 still being discussed?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And then there was a decision made that phone
 20 calls would be made?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. And you were asked, along with two of your
 25 colleagues and Ms. Predham, I gather, as well,

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1 helped?

2 MS. PARSONS:

3 A. That's right.

4 COFFEY, Q.C.:

5 Q. And were tasked with making phone calls to

6 people to tell them that they were being

7 retested?

8 MS. PARSONS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. You were given a list of the patients to be

12 called and their contact information?

13 MS. PARSONS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. And were simply asked to go through the list?

17 MS. PARSONS:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. And make the calls. But there was no script

21 at the time and not a whole lot of preparation

22 from your perspective?

23 MS. PARSONS:

24 A. That's what I remember, Mr. Coffey.

25 COFFEY, Q.C.:

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1 Q. Sure. At the time, Ms. Parsons, in fact,

2 other than being given the list of names if

3 you could tell the Commissioner how was that

4 divvied up between yourselves? It was just

5 you take a page and -

6 MS. PARSONS:

7 A. That's right.

8 COFFEY, Q.C.:

9 Q. - Janet would take a page and -

10 MS. PARSONS:

11 A. Yes. It came from the lab and it was stapled

12 together. We separated them and shared them

13 between us.

14 COFFEY, Q.C.:

15 Q. And simply sit down and we'll make the phone

16 calls?

17 MS. PARSONS:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. Start with the first and work your way through

21 them?

22 MS. PARSONS:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. Keeping track of who you'd contacted or not?

Page 11

1 MS. PARSONS:

2 A. That's right.

3 COFFEY, Q.C.:

4 Q. And you were asked to do that by whom, that

5 direction came from Ms. Predham?

6 MS. PARSONS:

7 A. Yes, the decision to phone people was made and

8 Heather communicated the information to us, we

9 are going to be phoning everyone. And the

10 other piece of information for me was that my

11 phone number would be made available to

12 patients to call us back with information--for

13 information, sorry.

14 COFFEY, Q.C.:

15 Q. For information. You would be the contact

16 person?

17 MS. PARSONS:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. On the way in, calls in were -

21 MS. PARSONS:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. And the first time you'd seen this list of

25 patients with their contact information, to

Page 12

1 your knowledge, was then, just at the time

2 you're given this?

3 MS. PARSONS:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. Were you told anything else--were you told

7 anything about what you should tell the

8 patients?

9 MS. PARSONS:

10 A. There was general discussion about that

11 because this was a new topic for all of us.

12 Heather had done a short education session

13 with us, if you like, probably at one of our

14 staff meetings, talking generally about the ER

15 and PR testing and what it looked for and how

16 the results could have bearing on how patients

17 were treated. So we pretty much--the basics

18 we knew was that if a patient were tested

19 positive, she could probably benefit from

20 having a drug like Tamoxifen. That was the

21 name that we were most familiar with, and that

22 is what we would talk about to patients when

23 we called them. "This is a test which the

24 doctor uses to decide whether or not you could

25 benefit from a treatment from a drug like

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<p>1 Tamoxifen." And some of the women would say, 2 "Yes, I heard of that. My friend is taking 3 it." Or "I discussed that with my doctor." 4 Some of the - 5 COFFEY, Q.C.: 6 Q. Some patients were aware of that? 7 MS. PARSONS: 8 A. - patients had heard of that drug before. 9 COFFEY, Q.C.: 10 Q. So you had that short talk from Ms. Predham to 11 give you the basics? 12 MS. PARSONS: 13 A. Yes. 14 COFFEY, Q.C.: 15 Q. Anything else? 16 MS. PARSONS: 17 A. I had looked up some information on the 18 computer, different sites that talked about ER 19 and PR testing. I don't think there was 20 anything else, Mr. Coffey. 21 COFFEY, Q.C.: 22 Q. And you've described for the Commissioner 23 yesterday how the phone calls generally went 24 in terms of, you know, in a general way. 25 MS. PARSONS:</p>	<p>1 I couldn't tolerate it so my doctor switched 2 me to Femara." Or Arimidex was another drug 3 that was mentioned. And there were three or 4 four that we quickly became familiar with 5 their names as drugs that could have been used 6 in place of Tamoxifen. 7 COFFEY, Q.C.: 8 Q. And the names of these drugs, I take it, in 9 fact, initially you were hearing them from the 10 patients themselves? 11 MS. PARSONS: 12 A. Yes. 13 COFFEY, Q.C.: 14 Q. They were in your conversation with them? 15 MS. PARSONS: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. They would, in fact, I'm going to suggest to 19 you that at times, at least in the early 20 stages, you knew more--I'm sorry. They, at 21 times, some of the patients knew more about 22 this than you did? 23 MS. PARSONS: 24 A. I think that would be a fair statement. 25 COFFEY, Q.C.:</p>
<p>1 A. Yes. 2 COFFEY, Q.C.: 3 Q. You've taken her through that. Now we have 4 seen, in relation to this, a listing, in fact, 5 Dr. Alteen has been here recently and, in 6 fact, he, and not only Tamoxifen, but there 7 are a list of other drugs. 8 MS. PARSONS: 9 A. Yes. 10 COFFEY, Q.C.: 11 Q. That are possibly given in relation to anti- 12 hormonal therapy. 13 MS. PARSONS: 14 A. Yes. 15 COFFEY, Q.C.: 16 Q. Those other drugs, I think there are six of 17 them on the list or so, were you given a list 18 of not only Tamoxifen but other drugs like it? 19 MS. PARSONS: 20 A. No, I wasn't given a list. However, over time 21 we heard their names. 22 COFFEY, Q.C.: 23 Q. Okay. 24 MS. PARSONS: 25 A. We would hear, "I tried to take Tamoxifen and</p>	<p>1 Q. So that was the--in terms of, and I appreciate 2 you were keeping track of, of course, who you 3 were contacting, yourself and your colleagues, 4 what patients you had touched based with or 5 communicated with. Were you making any notes 6 at the time or keeping records, yourself and 7 your colleagues, as to which patients were 8 telling you they were already on anti-hormonal 9 therapy? 10 MS. PARSONS: 11 A. I would write that next to that patient's name 12 if she told me that when I spoke to her. 13 COFFEY, Q.C.: 14 Q. And this was on this spreadsheet, I take it, 15 that - 16 MS. PARSONS: 17 A. Yes. 18 COFFEY, Q.C.: 19 Q. In effect, a spreadsheet with the name and the 20 contact information? 21 MS. PARSONS: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. And you'd make a note of it. And who did you 25 give that, if anybody, did you give that to?</p>

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1 MS. PARSONS:
 2 A. When we completed the calling, the sheets were
 3 gathered up and given back to Ms. Predham.
 4 COFFEY, Q.C.:
 5 Q. And was there ever any discussion with you
 6 about that again?
 7 MS. PARSONS:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. You gathered up the information, made the
 11 calls, gathered the information that you could
 12 and then passed it on to Ms. Predham and
 13 that's really the last you heard of that in
 14 relation to the information you'd given?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Okay. If we could look, please, at Exhibit P-
 19 2849? Now, this is an e-mail involving Ms.
 20 Predham, it's to Sherry Freake, it's copied to
 21 yourself. This particular one is dated March
 22 22nd, 2006. It's a potential script. And the
 23 attachment is called "Potentialscript.doc."
 24 And here what had happened was Ms. Freake had
 25 been asking Ms. Predham, copied t yourself,

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1 "Just wondering if you copied myself and Judy
 2 on the most recent script you were using for
 3 the confirmed negative calls in your region."
 4 MS. PARSONS:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. "As you are planning to send it to Larry, as
 8 we talked about last Friday." And at page 2
 9 of the exhibit there is a potential script or
 10 a script. I'm just wondering, ma'am, when you
 11 first were given a copy of a script to use to
 12 call people to tell them that they were
 13 confirmed negative?
 14 MS. PARSONS:
 15 A. At the time that we began calling the first
 16 group of people with their results, whether or
 17 not this was prepared prior to the group I
 18 referred to yesterday in September where we
 19 went to Dr. Laing's office and the list was
 20 compiled then, I'm not sure. That wasn't a
 21 lot of people and there were a few of us to do
 22 the calling. So I don't know, Mr. Coffey,
 23 whether we had this in September or whether it
 24 was when the next batch of results came back.
 25 COFFEY, Q.C.:

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1 Q. So the actual date that the script first
 2 appeared, or it was first made available to
 3 yourself, you don't recall?
 4 MS. PARSONS:
 5 A. It was one of--it was either September or when
 6 the next batch of results were available for
 7 us to call the patients with.
 8 COFFEY, Q.C.:
 9 Q. And whom did you receive the script from?
 10 MS. PARSONS:
 11 A. I believe it was prepared on Ms. Predham's
 12 computer and it was a something that she
 13 drafted and sent around and people gave her
 14 feedback and changed wording and came up with
 15 this document.
 16 COFFEY, Q.C.:
 17 Q. After it was agreed upon, did it ever change?
 18 MS. PARSONS:
 19 A. Not to my knowledge.
 20 COFFEY, Q.C.:
 21 Q. Okay, so -
 22 MS. PARSONS:
 23 A. This is the one that I have.
 24 COFFEY, Q.C.:
 25 Q. This is the one you--and with this bold print

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1 here?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Okay. We saw, there was an exhibit we showed
 6 Dr. Alteen which ended up in Grand Falls, it's
 7 the same general--I think it's almost the
 8 identical same text, but it didn't have this
 9 note up here. He had both versions, he had
 10 one with and without the note.
 11 MS. PARSONS:
 12 A. I see.
 13 COFFEY, Q.C.:
 14 Q. Okay. But this is the one that you recall?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And now in relation then to contacting the
 19 patients to tell them that they were confirmed
 20 negative, who asked you to make those calls?
 21 MS. PARSONS:
 22 A. Ms. Predham.
 23 COFFEY, Q.C.:
 24 Q. And in relation to that you were given a
 25 script?

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. Were you told anything else, given any other
 5 instructions?
 6 MS. PARSONS:
 7 A. We were given the list of names of the
 8 patients who had confirmed negative.
 9 COFFEY, Q.C.:
 10 Q. And did you actually have the results, like
 11 what they had been before and what they were
 12 now?
 13 MS. PARSONS:
 14 A. I think so.
 15 COFFEY, Q.C.:
 16 Q. Whatever way they'd been described originally?
 17 MS. PARSONS:
 18 A. Original ER and PR, Mount Sinai ER and PR, I
 19 do believe we did.
 20 COFFEY, Q.C.:
 21 Q. And so you have the script, patients name,
 22 contact information and the original results
 23 and the Mount Sinai results?
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. Were you told anything else, for example, was
 3 there ever any discussion about, well, how
 4 much, if at all, should we vary from the
 5 script?
 6 MS. PARSONS:
 7 A. No. That was left up to the individual person
 8 calling and also to the level of understanding
 9 you felt the patient had when you were
 10 communicating the information to them. People
 11 vary a great deal in their level of
 12 sophistication.
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 MS. PARSONS:
 16 A. And sometimes I found it necessary to be very
 17 basic with the information to make sure that
 18 the patient understood and sometimes people
 19 understood perfectly, and as you said before,
 20 already knew more about this test than I did.
 21 COFFEY, Q.C.:
 22 Q. And so you were asked to make these calls
 23 about the confirmed negatives. Was anyone
 24 else?
 25 MS. PARSONS:

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1 A. Yes, the other two people, my colleagues,
 2 Janet Laidley and Deanne Emberley. I'm not
 3 sure whether Heather made any of these calls
 4 or not.
 5 COFFEY, Q.C.:
 6 Q. And these calls, I'll call them the, you know,
 7 confirmed negative calls.
 8 MS. PARSONS:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. Were they done in batches in the sense of,
 12 like, they were--you would get a list of names
 13 and go through the name?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. That was the way it was done?
 18 MS. PARSONS:
 19 A. My understanding that as the results came
 20 back, the confirmed negatives were separated
 21 from the people that needed further
 22 investigation, if you wish, and then Heather
 23 took the confirmed negative names and gave
 24 them to us to call those people.
 25 COFFEY, Q.C.:

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1 Q. Now, here, just looking at this, and this is
 2 the one, the actual script, you followed the
 3 script with the bold print at the top here,
 4 above the notes?
 5 MS. PARSONS:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. Okay. "This is," well, it would be "Nancy
 9 Parsons calling from" -
 10 MS. PARSONS:
 11 A. "Eastern Health."
 12 COFFEY, Q.C.:
 13 Q. "Eastern Health." You would say, "Have you
 14 already heard about the retesting of breast
 15 tissue for estrogen and progesterone that has
 16 been in the news lately?" And somebody would
 17 say yes or no?
 18 MS. PARSONS:
 19 A. Yes. Excuse me, on that point I'm thinking
 20 perhaps we did not have this script in
 21 September.
 22 COFFEY, Q.C.:
 23 Q. Yes. Because it wouldn't have been -
 24 MS. PARSONS:
 25 A. The same -

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. - in the news yet?</p> <p>3 MS. PARSONS:</p> <p>4 A. That's right.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. At that point. And if it was, the phone calls</p> <p>7 arising out of the first results in September,</p> <p>8 it would have just been in the news very</p> <p>9 recently?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. As opposed to for three or four months?</p> <p>14 MS. PARSONS:</p> <p>15 A. Right.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And what would happen then if they said yes,</p> <p>18 if they told you that they'd already heard,</p> <p>19 because you're asking them a question --</p> <p>20 MS. PARSONS:</p> <p>21 A. Yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. So if they said yes?</p> <p>24 MS. PARSONS:</p> <p>25 A. Some of them would say, yes, I had a call</p>	<p>1 changes in anyone else's results.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And I take it if they had other questions</p> <p>4 about that, you'd be really back with the sort</p> <p>5 of discussion you described to the</p> <p>6 Commissioner about telling people they were</p> <p>7 being retested in the first place?</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. It would be down that path initially?</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Now here this script reads, "Your previous</p> <p>16 test results indicated that you are negative</p> <p>17 for ER and PR. We are pleased to tell you</p> <p>18 that we have your results back and there is no</p> <p>19 change from what they were originally.</p> <p>20 Everything remained the same for you, so no</p> <p>21 new treatment is necessary at this time. You</p> <p>22 just need to continue with your checkups the</p> <p>23 same as you have been doing all along".</p> <p>24 MS. PARSONS:</p> <p>25 A. Yes.</p>
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<p>1 telling me I was going to be retested. Others</p> <p>2 would say, no, I don't know what you're</p> <p>3 talking about.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And what would then ensue, what would happen?</p> <p>6 MS. PARSONS:</p> <p>7 A. The people that said yes, I am aware that I</p> <p>8 was being tested and I was beginning to wonder</p> <p>9 if my results were available, I would tell</p> <p>10 them, yes, they have returned and --</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And you'd go on with it --</p> <p>13 MS. PARSONS:</p> <p>14 A. And nothing changed for you, and I would go on</p> <p>15 with what is there.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And what about if they said no?</p> <p>18 MS. PARSONS:</p> <p>19 A. I would have to begin at the beginning and</p> <p>20 talk about how we have begun retesting</p> <p>21 patients with breast cancer who were diagnosed</p> <p>22 between 1997 and 2005, that we had discovered</p> <p>23 some patients whose results had changed, and</p> <p>24 we were now retesting everyone during that</p> <p>25 time period to make sure that there was no</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. "And if you have any questions about this</p> <p>3 information later, don't hesitate to call me</p> <p>4 back, my number is" and your phone number.</p> <p>5 MS. PARSONS:</p> <p>6 A. That's right.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Now Ms. Parsons at that time, just because of</p> <p>9 the way this is framed or phrased, it says,</p> <p>10 "We are pleased to tell you we have your</p> <p>11 results back". You had understood patients</p> <p>12 had been calling looking for the results. It</p> <p>13 makes sense to tell them you're pleased, you'd</p> <p>14 have something to tell them. It goes on to</p> <p>15 say, "And there is no change from what they</p> <p>16 were originally". What was your understanding</p> <p>17 at the time as to the ramifications of telling</p> <p>18 somebody that there was no change? For breast</p> <p>19 cancer patients who had been told originally</p> <p>20 they were negative two years ago, five years</p> <p>21 ago, whatever it was, and now are being told</p> <p>22 again that you're still negative --</p> <p>23 MS. PARSONS:</p> <p>24 A. Uh-hm.</p> <p>25 COFFEY, Q.C.:</p>

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1 Q. On your hormonal status. What was your
2 understanding of the implications of that?

3 MS. PARSONS:

4 A. My understanding was that we were reassuring
5 the patients that we had done a double check,
6 we were right the first time, and everything
7 is as we thought it was to begin with.

8 COFFEY, Q.C.:

9 Q. Did you view that at the time as being you
10 delivering a positive message?

11 MS. PARSONS:

12 A. Yes, good news.

13 COFFEY, Q.C.:

14 Q. Good news. Did you understand at the time
15 that at least for some patients, perhaps those
16 who are more sophisticated or more better
17 informed, that being told that there was no
18 change, in effect, was delivering a message to
19 them that there were no further treatment
20 options available?

21 MS. PARSONS:

22 A. No.

23 COFFEY, Q.C.:

24 Q. For somebody who was looking for or hoping
25 that there might be further treatment

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1 available to them, that you were, in effect,
2 delivering the news--the negative news that
3 there wasn't? You didn't understand that at
4 the time?

5 MS. PARSONS:

6 A. No, I didn't think of it from that
7 perspective.

8 COFFEY, Q.C.:

9 Q. From that perspective, at least within your
10 dealings with other Eastern Health personnel
11 at the time, did anyone discuss it in that
12 manner?

13 MS. PARSONS:

14 A. No.

15 COFFEY, Q.C.:

16 Q. So within Eastern Health, at least the
17 understanding you took from it all, from what
18 you were hearing, what you were being told, or
19 what you were overhearing, was that to be able
20 to tell people nothing has changed, continue
21 on with whatever treatment and checkups you're
22 currently receiving, that was positive news?

23 MS. PARSONS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. Did anyone ever--any of the patients ever
2 raise what I just raised with you now? Did
3 any of them ever --

4 MS. PARSONS:

5 A. Yes, there were on occasion individual women
6 who said to me, you know, at the time when I
7 was tested originally, I asked whether I could
8 take another treatment that might prevent my
9 cancer from returning, but the doctor said no,
10 there was nothing more that I needed to do.
11 There seemed to be a hope that perhaps by
12 taking something else, it would safeguard the
13 patient from having a recurrence.

14 COFFEY, Q.C.:

15 Q. And when you heard this from some patients,
16 did it occur to you that, well, what I'm
17 telling them is there is nothing else?

18 MS. PARSONS:

19 A. No, it didn't.

20 COFFEY, Q.C.:

21 Q. At the time.

22 MS. PARSONS:

23 A. At the time.

24 COFFEY, Q.C.:

25 Q. I take it now, though, with the benefit of

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1 hindsight and how much more you know about it,
2 when you put two and two together, you realize
3 that for those individual patients that's what
4 was happening?

5 MS. PARSONS:

6 A. Yes, I always asked the patient whether they
7 had a physician that they were comfortable
8 talking to, and I explained to them that I was
9 not a doctor and I was not anyone who
10 understood in depth how these drugs worked,
11 and that perhaps if they brought this up to
12 their doctor next time, they would get more
13 information.

14 COFFEY, Q.C.:

15 Q. Do you know if any--at least to your
16 knowledge, any consideration given to having
17 someone who is better informed than yourself
18 about this matter actually make these calls?

19 MS. PARSONS:

20 A. I don't know whether it was considered, Mr.
21 Coffey.

22 COFFEY, Q.C.:

23 Q. Okay, so not to your knowledge, anyway. Your
24 two colleagues, Ms. Laidley and Ms --

25 MS. PARSONS:

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1 A. Emberley.
 2 COFFEY, Q.C.:
 3 Q. Emberley, Deanna Emberley, and Janet Laidley,
 4 to your knowledge did they know any more about
 5 ER/PR than you did at the time?
 6 MS. PARSONS:
 7 A. I hesitate to speak for them, but --
 8 COFFEY, Q.C.:
 9 Q. That's why I said to your knowledge.
 10 MS. PARSONS:
 11 A. But I feel as if perhaps our knowledge was
 12 limited to what we had learned once we heard
 13 there was a problem and by talking about it,
 14 hearing what information was being discussed,
 15 and by doing some reading on our own.
 16 COFFEY, Q.C.:
 17 Q. So I take it then from your perspective,
 18 looking back on it, that they probably, to you
 19 knowledge, knew about as much as you did?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. You had no reason to believe that they knew a
 24 whole lot more than you did?
 25 MS. PARSONS:

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1 A. I had no reason to believe that, no.
 2 COFFEY, Q.C.:
 3 Q. Then the script goes on to suggest in some
 4 bold print, "If a patient asks how did this
 5 happen, there --
 6 THE COMMISSIONER:
 7 Q. Sorry to interrupt you, Mr. Coffey, but a
 8 small point --
 9 COFFEY, Q.C.:
 10 Q. Sure.
 11 THE COMMISSIONER:
 12 Q. The line before that, "If you have any
 13 questions", and you give a number to call
 14 back.
 15 MS. PARSONS:
 16 A. Yes.
 17 THE COMMISSIONER:
 18 Q. Was that always--would you have given out a
 19 different number than Ms. Laidley or Ms.
 20 Emberley?
 21 MS. PARSONS:
 22 A. Ms. Laidley and Ms. Emberley would give their
 23 own telephone number. When they call the
 24 patient, they would identify themselves as
 25 this is Janet, and then at the end, she would

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1 say if you want to call me back to ask me any
 2 more questions, my number is.
 3 THE COMMISSIONER:
 4 Q. Okay. So whichever patient you called with
 5 this information, you made that contact with
 6 and it was you they were expected to continue
 7 the relationship with if there were more
 8 questions?
 9 MS. PARSONS:
 10 A. Yes.
 11 THE COMMISSIONER:
 12 Q. Thank you.
 13 COFFEY, Q.C.:
 14 Q. And when you initially identified yourself,
 15 where you were calling from, you would say
 16 Eastern Health?
 17 MS. PARSONS:
 18 A. In St. John's. Usually I would say Eastern
 19 Health in St. John's.
 20 COFFEY, Q.C.:
 21 Q. Would you describe, like, where within Eastern
 22 Health, that you were from Quality and Risk
 23 Management?
 24 MS. PARSONS:
 25 A. I would usually say my job here is patient

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1 relations.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 MS. PARSONS:
 5 A. So I was putting myself in context for them.
 6 I would think that my colleagues would say I'm
 7 calling from Quality Initiatives or Quality
 8 and Risk Management, whatever our name was at
 9 the time.
 10 COFFEY, Q.C.:
 11 Q. When you're dealing with the patients--let me
 12 ask you this, you were calling, I take it,
 13 Eastern Health's patients. Did you call
 14 anyone outside Eastern Health, do you know?
 15 MS. PARSONS:
 16 A. That was something else that we did. When the
 17 list came from the lab, we all sat down
 18 together as a group and we went through, and
 19 the patients that were not within Eastern
 20 Health's region, we did not call. So we made
 21 a little note. Now there were some people who
 22 had moved who were previously in town and had
 23 moved, or had had their surgery in St. John's
 24 and were living outside that, I suppose,
 25 strictly speaking were not within Eastern

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<p>1 Health, but for the most part we endeavoured 2 to call Eastern Health patients. 3 COFFEY, Q.C.: 4 Q. And you understood what about who would call 5 the other board's -- 6 MS. PARSONS: 7 A. Our colleagues in the regions were to call 8 their own patients. 9 COFFEY, Q.C.: 10 Q. Was there any distinguishing division made 11 between patients who were confirmed negative 12 who were already cancer or still cancer clinic 13 patients from those who were not, or were you 14 calling everyone who was negative? 15 MS. PARSONS: 16 A. We were calling everyone who was negative. 17 COFFEY, Q.C.: 18 Q. Come back to the reference here to if a 19 patient asks how did this happen, there's a 20 script suggested here and it says, "Due to the 21 discovery of inconsistent results, Eastern 22 Health has begun retesting breast cancer 23 patients whose results indicated that they 24 were negative for estrogen receptors. As the 25 result of the test influences treatment, we</p>	<p>1 discovery of inconsistent results", so I would 2 say we're not really sure how this happened, 3 there is--there was a problem in the lab with 4 one of the tests that doctors order on breast 5 cancer tumours, and when one or two patients 6 were retested, their results had changed, so 7 in order to make sure there were no others out 8 there that had changed that we didn't know 9 about, we're retesting everybody. If they ask 10 more than information, what do you mean, what 11 happened in the lab, I would say I really 12 don't know. 13 COFFEY, Q.C.: 14 Q. Would you--okay, that's what you'd say. Would 15 you--if they pressed further, what would you 16 do? 17 MS. PARSONS: 18 A. None of them pressed. 19 COFFEY, Q.C.: 20 Q. None pressed, okay. Would you direct them to 21 or did it ever occur to you to direct them to, 22 for example, Dr. Williams or Dr. Cook? 23 MS. PARSONS: 24 A. Yes, if the patient had questions that my 25 answer didn't satisfy, I would have to do</p>
<p>1 felt it was important to make sure all the 2 test results were accurate. That's why we are 3 retesting all people who tested negative for 4 ER from 1997 to August, 2005". I'll ask first 5 of all did patients ask how did this happen? 6 MS. PARSONS: 7 A. Yes, some did. 8 COFFEY, Q.C.: 9 Q. Some did. When you say "some", would that be 10 looking back on it, a few or -- 11 MS. PARSONS: 12 A. Surprisingly, not the majority. 13 COFFEY, Q.C.: 14 Q. More than a few, but not more than 50 percent 15 probably? 16 MS. PARSONS: 17 A. If I had to guess, I would think maybe a 18 quarter of all the patients I spoke to asked. 19 COFFEY, Q.C.: 20 Q. And when you were asked that, what did you 21 respond? 22 MS. PARSONS: 23 A. The reading level of this last paragraph is 24 fairly high, in my opinion, and it's not 25 normally the way I talk to say, "Due to the</p>	<p>1 that, Mr. Coffey. 2 COFFEY, Q.C.: 3 Q. So there were instances where -- 4 MS. PARSONS: 5 A. I don't remember a single person, but that 6 would be my practise. 7 COFFEY, Q.C.: 8 Q. Oh, that's what -- 9 MS. PARSONS: 10 A. If a patient was dissatisfied with the amount 11 of information that I could give them, I would 12 not hesitate to refer them on to someone else 13 who could answer those questions. 14 COFFEY, Q.C.: 15 Q. But you don't recall ever actually being, in 16 effect, forced to do that? 17 MS. PARSONS: 18 A. No. 19 COFFEY, Q.C.: 20 Q. In this instance here? 21 MS. PARSONS: 22 A. That's right. 23 COFFEY, Q.C.: 24 Q. And you've indicated that your first 25 introduction to calling patients who were</p>

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<p>1 confirmed negative dates back to September?</p> <p>2 MS. PARSONS:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. That meeting you've referred to. Do you</p> <p>6 recall when those patients on that initial</p> <p>7 list of returned results in September, 2005,</p> <p>8 when they were contacted?</p> <p>9 MS. PARSONS:</p> <p>10 A. The small group --</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. The smaller group, yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. That we discussed with Dr. Laing.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Yes.</p> <p>17 MS. PARSONS:</p> <p>18 A. It seems to me that we were doing both things</p> <p>19 at the same time within a few days of each</p> <p>20 other, calling those people with their results</p> <p>21 and then starting to call everyone to let them</p> <p>22 know they were being retested.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Retested.</p> <p>25 MS. PARSONS:</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. At that point by February of 2006, your</p> <p>3 recollection is at least you had this script?</p> <p>4 MS. PARSONS:</p> <p>5 A. Yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And you've indicated how you would or would</p> <p>8 not follow it depending --</p> <p>9 MS. PARSONS:</p> <p>10 A. And by that time we had a little more of a</p> <p>11 comfort level with the subject matter. It was</p> <p>12 not all brand new any more, we had talked</p> <p>13 about it a lot, and we--we had a slighter</p> <p>14 comfort level with communicating this</p> <p>15 information.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Toward the end of your testimony yesterday,</p> <p>18 you were telling the Commissioner about</p> <p>19 situations where you would get phone calls,</p> <p>20 incoming calls from patients, and who would be</p> <p>21 asking during the fall, in particular, of 2005</p> <p>22 for their results?</p> <p>23 MS. PARSONS:</p> <p>24 A. Yes.</p> <p>25 COFFEY, Q.C.:</p>
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<p>1 A. So I would think October.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And what's your next memory then of being</p> <p>4 asked to contact patients with more results?</p> <p>5 MS. PARSONS:</p> <p>6 A. February.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. So February of '06 is the next wave, and that</p> <p>9 would be in keeping with the kind of large</p> <p>10 grouping of results that came from Mount</p> <p>11 Sinai?</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. They arrived in late January, 2006.</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. So there was this initial group that arrived</p> <p>20 at the end of September, 2005, and you</p> <p>21 contacted them in October of 2005, and then</p> <p>22 you were again asked in February of 2006 to</p> <p>23 make a number of calls?</p> <p>24 MS. PARSONS:</p> <p>25 A. Yes.</p>	<p>1 Q. They were back and you would have to tell them</p> <p>2 at times no?</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. If a patient called and you had the results,</p> <p>7 okay, available to you--I take it, as you've</p> <p>8 indicated, at times you would go into the</p> <p>9 pathology module --</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. In Meditech and actually see for yourself?</p> <p>14 MS. PARSONS:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. What the results were?</p> <p>18 MS. PARSONS:</p> <p>19 A. Yes.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. New results were reported.</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. If the results were reported as confirmed</p>

<p style="text-align: right;">Page 45</p> <p>1 negative, what if anything would you?</p> <p>2 MS. PARSONS:</p> <p>3 A. I would feel free to communicate that to the</p> <p>4 patient.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. In a manner similar to the group of calls you</p> <p>7 just referred to in October, 2005?</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. If you looked at the pathology module and the</p> <p>12 results were back and there was a conversion,</p> <p>13 first of all, how would you interpret whether</p> <p>14 or not a conversion had occurred?</p> <p>15 MS. PARSONS:</p> <p>16 A. If it said on the pathology report, or if both</p> <p>17 reports were there, I could see what the</p> <p>18 original was and it was obviously to me no</p> <p>19 doubt that it was negative to begin with, and</p> <p>20 then the retesting showed positivity.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And we've seen a number of the Meditech</p> <p>23 pathology reports entering the Mount Sinai</p> <p>24 results.</p> <p>25 MS. PARSONS:</p>	<p style="text-align: right;">Page 47</p> <p>1 them was not something that involved a change.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And you were always comfortable with doing</p> <p>4 that, I take it, when the number was zero or</p> <p>5 less than one?</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Who had told you that zero or less than one</p> <p>10 was okay to tell people?</p> <p>11 MS. PARSONS:</p> <p>12 A. Perhaps no one told me, I figured it out that</p> <p>13 zero was zero.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. How about less than one?</p> <p>16 MS. PARSONS:</p> <p>17 A. Less than one, I took a chance that that was</p> <p>18 also negative.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Was negative still?</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Confirmed negative. How about, for example,</p> <p>25 if the number was five?</p>
<p style="text-align: right;">Page 46</p> <p>1 A. Yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And they--Mount Sinai would report them as</p> <p>4 just a percentage, a particular percentage.</p> <p>5 Now when you looked, did you look to see what</p> <p>6 the numbers were?</p> <p>7 MS. PARSONS:</p> <p>8 A. Yes.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Okay, so what criteria did you use, if any, in</p> <p>11 terms of the numbers?</p> <p>12 MS. PARSONS:</p> <p>13 A. If I was not absolutely sure, if it was not a</p> <p>14 high number like 50 or 60 percent --</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. 50 or 60 was certainly positive?</p> <p>17 MS. PARSONS:</p> <p>18 A. Certainly, yes. I would check with Dr. Cook</p> <p>19 or Heather before I released any information.</p> <p>20 I was not authorized as a nurse to communicate</p> <p>21 that information to a patient, it's not within</p> <p>22 my scope of practice to divulge to patients</p> <p>23 when there has been a change in their</p> <p>24 diagnosis or in their test results, so I would</p> <p>25 be certain that the information I was giving</p>	<p style="text-align: right;">Page 48</p> <p>1 MS. PARSONS:</p> <p>2 A. I would check with Heather.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. And what were you told?</p> <p>5 MS. PARSONS:</p> <p>6 A. It would depend. Sometimes she had already</p> <p>7 discussed this patient with somebody or knew</p> <p>8 information that I didn't know and she would</p> <p>9 tell me, even though this--because I</p> <p>10 understand that there is more criteria than</p> <p>11 the hormone receptor status that the doctor</p> <p>12 uses when they are considering whether a</p> <p>13 patient status has actually changed, in terms</p> <p>14 of needing to treat them or not. So sometimes</p> <p>15 she would have already known about this</p> <p>16 patient and even if they were zero to begin</p> <p>17 with and now they were five to ten, that was</p> <p>18 still okay to release that as a negative</p> <p>19 result.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. So she would tell you?</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Go ahead, that's negative.</p>

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1 MS. PARSONS:
 2 A. Yes. So you could tell the patient that her
 3 numbers have changed slightly, but it has no
 4 implications for her status. She is still
 5 considered negative.
 6 COFFEY, Q.C.:
 7 Q. And on occasion, did you do that?
 8 MS. PARSONS:
 9 A. On occasion.
 10 COFFEY, Q.C.:
 11 Q. Okay, but the decision in that regard, you
 12 wouldn't make it yourself? You'd go to
 13 Heather and take her instructions on it?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. From patient to patient.
 18 MS. PARSONS:
 19 A. Unless I was absolutely sure that it was
 20 confirmed negative, I didn't give the result.
 21 COFFEY, Q.C.:
 22 Q. Now if a patient called then and you saw--you
 23 looked in the computer system or on a
 24 spreadsheet and saw the returning results
 25 were, I'll just use for example, 50 and 60 -

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1 MS. PARSONS:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. - 50 ER and 60 PR, what would you do then?
 5 MS. PARSONS:
 6 A. I would tell the patient that I had no new
 7 information for them.
 8 COFFEY, Q.C.:
 9 Q. Okay. So was that literally true?
 10 MS. PARSONS:
 11 A. I was not authorized to release it. It
 12 existed, but I was not allowed to tell them.
 13 COFFEY, Q.C.:
 14 Q. For the reason you just told the Commissioner?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Could you just elaborate on that a bit? How
 19 does that work, in terms of what a person who
 20 is a licensed nurse is authorized to release
 21 and not?
 22 MS. PARSONS:
 23 A. The nursing scope of practice clearly states
 24 that a nurse does not convey a change in
 25 diagnosis to a patient or a change in test

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1 results, unless authorized by a physician to
 2 do so. So if Dr. Cook called me and said
 3 "Nancy, you can tell that lady that"--or if
 4 Dr. Laing had called me and said "you can tell
 5 that lady her results have changed, but she
 6 was already being treated appropriately," then
 7 I could do it. But a patient calling me to
 8 ask me for her results, if they were not
 9 confirmed negative, I was not authorized to
 10 release that.
 11 COFFEY, Q.C.:
 12 Q. Now the example you just gave that at times, I
 13 take it, you would have to contact Dr. Laing
 14 or Dr. Cook about a patient who you could--it
 15 was obvious to you that the results had
 16 changed.
 17 MS. PARSONS:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. There was a conversion, and one example, the
 21 example you just gave is well, at times Dr.
 22 Cook or Dr. Laing would tell you it's okay to
 23 tell the patient that, because their treatment
 24 won't change because they're already on the
 25 appropriate treatment?

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1 MS. PARSONS:
 2 A. Dr. Cook would not be involved in the
 3 treatment side of things.
 4 COFFEY, Q.C.:
 5 Q. No, but Dr. Laing.
 6 MS. PARSONS:
 7 A. Yes, Dr. Laing would.
 8 COFFEY, Q.C.:
 9 Q. And did she occasionally do that?
 10 MS. PARSONS:
 11 A. Much later. Much later in the process.
 12 COFFEY, Q.C.:
 13 Q. That would be in 2006?
 14 MS. PARSONS:
 15 A. Yes, and '07 and '08. What I would do early
 16 days, Mr. Coffey, is when a person whose
 17 results had changed called me, I would let
 18 Heather know because she was involved with the
 19 patients who were being panelled and obviously
 20 if a patient had a positive result, they were,
 21 in my mind at least, going to be panelled. So
 22 I would tell her "patient A has called. I can
 23 tell that her results have returned and they
 24 are positive. Has she been panelled?" And if
 25 Heather said yes, she was panelled, I would

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1 call the patient back and say "we are sending
 2 a letter to your doctor with your results.
 3 You should hear from him or her in a week or
 4 two, and if you do not hear from your doctor,
 5 I suggest that you contact your doctor." If
 6 Heather would tell me the patient had not yet
 7 been panelled, I would tell her "this patient
 8 is calling. She's asking about her results.
 9 When can she be panelled or when will she be
 10 panelled?" and in those cases, usually that
 11 patient was moved ahead. If she was not
 12 already slated to be panelled next time, they
 13 would look at her at the next panel meeting,
 14 so that she could then get her results.
 15 COFFEY, Q.C.:
 16 Q. And would you then contact--call the patient
 17 back to tell them that this was going on?
 18 MS. PARSONS:
 19 A. It would depend. If the panel was not going
 20 to meet for another two or three weeks, I
 21 would not call the patient immediately, but
 22 when--if I knew she was panelled, I would
 23 sometimes call her back and say "your results
 24 have been discussed and your doctor has been
 25 sent a letter." That was not easy for me to

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1 keep track of because I didn't always know
 2 when the panel was meeting.
 3 COFFEY, Q.C.:
 4 Q. Or even who was being panelled?
 5 MS. PARSONS:
 6 A. That's right.
 7 COFFEY, Q.C.:
 8 Q. From day to day, you weren't kept in the loop
 9 on that regard?
 10 MS. PARSONS:
 11 A. No.
 12 COFFEY, Q.C.:
 13 Q. I take it that you would only find that out if
 14 there was, for example, a second call and you
 15 had to ask Heather again and she would tell
 16 you that "we just did that patient yesterday"?
 17 MS. PARSONS:
 18 A. Yes, or if an individual patient, for some
 19 reason, stayed with me in my mind, her anxiety
 20 level, something about her stood out, I would
 21 sometimes take it upon myself to check on her
 22 personally.
 23 COFFEY, Q.C.:
 24 Q. Now when you would have the result on the
 25 computer screen in front of you, or having

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1 checked a spreadsheet and you knew that the
 2 result was back but the patient had not yet
 3 been panelled, and the patient had converted,
 4 was obvious to you, the patient asked "do you
 5 have my results?" you would tell the patient,
 6 I'm sorry, what was it again you would say?
 7 MS. PARSONS:
 8 A. I would say "I'm sorry, I have no new
 9 information for you."
 10 COFFEY, Q.C.:
 11 Q. Did Heather Predham know that that's what you
 12 were telling patients?
 13 MS. PARSONS:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. Okay, this was discussed? She understood that
 17 your practice was just what you've described?
 18 MS. PARSONS:
 19 A. She understood that I was not authorized to
 20 release the results.
 21 COFFEY, Q.C.:
 22 Q. But what you're telling a patient is, in
 23 effect, not that, is it? A patient would not
 24 interpret what you're saying--what you were
 25 telling them, and I appreciate why you were in

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1 the position you were, I understand that
 2 fully, but in terms of what you were actually
 3 telling the patient, is not the same thing as
 4 saying "look, I am not--I have the results,
 5 but I'm not authorized to give them to you."
 6 MS. PARSONS:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Which would have been, would you agree, a more
 10 open approach to this?
 11 MS. PARSONS:
 12 A. Yes, it would.
 13 COFFEY, Q.C.:
 14 Q. How did you feel about doing that at the time?
 15 MS. PARSONS:
 16 A. I had a problem with it.
 17 COFFEY, Q.C.:
 18 Q. And why is that?
 19 MS. PARSONS:
 20 A. As you've just said, we had information that
 21 was the patient's results that they didn't--
 22 they weren't yet informed.
 23 COFFEY, Q.C.:
 24 Q. Were there any patients who called back more
 25 than once, that you had the results, like the

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<p>1 first time or the second time they called and</p> <p>2 they called again and you had to tell them "I</p> <p>3 don't have anything to tell you"?</p> <p>4 MS. PARSONS:</p> <p>5 A. No new information.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. No new information, and a number of patients--</p> <p>8 were there some patients who called</p> <p>9 repeatedly?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. What, in those circumstances, did you do?</p> <p>14 MS. PARSONS:</p> <p>15 A. Each time that I heard from the patient, I</p> <p>16 would let Heather know that this patient was</p> <p>17 calling repeatedly.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Did Ms. Predham know how you felt about this?</p> <p>20 MS. PARSONS:</p> <p>21 A. Yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And what did--what was her reaction?</p> <p>24 MS. PARSONS:</p> <p>25 A. She felt badly too.</p>	<p>1 probably in November 2006, was Pam Elliott?</p> <p>2 Am I being correct on that?</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Ms. Elliott, the fall of 2006.</p> <p>7 MS. PARSONS:</p> <p>8 A. Yes.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. And that was Heather's supervisor, and Ms.</p> <p>11 Elliott's supervisor would have been?</p> <p>12 MS. PARSONS:</p> <p>13 A. Dr. Williams, if he was still there, or Mrs.</p> <p>14 Pilgrim afterwards.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. So by the fall of 2006, by September of 2006,</p> <p>17 Dr. Williams was gone, but then in the period</p> <p>18 we're speaking about right now, in the fall of</p> <p>19 2005 into early '06, Ms.--beginning of</p> <p>20 November 2005, Ms. Predham would have reported</p> <p>21 to Ms. Elliott?</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And Ms. Elliott to Dr. Williams?</p>
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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And she communicated that to you?</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And do you recall what she said about it?</p> <p>7 MS. PARSONS:</p> <p>8 A. Not specifically, no. We understood that I</p> <p>9 had no other option.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. So I've asked you about Ms. Predham. Did</p> <p>12 anyone else, you know, in a supervisory role</p> <p>13 or further up in the administration know about</p> <p>14 the position you were in, to your knowledge?</p> <p>15 MS. PARSONS:</p> <p>16 A. The majority of my communication about ER and</p> <p>17 PR was directly with Heather.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Yes.</p> <p>20 MS. PARSONS:</p> <p>21 A. I'm sure that she did communicate things on</p> <p>22 further.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Communicate to her supervisor. So her</p> <p>25 immediate supervisor, I gather, beginning</p>	<p>1 MS. PARSONS:</p> <p>2 A. Yes.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. And from your perspective, at the time, the</p> <p>5 people in that group, going up through, do you</p> <p>6 have any doubt that they understood--do you</p> <p>7 have any doubt about whether they understood</p> <p>8 what you were having to do?</p> <p>9 MS. PARSONS:</p> <p>10 A. I can only say with certainty, Mr. Coffey,</p> <p>11 that Ms. Predham knew.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Ms. Predham knew, okay, and we'll take it up</p> <p>14 with then Ms. Predham, but she knew you were</p> <p>15 uncomfortable about being asked to do this?</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And your understanding was she was</p> <p>20 uncomfortable with it?</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. The patients who fell into the category of--</p> <p>25 who would call back, were obviously, well</p>

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1 certainly concerned enough to call repeatedly
 2 and you would have to tell them on more than
 3 one occasion that "no new information" I think
 4 is the way you put it, what would then happen?
 5 I take it you would just--from your
 6 perspective, you understood that the patient
 7 hopefully would be panelled?
 8 MS. PARSONS:
 9 A. In a timely manner.
 10 COFFEY, Q.C.:
 11 Q. As soon as possible, in a timely manner, and
 12 the result would be communicated to him or
 13 her?
 14 MS. PARSONS:
 15 A. Their physician, yes.
 16 COFFEY, Q.C.:
 17 Q. Okay, and you've indicated that over time, as
 18 time went on, into '06/07, as time went on,
 19 there were instances though when you would
 20 contact Dr. Cook or Dr. Laing or both directly
 21 about people who fell into that category and
 22 would be told that their treatment has not
 23 changed or will not change and you'd be
 24 authorized to pass that on to the patient?
 25 MS. PARSONS:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. But that wasn't in the early days?
 4 MS. PARSONS:
 5 A. No, that's right.
 6 THE COMMISSIONER:
 7 Q. I think you were describing conversations
 8 which you would have with Dr. Laing and I
 9 think you were going to contrast that with
 10 what you could with Dr. Cook, and we
 11 interrupted. So why don't you finish that
 12 thought?
 13 COFFEY, Q.C.:
 14 Q. Thank you, Commissioner.
 15 MS. PARSONS:
 16 A. My thought was that Dr. Cook would not be
 17 involved in the treatment of patients. He
 18 could certainly interpret the results and
 19 explain patients' findings to me if I didn't
 20 understand exactly the numbers, but he--
 21 whenever I asked a treatment question, he
 22 would say that's for the oncologists.
 23 THE COMMISSIONER:
 24 Q. So your conversations with Dr. Cook arising
 25 out of questions that you would have had about

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1 what you were seeing by way of the results -
 2 MS. PARSONS:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. - what, if anything, was he able to do? Was
 6 it a question of just confirming a no change
 7 or was he able to do anything to assist you in
 8 your problem of "what do I tell the patient?"
 9 MS. PARSONS:
 10 A. Sometimes he would identify that the patient
 11 did not require retesting, for example, or
 12 there was insufficient tumour to retest or
 13 anything out of the ordinary that I was not
 14 comfortable communicating to the patients, I
 15 would call him, whenever I didn't know what to
 16 do.
 17 COFFEY, Q.C.:
 18 Q. On a pathology end?
 19 MS. PARSONS:
 20 A. On the pathology end.
 21 THE COMMISSIONER:
 22 Q. Okay, so he would answer questions when the
 23 pathology report didn't look like the average
 24 pathology report, as it were?
 25 MS. PARSONS:

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1 A. Yes.
 2 THE COMMISSIONER:
 3 Q. Okay, thank you.
 4 COFFEY, Q.C.:
 5 Q. And if you had, in your conversation with--if
 6 you either had a question about treatment or
 7 the conversation strayed into treatment, he
 8 would refer you to Dr. Laing?
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And then, I take it, you would pursue it with
 13 Dr. Laing?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. So the pathologist that you dealt with was Dr.
 18 Cook, and the oncologist was Dr. Laing?
 19 MS. PARSONS:
 20 A. For the most part. Sometimes Dr. Laing's
 21 secretary--if Dr. Laing wasn't available,
 22 she's very busy, her secretary might say
 23 "Nancy, I can see that she was another
 24 oncologist's patient. Would you like to speak
 25 to him or her?" and I would do that.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And have the same sort of conversation?</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And within the pathology department, did you</p> <p>7 deal with anyone other than Dr. Cook, do you</p> <p>8 recall?</p> <p>9 MS. PARSONS:</p> <p>10 A. No, until his resignation, and then Dr. Denic.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. Denic. Now the instances where you, as you</p> <p>13 said to the Commissioner, there were some</p> <p>14 patients that you understood from even what</p> <p>15 they were saying and the tone of the</p> <p>16 conversation, perhaps the frequency of the</p> <p>17 calls, that they were more anxious than others</p> <p>18 appeared to be, and for example, in respect of</p> <p>19 any of those patients who you actually knew</p> <p>20 the results, but you weren't authorized to</p> <p>21 pass it on to them. Did you convey the fact</p> <p>22 that certain patients appeared to be very</p> <p>23 anxious?</p> <p>24 MS. PARSONS:</p> <p>25 A. Yes.</p>	<p>1 potential media inquiries following</p> <p>2 Independent story, January 29th."</p> <p>3 MS. PARSONS:</p> <p>4 A. Uh-hm.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And there's a listing of the key messages and</p> <p>7 she concludes by saying, "We have only had one</p> <p>8 inquiry from CBC Radio, Mark Quinn, no follow</p> <p>9 up to date. I can certainly give him a call,</p> <p>10 but I'm wondering if I am an appropriate</p> <p>11 spokesperson." And then at the same day, Ms.</p> <p>12 Predham sends an e-mail to Ms. Bonnell, Dr.</p> <p>13 Williams, Mr. Tilley and Dr. Laing, attaching</p> <p>14 the e-mail she had gotten and she says, "Hi,</p> <p>15 Nancy and I have had a look. Our comments are</p> <p>16 below." I take it the Nancy in this context</p> <p>17 is probably you?</p> <p>18 MS. PARSONS:</p> <p>19 A. Yes.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. So are you able to identify then what the</p> <p>22 comments are?</p> <p>23 MS. PARSONS:</p> <p>24 A. Near the bottom there is a--do you see the</p> <p>25 name Heather Predham in brackets, one, two--</p>
<p>Page 66</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. To Ms. Predham?</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. You would not only single out the fact that</p> <p>7 they had repeatedly called, but you know, this</p> <p>8 particular patient is very concerned?</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. With a view to, I take it, having Ms. Predham</p> <p>13 address it more urgently, if she could?</p> <p>14 MS. PARSONS:</p> <p>15 A. Yes, if she could.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Exhibit P-0400 please? These are two e-mails</p> <p>18 of January 30th, 2006, which is, just to put</p> <p>19 it in context for you, Dr. Mullen sent the</p> <p>20 bulk of the results around January 20th, 19th,</p> <p>21 20th, 2006 to Dr. Cook, so this is about ten</p> <p>22 days later. There's a reference here, Susan</p> <p>23 Bonnell sends an e-mail to Dr. Williams, Ms.</p> <p>24 Predham, George Tilley and Kara Laing. The</p> <p>25 subject is ER/PR and it's "Key messages for</p>	<p>Page 68</p> <p>1 three paragraphs up from the bottom, right</p> <p>2 here.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. Yes.</p> <p>5 MS. PARSONS:</p> <p>6 A. Heather's comment is "Why are we saying this?</p> <p>7 There have been cases where we had to send</p> <p>8 more than one sample." So the text of the</p> <p>9 document is saying, we're discovering that in</p> <p>10 some cases multiple samples from patients were</p> <p>11 sent.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Yes.</p> <p>14 MS. PARSONS:</p> <p>15 A. And that way, we're unable to give an accurate</p> <p>16 number, but she says it was necessary to send</p> <p>17 more than one sample, sometimes, if the</p> <p>18 patient had cancer in both breasts or if had a</p> <p>19 recurrence. Couldn't we just say some</p> <p>20 patients had more than one sample sent?</p> <p>21 Really our priority at this time is making</p> <p>22 sure all our patients have their information</p> <p>23 and that it is accurate. We can do the adding</p> <p>24 up after that.</p> <p>25 COFFEY, Q.C.:</p>

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<p>1 Q. So Ms. Predham did--yourself and Ms. Predham 2 did discuss this?</p> <p>3 MS. PARSONS:</p> <p>4 A. I remember reading it on her computer screen 5 in her office.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. She was asking for your input, I take it, your 8 thoughts?</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes, and it may also be Heather at the bottom 11 saying "Susan, is this something for you to 12 say to the media or to hand out?"</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Yes.</p> <p>15 MS. PARSONS:</p> <p>16 A. I'm not sure whether that's attributed to 17 Heather, but I think it might be.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. In relation to, as being part of the larger e- 20 mail message back here.</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes, I think why she's asking her that is she 23 says at one point there, it starts off rather 24 abruptly, "if it's something to hand out".</p> <p>25 COFFEY, Q.C.:</p>	<p>1 Q. So your understanding at the time was it was 2 directed at, what you just said, as opposed to 3 avoiding saying we don't know how many we 4 sent?</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Now at the time, January 30th, 2006, because 9 Ms. Bonnell's e-mail is at 3:41 p.m. and Ms. 10 Predham's response is 4:13, which is in effect 11 within a half an hour.</p> <p>12 MS. PARSONS:</p> <p>13 A. Uh-hm.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. How often had you been asked by Ms. Predham 16 for input prior to this or your views prior to 17 this?</p> <p>18 MS. PARSONS:</p> <p>19 A. Occasionally she would ask my opinion.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. And I take it it would have been then just 22 after this that the bulk of the calls 23 concerning the patients whose results were 24 confirmed negative, arising out of Dr. 25 Mullen's January report, you would have made</p>
<p>Page 70</p> <p>1 Q. And yes, "If it's a handout"--it starts off a 2 bit abruptly, which is right there.</p> <p>3 MS. PARSONS:</p> <p>4 A. Uh-hm.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. And I take it then the concern here Ms. 7 Predham had about the way that the first part 8 of this bullet is worded is it bluntly says, 9 "We are unable to give an accurate number of 10 tests sent, tests returned, et cetera, at this 11 time."</p> <p>12 MS. PARSONS:</p> <p>13 A. Uh-hm.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. I take it that would be a public 16 acknowledgement?</p> <p>17 MS. PARSONS:</p> <p>18 A. I'm not sure if it's that part or if it's the 19 part that, where it says "we are discovering 20 that in some cases multiple samples from 21 patients were sent." I would think that's 22 what she's talking about because she's saying 23 "Why are we even saying that it was necessary 24 to send multiple samples on some patients?"</p> <p>25 COFFEY, Q.C.:</p>	<p>Page 72</p> <p>1 the bulk of those calls in February?</p> <p>2 MS. PARSONS:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. 2006 using the script -</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Or your modification of it, as you've 10 described.</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. If we could look, please, at exhibit P-2843? 15 Now this is an e-mail, well it's a couple of 16 e-mails, February 2nd, 2006, one at the top of 17 the page here is from yourself to Denise Dunn. 18 "Denise, Heather asked me to e-mail this to 19 you. She's coming there for a meeting at 2 20 p.m. and will pick it up then. If you would 21 print it for her, thanks. Nancy." And then 22 here, there's a message from Pam Elliott 23 earlier that day to yourself and it says, "I 24 think this is it, I tried to group it in 25 sections. There are certain things that we</p>

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<p>1 have to wait on other people to do. I'm sure</p> <p>2 I'll think of some other stuff shortly.</p> <p>3 Signed Heather." And I take it there's a</p> <p>4 listing then of where they are or a</p> <p>5 description of where the process is at that</p> <p>6 point, that would be correct?</p> <p>7 MS. PARSONS:</p> <p>8 A. Yes.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. I'm trying to get some--Commissioner then get</p> <p>11 some sense of, and the extent of your</p> <p>12 involvement then in how this response to the</p> <p>13 ER/PR matter was handled by Quality. At</p> <p>14 times, you were consulted by Heather Predham</p> <p>15 for your views on particular things.</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Was you--would you express your views?</p> <p>20 MS. PARSONS:</p> <p>21 A. If I had them, yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And your experience then in how often your</p> <p>24 views were accepted?</p> <p>25 MS. PARSONS:</p>	<p>1 MS. PARSONS:</p> <p>2 A. We would keep trying. We would--our initial</p> <p>3 effort would be during working hours. If we</p> <p>4 were unable to contact the person morning or</p> <p>5 afternoon, we would take the information home</p> <p>6 and try in the evening. We would try on the</p> <p>7 weekend. We would keep trying until we felt</p> <p>8 there was no point in trying any longer</p> <p>9 because no one was going to answer that phone.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. And were records kept of the attempts?</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. And those records ended up in whose</p> <p>16 possession?</p> <p>17 MS. PARSONS:</p> <p>18 A. The calling that we did, the sheets were given</p> <p>19 back to Heather.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. To your knowledge, was any thought ever given</p> <p>22 to computerizing the database? The database</p> <p>23 that you were using, which was in effect the</p> <p>24 spreadsheets at time with this contact</p> <p>25 information, I mean, you would have a sheet,</p>
<p>1 A. I don't remember feeling that I was being</p> <p>2 ignored.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. Okay. Within the office, who was managing</p> <p>5 this file?</p> <p>6 MS. PARSONS:</p> <p>7 A. With the ER and PR?</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. Yes.</p> <p>10 MS. PARSONS:</p> <p>11 A. Heather.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Here we look at this, look down through it,</p> <p>14 there is a--and this is in the text of the e-</p> <p>15 mail at the bottom of the first page of the</p> <p>16 exhibit. "In St. John's region", it says,</p> <p>17 "confirmed negative, finish calls for St.</p> <p>18 John's region." So I take it these are the</p> <p>19 calls that you've referred to?</p> <p>20 MS. PARSONS:</p> <p>21 A. Confirm negative, yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Confirm negatives. And what would happen if</p> <p>24 you couldn't get or contact a patient</p> <p>25 initially? What was your practice?</p>	<p>1 list of--and you would make notes on it, pass</p> <p>2 it back, presumably you would get another</p> <p>3 sheet, a similar sort of thing. To your</p> <p>4 knowledge was any thought ever given within</p> <p>5 the Quality Department to actually</p> <p>6 computerizing the whole lot of it?</p> <p>7 MS. PARSONS:</p> <p>8 A. That would have been ideal. Heather did have</p> <p>9 a database on her computer in her office which</p> <p>10 she started when the whole ER/PR event began</p> <p>11 in an effort to keep track of the information.</p> <p>12 I really can't comment on whether we ever</p> <p>13 hoped or dreamed that we would be able to have</p> <p>14 an all inclusive database.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Was it ever discussed is all I'm asking you.</p> <p>17 MS. PARSONS:</p> <p>18 A. We would often say that it was difficult to</p> <p>19 keep track of information because it was not</p> <p>20 all in one place.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And the comments to that effect began at</p> <p>23 approximately what time?</p> <p>24 MS. PARSONS:</p> <p>25 A. Oh I would think the first time that we had a</p>

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1 call from a patient that we didn't know about.
 2 COFFEY, Q.C.:
 3 Q. Okay, and we looked at one yesterday and you
 4 referred to the fact that she was on the
 5 deceased list, as opposed to the living list.
 6 MS. PARSONS:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. I take it though it would be back around that
 10 time that you first got a call or calls to
 11 alert you to the fact that there are patients
 12 we didn't know about and around that time, I
 13 take it, you're saying to the Commissioner
 14 there was a discussion about the fact that it
 15 would be better to have all this in kind of
 16 one electronic base.
 17 MS. PARSONS:
 18 A. Yes, very early on, we -
 19 COFFEY, Q.C.:
 20 Q. That was early on, wasn't it.
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. And this was generally known amongst the
 25 people within the Quality Department who were

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1 dealing with this.
 2 MS. PARSONS:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. Ms. Parsons, what happened to your regular
 6 work while you got diverted to do -
 7 MS. PARSONS:
 8 A. It made us very busy, Commissioner. Sometimes
 9 I took work home in the evening and returned
 10 calls and if I wasn't able to finish the work
 11 during the day. There was not much spare
 12 time.
 13 THE COMMISSIONER:
 14 Q. Was there anyone added to the division on a
 15 temporary basis to assist in fielding calls or
 16 keeping track of things or anything of that
 17 nature while you had that sort of peak work -
 18 MS. PARSONS:
 19 A. During peak periods, I did work fulltime
 20 myself, I came in every day. My colleagues
 21 were very good with taking messages for me and
 22 handling things, if they could, but there were
 23 things that were left for me because the
 24 person had made the initial contact with me
 25 and wanted to call me back. And every day

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1 people were calling with serious problems,
 2 serious to them problems, surgery
 3 cancellations, waiting on a stretcher in
 4 emergency for days, mental health issues,
 5 child health issues, women's health issues,
 6 access to services.
 7 THE COMMISSIONER:
 8 Q. So all of the general things that you would
 9 get in the normal course of events continued
 10 to come in presumably at the same rate?
 11 MS. PARSONS:
 12 A. Yes, they did.
 13 THE COMMISSIONER:
 14 Q. And you were still expected to handle those
 15 while doing these--you would share these
 16 calls?
 17 MS. PARSONS:
 18 A. Yes.
 19 THE COMMISSIONER:
 20 Q. Thank you.
 21 MS. PARSONS:
 22 A. We did have, in February of 2007, a new person
 23 came to the department in the role of client
 24 satisfaction person, and she was able to take
 25 the every-day complaints then and deal with

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1 those while I concentrated solely on ER and
 2 PR. She was there from February 2007 for
 3 about six months.
 4 THE COMMISSIONER:
 5 Q. So that wasn't a permanent position?
 6 MS. PARSONS:
 7 A. It was a new position that was created, but
 8 this person then left us for another
 9 opportunity after six months.
 10 THE COMMISSIONER:
 11 Q. Okay, all right, thank you. What was the
 12 difference in client satisfaction and what you
 13 were doing?
 14 MS. PARSONS:
 15 A. Her role was going to be to solicit consumer
 16 feedback. Everything that I had been dealing
 17 with has been unsolicited and we were
 18 interested in client satisfaction, how
 19 satisfied are people generally with the
 20 services that we provide to them and we were
 21 hoping to be able to seek that out.
 22 THE COMMISSIONER:
 23 Q. Okay.
 24 COFFEY, Q.C.:
 25 Q. And February of 2007, at that point where you

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<p>1 were, I take it, you just told the 2 Commissioner, enabled to devote yourself 3 fulltime to ER/PR. 4 MS. PARSONS: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. By February 2007, the great bulk of patients 8 had already been dealt with. 9 MS. PARSONS: 10 A. Certainly the initial wait of notifying and 11 confirming results, yes. 12 COFFEY, Q.C.: 13 Q. Because the Commissioner has heard that there 14 was a media technical briefing in December of 15 2006 wherein Eastern Health, in effect, 16 communicated to the public that the 17 investigation is over in the sense of we have 18 identified so many patients to be retested. 19 These are the number of patients that have had 20 treatment changes and all that. That had 21 already occurred before you were put in the 22 position where you could devote yourself 23 fulltime to it. 24 MS. PARSONS: 25 A. However in response to the announcement of the</p>	<p>1 just got off the phone with Gerri Rogers, she 2 called because she has not heard a word from 3 anybody and is anxiously awaiting for the 4 results of her retesting. I asked her if we 5 had called her initially to say she was being 6 retested and she said no, no one called. She 7 found out from her doctor in December that she 8 was being retested and now she is still 9 waiting for the results. She is appalled and 10 upset about the lack of respect and the way 11 women are being treated and there is obviously 12 no organization around this whole thing. She 13 is calling the Minister of Health to complain. 14 Just thought you guys might like to know. 15 Bye." That's your comment. 16 MS. PARSONS: 17 A. Uh-hm. 18 COFFEY, Q.C.: 19 Q. Why would you, having spoken with--I take it 20 you did speak with Ms. Rogers? 21 MS. PARSONS: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. On that day. And you've noted here as well-- 25 well first of all I'll ask you about the</p>
<p>1 Commission - 2 COFFEY, Q.C.: 3 Q. Yes. 4 MS. PARSONS: 5 A. - in May of 2007, we then underwent another 6 great wave of inquiries and anxiety and calls. 7 COFFEY, Q.C.: 8 Q. If we could look, please, at exhibit C-0071? 9 This is--I take it this is, in effect, an e- 10 mail, an internal e-mail. 11 MS. PARSONS: 12 A. Yes, it is. 13 COFFEY, Q.C.: 14 Q. Within Eastern Health. It's from yourself, 15 it's presumably--because you begin it by "Hi 16 Kara", so it's sent to Dr. Kara Laing. 17 MS. PARSONS: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. Right here, and Ms. Predham. 21 MS. PARSONS: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. February 6th, 2006. The subject is indicated 25 to be Gerri Rogers and you say, "Hi Kara, I</p>	<p>1 actual text of the e-mail. Why would you send 2 this on then to Dr. Laing and Dr.--I'm sorry, 3 and Ms. Predham? 4 MS. PARSONS: 5 A. Because I was not able to give Ms. Rogers the 6 information she was seeking. She was asking 7 me big picture questions, whose idea was it 8 for this to be handled in this manner? Who 9 can I talk to to get answers about the way 10 women had been treated with this regard, and 11 she was not talking to me as someone who could 12 meet her needs. She was perfectly cordial and 13 pleasant, but she wanted me to know that she 14 was upset and that she would appreciate 15 hearing from someone who could give her some 16 information that she was seeking, that I 17 wasn't able to give her. 18 COFFEY, Q.C.: 19 Q. Now why send the message to Dr. Laing? 20 MS. PARSONS: 21 A. Dr. Laing is her doctor. 22 COFFEY, Q.C.: 23 Q. Had she identified Dr. Laing as her physician? 24 MS. PARSONS: 25 A. Yes.</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. And Ms. Predham, why would you send it to her?</p> <p>3 MS. PARSONS:</p> <p>4 A. Because Heather was the person that I reported</p> <p>5 to on this ER and PR issue.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Do you know, Ms. Parsons, if in fact at the</p> <p>8 time Ms. Rogers' results were back?</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes, they were.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And in fact, had they converted?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. So she was in the category of someone who -</p> <p>17 MS. PARSONS:</p> <p>18 A. Waiting to be panelled.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. Waiting to be panelled, so she fell into the</p> <p>21 category of being somebody who you could--you</p> <p>22 had no information for, to use the phrase you</p> <p>23 were using.</p> <p>24 MS. PARSONS:</p> <p>25 A. Yes. She didn't ask me -</p>	<p>1 she did not explicitly ask you for the result,</p> <p>2 you did know it and for the reasons you've</p> <p>3 enunciated did not pass that on?</p> <p>4 MS. PARSONS:</p> <p>5 A. That's correct.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Now here in the bottom, you've made a note,</p> <p>8 "also I note in my book that Ms. Rogers called</p> <p>9 January 26th, '06 and left a message to call</p> <p>10 her"--that's two numbers--"no record of a</p> <p>11 conversation, I can only assume I was unable</p> <p>12 to reach her."</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. I take it that would have been returned--in</p> <p>17 January 26th, '06. And you say, "I can only</p> <p>18 assume", I take it that would be because you</p> <p>19 didn't actually keep a record of the fact that</p> <p>20 you attempted to call, but your practice would</p> <p>21 be to do so.</p> <p>22 MS. PARSONS:</p> <p>23 A. There was a tick by her name, but I--when Ms.</p> <p>24 Rogers called that day, it would be my normal</p> <p>25 practice to try and reach her. I would not</p>
<p>Page 86</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. For the results.</p> <p>3 MS. PARSONS:</p> <p>4 A. For the results.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. But she did tell you that--you describe it</p> <p>7 here, "Gerri is anxiously waiting for the</p> <p>8 results of her retesting".</p> <p>9 MS. PARSONS:</p> <p>10 A. Yes.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And you, at the time, knew that the results</p> <p>13 were back and didn't volunteer that because</p> <p>14 you were not authorized to?</p> <p>15 MS. PARSONS:</p> <p>16 A. That's right.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. And would Ms. Rogers have been alone in that</p> <p>19 category or would there have been others?</p> <p>20 MS. PARSONS:</p> <p>21 A. Patients that I talked to that I knew their</p> <p>22 results were back and she would not have been</p> <p>23 alone.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. No. She's an example of somebody, although</p>	<p>Page 88</p> <p>1 leave a message if I was not sure that it was</p> <p>2 her voice on the answering machine, because it</p> <p>3 was not my practice to announce on a voice</p> <p>4 message that it was Eastern Health returning</p> <p>5 your call.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Yes.</p> <p>8 MS. PARSONS:</p> <p>9 A. So I'm going to say that I attempted to call</p> <p>10 her and was not able to reach her and did not</p> <p>11 leave a message. However, I assumed she was</p> <p>12 calling to inquire about her retesting</p> <p>13 results. All of the women that I heard from,</p> <p>14 that was why they were calling me. I looked</p> <p>15 her up. I could see that retesting results</p> <p>16 had been available in the computer since, I</p> <p>17 think November, perhaps. So I called Heather</p> <p>18 and said I've heard from this patient. It</p> <p>19 looks as if she needs to be panelled. Do you</p> <p>20 know when she will be panelled? And she said,</p> <p>21 "The panel is meeting today. We can panel her</p> <p>22 this evening if you'd like." I said, "I think</p> <p>23 that would be fine, she's calling, she's</p> <p>24 anxiously"--well I didn't know at the time she</p> <p>25 was anxiously awaiting, but she's calling,</p>

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<p>1 obviously she's looking for her results. So</p> <p>2 Ms. Predham added her name to the panel list</p> <p>3 for January 26th, '06.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. I'm going to look, please, at exhibit P-2849</p> <p>6 again. In the bold print here, at the top--</p> <p>7 not part of the script itself, but I take it</p> <p>8 these notes are instructions, as it were.</p> <p>9 MS. PARSONS:</p> <p>10 A. Uh-hm.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. It reads, "We have not been leaving messages</p> <p>13 or voice mail. If we cannot speak with the</p> <p>14 individual, we just say we will call back</p> <p>15 later. In certain circumstances we have had</p> <p>16 to disclose this information to a family</p> <p>17 member, but we've had to work through the</p> <p>18 individual circumstances to confirm it is</p> <p>19 appropriate. And we have to call in the</p> <p>20 evenings and on the weekends to ensure we have</p> <p>21 made contact to the individual." The idea of</p> <p>22 "we have not been leaving messages or voice</p> <p>23 mail, if we cannot speak with the individual,</p> <p>24 we just say we will call back later", Ms.</p> <p>25 Parsons, was there any kind of understanding</p>	<p>1 you can call me for the information.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. How would you go about verifying that the</p> <p>4 person you were talking to was in fact the</p> <p>5 patient?</p> <p>6 MS. PARSONS:</p> <p>7 A. I would ask them whether they were, and I</p> <p>8 would say, "Are you the person who had breast</p> <p>9 cancer in 2002" or 2004, whatever the case</p> <p>10 might be.</p> <p>11 COFFEY, Q.C.:</p> <p>12 Q. And if they said "yes", well you would then</p> <p>13 continue with the conversation?</p> <p>14 MS. PARSONS:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. I take it you wouldn't check "what's your date</p> <p>18 of birth"?</p> <p>19 MS. PARSONS:</p> <p>20 A. When they called me, when a person called me</p> <p>21 saying they were so and so, I would ask them</p> <p>22 their date of birth. But I already had</p> <p>23 contact information on this person. I felt</p> <p>24 reasonably safe that I was calling your phone</p> <p>25 number and asking it was your name and did you</p>
<p>1 or rule or guidelines in terms of how you were</p> <p>2 to decide whether to leave a message or not on</p> <p>3 an answering machine or not, with a relative</p> <p>4 or not?</p> <p>5 MS. PARSONS:</p> <p>6 A. My practice was I would not leave a message</p> <p>7 unless I had pre arranged it with the person.</p> <p>8 If a patient called me looking for information</p> <p>9 that I had to get back to them with, I would</p> <p>10 say, "I will call you back." And sometimes</p> <p>11 the caller would say, "If I'm not here, you</p> <p>12 can leave a message." If they didn't say</p> <p>13 that, I would ask "If you're not at home when</p> <p>14 I call, is it all right to leave a message?"</p> <p>15 And they would say, "Yes, you can tell my</p> <p>16 husband" or "Yes, leave a message on my</p> <p>17 phone."</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And in which case you would leave the message</p> <p>20 to the effect, for example, that the results</p> <p>21 were back and they were confirmed negative.</p> <p>22 MS. PARSONS:</p> <p>23 A. I have done that when the person knew I was</p> <p>24 going to do it, or I may say I'm calling back</p> <p>25 to let you know your results have returned,</p>	<p>1 have breast cancer between this--at this time,</p> <p>2 that that was verification that I was talking</p> <p>3 to the right person.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. And that would be in the outgoing calls from</p> <p>6 you?</p> <p>7 MS. PARSONS:</p> <p>8 A. Yes.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. The incoming calls, the person would have to</p> <p>11 identify themselves by name.</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Or the relative by name.</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And provide a date of birth.</p> <p>20 MS. PARSONS:</p> <p>21 A. Yes, or an MCP number. A date of birth is</p> <p>22 more readily available.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Yes, and then you could check that against the</p> <p>25 computer records.</p>

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1 MS. PARSONS:
 2 A. And verify that information.
 3 COFFEY, Q.C.:
 4 Q. In the whole of your dealings with this
 5 matter, do you have any reason to believe that
 6 you in fact ever gave out or dealt with a
 7 person who was not the person they represented
 8 themselves to be?
 9 MS. PARSONS:
 10 A. I have no reason to believe that and I hope I
 11 did not.
 12 COFFEY, Q.C.:
 13 Q. No, and I'm not suggesting you did, I wanted
 14 just to ask you.
 15 MS. PARSONS:
 16 A. It was important to me to keep this
 17 information as private as possible.
 18 COFFEY, Q.C.:
 19 Q. If we could just go back then to C-0071? You
 20 record your understanding of what Ms. Rogers
 21 had said to you was as being, at least her
 22 view that, you phrase it here, "There's
 23 obviously no organization around this whole
 24 thing." See that?
 25 MS. PARSONS:

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1 A. That is her -
 2 COFFEY, Q.C.:
 3 Q. That's her -
 4 MS. PARSONS:
 5 A. Her information, yes.
 6 COFFEY, Q.C.:
 7 Q. Her information. From your perspective at the
 8 time how much organization was there?
 9 MS. PARSONS:
 10 A. I could appreciate the patient's point of
 11 view. We were working very hard at this. We
 12 had no idea when we began how big this was
 13 going to become and we learned as we went.
 14 And we were so far into it when the--it dawned
 15 on us the scope of the problem, that we had no
 16 choice but to continue. So it was not
 17 something that we could step back from and
 18 plan in a step-by-step fashion.
 19 COFFEY, Q.C.:
 20 Q. And so I take it then you're telling the
 21 Commissioner whatever organization or lack
 22 thereof there was, you and the people around
 23 you, from your perspective, did what they
 24 could?
 25 MS. PARSONS:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. That's your--I'm going to ask you this because
 4 you intimately involved in it, if you had
 5 known in the beginning or had some inkling in
 6 the beginning, back in July or August or
 7 September, of what this might involve, the
 8 sheer numbers and, you know, and the different
 9 locations and so on, do you have any
 10 observations as to how, from your perspective,
 11 the person in your role might have been
 12 prepared differently? If you had to do it
 13 again?
 14 MS. PARSONS:
 15 A. It's easy with hindsight.
 16 COFFEY, Q.C.:
 17 Q. Yes, I appreciate that.
 18 MS. PARSONS:
 19 A. To say there was not enough resources, that we
 20 should have had someone available to answer
 21 the patients' questions all the time, someone
 22 with the knowledge base to do so. The reality
 23 was that we just didn't have anyone. To my
 24 knowledge there was no one within Eastern
 25 Health who was working only on ER and PR.

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1 Everybody was doing it in addition to their
 2 regular fulltime job. But from my
 3 perspective, it would have been better to have
 4 a person dedicated fulltime to communicating
 5 with patients on this matter alone.
 6 COFFEY, Q.C.:
 7 Q. And what, if any, attributes and information
 8 should that person have?
 9 MS. PARSONS:
 10 A. Difficult to say. Certainly a knowledge base
 11 or a professional designation with which to be
 12 able to communicate information to patients,
 13 authorization to do so.
 14 COFFEY, Q.C.:
 15 Q. That would, in this context, bearing in mind
 16 the conversions, potential changes in
 17 treatment, would--a nurse would not, bearing
 18 in mind the, I'm sorry, the rules of -
 19 MS. PARSONS:
 20 A. The scope of practice.
 21 COFFEY, Q.C.:
 22 Q. Scope of practice, a nurse wouldn't suffice?
 23 MS. PARSONS:
 24 A. No.
 25 COFFEY, Q.C.:

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1 Q. Unless there was an exception made for her or
 2 him?
 3 MS. PARSONS:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. That person would not suffice. It would have
 7 to be, in fact, a physician?
 8 MS. PARSONS:
 9 A. Yes. Which is rather unrealistic to hope for,
 10 I believe.
 11 COFFEY, Q.C.:
 12 Q. And someone who is knowledgeable and it fell
 13 within their scope of practice to be able to
 14 communicate frankly and openly in the sense of
 15 be able to pass on changed results?
 16 MS. PARSONS:
 17 A. Interpret.
 18 COFFEY, Q.C.:
 19 Q. Interpret?
 20 MS. PARSONS:
 21 A. Information.
 22 COFFEY, Q.C.:
 23 Q. Exactly.
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. And pass on that. Anything else? And a
 3 person who could it fulltime?
 4 MS. PARSONS:
 5 A. Um-hm. We can look back now and think perhaps
 6 we should have done both, notified patients by
 7 calling and followed up with something in
 8 writing so they would have something to refer
 9 to.
 10 COFFEY, Q.C.:
 11 Q. I take it that that perhaps might have even
 12 assisted yourself in terms of your dealing
 13 with patients because you could say, well, do
 14 you have our letter that Eastern Health sent
 15 you?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. You know, you'd have a reference point then,
 20 too?
 21 MS. PARSONS:
 22 A. And I suppose most importantly is having an
 23 all inclusive patient list, one list that
 24 contained every patient that was involved in
 25 this.

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1 COFFEY, Q.C.:
 2 Q. Exhibit P-2844?
 3 THE COMMISSIONER:
 4 Q. Mr. Coffey.
 5 COFFEY, Q.C.:
 6 Q. I apologize.
 7 THE COMMISSIONER:
 8 Q. I just want to interrupt again while this
 9 thought is in my mind. Ms. Parsons, can you
 10 tell me about the calls when people would call
 11 back, not for the purpose of finding out
 12 whether you had results, but for the purpose
 13 of asking a question that didn't occur to them
 14 when you had the initial conversation?
 15 MS. PARSONS:
 16 A. Yes.
 17 THE COMMISSIONER:
 18 Q. Would the questions which arose be one that
 19 might have been covered in your initial
 20 conversation which would be the person who
 21 didn't take it all in or would they be things
 22 that would have been outside of the scope of
 23 the conversation that you would initially have
 24 and it was sort of a second level kind of
 25 question, okay, if that happens, what do I do

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1 then or who should I talk to or how do I get,
 2 which maybe would not have been involved in
 3 your first conversation but the patient would
 4 have not thought to ask the question perhaps
 5 with all this information coming in? Can you
 6 break down for me the kinds of second calls
 7 you would have gotten?
 8 MS. PARSONS:
 9 A. Well, we did receive both kinds, Commissioner.
 10 We did receive calls back from patients and
 11 from their next of kin, sometimes the
 12 daughters would call back and say, "Mom said
 13 you called. What's it all about? She isn't
 14 sure she understands the information you've
 15 told her."
 16 THE COMMISSIONER:
 17 Q. Um-hm.
 18 MS. PARSONS:
 19 A. And then we would get calls from patients who
 20 were very well informed but has questions
 21 regarding their treatment, "Well, I took
 22 Tamoxifen in the beginning and now I'm
 23 switched to something else and what does that
 24 mean for me?" Those patients I could not
 25 answer their questions so I would ask them

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1 whether they would like me to arrange an
 2 appointment for them with an oncologist, and
 3 most of the time they did want that. And I
 4 would call up and ask to have them seen, and
 5 that would happen.
 6 THE COMMISSIONER:
 7 Q. Okay. Actually, I'm just thinking about your
 8 point that there may have been a benefit to
 9 both calling and then following up with a
 10 letter.
 11 MS. PARSONS:
 12 A. Um-hm.
 13 THE COMMISSIONER:
 14 Q. And it seems to me that that may have assisted
 15 in the first kind of call you referred to,
 16 that is, the one where mom wasn't quite
 17 confident that she understood the point that
 18 you were making so that then it was there in
 19 writing and they could sort of think about it
 20 for a little while or consult a family member
 21 about what it really meant.
 22 MS. PARSONS:
 23 A. Yes.
 24 THE COMMISSIONER:
 25 Q. The second kind of call wouldn't have been

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1 handled by that, though.
 2 MS. PARSONS:
 3 A. No. And initially our plan was to send a
 4 letter.
 5 THE COMMISSIONER:
 6 Q. Um-hm. But did you have a view about calling
 7 versus sending letters at the time and, if so
 8 -
 9 MS. PARSONS:
 10 A. I didn't know what was best. The phone call
 11 offered the patient an opportunity to ask
 12 questions.
 13 THE COMMISSIONER:
 14 Q. Um-hm.
 15 MS. PARSONS:
 16 A. The letter was a permanent reference that they
 17 could go back to and reread and ask someone to
 18 explain if they needed the explanation. So I
 19 wasn't sure which was best.
 20 THE COMMISSIONER:
 21 Q. Thank you. Mr. Coffey.
 22 COFFEY, Q.C.:
 23 Q. Thank you, Commissioner. 2844, please? Ms.
 24 Parsons, this is an e-mail February 20th,
 25 2006, it's from Dr. Michael Jong to yourself.

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1 He says, "I'd appreciate if you can phone,"
 2 it's redacted, "with their confirmed negative
 3 results, plan for" redacted, and redacted "is
 4 fine. Would you please give me the MCP number
 5 and community of origin of these patients as
 6 there are more than one person of the same
 7 name. Thanks, Mike--Michael." And what you
 8 had apparently sent to him, the e-mail was,
 9 you have written, "Hi Dr. Jong, my job here at
 10 Eastern Health is patient relations officer.
 11 I'm helping with the distribution of the
 12 results from the retesting for ER/PR in
 13 patients who have had breast cancer. In the
 14 St. Anthony area there are two patients who
 15 are confirmed negative on retesting. Their
 16 names are" and we redacted the names. "Ms."
 17 redacted, "has already been informed of her
 18 results. Would you like us to phone the
 19 others, as well or would you prefer to have
 20 their physician tell them? Please advise.
 21 There has been no change in these women's
 22 ER/PR status. There are also two other
 23 patients," the names are redacted here, "who
 24 have converted and will be discussed by our
 25 panel of specialists. Treatment options will

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1 be recommended to the patient's doctor in a
 2 letter. These women will not get a phone call
 3 from us. If" and the name is redacted, "are
 4 not already cancer clinic patients, it may be
 5 necessary to seek clinical information from
 6 their doctors in order to make treatment
 7 decisions. Please let us know if you want us
 8 to phone" the name is redacted, "with their
 9 confirmed negative results. Thanks, Nancy
 10 Parsons, Patient Relations Officer." Now, Ms.
 11 Parsons, how was it that you came to send this
 12 e-mail to Dr. Jong, who we understand worked
 13 with Labrador Grenfell, how was it that you
 14 came -
 15 MS. PARSONS:
 16 A. Ms. Predham asked me if I would.
 17 COFFEY, Q.C.:
 18 Q. Dr. Jong, I understand, if I understand
 19 correctly, held a fairly senior position with
 20 -
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. - that organization. Did you send any similar
 25 e-mails to any of his counterparts in the

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<p>1 other health authorities?</p> <p>2 MS. PARSONS:</p> <p>3 A. I recall sending one to the COO for a region,</p> <p>4 that would have been Peninsulas, I think,</p> <p>5 asking her whether they wanted to notify their</p> <p>6 own patients of the results or whether they</p> <p>7 wanted us to do it.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. That's the Peninsulas would be Clarendville?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. In effect, the hospital in Clarendville. And</p> <p>14 what happened as a result of your e-mail?</p> <p>15 MS. PARSONS:</p> <p>16 A. That was Ms. Coish-Snow and she replied that</p> <p>17 she wanted us to notify the patients.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. And did you do so?</p> <p>20 MS. PARSONS:</p> <p>21 A. Yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And this would be a similar e-mail, I take it,</p> <p>24 in terms of -</p> <p>25 MS. PARSONS:</p>	<p>1 A. Yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Which would be the confirmed negatives. "Would</p> <p>4 you like us to phone the other two?" Or "the</p> <p>5 others, as well."</p> <p>6 MS. PARSONS:</p> <p>7 A. Um-hm.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. "Or would you prefer to have their physician</p> <p>10 tell them? Please advise." How would you</p> <p>11 have known that the first lady had already</p> <p>12 been informed of her results?</p> <p>13 MS. PARSONS:</p> <p>14 A. I would think, Mr. Coffey, that she would have</p> <p>15 called me.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And you would have had some record?</p> <p>18 MS. PARSONS:</p> <p>19 A. Looking for her results and she was confirmed</p> <p>20 negative and I told her.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And the option you present to Dr. Jong for the</p> <p>23 other two is, "Would you like us," that would</p> <p>24 be yourself or somebody from Eastern Health to</p> <p>25 phone the other two, as well, "or would you</p>
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<p>1 A. A similar e-mail.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. - identifying their particular patients and</p> <p>4 you would tell the confirmed negatives?</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. And in terms of Dr. Jong's response to your e-</p> <p>9 mail here where he says, "I appreciate--I</p> <p>10 would appreciate it if you can phone them with</p> <p>11 their confirmed negative results." was that</p> <p>12 done?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. And the plan for the two patients he refers to</p> <p>17 here, these two, "is fine", I take it that's</p> <p>18 the ones who are to be panelled?</p> <p>19 MS. PARSONS:</p> <p>20 A. Yes.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. The reference in your e-mail to Dr. Jong is</p> <p>23 here, you say "Ms." the name is redacted, "has</p> <p>24 already been informed of her results."</p> <p>25 MS. PARSONS:</p>	<p>1 prefer to have their physicians tell them?"</p> <p>2 MS. PARSONS:</p> <p>3 A. Yes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. I wanted to ask you about that. The notion of</p> <p>6 having physicians tell the patients who were</p> <p>7 confirmed negative, that they were confirmed</p> <p>8 negative, had that arisen before?</p> <p>9 MS. PARSONS:</p> <p>10 A. No. It was something, though, that we thought</p> <p>11 might be better coming from someone the</p> <p>12 patient knew.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Yes.</p> <p>15 MS. PARSONS:</p> <p>16 A. Than a strange voice over the phone from St.</p> <p>17 John's. So we offered that option if Dr. Jong</p> <p>18 thought it would give the patients a higher</p> <p>19 comfort level to hear this from their own</p> <p>20 physician, then we could do that.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And that would be accomplished, I take it, by</p> <p>23 those physicians being identified if you</p> <p>24 didn't already know who they were?</p> <p>25 MS. PARSONS:</p>

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. And communicating the information request to
 4 the physicians?
 5 MS. PARSONS:
 6 A. Yes. The -
 7 COFFEY, Q.C.:
 8 Q. And certainly you were prepared to do it for
 9 these two patients, because you offered it?
 10 MS. PARSONS:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. And was a similar offer made to the confirmed
 14 negatives in the Peninsulas area?
 15 MS. PARSONS:
 16 A. Yes. Oh, you mean physician wise?
 17 COFFEY, Q.C.:
 18 Q. Yeah, the offer to Pat Coish?
 19 MS. PARSONS:
 20 A. I would have to go back to my e-mail to her.
 21 I'm not sure. We always thought from the
 22 beginning that the regions would inform their
 23 own patients.
 24 COFFEY, Q.C.:
 25 Q. Yes.

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1 MS. PARSONS:
 2 A. So that also was part of my asking him would
 3 you like their physicians to give them their
 4 results because we were trying to have this
 5 information disbursed within the regions.
 6 COFFEY, Q.C.:
 7 Q. Now, of course, by February, 2006, Clarendville
 8 was part of Eastern Health?
 9 MS. PARSONS:
 10 A. Yes, yes.
 11 COFFEY, Q.C.:
 12 Q. So from your perspective, and your involvement
 13 in this, I appreciate St. Anthony would be a
 14 different region.
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And always had been?
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. How was Clarendville and Carbonear, how were
 23 they both viewed in this--from your office's
 24 perspective in term of your involvement in
 25 this?

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1 MS. PARSONS:
 2 A. They were a part of Eastern Health, but
 3 starting off I have the idea in my head that
 4 we were concentrating on St. John's.
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. PARSONS:
 8 A. However, we did call other people.
 9 COFFEY, Q.C.:
 10 Q. And you've described to the Commissioner, in
 11 fact, this is an offer to, and you did do so
 12 in Clarendville and St. Anthony. How about
 13 Carbonear?
 14 MS. PARSONS:
 15 A. I have a colleague in Carbonear--we have a
 16 colleague in Carbonear, Glenys Walsh, who was
 17 a quality risk manager, and any communication
 18 like that, she would have done it. Now not to
 19 say that every single one. If a patient
 20 called me from Carbonear, I would give her her
 21 results.
 22 COFFEY, Q.C.:
 23 Q. But in terms of--in terms of the organization
 24 of it, if there were a Carbonear patient --
 25 MS. PARSONS:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. And confirmed negative?
 4 MS. PARSONS:
 5 A. A little list would be sent to Glenys.
 6 COFFEY, Q.C.:
 7 Q. To Glenys, and she was expected to make the
 8 call or calls those patients to tell them they
 9 were confirmed negative?
 10 MS. PARSONS:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. Did you deal with her on that?
 14 MS. PARSONS:
 15 A. I can't say if I physically sent her the list.
 16 COFFEY, Q.C.:
 17 Q. Okay.
 18 MS. PARSONS:
 19 A. But she and I certainly discussed it and
 20 talked about it.
 21 COFFEY, Q.C.:
 22 Q. About how it would be done?
 23 MS. PARSONS:
 24 A. Oh, yes, yes.
 25 COFFEY, Q.C.:

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1 Q. How you were doing it.
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Because by then you would have had some
 6 experience with it yourself?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. So the idea then or the notion of utilizing--
 11 potentially utilizing the actual patient's
 12 physician, the patient's actual physician,
 13 attending physician, whoever he or she might
 14 be, had occurred to you by February. Had it
 15 ever come up before?
 16 MS. PARSONS:
 17 A. I think so. There are one or two notes in my
 18 book that a patient's doctor called looking
 19 for the patient's results.
 20 COFFEY, Q.C.:
 21 Q. Yes.
 22 MS. PARSONS:
 23 A. And I would--if it was confirmed negative, I
 24 would release it to them, and I would ask him
 25 or her do you plan to communicate this to the

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1 patient, and he or she would say, yes, she was
 2 in and talking about it and she's wondering
 3 and a little anxious, and I told her I would
 4 inquire on her behalf.
 5 COFFEY, Q.C.:
 6 Q. Okay, and you'd make some kind of a--would you
 7 make some kind of a note then that you'd told
 8 the physician this?
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And the physician had indicated to you that he
 13 or she would pass it on?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. I appreciate it came up in that context, but
 18 how about in a wider context, like, to have
 19 Eastern Health just simply communicate the
 20 confirmed negative status to the patient's
 21 attending physician with a request that the
 22 attending physician pass it on, for the very
 23 reason that you've enunciated, which is that
 24 it might be better coming from somebody that
 25 the patients knows as opposed to you who the

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1 patient wouldn't have known.
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. So did that ever come up?
 6 MS. PARSONS:
 7 A. No, that was never part of the plan, to my
 8 knowledge. Of course, the physicians
 9 communicated the results to the patients who
 10 were panelled.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. PARSONS:
 14 A. But not the confirmed negatives. We would
 15 call them and tell them.
 16 COFFEY, Q.C.:
 17 Q. But the idea of actually having someone other
 18 than--like not yourselves, but having the
 19 physicians do it didn't come up. Why did it
 20 come up here at this point?
 21 MS. PARSONS:
 22 A. We were allowing the regions to communicate
 23 with their own patients if they wanted to.
 24 COFFEY, Q.C.:
 25 Q. And handle it, I take it, in whatever way they

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1 wanted to?
 2 MS. PARSONS:
 3 A. Yes, yes. So we offered, and depending on
 4 what their preference was, then we abided by
 5 their wishes.
 6 COFFEY, Q.C.:
 7 Q. What, if anything, was different about St.
 8 Anthony as opposed to, I don't know --
 9 MS. PARSONS:
 10 A. It was a very small number. We weren't asking
 11 them to do a lot of work. We thought perhaps
 12 the patients would be known personally by the
 13 physicians as opposed to, you know, a very
 14 large group.
 15 COFFEY, Q.C.:
 16 Q. So because there was just so few here in this
 17 particular context, just two patients, that
 18 from your perspective it would be relatively
 19 simple if it involved two doctors, for those
 20 doctors to be tasked with doing it, if Dr.
 21 Jong wanted them to?
 22 MS. PARSONS:
 23 A. Plus, you know, in a small setting like this,
 24 most of the physicians work in the same
 25 hospital.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. Yes.</p> <p>3 MS. PARSONS:</p> <p>4 A. So they probably all knew each other, and he</p> <p>5 would know whether or not it was better for</p> <p>6 these physicians to communicate with the</p> <p>7 patients, or whether it was all right for us</p> <p>8 to do it.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Now we've been discussing or talking about</p> <p>11 since yesterday afternoon and today, patients</p> <p>12 who were originally thought to be negative and</p> <p>13 were retested.</p> <p>14 MS. PARSONS:</p> <p>15 A. Yes.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. How about patients in terms of you're fielding</p> <p>18 calls who didn't know their status at all.</p> <p>19 Like, when they were called--did you get any</p> <p>20 calls from patients who initially didn't know</p> <p>21 whether they were positive or negative? Did</p> <p>22 that happen?</p> <p>23 MS. PARSONS:</p> <p>24 A. Yes, it did.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 Q. And then so after you clarified that, if it</p> <p>2 came up as an issue --</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. It was apparent to you that the patient was</p> <p>7 confused about that in that regard --</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. You would clarify that.</p> <p>12 MS. PARSONS:</p> <p>13 A. Yes.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. Then what would happen in terms of if a person</p> <p>16 was unsure as to whether their original ER/PR</p> <p>17 status was positive or negative, what would</p> <p>18 you do?</p> <p>19 MS. PARSONS:</p> <p>20 A. I would say to the patient on the phone, I</p> <p>21 will look you up, so we would go through the</p> <p>22 positive identification of the patient. If</p> <p>23 there was a pathology report there on that</p> <p>24 person, I could see whether hormone receptors</p> <p>25 had ever been done before, and the results may</p>
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<p>1 Q. How frequent was that?</p> <p>2 MS. PARSONS:</p> <p>3 A. Oh, a fair number of patients would call and</p> <p>4 say they were calling to inquire about their</p> <p>5 status, that they didn't know if they were--</p> <p>6 they thought they might be positive or they</p> <p>7 thought they might be negative, and there were</p> <p>8 some --</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Originally, I take it?</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes, and there were also some patients who had</p> <p>13 the impression, Mr. Coffey, that when we said</p> <p>14 positive or negative, we were talking about</p> <p>15 whether or not they actually had cancer.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Yes, so what would you do in those situations?</p> <p>18 MS. PARSONS:</p> <p>19 A. I would try to explain as clearly as possible</p> <p>20 what the test meant, that every patient that</p> <p>21 is involved with ER/PR testing does have</p> <p>22 breast cancer, it is just another test that is</p> <p>23 done on the tumour to help the physician make</p> <p>24 treatment decisions.</p> <p>25 COFFEY, Q.C.:</p>	<p>1 be present. They may not. If the patient was</p> <p>2 calling from somewhere else, I wouldn't have</p> <p>3 that information and I would tell them I don't</p> <p>4 have your information because your surgery was</p> <p>5 done in Grand Falls or Carbonear or Corner</p> <p>6 Brook, I will have to contact my colleagues</p> <p>7 there and find out your information and let</p> <p>8 you know.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. I take it you would do that?</p> <p>11 MS. PARSONS:</p> <p>12 A. And I would do that.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Get back to the patient?</p> <p>15 MS. PARSONS:</p> <p>16 A. Yes.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. So if either on the computer screen yourself</p> <p>19 or after you contacted some other hospital --</p> <p>20 MS. PARSONS:</p> <p>21 A. The regions.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. You had the information. If the patient-- how</p> <p>24 would you approach determining whether the</p> <p>25 patient was positive or negative?</p>

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1 MS. PARSONS:
 2 A. Well, if it said zero or negative, I would
 3 know it was negative. I would communicate
 4 that to the patient. If it said ER negative,
 5 PR negative, or ER zero, PR zero.
 6 COFFEY, Q.C.:
 7 Q. How about if it said 20 percent, positive 20
 8 percent?
 9 MS. PARSONS:
 10 A. Any result that I got from the regions, I
 11 would make sure I also asked them for their
 12 interpretation of that results, is this
 13 patient considered negative or positive.
 14 Sometimes their reports would have written--
 15 the criteria would be written right into the
 16 report, 30 percent considered negative at this
 17 date.
 18 COFFEY, Q.C.:
 19 Q. What about within St. John's, if you came
 20 across--for example, if you looked up a 1998
 21 pathology report and it said 20 percent?
 22 MS. PARSONS:
 23 A. I would check with Dr. Cook to ask him whether
 24 this patient is considered negative or
 25 positive and does she require retesting.

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1 COFFEY, Q.C.:
 2 Q. And then for the patients that was apparent to
 3 you they were positive, 100 percent --
 4 MS. PARSONS:
 5 A. Uh-hm.
 6 COFFEY, Q.C.:
 7 Q. You would interpret that as a positive, or
 8 after having consulted with Dr. Cook, you were
 9 told in his view that the patient was positive
 10 and didn't need to be retested --
 11 MS. PARSONS:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. What would you do then?
 15 MS. PARSONS:
 16 A. I would call the patient back and ask them
 17 whether they had ever been offered or taken a
 18 drug like Tamoxifen or Arimidex, and they
 19 would tell me yes or no. If they were indeed
 20 positive and had been treated, I would explain
 21 to them that there was no requirement for
 22 retesting and this had no implications for
 23 them at this time. If the patient was
 24 positive and then after I went back and talked
 25 to her again and she'd told me she'd never

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1 been--Tamoxifen had never been discussed with
 2 her or any other of those drugs, I would then
 3 call the Cancer Clinic and let them know that
 4 I had spoken to this patient and this was her
 5 pathology, however, she tells me she has never
 6 been offered hormone blocking drugs. There
 7 are other factors, as you know, which
 8 contraindicate that these drugs are
 9 prescribed, but I would then leave it in their
 10 hands to follow up on this patient's chart to
 11 see whether there had ever been anything to
 12 that regard associated with this patient's
 13 treatment in the past.
 14 COFFEY, Q.C.:
 15 Q. And who at the Cancer Clinic were you dealing
 16 with?
 17 MS. PARSONS:
 18 A. Most of the time I would deal - I would go
 19 through Dr. Laing's secretary. Sometimes she
 20 could direct me to the appropriate person if
 21 it wasn't Dr. Laing's patient directly, or she
 22 would direct me to Health Records at the
 23 Cancer Clinic to ask them to look up the
 24 patient's chart to see whether there's any
 25 record on the chart of a discussion about

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1 treatment options for this patient. I just
 2 wanted to be sure that the patient--they were
 3 aware that there was a patient who was
 4 positive and is telling me she was not offered
 5 treatment.
 6 COFFEY, Q.C.:
 7 Q. Did you keep records of these people who you,
 8 in effect, were referring the matter to the
 9 Cancer Clinic? Did you keep any records of
 10 that?
 11 MS. PARSONS:
 12 A. I would write it in my sheets.
 13 COFFEY, Q.C.:
 14 Q. Okay, that would be on these screen -
 15 MS. PARSONS:
 16 A. Patient contact, yes.
 17 COFFEY, Q.C.:
 18 Q. Screen captured sheets?
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Was any list ever compiled of that, do you
 23 know?
 24 MS. PARSONS:
 25 A. No.

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. To this day, has any list ever been compiled,</p> <p>3 do you know?</p> <p>4 MS. PARSONS:</p> <p>5 A. Not by me.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. From your perspective at the time, what if</p> <p>8 anything was the understanding by the people</p> <p>9 you were dealing with in the Cancer Clinic,</p> <p>10 for example, Dr. Laing's secretary, or whoever</p> <p>11 she referred you to, or Dr. Laing referred you</p> <p>12 to, that you were leaving it with them to</p> <p>13 follow up on this?</p> <p>14 MS. PARSONS:</p> <p>15 A. I was clear about that.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Okay, from your perspective, there wouldn't be</p> <p>18 any misunderstanding that --</p> <p>19 MS. PARSONS:</p> <p>20 A. No.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. That you were going to diary date this and</p> <p>23 make sure it was done?</p> <p>24 MS. PARSONS:</p> <p>25 A. I would say I'm leaving this with you now,</p>	<p>1 itself?</p> <p>2 MS. PARSONS:</p> <p>3 A. They were confused sometimes.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. They were confused about that sometimes.</p> <p>6 MS. PARSONS:</p> <p>7 A. Yes.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. How about patients who called and did know</p> <p>10 that they were positive.</p> <p>11 MS. PARSONS:</p> <p>12 A. Yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Why would they call?</p> <p>15 MS. PARSONS:</p> <p>16 A. They would call because they were worried that</p> <p>17 because the negative test may have false</p> <p>18 results, could the positive test not also have</p> <p>19 false results.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. And how often did that happen?</p> <p>22 MS. PARSONS:</p> <p>23 A. That was not very common, but there were a</p> <p>24 few.</p> <p>25 COFFEY, Q.C.:</p>
<p>Page 126</p> <p>1 will you please make sure the oncologist</p> <p>2 understands that the patient is expecting to</p> <p>3 hear back from him or her.</p> <p>4 THE COMMISSIONER:</p> <p>5 Q. Mr. Coffey, it's handy about the break time,</p> <p>6 so when you can find a convenient spot.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Thank you. Ms. Parsons, when I asked you</p> <p>9 about the people who didn't know their status,</p> <p>10 you said there were a number of those who you</p> <p>11 dealt with. Were there a lot of them, do you</p> <p>12 think?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes, it was not uncommon.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. So it wasn't the exception at all, but it was</p> <p>17 common enough that people would be calling you</p> <p>18 to ask or to say I don't know my status, what</p> <p>19 is it?</p> <p>20 MS. PARSONS:</p> <p>21 A. "It's never been discussed with me, I'm not</p> <p>22 aware".</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. And some patients were confused about the fact</p> <p>25 that this did not actually involve diagnosis</p>	<p>Page 128</p> <p>1 Q. And when that would happen, what would you do?</p> <p>2 MS. PARSONS:</p> <p>3 A. I would tell them that to my knowledge there</p> <p>4 had not been any problem with the positive</p> <p>5 tests that I was aware of. Sometimes the</p> <p>6 patient would persist in their expression of</p> <p>7 anxiety, and I would ask them whether they</p> <p>8 would like me to request that their sample be</p> <p>9 retested. I wasn't sure whether it would be</p> <p>10 or not, but I would ask on their behalf, and I</p> <p>11 would do that.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And who would you ask?</p> <p>14 MS. PARSONS:</p> <p>15 A. Dr. Cook.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Okay, Commissioner, thank you.</p> <p>18 THE COMMISSIONER:</p> <p>19 Q. All right then, we'll take fifteen minutes.</p> <p>20 (BREAK)</p> <p>21 THE COMMISSIONER:</p> <p>22 Q. Mr. Coffey.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Thank you, Commissioner. If we could, please,</p> <p>25 look at Exhibit C-240. This is one of the</p>

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<p>1 screen capture records that you kept, and I'm 2 not going to ask you about the particulars in 3 relation to the particular patient, Ms. 4 Parsons, but just a general question, but 5 first of all, you've noted on December 7th, 6 2005, that, "Dr. Laing left me a message that 7 this lady might like to talk to me re; her 8 ER/PR status converting from negative to 9 positive".</p> <p>10 MS. PARSONS: 11 A. Yes.</p> <p>12 COFFEY, Q.C.: 13 Q. "I called and left her a message that she 14 could call me back if she needed to talk to 15 someone." So this is a patient that Dr. Laing 16 had requested that you contact and to talk to 17 the patient about her ER/PR status converting 18 from negative to positive. Then you've noted, 19 December 7th, "the patient called back. She 20 is angry," and you underline the word 'angry', 21 "that this has happened and has questions re: 22 how?" and you underline 'how', "and what does 23 this mean to her?" and each of the words 'what 24 does this mean to her' are underlined. "We 25 also did not get in touch with her to tell her</p>	<p>1 clinical management than anybody else, but 2 perhaps felt that the lady might want someone 3 to vent to or to talk to.</p> <p>4 COFFEY, Q.C.: 5 Q. In fact, in terms of your note here, the 6 bottom of the page here, doesn't in fact refer 7 to the treatment per se at all?</p> <p>8 MS. PARSONS: 9 A. No.</p> <p>10 COFFEY, Q.C.: 11 Q. Which, of course, Dr. Laing would have, as you 12 pointed out -</p> <p>13 MS. PARSONS: 14 A. Yes.</p> <p>15 COFFEY, Q.C.: 16 Q. - been eminently qualified to talk about any 17 treatment changes required with the patient, 18 but what the patient, you've noted here, is 19 she's angry that this has happened?</p> <p>20 MS. PARSONS: 21 A. Yes.</p> <p>22 COFFEY, Q.C.: 23 Q. But the questions relate to how and--how did 24 this happen and what does this mean to her? 25 MS. PARSONS:</p>
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<p>1 about the retesting," and you've filed this 2 under ER/PR?</p> <p>3 MS. PARSONS: 4 A. Yes.</p> <p>5 COFFEY, Q.C.: 6 Q. And what does this mean here?</p> <p>7 MS. PARSONS: 8 A. Nothing.</p> <p>9 COFFEY, Q.C.: 10 Q. Nothing, okay. Now this, the idea or the 11 notion that Dr. Laing would ask you to call a 12 patient to talk to the patient about her ER/PR 13 status converting from negative to positive as 14 opposed to an oncologist, how much would you, 15 in December 7, 2005, really have known, other 16 than it went from negative to positive?</p> <p>17 MS. PARSONS: 18 A. I would not at all be qualified to discuss 19 that with a patient. I suspect what Dr. Laing 20 was doing here was this patient was expressing 21 to her similar emotion as she expressed to me 22 when I talked to her, her anger, her 23 frustration, how could this happen, what does 24 this mean to me, and Dr. Laing certainly was 25 much, much, much more qualified to discuss her</p>	<p>1 A. Yes.</p> <p>2 COFFEY, Q.C.: 3 Q. What does this mean to her would be a 4 treatment issue?</p> <p>5 MS. PARSONS: 6 A. Yes.</p> <p>7 COFFEY, Q.C.: 8 Q. Do you recall--okay, and how would you then 9 have handled this?</p> <p>10 MS. PARSONS: 11 A. I would have first apologized that we did not 12 contact her.</p> <p>13 COFFEY, Q.C.: 14 Q. About the retesting.</p> <p>15 MS. PARSONS: 16 A. About the retesting, and I would--if she asked 17 me how, I would give her the answer that we 18 talked about here yesterday. I didn't know 19 what happened. There was a problem with the 20 test in the lab and we were investigating it, 21 and I would ask her what Dr. Laing discussed 22 with her with regards to what does this mean 23 to her. Was there a long period of time 24 between when she was originally tested and now 25 has converted? Is that what she's referring</p>

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<p>1 to, that she has lost potential years of 2 treatment? What other concerns she might 3 have. I would ask her whether she would like 4 to talk to someone, a counsellor or therapist, 5 because the Cancer Clinic had told me that 6 they could arrange that for any patients who 7 wished, and it does not seem like this woman 8 wanted to do that. I would have made a note 9 of that, I think, if she had requested that I 10 make those arrangements.</p> <p>11 COFFEY, Q.C.: 12 Q. Okay.</p> <p>13 MS. PARSONS: 14 A. Often, Mr. Coffey, people just wanted someone 15 to talk to.</p> <p>16 COFFEY, Q.C.: 17 Q. Yes, and now, you did yesterday refer to an 18 oncologist having directed an upset patient to 19 talk to you. Is this that incident?</p> <p>20 MS. PARSONS: 21 A. I think so.</p> <p>22 COFFEY, Q.C.: 23 Q. That's the -</p> <p>24 MS. PARSONS: 25 A. That's the one.</p>	<p>1 be no tumour, and number two, down below here, 2 "'retro' converters."</p> <p>3 Ms. Parsons, when did you first hear of 4 the DCIS aspect of this matter?</p> <p>5 MS. PARSONS: 6 A. It was a particular patient who was calling me 7 frequently for her results and there were no 8 results available. Each time she called, 9 there were no results available, and then 10 there were results available and because each 11 time, I would ask Heather "do you have any 12 information on this patient?" and at some 13 point along the way, she told me this patient 14 is DCIS.</p> <p>15 COFFEY, Q.C.: 16 Q. I'm sorry, who was that told you?</p> <p>17 MS. PARSONS: 18 A. Heather.</p> <p>19 COFFEY, Q.C.: 20 Q. Heather did, and what then happened?</p> <p>21 MS. PARSONS: 22 A. I asked her what that meant for communicating 23 with the patient and she said "we've not 24 decided yet how we will be dealing with the 25 DCIS patients."</p>
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<p>1 COFFEY, Q.C.: 2 Q. - the incident you're referring to. It must 3 have stayed in your mind because you did refer 4 to it yesterday. How often did that happen?</p> <p>5 MS. PARSONS: 6 A. That an oncologist -</p> <p>7 COFFEY, Q.C.: 8 Q. Yes.</p> <p>9 MS. PARSONS: 10 A. Oh, not very often. It may not have happened 11 any more. I'm not sure about that, but it was 12 an infrequent occurrence.</p> <p>13 COFFEY, Q.C.: 14 Q. If we could, please, Exhibit 2847, P-2847? 15 Here, this is--there are two e-mails, February 16 24, 2006. The first is from Heather Predham 17 to Dr. Williams, Dr. Cook, Pam Elliott and 18 Patricia Pilgrim, copied to others, but then 19 Ms. Predham sent it on to yourself and Debbie 20 Parsons on the same day. The attachment is a 21 panelsummaryfebruary.doc and the e-mail 22 itself, the text of it reads "here's a summary 23 of activity to date. We did 26 last evening. 24 We also had a discussion and made some 25 decisions re: two groups. One DCIS/NT," would</p>	<p>1 COFFEY, Q.C.: 2 Q. Okay, get this right, patient had called you a 3 number of times?</p> <p>4 MS. PARSONS: 5 A. Yes.</p> <p>6 COFFEY, Q.C.: 7 Q. The patient understood that she was being 8 retested?</p> <p>9 MS. PARSONS: 10 A. Yes.</p> <p>11 COFFEY, Q.C.: 12 Q. And each time you checked, there was no 13 result?</p> <p>14 MS. PARSONS: 15 A. That's correct.</p> <p>16 COFFEY, Q.C.: 17 Q. And I'm sorry, finally then what happened?</p> <p>18 MS. PARSONS: 19 A. I think I must have said, in passing, "this 20 particular patient is very anxious." She's 21 calling me frequently enough that I remember 22 her and we have conversations about things. 23 So when I mentioned that, whether it was 24 already available prior to that or shortly 25 thereafter, the information was told to me,</p>

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1 that this patient who was calling was really
 2 DCIS, known to be DCIS now.
 3 COFFEY, Q.C.:
 4 Q. And okay, so what did that mean, if anything,
 5 to you?
 6 MS. PARSONS:
 7 A. It meant that I could not communicate that
 8 information to the patient because her
 9 diagnosis had changed.
 10 COFFEY, Q.C.:
 11 Q. From invasive, okay, and you understood at the
 12 time what were the implications of that?
 13 MS. PARSONS:
 14 A. I'm sorry, I don't understand.
 15 COFFEY, Q.C.:
 16 Q. What did you understand then were the
 17 implications of that, at the time?
 18 MS. PARSONS:
 19 A. I understood that this was a patient that
 20 originally had been thought to be invasive
 21 cancer. Her sample had been sent away and
 22 Mount Sinai had returned the report to us that
 23 this patient really was ductal carcinoma in
 24 situ.
 25 COFFEY, Q.C.:

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1 Q. Non-invasive.
 2 MS. PARSONS:
 3 A. Non-invasive.
 4 COFFEY, Q.C.:
 5 Q. And at the time that Heather told you this, I
 6 take it, did she tell you that there was not
 7 going to be any ER/PR result because it was
 8 DCIS?
 9 MS. PARSONS:
 10 A. ER and PR was not a factor in this patient's
 11 treatment plan.
 12 COFFEY, Q.C.:
 13 Q. And what, if anything, did you understand at
 14 that point was then going to happen?
 15 MS. PARSONS:
 16 A. I asked her that, and she said "we have not
 17 made a decision yet on how to deal with the
 18 DCIS patients."
 19 COFFEY, Q.C.:
 20 Q. And then what happened?
 21 MS. PARSONS:
 22 A. This particular patient that I'm referring to
 23 eventually was called to a meeting to discuss
 24 her diagnosis.
 25 COFFEY, Q.C.:

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1 Q. And the change in it?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And I take it this would have involved
 6 physicians?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Dr. Denic, for example?
 11 MS. PARSONS:
 12 A. Dr. Denic and Dr. Laing.
 13 COFFEY, Q.C.:
 14 Q. And you attended that?
 15 MS. PARSONS:
 16 A. I did.
 17 COFFEY, Q.C.:
 18 Q. How long passed before that meeting occurred?
 19 MS. PARSONS:
 20 A. I would think a few months.
 21 COFFEY, Q.C.:
 22 Q. So this patient had begun to call when,
 23 approximately?
 24 MS. PARSONS:
 25 A. I'm not sure. It's in my book.

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1 COFFEY, Q.C.:
 2 Q. Okay, and you could actually track through
 3 your book, but the patient called, I take it,
 4 over a period of months?
 5 MS. PARSONS:
 6 A. Yes. It seems to me that she would call every
 7 second month.
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. PARSONS:
 11 A. Asking about her results.
 12 COFFEY, Q.C.:
 13 Q. And did that patient initially begin these
 14 calls around the time that the news first
 15 broke, in October, November, that time period,
 16 December?
 17 MS. PARSONS:
 18 A. I believe so, the initial call.
 19 COFFEY, Q.C.:
 20 Q. Yes, initial call, and then the meeting would
 21 have been in the summer of 2006?
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. And do you recall then between the time that

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1 Heather told you, "look, she is DCIS and we
 2 haven't made up our minds how we're going to
 3 handle this," patients who are in that
 4 category -
 5 MS. PARSONS:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. - and the meeting with the patient to discuss
 9 the actual results with her, that a period of
 10 months passed?
 11 MS. PARSONS:
 12 A. I believe so.
 13 COFFEY, Q.C.:
 14 Q. In the meantime, was she still calling back,
 15 the patient?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And what did you tell her at that time?
 20 MS. PARSONS:
 21 A. We would talk about all of the things she
 22 wanted to discuss with me, and I would tell
 23 her that I had no new information for her.
 24 COFFEY, Q.C.:
 25 Q. And you did not though explain to her that's

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1 because you were not authorized it out, as a
 2 nurse? You didn't pass that on to her?
 3 MS. PARSONS:
 4 A. No.
 5 COFFEY, Q.C.:
 6 Q. Here, so that was your first introduction to
 7 the DCIS as a topic?
 8 MS. PARSONS:
 9 A. Well, back in the beginning, we had a patient
 10 who called and said she was DCIS and asked if
 11 she could be tested.
 12 COFFEY, Q.C.:
 13 Q. Okay, she wanted to be.
 14 MS. PARSONS:
 15 A. And I asked Dr. Cook and he--that was the
 16 first time I had heard DCIS mentioned, and I
 17 asked Dr. Cook if he would test her sample and
 18 he did. So that was when I learned what DCIS
 19 meant.
 20 COFFEY, Q.C.:
 21 Q. And that was early on?
 22 MS. PARSONS:
 23 A. Yes, October, November of '05.
 24 COFFEY, Q.C.:
 25 Q. October or November of 2005?

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. And that's when you first hear of DCIS, when
 5 you've indicated you asked Dr. Cook if he
 6 could retest that patient's tissue sample and
 7 he agreed to and it presumably entered the
 8 queue then for retests.
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. The Commissioner has heard that there were a
 13 number of patients, and if I recall correctly,
 14 probably over 50 or approximately 50, that
 15 Mount Sinai reported as DCIS and did not do an
 16 ER/PR test on. It's 40 or 50, I can't
 17 remember off the top of my head right now, but
 18 it's in that range. How were they handled,
 19 from your perspective?
 20 MS. PARSONS:
 21 A. The only DCIS patients that I have any
 22 knowledge of are the ones who I was asked to
 23 arrange meetings with, and that would have
 24 been three or four, four I believe.
 25 COFFEY, Q.C.:

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1 Q. Just a moment, please, Commissioner.
 2 THE COMMISSIONER:
 3 Q. Are those four patients persons who had made
 4 contact with you?
 5 MS. PARSONS:
 6 A. Some of them had, Commissioner, and others I
 7 was asked by Dr. Laing and Dr. Denic to
 8 arrange a meeting to discuss the patient, but
 9 three of them, I believe, did contact me
 10 looking for their results.
 11 THE COMMISSIONER:
 12 Q. Okay. I'm just trying to think why you would
 13 know about four patients and not know about
 14 the larger group, but--and if the meetings
 15 arose out of contacts with you, then that's
 16 one explanation for it.
 17 MS. PARSONS:
 18 A. There were patients who called me to inquire
 19 about being tested and when I looked up the
 20 pathology, it clearly said this patient had
 21 ductal carcinoma in situ.
 22 COFFEY, Q.C.:
 23 Q. Yes.
 24 MS. PARSONS:
 25 A. So then I would call Dr. Cook and say this

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<p>1 patient had DCIS originally and he would tell 2 me "no, we will not be retesting those 3 patients." 4 COFFEY, Q.C.: 5 Q. Yes. 6 MS. PARSONS: 7 A. Or if sometimes they were sent to Mount Sinai, 8 they would be sent back, not tested. 9 COFFEY, Q.C.: 10 Q. So what would happen with them? 11 MS. PARSONS: 12 A. I would tell them that their diagnosis of DCIS 13 was not included in the retesting for hormone 14 receptors because hormone receptors were not a 15 factor in considering treatment for DCIS. 16 COFFEY, Q.C.: 17 Q. And you obtained that information from? 18 MS. PARSONS: 19 A. Dr. Cook. 20 COFFEY, Q.C.: 21 Q. So that for those patients who did call and 22 who either knew they were DCIS to start or you 23 ascertained that they were DCIS and you 24 figured out that well, either Dr. Cook told 25 you or you could tell from some list that</p>	<p>1 the category that you--the one, for example, 2 you asked Dr. Cook if he would do that? 3 MS. PARSONS: 4 A. Yes, and this lady knew her diagnosis, called 5 with that knowledge, but was anxious and 6 requested that this test be done on her 7 tumour. 8 COFFEY, Q.C.: 9 Q. So these are patients whose--not the four, but 10 this other group, originally DCIS, confirmed 11 DCIS, nothing every changed about it. 12 MS. PARSONS: 13 A. They're calling me to see whether they're 14 going to be tested or retested. 15 COFFEY, Q.C.: 16 Q. Yes, and you would pass that on? 17 MS. PARSONS: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. What about the patients who--were you ever 21 made aware of any patients who were sent away 22 for retesting, who were originally DCIS, they 23 had an ER and PR result originally, the ER was 24 negative or thought to be negative, and was 25 sent away for retesting and Mount Sinai</p>
<p>Page 146</p> <p>1 Mount Sinai was reporting them as DCIS and 2 they were not going to be ER/PR tested at 3 Mount Sinai, you would then pass that on to 4 the patient? 5 MS. PARSONS: 6 A. Yes. 7 COFFEY, Q.C.: 8 Q. Except for those four patients that you've - 9 MS. PARSONS: 10 A. Well, there are two different groups. 11 COFFEY, Q.C.: 12 Q. Yes. 13 MS. PARSONS: 14 A. There are women who are calling me asking me 15 whether we're going to test them. 16 COFFEY, Q.C.: 17 Q. Yes. 18 MS. PARSONS: 19 A. And I find out that their original diagnosis 20 is DCIS. We've always known that. So we tell 21 them, "no, we're not retesting you because 22 it's nothing to do with you. Your diagnosis 23 does not require this test." 24 COFFEY, Q.C.: 25 Q. With the exception of the few who fell under</p>	<p>Page 148</p> <p>1 reported them back as "we're not doing it, 2 unless you insist, because the patient is DCIS 3 in our view." 4 MS. PARSONS: 5 A. Um-hm. 6 COFFEY, Q.C.: 7 Q. How were those patients contacted or were they 8 contacted, to your knowledge? 9 MS. PARSONS: 10 A. Are you referring to the one patient who 11 requested that her sample be - 12 COFFEY, Q.C.: 13 Q. Well, I'll deal with her first and then anyone 14 else. 15 MS. PARSONS: 16 A. Once her sample was sent away, I was not made 17 aware of her results. So unless she was 18 confirmed negative, I wouldn't have expected 19 to contact that patient. 20 COFFEY, Q.C.: 21 Q. And if she came back converted to positive, 22 you wouldn't be involved in that anyway? 23 MS. PARSONS: 24 A. No. 25 COFFEY, Q.C.:</p>

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<p>1 Q. What about then patients who did not contact</p> <p>2 you, were you ever made aware that there were</p> <p>3 patients who were ER negative, known to be</p> <p>4 DCIS or thought to be DCIS sent away because</p> <p>5 they had ER negative status and they were</p> <p>6 being retested?</p> <p>7 MS. PARSONS:</p> <p>8 A. I was not aware of that specifically.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. Okay. Now how often were you asked by</p> <p>11 patients who knew themselves to be DCIS to be</p> <p>12 tested? Was it just the one time?</p> <p>13 MS. PARSONS:</p> <p>14 A. I believe it was only the one time.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. The one time, okay.</p> <p>17 MS. PARSONS:</p> <p>18 A. There may have been others, Mr. Coffey, but</p> <p>19 they don't stand out.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. Just one in particular that stands out?</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. So this DCIS/NT, no tumour, is in effect</p>	<p>1 A. I would have asked what that meant and</p> <p>2 essentially what it says here, patients that</p> <p>3 were actually ER and PR positive, but were</p> <p>4 sent away for testing and came back as</p> <p>5 negative.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And do you recall when in this you first had</p> <p>8 that discussion with Ms. Predham about retro</p> <p>9 converters?</p> <p>10 MS. PARSONS:</p> <p>11 A. I would think perhaps 2006.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Okay. Do you recall when in 2006?</p> <p>14 MS. PARSONS:</p> <p>15 A. It's in my book.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Okay, and in the book in the sense of in your</p> <p>18 screen captures or in the -</p> <p>19 MS. PARSONS:</p> <p>20 A. Patient contact sheets.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. - patient contact sheet.</p> <p>23 MS. PARSONS:</p> <p>24 A. The deceased patient's brother called</p> <p>25 inquiring about his deceased sister's</p>
<p>1 someone who was originally thought to be -</p> <p>2 MS. PARSONS:</p> <p>3 A. To have a malignant tumour.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. - invasive, to actually have invasive</p> <p>6 carcinoma, but upon full study and review</p> <p>7 determined to not have invasive carcinoma.</p> <p>8 The retro converters, when did you first</p> <p>9 become aware of the idea of what's termed here</p> <p>10 a retro converter?</p> <p>11 MS. PARSONS:</p> <p>12 A. I believe it was when I was responding to a</p> <p>13 call from a deceased patient's brother, who</p> <p>14 called on behalf of his sister and wanted to</p> <p>15 know whether she was involved with the group</p> <p>16 that he had heard about, and when I inquired,</p> <p>17 I was told she was a retro converter.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. You inquired of whom?</p> <p>20 MS. PARSONS:</p> <p>21 A. Heather.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. So she said she's a retro converter, okay, and</p> <p>24 did she elaborate on that?</p> <p>25 MS. PARSONS:</p>	<p>1 retesting status.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Okay, and having spoken with Ms. Predham, what</p> <p>4 did you do?</p> <p>5 MS. PARSONS:</p> <p>6 A. I would have called the caller back and told</p> <p>7 him that I had no information to share with</p> <p>8 him at this time.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. You had understood from Ms. Predham what was</p> <p>11 to happen?</p> <p>12 MS. PARSONS:</p> <p>13 A. I would have understood that these two</p> <p>14 subgroups, if you like, had to be separated</p> <p>15 from the other results that had come back as</p> <p>16 negative or positive and dealt with</p> <p>17 separately.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. So did Ms. Predham understand, do you think,</p> <p>20 that you were going to phone back this</p> <p>21 patient's brother and tell him what you did?</p> <p>22 MS. PARSONS:</p> <p>23 A. I don't know.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Why did you do this? Why did you tell him</p>

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1 that?
 2 MS. PARSONS:
 3 A. I told him that because her results had
 4 changed.
 5 COFFEY, Q.C.:
 6 Q. I'm sorry?
 7 MS. PARSONS:
 8 A. Her results had changed.
 9 COFFEY, Q.C.:
 10 Q. So wait now, you called the brother back and
 11 what did you tell him?
 12 MS. PARSONS:
 13 A. I told him I had no new information for him at
 14 this time.
 15 COFFEY, Q.C.:
 16 Q. Yes.
 17 MS. PARSONS:
 18 A. Because she was not confirmed to be the same
 19 as she was when we started. Her original test
 20 result had changed.
 21 THE COMMISSIONER:
 22 Q. And that was something that was outside your
 23 scope of practice?
 24 MS. PARSONS:
 25 A. I wasn't comfortable with discussing it.

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1 COFFEY, Q.C.:
 2 Q. Did you ever tell anyone who called you in
 3 connection with the ER/PR matter at all, any
 4 phone calls at all, did you ever refer to
 5 scope of practice?
 6 MS. PARSONS:
 7 A. I discussed the fact that I was a nurse.
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. PARSONS:
 11 A. That my knowledge was limited, that I could
 12 tell them what I knew but that they would--it
 13 would be best to discuss this with a
 14 physician.
 15 COFFEY, Q.C.:
 16 Q. Did you--go ahead, I'm sorry.
 17 MS. PARSONS:
 18 A. No, I don't know if I ever said "because of my
 19 scope of practice as a nurse, I am not allowed
 20 to tell you certain things."
 21 COFFEY, Q.C.:
 22 Q. You don't recall ever doing that?
 23 MS. PARSONS:
 24 A. No.
 25 COFFEY, Q.C.:

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1 Q. Had you ever been in that position before?
 2 MS. PARSONS:
 3 A. In my life?
 4 COFFEY, Q.C.:
 5 Q. Yes.
 6 MS. PARSONS:
 7 A. It was accepted practice in nursing that
 8 nurses did not give patients diagnosis or
 9 treatment plans or test results, but when
 10 you're working in a hospital setting, there is
 11 always someone who can do it.
 12 COFFEY, Q.C.:
 13 Q. If you knew, for example, a patient asked you
 14 at a bedside, you could tell the patient
 15 "well, I'll have Dr. whomever come in and see
 16 you," or "discuss that with Dr. whomever -
 17 MS. PARSONS:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. - when he sees you tomorrow morning."
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Ask Dr. so-and-so.
 25 MS. PARSONS:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. So you could direct the patient to the
 4 particular physician who was authorized or
 5 would be able to do so.
 6 MS. PARSONS:
 7 A. And in many of these cases, I could do that as
 8 well. I would ask the call whether they would
 9 like me to arrange a meeting with an
 10 oncologist, and this case I'm thinking about
 11 with the retro converter, I did actually
 12 arrange a meeting for this man to go and talk
 13 to his late sister's oncologist.
 14 COFFEY, Q.C.:
 15 Q. Was that done at that time or was that later?
 16 MS. PARSONS:
 17 A. It was a few months later.
 18 COFFEY, Q.C.:
 19 Q. Few months later?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. Now here looking at the retro converters
 24 portion of the memo or the e-mail, it says
 25 "this group are ones that were actually ER/PR

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1 positive, but have come back from Mount Sinai
 2 as ER/PR negative. This will require review
 3 of both our slides and Mount Sinai's slides,
 4 as well as the clinical history of the
 5 patient. We have five in this group right now
 6 that will be deferred to the end of the
 7 panelling, so they can be done as a group.
 8 Along with this five are four others that
 9 although had a degree of positivity when
 10 originally stained were considered clinically
 11 as negative, so they were not treated. All
 12 four have been considered as confirmed
 13 negative and contacted." Now do you know if
 14 you were involved in that?
 15 MS. PARSONS:
 16 A. I may--not specifically, no.
 17 COFFEY, Q.C.:
 18 Q. Were you ever told about the reason for the
 19 retro conversion?
 20 MS. PARSONS:
 21 A. No.
 22 COFFEY, Q.C.:
 23 Q. The fact or the suggestion, for example, that
 24 it was a misinterpretation of the staining on
 25 the slide?

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1 MS. PARSONS:
 2 A. No.
 3 COFFEY, Q.C.:
 4 Q. And you were involved in meetings with these
 5 DCIS/no tumour patients. Were you ever
 6 involved with the retro converter?
 7 MS. PARSONS:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. So do you know whether there were any meetings
 11 with the retro converters?
 12 MS. PARSONS:
 13 A. I know that that one gentleman with the
 14 deceased sister did have a meeting.
 15 COFFEY, Q.C.:
 16 Q. Okay, but you didn't attend the meeting?
 17 MS. PARSONS:
 18 A. No.
 19 COFFEY, Q.C.:
 20 Q. You arranged for it?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Here, looking at the DCIS/no tumour, noted
 25 here "DCIS/no tumour. We have been reviewing

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1 the pathology reports as we go along re: these
 2 results. If they were previously diagnosed as
 3 DCIS, we have been notifying the region, but
 4 not panelling the person, as the ER/PR result
 5 does not impact treatment of people with this
 6 type of cancer." So if they were previously
 7 diagnosed as DCIS, that's originally
 8 diagnosed, and now Mount Sinai was saying
 9 they're DCIS -
 10 MS. PARSONS:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. - but they had had an original ER result, not
 14 retested -
 15 MS. PARSONS:
 16 A. Right.
 17 COFFEY, Q.C.:
 18 Q. - were those patients being contacted to be
 19 told "you were originally ER negative. You're
 20 DCIS, originally ER negative. Mount Sinai is
 21 not going to do a retest because they think
 22 you're also DCIS, and that's where the matter
 23 will sit." Were those patients, to your
 24 knowledge, ever contacted? Were you ever
 25 asked to contact them?

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1 MS. PARSONS:
 2 A. As a group?
 3 COFFEY, Q.C.:
 4 Q. Or as a--well, as a group, first of all, yes.
 5 MS. PARSONS:
 6 A. I don't remember being asked to do that.
 7 COFFEY, Q.C.:
 8 Q. How about as individuals?
 9 MS. PARSONS:
 10 A. Well, there were people who were--already knew
 11 they were DCIS.
 12 COFFEY, Q.C.:
 13 Q. Yes, and that's the phone calls that they
 14 would call in.
 15 MS. PARSONS:
 16 A. Yes, and I would -
 17 COFFEY, Q.C.:
 18 Q. I appreciate that, but in terms of you being
 19 asked to call out, you know, to notify a
 20 person that they fell into that category?
 21 MS. PARSONS:
 22 A. Previously diagnosed as DCIS and Mount Sinai
 23 confirmed DCIS and sends back the sample and
 24 says there's no need for us to test this?
 25 COFFEY, Q.C.:

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1 Q. Yes.
 2 MS. PARSONS:
 3 A. I'm not sure, Mr. Coffey, whether I would have
 4 had a discussion of that nature with a patient
 5 or not.
 6 COFFEY, Q.C.:
 7 Q. You don't ever recall--at least now anyway,
 8 you can't recall ever being asked by Ms.
 9 Predham or anyone else to contact that group
 10 or people in that group?
 11 MS. PARSONS:
 12 A. No.
 13 THE COMMISSIONER:
 14 Q. So the people you remember are people whose
 15 original diagnosis was something other than
 16 DCIS, and when Mount Sinai did the retesting,
 17 they determined to be, in fact, DCIS and
 18 therefore did not do the ER/PR part of the
 19 process?
 20 MS. PARSONS:
 21 A. Those are the patients that I am familiar with
 22 from meetings.
 23 THE COMMISSIONER:
 24 Q. Okay.
 25 MS. PARSONS:

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1 A. There were also women who phoned me and said
 2 "I was DCIS always. Does this have anything
 3 to do with me?" and I would say no.
 4 THE COMMISSIONER:
 5 Q. Okay.
 6 COFFEY, Q.C.:
 7 Q. In fact, when we look at the second page of
 8 the exhibit, if we look here, this is a--
 9 because Ms. Predham begins her e-mail by
 10 saying "here's the summary of activity to
 11 date."
 12 MS. PARSONS:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. She makes a note of that, this is attached,
 16 the outcomes, the dates of the panelling
 17 meetings are here at the top of each column,
 18 and the categories under outcome are here.
 19 The third--I'm sorry, the fourth entry is
 20 confirmed DCIS, so that would be known to be
 21 DCIS originally, confirmed DCIS, and then come
 22 over here, February 18th, there were two.
 23 February 23rd, there were three, and year to
 24 date of five, and presumably there may have
 25 been more as time went on. The people in that

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1 category, you don't remember being asked, that
 2 you can recall now anyway, being asked to do
 3 anything about them?
 4 MS. PARSONS:
 5 A. Not back in February of 2006, no.
 6 COFFEY, Q.C.:
 7 Q. How about afterward?
 8 MS. PARSONS:
 9 A. I do recall having to make what I considered a
 10 very difficult phone call, either early--I
 11 think it was early in 2008, and it was a
 12 patient who was either confirmed DCIS or found
 13 to be DCIS. She was elderly. She was in her
 14 80's. She was mentally compromised. She was
 15 being cared for by an elderly brother, who was
 16 similar age, and it was necessary for me to
 17 call him and try and explain to him that his
 18 sister's diagnosis was DCIS.
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PARSONS:
 22 A. It was not an easy conversation.
 23 COFFEY, Q.C.:
 24 Q. And why is that?
 25 MS. PARSONS:

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1 A. It was difficult for the gentleman to
 2 understand the information.
 3 COFFEY, Q.C.:
 4 Q. Yes, and in that context, I take it, in those
 5 sort of circumstances, from your perspective,
 6 would it have been better to, in fact, if
 7 arrangements could be made to actually meet
 8 with him face to face?
 9 MS. PARSONS:
 10 A. They lived a long distance away.
 11 COFFEY, Q.C.:
 12 Q. Yes, I appreciate that, but even then, in
 13 terms of or at least have someone who was
 14 knowledgeable about this aspect of medicine to
 15 meet with him and explain it to him.
 16 MS. PARSONS:
 17 A. Even then, Mr. Coffey, I'm not sure whether
 18 the information would have made sense.
 19 COFFEY, Q.C.:
 20 Q. Yes. Now on that topic, because I did intend
 21 to ask you about it, contacting patients who
 22 were in nursing homes or long-term care
 23 facilities or who--how did you go about doing
 24 that?
 25 MS. PARSONS:

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1 A. In the very beginning, when the original list
 2 came from the lab and we went through and said
 3 we won't be calling people outside of our
 4 region, there were people there whose address
 5 was a nursing home. So we inquired about that
 6 and Dr. Williams was going to check with Dr.
 7 Patel, he was the director of the nursing home
 8 board at that time, to tell us how to go about
 9 contacting these patients.
 10 COFFEY, Q.C.:
 11 Q. And what happened?
 12 MS. PARSONS:
 13 A. I did not hear any more about that.
 14 COFFEY, Q.C.:
 15 Q. So you were never asked to forward that
 16 information on?
 17 MS. PARSONS:
 18 A. There were one or two patients that I did call
 19 nursing homes with the retesting results. I
 20 asked for the most responsible caregiver for
 21 that patient, and I discussed with her the
 22 patient had been retested and asked her if she
 23 would put that information on the patient's
 24 chart and also communicate it to the patient's
 25 doctor.

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1 COFFEY, Q.C.:
 2 Q. And generally though, for any of the other
 3 patients who are known to be in such
 4 institutions, it was left with Doctor--between
 5 Dr. Williams and Dr. Patel?
 6 MS. PARSONS:
 7 A. To the best of my knowledge.
 8 COFFEY, Q.C.:
 9 Q. Yes, these were the confirmed negatives, I
 10 take it?
 11 MS. PARSONS:
 12 A. Yes, if I was calling about them, that's the
 13 kinds of calls I would be making. There was
 14 one family that when we called the patient at
 15 the contact number, the daughter or son said
 16 "that is my mother. She has dementia and
 17 she's now living in a long-term care
 18 facility."
 19 COFFEY, Q.C.:
 20 Q. Yes.
 21 MS. PARSONS:
 22 A. "We do not wish her to be contacted with this
 23 information because she is compromised."
 24 COFFEY, Q.C.:
 25 Q. Okay, and what happened in relation to that

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1 patient?
 2 MS. PARSONS:
 3 A. We asked the son or daughter whether they
 4 wished to be notified when the results were
 5 available. We were calling to say she was
 6 being retested.
 7 COFFEY, Q.C.:
 8 Q. Yes.
 9 MS. PARSONS:
 10 A. And they said yes, and we did inform them.
 11 COFFEY, Q.C.:
 12 Q. What happened then in respect of contacting
 13 patients who were--their faculties were
 14 impaired or compromised by--you know, by
 15 disease?
 16 MS. PARSONS:
 17 A. If we called and were told that information by
 18 the person who answered the phone, we would
 19 ask for the substitute decision maker, and
 20 that was generally a partner or a child of the
 21 patient, and we would discuss with them.
 22 COFFEY, Q.C.:
 23 Q. And how frequent was that in this scenario?
 24 MS. PARSONS:
 25 A. That was not very frequently. There were

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1 some.
 2 COFFEY, Q.C.:
 3 Q. Would a note be made to that effect?
 4 MS. PARSONS:
 5 A. On my sheet I would say "This patient is
 6 compromised. Her sister is her substitute
 7 decision maker. She has asked that we deal
 8 with her." And then when the results were
 9 available, we would call back and ask for the
 10 sister.
 11 COFFEY, Q.C.:
 12 Q. And pass on the results. Now, in the course
 13 of making these phone calls first of all about
 14 the fact that people were being retested and
 15 almost simultaneously with the first retest
 16 results, okay, did you encounter situations
 17 where when you made the call, you asked to
 18 speak to whomever the patient's name was and
 19 you would be told the patient is dead?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. How did you handle that?
 24 MS. PARSONS:
 25 A. That was a very difficult experience. After

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1 it had happened once or twice I began to
 2 anticipate what the answer would be because
 3 there would be a pause. Call and ask to speak
 4 to Nancy Parsons, a gentlemen answered, there
 5 would be a three-second pause before he would
 6 say "She passed away."
 7 COFFEY, Q.C.:
 8 Q. And then but how then did you handle it?
 9 MS. PARSONS:
 10 A. I would proceed to identify myself and tell
 11 him why I was calling and ask him whether he
 12 wished to have some information regarding the
 13 retesting, or if I were calling with results,
 14 hopefully we knew before the results came
 15 back.
 16 COFFEY, Q.C.:
 17 Q. Yes.
 18 MS. PARSONS:
 19 A. I would ask him when the results were
 20 available, would he be interested in knowing
 21 what they were.
 22 COFFEY, Q.C.:
 23 Q. And then if it occurred during the calls that
 24 you were making to inform people about the
 25 results, you'd ask if he wanted them?

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1 MS. PARSONS:
 2 A. Yes. Sometimes we did get requests from
 3 families of deceased patients who the
 4 daughters wanted to know but the husband
 5 didn't want to know.
 6 COFFEY, Q.C.:
 7 Q. Yes.
 8 MS. PARSONS:
 9 A. That put me in a little bit of a dilemma
 10 because the husband was the next of kin and he
 11 would say "No, I really don't want to talk
 12 about it."
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 MS. PARSONS:
 16 A. But then later the daughter might call back
 17 and say, "I would like to know what my
 18 mother's test results were" and I would have
 19 to get the father's permission in order to
 20 discuss it with the daughter.
 21 COFFEY, Q.C.:
 22 Q. Discuss it, yes.
 23 MS. PARSONS:
 24 A. But then that would be done.
 25 COFFEY, Q.C.:

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1 Q. And you've indicated to the Commissioner after
 2 the first couple of times you began to--you
 3 could sense, in fact, the way, because of the
 4 way the phone conversation would initially
 5 start. Did you change then the--did you adopt
 6 any other approach at that time?
 7 MS. PARSONS:
 8 A. No. We had to ask for the patient when we
 9 called.
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 MS. PARSONS:
 13 A. We would hope that the patient would answer
 14 the phone when we called.
 15 COFFEY, Q.C.:
 16 Q. Yes. So I take it, though, that you're
 17 telling the Commissioner that after the first
 18 couple of times it happened to you, you were
 19 able to recognize early on, within seconds, as
 20 to the way the conversation would probably go?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Did you pass that on, the fact that you were
 25 running into the situation where you were

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1 calling the--ended up calling the families of
 2 deceased patients, did you pass that on to
 3 anybody?
 4 MS. PARSONS:
 5 A. Everyone had that experience, every one of us
 6 who were calling had a similar experience.
 7 COFFEY, Q.C.:
 8 Q. So yourself, Ms. Predham, Ms. Laidley and Ms.
 9 Emberley?
 10 MS. PARSONS:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. Certainly all were acutely aware of this?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Do you know if anyone in the team, anyone else
 18 on the team was aware of this?
 19 MS. PARSONS:
 20 A. I'm sure Heather would have communicated that.
 21 COFFEY, Q.C.:
 22 Q. To your knowledge did it ever occur to anyone
 23 to inquire of the vital statistics, the
 24 Registry of Deaths?
 25 MS. PARSONS:

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1 A. Yes, we did have a list, actually, from
 2 Provincial Registry at one point.
 3 COFFEY, Q.C.:
 4 Q. At one point. When in this was that?
 5 MS. PARSONS:
 6 A. It might have been after these experiences.
 7 We were not aware that these people had died
 8 and were trying to prevent having to expose
 9 families to these kinds of invasions that we
 10 tried to get a list that would tell us the
 11 names of people who had died.
 12 COFFEY, Q.C.:
 13 Q. Deceased. Who provided you with a list?
 14 MS. PARSONS:
 15 A. We had a copy in the office that we could look
 16 at and see whether any of the names that we
 17 were going to call was on it.
 18 COFFEY, Q.C.:
 19 Q. Do you know if this list actually came from
 20 Vital Statistics or was it just a list of
 21 people who were thought to be deceased?
 22 MS. PARSONS:
 23 A. It was an official list of deaths in the
 24 province, I believe.
 25 COFFEY, Q.C.:

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1 Q. Do you know if a copy of that still exists?
 2 MS. PARSONS:
 3 A. I would think so.
 4 COFFEY, Q.C.:
 5 Q. And where would it be located?
 6 MS. PARSONS:
 7 A. If it still exists, it's in the quality
 8 office.
 9 COFFEY, Q.C.:
 10 Q. And do you know if from time to time it was
 11 updated?
 12 MS. PARSONS:
 13 A. I'm only aware of one addition.
 14 COFFEY, Q.C.:
 15 Q. And what lead you to believe it was an
 16 official list?
 17 MS. PARSONS:
 18 A. I suppose because of what the list was called
 19 or -
 20 COFFEY, Q.C.:
 21 Q. The title on it?
 22 MS. PARSONS:
 23 A. The title or something.
 24 COFFEY, Q.C.:
 25 Q. Perhaps, Mr. Simmons, if we--I don't believe,

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1 I don't remember seeing one. If you could
 2 make -
 3 MR. SIMMONS:
 4 Q. I'm not aware of it, but we'll have to
 5 inquire.
 6 COFFEY, Q.C.:
 7 Q. If you make inquiries, thanks. This would be
 8 a list in the quality office so Ms. Predham
 9 would have known about the existence of the
 10 list as would Ms. Emberley and Ms. Laidley?
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And whether it was updated or not, you don't--
 15 you just remember the one list?
 16 MS. PARSONS:
 17 A. I just remember one.
 18 COFFEY, Q.C.:
 19 Q. Okay. Exhibit P-2848, please? This is--I
 20 apologize. Actually, I do want to ask you
 21 about this. This is an e-mail of March 13th,
 22 2006 from Leona Barrington, who we understand
 23 worked as a media relations officer, to
 24 yourself and others. And she says, "Attached
 25 please find a letter to the editor that

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1 appeared in yesterday's Independent relating
 2 to ER/PR." I just wanted to ask you then, not
 3 only do I take it were you getting out of news
 4 stories, but at times even it went so far as
 5 in terms of the distribution from the media
 6 coverage to include letters to the editor?
 7 MS. PARSONS:
 8 A. This certainly seems to be the case here.
 9 COFFEY, Q.C.:
 10 Q. Yeah. And the other people on the
 11 distribution list, Ms. Predham, Dr. Williams,
 12 Dr. Cook and Mr. Gulliver, they would have
 13 been part of the team, from your perspective?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Exhibit P-2065? This is an e-mail of March
 18 15th, 2006 from Ms. Predham to a number of
 19 individuals, you're included there. Actually,
 20 back up a bit. You're not.
 21 THE COMMISSIONER:
 22 Q. Wrong Parsons?
 23 COFFEY, Q.C.:
 24 Q. Pardon me?
 25 THE COMMISSIONER:

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1 Q. Wrong Parsons?
 2 COFFEY, Q.C.:
 3 Q. Yes. But if we look at page, I don't see you,
 4 actually. Am I missing you?
 5 MS. PARSONS:
 6 A. No, I'm not there.
 7 COFFEY, Q.C.:
 8 Q. You're not there. If we go to page 2, the
 9 same date, later the same day, there's an e-
 10 mail, and again, you are here?
 11 MS. PARSONS:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. And yourself and the others within, I'm sorry,
 15 within the quality office. The others are
 16 outside the quality office in the e-mail I
 17 just looked at. And Ms. Predham is forwarding
 18 the e-mail that we just looked at and to
 19 yourself and others within quality and saying,
 20 "Can you guys check your computers and
 21 offices? Thanks." And this is a ATIPP
 22 request?
 23 MS. PARSONS:
 24 A. Um-hm.
 25 COFFEY, Q.C.:

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1 Q. And this is an ATIPP request, if you look at
 2 the e-mail, received from Mark Quinn. It's
 3 for all reports, memos, letters, briefing
 4 notes and e-mails at the Eastern Regional
 5 Health Authority between May 1, 2005 and the
 6 present regarding hormone receptor tests for
 7 people with breast cancer. Now, how, if at
 8 all, were you involved in responding to
 9 this ATIPP request?
 10 MS. PARSONS:
 11 A. I imagine I would have provided her with any
 12 reports, memos, letters, e-mails that I had
 13 between those dates, May 1st, '05 to March
 14 15th, '06.
 15 COFFEY, Q.C.:
 16 Q. And as this includes a reference to a media
 17 outlet, did you ever receive any phone calls
 18 in your capacity as the patient relations
 19 officer from the media?
 20 MS. PARSONS:
 21 A. With relation to ER and PR?
 22 COFFEY, Q.C.:
 23 Q. Yes.
 24 MS. PARSONS:
 25 A. No.

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1 COFFEY, Q.C.:
 2 Q. But other than, I take it then, in terms of
 3 responding to ATIPP request, either that one
 4 or any subsequent one, your only involvement
 5 was to provide whatever documents you had to
 6 whoever was the collector?
 7 MS. PARSONS:
 8 A. That's right.
 9 COFFEY, Q.C.:
 10 Q. You were never actually the collector or asked
 11 about -
 12 MS. PARSONS:
 13 A. No, I did not coordinate the -
 14 COFFEY, Q.C.:
 15 Q. Coordinate.
 16 MS. PARSONS:
 17 A. - response.
 18 THE COMMISSIONER:
 19 Q. Ms. Parsons, to digress for a second, but it's
 20 not really a digression. Is there a policy
 21 either written or otherwise conveyed to those
 22 who work within Eastern Health about the
 23 management of e-mails, data which might be on
 24 computers, etcetera, etcetera? Do you have
 25 anything which says how long you keep them,

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1 whether you after a period of time store them
 2 some place, whether certain things are to be
 3 deleted, etcetera, etcetera?
 4 MS. PARSONS:
 5 A. Not that I'm aware of.
 6 THE COMMISSIONER:
 7 Q. So is it a decision made by the individual
 8 about -
 9 MS. PARSONS:
 10 A. As far as I know -
 11 THE COMMISSIONER:
 12 Q. - how you organize the material that you have
 13 on your computer and whether, in fact, you
 14 delete any of it?
 15 MS. PARSONS:
 16 A. As far as I know, Commissioner, yes. There is
 17 a policy now which says we are not to send
 18 patient information in an e-mail externally.
 19 THE COMMISSIONER:
 20 Q. Okay. But other than that, that's the only
 21 thing that you -
 22 MS. PARSONS:
 23 A. That's all that I'm aware of.
 24 COFFEY, Q.C.:
 25 Q. If we look, please, at Exhibit C-0231? Now,

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1 Ms. Parsons, this is an e-mail at the top her
 2 from Dr. Laing to yourself. The subject is a
 3 DCIS meeting. The e-mail is dated July 30th,
 4 2006. She writes, "This is fine, Nancy.
 5 Thank you again for your help." Signed,
 6 "Kara." And below that is an e-mail from
 7 yourself of July 17th, 2006 to Dr. Laing, same
 8 subject matter. And you write, "Dr. L." Dr.
 9 Laing, "for your feedback." And signed,
 10 "Nancy". And the subject again is "DCIS
 11 meeting." And the meeting was held July 12th,
 12 2006, corporate office, Eastern Health.
 13 Present were, names of the patient, the family
 14 member and family are redacted, Dr. Nash
 15 Denic, Dr. Kara Laing and yourself. And then
 16 there is a text here which purports to
 17 describe what went on at the meeting, okay.
 18 How as it that you came then to prepare this?
 19 Why would -
 20 MS. PARSONS:
 21 A. At the meeting, the--as the meeting concluded
 22 the patient asked whether she could have a
 23 written summary of what had been discussed
 24 there that day.
 25 COFFEY, Q.C.:

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1 Q. Yes.
 2 MS. PARSONS:
 3 A. Dr. Denic and Dr. Laing agreed. So I, because
 4 I had taken the handwritten notes of what was
 5 discussed at the meeting, I went back to my
 6 office and prepared this document which I sent
 7 to Dr. Laing for her feedback.
 8 COFFEY, Q.C.:
 9 Q. And that's the feedback?
 10 MS. PARSONS:
 11 A. She said this is fine.
 12 COFFEY, Q.C.:
 13 Q. This is fine. So you left it then. Did you
 14 pass that on to the patient?
 15 MS. PARSONS:
 16 A. No. It was never given to the patient.
 17 COFFEY, Q.C.:
 18 Q. It was never given to the patient first nor
 19 last?
 20 MS. PARSONS:
 21 A. No.
 22 COFFEY, Q.C.:
 23 Q. To your knowledge?
 24 MS. PARSONS:
 25 A. That's right.

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1 COFFEY, Q.C.:
 2 Q. Why not?
 3 MS. PARSONS:
 4 A. I was not able to run it by Dr. Denic, who was
 5 also at the meeting, because he was away, I
 6 believe. And as in all things to do with ER
 7 and PR, I would have discussed with Heather
 8 that this patient had requested a summary of
 9 the meeting discussion, and she advised me to
 10 ask Dr. Fontaine, who was sitting in for Dr.
 11 Denic at that particular time, to review it
 12 from Dr. Denic's perspective. Dr. Fontaine
 13 did come to my office and look at the letter
 14 and made a couple of small changes in the
 15 wording and said -
 16 COFFEY, Q.C.:
 17 Q. In this or the covering letter?
 18 MS. PARSONS:
 19 A. In my letter.
 20 COFFEY, Q.C.:
 21 Q. In this one here?
 22 MS. PARSONS:
 23 A. I believe this is the one with changes.
 24 COFFEY, Q.C.:
 25 Q. Okay, so you're describing this as the letter.

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1 Okay, go ahead.
 2 MS. PARSONS:
 3 A. Yes. I then went back to Heather and said
 4 "Dan Fontaine has looked at the letter. I'm
 5 going to send it to the patient." And she
 6 said, "Perhaps we should seek a legal opinion
 7 as to whether it's wise to do so," which I
 8 did. And the opinion that I got was over the
 9 phone and it was -
 10 MR. SIMMONS:
 11 Q. Excuse me. We probably shouldn't go
 12 (inaudible) talking about what the opinion
 13 actually was. There's no harm in disclosing
 14 that there's a legal opinion sought and
 15 perhaps find out what happened then. The
 16 content of the opinion itself is something
 17 that we have to -
 18 THE COMMISSIONER:
 19 Q. Mr. Simmons is rightfully pointing out that
 20 what was -
 21 COFFEY, Q.C.:
 22 Q. Okay. So as -
 23 THE COMMISSIONER:
 24 Q. - transpired between you and the solicitor as
 25 opposed to what conduct--what action you did

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1 or didn't take as a result of the conversation
 2 -
 3 COFFEY, Q.C.:
 4 Q. Did you speak to the solicitor yourself?
 5 MS. PARSONS:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. And who was that?
 9 MS. PARSONS:
 10 A. Dan Boone.
 11 COFFEY, Q.C.:
 12 Q. Okay. Having spoken with Mr. Boone what, if
 13 anything, then happened in respect of the
 14 letter?
 15 MS. PARSONS:
 16 A. I was not confident that I had an accurate
 17 understanding of the recommendations or the
 18 suggestions.
 19 COFFEY, Q.C.:
 20 Q. Okay.
 21 MS. PARSONS:
 22 A. I communicated that to Heather and we never
 23 did complete an acceptable version of the
 24 letter for the patient. I did talk to her on
 25 more than one occasion and I explained to her

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1 that I had not yet been authorized to provide
 2 her with the letter that she was seeking.
 3 COFFEY, Q.C.:
 4 Q. Now, did you ever take this up with Dr. Laing
 5 again?
 6 MS. PARSONS:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. Did you ever tell Dr. Laing that despite what
 10 you told the patient, "Dr. Laing, we have not
 11 to date and, in fact, do not plan to actually
 12 send a record to the patient."
 13 MS. PARSONS:
 14 A. Not that I remember, Mr. Coffey.
 15 COFFEY, Q.C.:
 16 Q. Did you ever take it up with Dr. Denic, the
 17 same thing? I mean, both of these people had
 18 given their word.
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. To this patient that this would happen. Did
 23 you ever take it up with Dr. Denic?
 24 MS. PARSONS:
 25 A. Not that I remember.

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1 COFFEY, Q.C.:
 2 Q. Did you ever tell the patient that she would
 3 not be getting a record?
 4 MS. PARSONS:
 5 A. I told her that I was not authorized to
 6 release the letter to her.
 7 COFFEY, Q.C.:
 8 Q. And how long after the July 12th meeting would
 9 that have been?
 10 MS. PARSONS:
 11 A. Not long. She was calling me or I was
 12 returning her calls fairly frequently so she
 13 knew within a short period of time that she
 14 would not be getting the letter.
 15 COFFEY, Q.C.:
 16 Q. Having made the suggestions that he did, that
 17 Dr. Fontaine did, did he have any reservation,
 18 express any reservations about -
 19 MS. PARSONS:
 20 A. No. Once I had made the changes that he
 21 suggested in the letter.
 22 COFFEY, Q.C.:
 23 Q. Dan Fontaine was happy for it to go, from his
 24 perspective?
 25 MS. PARSONS:

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1 A. He didn't say don't send it.
 2 COFFEY, Q.C.:
 3 Q. Don't send it. And Dr. Laing, as indicated
 4 here, she had no problem with it. If we could
 5 look, please, at C-0233? And I take it this
 6 is, if we look at the top right-hand side,
 7 it's July 12th, m 2006. The patient's name is
 8 redacted, but there are comments attributed to
 9 Dr. Denic, Dr. D would be Dr. Denic, Dr. D and
 10 Dr. Laing, Dr. Laing and to the patient. And
 11 present are noted to be, on the second page,
 12 Dr. Denic, Dr. Laing and there's some names
 13 redacted. I take it that would be the patient
 14 and the patient's relatives?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Names would be redacted. This is all in your
 19 handwriting?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. And your role at this meeting between Dr.
 24 Denic as a pathologist and Dr. Laing, the
 25 oncologist, and the patient and the patient's

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<p>1 relatives, your role was what?</p> <p>2 MS. PARSONS:</p> <p>3 A. It was to set up the meeting and to attend</p> <p>4 because I had already spoken to the patient, I</p> <p>5 would arrange to meet them there, bring them</p> <p>6 in to the meeting, introduce them to the</p> <p>7 physicians and stay during the meeting.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And you were to make notes, the best you can.</p> <p>10 MS. PARSONS:</p> <p>11 A. No one asked me to make notes, but I did</p> <p>12 anyway because I was anticipating possibly</p> <p>13 someone might go home and rethink what was</p> <p>14 discussed and perhaps call me, because I was</p> <p>15 the person they had been talking to previously</p> <p>16 to ask a question about what they had actually</p> <p>17 been told at the meeting, or did I understand</p> <p>18 correctly Dr. Laing to say this or that. It</p> <p>19 was for my memory.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. For your own work, in fact.</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. And in fact here, when we look down through</p>	<p>1 MS. PARSONS:</p> <p>2 A. He would say you were diagnosed at such and</p> <p>3 such a time and at the time your pathology</p> <p>4 findings were and your treatment included.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Sure. And I believe, if I recall correctly,</p> <p>7 certainly a number of these I took Dr. Denic</p> <p>8 through when he testified here. But here at</p> <p>9 the very end, the patient in the second last</p> <p>10 notation here, the patient's name is redacted</p> <p>11 and it says, "Can I have a summary of what was</p> <p>12 discussed today?" And Dr. Denic and Dr. I and</p> <p>13 Dr. D. and Dr. L., you record them as saying</p> <p>14 "Yes, we will arrange that". At the time that</p> <p>15 you were doing this, would Dr. Denic and Dr.</p> <p>16 Laing, from your perspective, have realized</p> <p>17 that you were making notes?</p> <p>18 MS. PARSONS:</p> <p>19 A. Oh yes.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. It was in plain view.</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Did you ever advise Ms. Predham or did she</p>
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<p>1 this, at times you actually attribute quotes</p> <p>2 to people.</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Would they have been verbatim or as close as</p> <p>7 you could make at the time?</p> <p>8 MS. PARSONS:</p> <p>9 A. As close as I could record as the person was</p> <p>10 speaking. I didn't include every bit of</p> <p>11 dialogue, you know, the introduction at the</p> <p>12 beginning or any chit-chat that may have gone</p> <p>13 on after the meeting.</p> <p>14 COFFEY, Q.C.:</p> <p>15 Q. And as best you could, you recorded what you</p> <p>16 were hearing?</p> <p>17 MS. PARSONS:</p> <p>18 A. The information that was being communicated to</p> <p>19 the patient.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. If we look at, in fact, it just begins--Dr.</p> <p>22 Denic, here it is not in quotes, overview of</p> <p>23 patient's treatment and pathology findings,</p> <p>24 suggesting that Dr. Denic opened with an</p> <p>25 overview?</p>	<p>1 ever become aware, to your knowledge, that you</p> <p>2 were making notes of these meetings?</p> <p>3 MS. PARSONS:</p> <p>4 A. Oh yes, I would have told her after the</p> <p>5 meeting, would you like to see the notes of</p> <p>6 the meeting today or I have the notes that I</p> <p>7 made today of the meeting.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. And would you give her copies of them?</p> <p>10 MS. PARSONS:</p> <p>11 A. No, they were in my files.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Do you know if she ever looked at them?</p> <p>14 MS. PARSONS:</p> <p>15 A. I'm not sure.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. But certainly she would, to your knowledge,</p> <p>18 would have known that you had notes, you told</p> <p>19 her, advised her you did and she'd know where</p> <p>20 to find them, if she wished.</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. At the time, you know, rather than drafting a</p> <p>25 letter, was there any thought given to just</p>

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1 simply making a photocopy of your notes and
 2 passing it on?
 3 MS. PARSONS:
 4 A. I could have done that. I did not think it
 5 was acceptable from a professional standpoint
 6 to give a patient a handwritten -
 7 COFFEY, Q.C.:
 8 Q. And why is that?
 9 MS. PARSONS:
 10 A. Everything these days is word processed and
 11 professional and documents have very fancy
 12 formats.
 13 COFFEY, Q.C.:
 14 Q. Do you know if--and I'm talking about doing
 15 things formally, do you know if the patient in
 16 question has ever formally been told by
 17 Eastern Health that she's not getting a copy
 18 of this or of the letter?
 19 MS. PARSONS:
 20 A. I only know that I told her more than once
 21 that I was not authorized to provide her with
 22 the letter she requested.
 23 COFFEY, Q.C.:
 24 Q. And do you know if, to your knowledge, has
 25 Eastern Health ever formally in a letter

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1 format told her?
 2 MS. PARSONS:
 3 A. Not to my knowledge, but I don't know.
 4 COFFEY, Q.C.:
 5 Q. And this is one of those patients who, when we
 6 look back, if we could, at C-231 please? This
 7 is a patient who--and if we look at the bottom
 8 of your draft here, the first page, "However
 9 Ms."--and it's blank, redacted--"was also
 10 informed that the treatment for DCIS would
 11 have been surgical removal, radiation and
 12 Tamoxifen and she did not need the four cycles
 13 of chemotherapy that she received." So
 14 that's--she had been advised of that and
 15 that's in fact referred to in the meeting.
 16 Were you ever asked in any other instance to
 17 provide a record to a patient of a meeting?
 18 MS. PARSONS:
 19 A. Not that I remember.
 20 COFFEY, Q.C.:
 21 Q. So this is one of those DCIS/no tumour, NT
 22 patients.
 23 MS. PARSONS:
 24 A. This is DCIS.
 25 COFFEY, Q.C.:

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1 Q. Yes. If we could look, please, at C-0235?
 2 Okay, was there any--perhaps I'll expand the
 3 question I just asked. Have you ever been
 4 asked by any patient or any patient's relative
 5 for any other document?
 6 MS. PARSONS:
 7 A. Oh yes.
 8 COFFEY, Q.C.:
 9 Q. In connection with ER/PR that you were not
 10 able to give them or -
 11 MS. PARSONS:
 12 A. I was not able to give them, no. I have given
 13 pathology reports to patients and their
 14 families upon request.
 15 COFFEY, Q.C.:
 16 Q. So this is the one instance.
 17 MS. PARSONS:
 18 A. Copies of charts.
 19 COFFEY, Q.C.:
 20 Q. So this is the one instance.
 21 MS. PARSONS:
 22 A. That I can remember.
 23 COFFEY, Q.C.:
 24 Q. That you refused, you, on behalf of Eastern
 25 Health refused to provide a document.

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. If we could look please, and I apologize,
 5 first of all at C-0236? The meeting we were
 6 just looking at was held July 12th, 2006.
 7 This one, this is a screen, the actual
 8 document is a screen capture, okay.
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. It begins, and then there's a meeting of July
 13 11th, 2007. A meeting with, and the patient's
 14 name is redacted, and Dr. Denic, Dr. Laing and
 15 yourself.
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And then I take it these again are your notes,
 20 handwritten notes of the time of the meeting
 21 and this was, this patient fell under which
 22 category then? I'm just going to look down
 23 through it, if you like. This would be "on
 24 retesting today, we would say your estrogen
 25 and progesterone was negative". I take it

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1 this is a retroconverter case?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And, so this is a record that you made of that
 6 particular meeting, that would be the day
 7 before the July 12th one. If we could please,
 8 look at C-0237? This is another screen
 9 capture, this exhibit. It relates to July 11,
 10 2007, meeting on that day, meeting with a
 11 patient and the patient's name is redacted.
 12 Dr. Denic was there, Dr. Laing and yourself
 13 and Mr. So I take it this was the patient's
 14 husband was there.
 15 MS. PARSONS:
 16 A. Patient's husband.
 17 COFFEY, Q.C.:
 18 Q. So this is a different meeting, same date,
 19 July 11th. And here, this is a--if we just
 20 look at the beginning of the comments, you
 21 attribute--these again are your notes as best
 22 you could at the time as to who said what.
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. And you attribute to Dr. Denic, "In 1998 you
 2 were diagnosed as invasive cancer. Originally
 3 we reviewed your slides and the experts now
 4 say your cancer was DCIS." So this is a DCIS
 5 no tumour or NT case.
 6 MS. PARSONS:
 7 A. Uh-hm.
 8 COFFEY, Q.C.:
 9 Q. If we could look, please, at exhibit C-0238
 10 and this document begins with a screen capture
 11 which is redacted. It's July 11th, 2007, a
 12 meeting with the patient's son. The patient,
 13 I take it, is deceased. Drs. Denic, Laing and
 14 yourself are present. I take it these are
 15 again your notes of what was said.
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And after Dr. Denic opens, and you quote him
 20 by saying "I am very sorry for your loss."
 21 What sort of category then was this patient's
 22 mother? Look down through it and here at the
 23 bottom he does note "she had her mastectomy
 24 re-again tested for ER/PR and was reported as
 25 negative."

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1 MS. PARSONS:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. So I take it would this be a retroconverter?
 5 MS. PARSONS:
 6 A. It appears that way.
 7 COFFEY, Q.C.:
 8 Q. I'm just going to take you through this so I'm
 9 clear on this.
 10 MS. PARSONS:
 11 A. It was a complicated, there was the biopsy and
 12 the tumour and there seemed to be different
 13 results.
 14 COFFEY, Q.C.:
 15 Q. Yes. Now here with respect to this, how was
 16 it that you came to meet with a patient's son?
 17 MS. PARSONS:
 18 A. He called me inquiring about his mother's
 19 retesting results.
 20 COFFEY, Q.C.:
 21 Q. And what then happened?
 22 MS. PARSONS:
 23 A. I would have tried to find the patient. I
 24 believe I had to call the Cancer Clinic to ask
 25 them to look for her Cancer Clinic chart and

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1 when Dr. Laing reviewed the results, because
 2 it was not a straightforward confirmed
 3 negative, she asked me to arrange a meeting to
 4 talk to this man.
 5 COFFEY, Q.C.:
 6 Q. And so the meeting was arranged.
 7 MS. PARSONS:
 8 A. So the meeting was arranged and he came.
 9 COFFEY, Q.C.:
 10 Q. From your understanding for what purpose?
 11 MS. PARSONS:
 12 A. To explain to him his mother's testing and
 13 retesting results.
 14 COFFEY, Q.C.:
 15 Q. And we look at the second page of this, your
 16 notes, comments attributed to Dr. Laing, in
 17 the middle of the comment there, it says
 18 "There is different results from two different
 19 samples. The sample that was zero percent,
 20 zero percent, was the one that was retested
 21 and came back positive for estrogen. If she
 22 came to see us today, we would still offer her
 23 chemo, it is better tolerated now, but she
 24 would have been offered Tamoxifen." And you
 25 underline that.

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1 MS. PARSONS:
 2 A. Uh-hm.
 3 COFFEY, Q.C.:
 4 Q. And there are more comments there. So in this
 5 period of July 11th, 2007, July 12th, 2007,
 6 you were meeting with patients who were retro-
 7 -a retroconverter patient and DCIS/no tumour
 8 and a patient's son to explain what was a not
 9 straightforward conversion case.
 10 MS. PARSONS:
 11 A. Yes.
 12 THE COMMISSIONER:
 13 Q. Mr. Coffey, wherever you can find a suitable
 14 place.
 15 COFFEY, Q.C.:
 16 Q. Thank you. If we could, please, exhibit C-
 17 0232? I apologize, Commissioner, perhaps I'll
 18 go back before I got to that one in October,
 19 this is C-0235. This is, again, I take it are
 20 your notes?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. And present, the name is redacted, and
 25 includes, I take it, the patient, the

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1 patient's sister was there?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Do you recall when this was?
 6 MS. PARSONS:
 7 A. The same day, there were three meetings on the
 8 same day and it was the same day as the one we
 9 discussed earlier about the letter.
 10 COFFEY, Q.C.:
 11 Q. July 12th.
 12 MS. PARSONS:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. So on July 11th, there were how many meetings,
 16 do you recall?
 17 MS. PARSONS:
 18 A. Two.
 19 COFFEY, Q.C.:
 20 Q. Two, and then July 12th perhaps three?
 21 MS. PARSONS:
 22 A. Three.
 23 COFFEY, Q.C.:
 24 Q. They were grouped into those two days?
 25 MS. PARSONS:

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1 A. We had to find a date and a time when both the
 2 specialists were available and it was not easy
 3 to do.
 4 COFFEY, Q.C.:
 5 Q. And here, this particular meeting then, it was
 6 DCIS/no tumour, if you just look down through
 7 the -
 8 MS. PARSONS:
 9 A. DCIS, yes.
 10 COFFEY, Q.C.:
 11 Q. DCIS case.
 12 MR. SIMMONS:
 13 Q. I don't know if it makes a difference, but
 14 one, the July 11th meetings were 2007, but
 15 July 12th meetings were 2006.
 16 COFFEY, Q.C.:
 17 Q. I apologize. Yes, I apologize. You're
 18 correct, Mr. Simmons. Just let me get this
 19 right. July 12th '06, and this would have
 20 been--the one we're looking at now, the DCIS
 21 one, would have been July 2006?
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Yes, okay, and there is one involving the--

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1 it's C-0236, Commissioner, this is July 11th
 2 2007, as is C-0237. Thank you very much, Mr.
 3 Simmons, for noting that, and C-0238 as well,
 4 for that matter, and I'll be getting to--no,
 5 I've already dealt with that, C-0238. What I
 6 wanted to ask you about here, in relation to
 7 the C-0235 one, is--and again, I'm not going
 8 to take you through the nitty gritty of what
 9 was said back and forth. The Commissioner can
 10 read that, as can counsel, but toward the end
 11 of the notes here, there's a note here that
 12 the patient or the patients--actually,
 13 presumably the patient's sister, in this
 14 context, yes, just go back one, it's the
 15 sister who's with her.
 16 MS. PARSONS:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. There's a note here, you attribute a remark,
 20 Dr. Denic has said "I feel sorry, I
 21 apologize," and then presumably the sister
 22 indicates "there should be reimbursement for
 23 her expenses."
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. I wanted to ask you about that. Was the

3 financial end of this ever pursued in the

4 sense of reimbursement for patients for out-

5 of-pocket expenses or additional expenses they

6 incurred?

7 MS. PARSONS:

8 A. In this particular case, this patient did call

9 me later and bring up the subject of

10 compensation.

11 COFFEY, Q.C.:

12 Q. Yes.

13 MS. PARSONS:

14 A. She had had expenses related to over-the-

15 counter medications for the symptoms she was

16 experiencing, pain and joint stiffness and

17 others, and thought that we should reimburse

18 her for the cost of those things. So she

19 called me one day to discuss this.

20 COFFEY, Q.C.:

21 Q. And what did you say?

22 MS. PARSONS:

23 A. I told her that I had no authority to grant

24 such a request. However, I would bring it

25 forward, and I asked her whether she had any

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1 idea of how much compensation would be

2 adequate. She said no, she had no idea. So I

3 said, "if you could give us some estimate,

4 then I could include that in my request on

5 your behalf" and I advised her that perhaps

6 she could try to calculate what her expenses

7 had amounted to. But I did not get an amount

8 from the patient.

9 COFFEY, Q.C.:

10 Q. And I take it that ended that aspect of the

11 matter, in terms of your involvement?

12 MS. PARSONS:

13 A. Well, that was the conversation with the

14 patient.

15 COFFEY, Q.C.:

16 Q. Yes.

17 MS. PARSONS:

18 A. As I promised her, I then brought it forward

19 to Ms. Predham and said I've had a request

20 from this patient and I left it with her.

21 COFFEY, Q.C.:

22 Q. You didn't hear anything back from Ms. Predham

23 about it?

24 MS. PARSONS:

25 A. No.

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1 COFFEY, Q.C.:

2 Q. Thank you, Commissioner.

3 COMMISSIONER:

4 Q. We'll break until 2:15.

5 (LUNCH BREAK)

6 THE COMMISSIONER:

7 Q. Please be seated. Mr. Coffey.

8 COFFEY, Q.C.:

9 Q. Thank you, Commissioner. If I could just

10 return to a particular aspect of this matter,

11 C-0239 please? Ms. Parsons, this--well this

12 document is three pages long, it's the fax

13 coversheet, an e-mail in effect or a memo and

14 the a fax, a transmission of verification

15 report. The fax itself is to John Taylor from

16 yourself. John Taylor is described as being

17 at Stewart McKelvey, August 3rd, 2006, and it

18 says, "John, please call me"--at your number--

19 "after this document has been reviewed,

20 thanks. Nancy Parsons." And it indicates

21 it's pages two, including the coversheet, and

22 I take it that page two of this exhibit is the

23 attached sheet to the fax, the coversheet is

24 that redacted version of that exhibit we

25 looked at earlier involving the exchange

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1 between yourself and Dr. Laing.

2 MS. PARSONS:

3 A. Yes, it's the same -

4 COFFEY, Q.C.:

5 Q. That's the July 12th, 2006 meeting, the notes

6 on it, the summary of it.

7 MS. PARSONS:

8 A. That's right.

9 COFFEY, Q.C.:

10 Q. That you prepared intending to pass it on to

11 the patient?

12 MS. PARSONS:

13 A. That is correct.

14 COFFEY, Q.C.:

15 Q. So that by, certainly by August 3rd, 2006, Dr.

16 Laing would have reviewed it already, said

17 fine, and would Dr. Fontaine have likely not

18 looked at it by this point?

19 MS. PARSONS:

20 A. Yes.

21 COFFEY, Q.C.:

22 Q. Okay.

23 THE COMMISSIONER:

24 Q. I understood this morning that Dr. Fontaine

25 had seen it before Dr. Laing?

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<p>1 MS. PARSONS: 2 A. That's--I'm not sure in which order, but they 3 both saw it and gave me feedback. 4 COFFEY, Q.C.: 5 Q. Okay, and they had both vetted it before it 6 went off to Stewart McKelvey? 7 MS. PARSONS: 8 A. Yes, Dr. Laing said it was fine as it was and 9 Dr. Fontaine made a few small changes. 10 COFFEY, Q.C.: 11 Q. Now if I could, I just want to, if I can, 12 clarify the ordering of which certain things 13 then occurred in the summer of 2006. If we 14 can look at C-0233, now this is dated July 15 12th, 2006. This is one of those cases that 16 involved a meeting on that day with Dr. Laing 17 and yourself and Dr. Denic, that's one of 18 them. 19 MS. PARSONS: 20 A. Yes. 21 COFFEY, Q.C.: 22 Q. And this is one of the DCIS/no tumour? 23 MS. PARSONS: 24 A. Yes. 25 COFFEY, Q.C.:</p>	<p>1 MS. PARSONS: 2 A. Yes, one after the other. 3 COFFEY, Q.C.: 4 Q. And then C-0235, please? And this is again 5 one where the patient and her sister were 6 present? 7 MS. PARSONS: 8 A. Yes. 9 COFFEY, Q.C.: 10 Q. Dr. Denic, Dr. Laing and yourself are present, 11 and this is the one where the patient, in the 12 middle of the first page of the exhibit, says 13 "I did six months of chemo. I have been sick 14 every since." 15 MS. PARSONS: 16 A. Yes. 17 COFFEY, Q.C.: 18 Q. "My body has not been the same." And this is 19 the one where the sister, at the very end, you 20 record her as making a reference to there 21 should be reimbursement for her expenses? 22 MS. PARSONS: 23 A. Yes. The reason two of those are undated, Mr. 24 Coffey, is because they were all fastened 25 together.</p>
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<p>1 Q. Okay. This is the one where there's a 2 reference to "can I have a summary of what was 3 discussed today"? 4 MS. PARSONS: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. Okay. And if we could bring up, please, C- 8 0234? This is one of those that we looked at 9 before the lunch break, but it's undated, see 10 on this? 11 MS. PARSONS: 12 A. Yes. 13 COFFEY, Q.C.: 14 Q. Dr. Denic, Dr. Laing and, of course, yourself 15 and the patient would have been there. It's-- 16 and again this would be one of the DCIS cases? 17 MS. PARSONS: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. Okay, and this then, this meeting would have 21 been on the same day, July - 22 MS. PARSONS: 23 A. There were three meetings on that day. 24 COFFEY, Q.C.: 25 Q. On that day, July 12th, 2006?</p>	<p>1 COFFEY, Q.C.: 2 Q. Okay. 3 MS. PARSONS: 4 A. It was a continuous document that I - 5 COFFEY, Q.C.: 6 Q. At the time. 7 MS. PARSONS: 8 A. - wrote the notes. 9 COFFEY, Q.C.: 10 Q. So in terms of afterward, looking back on it, 11 you would have been able to say "okay, they're 12 stapled together. They all occurred on the 13 one day." 14 MS. PARSONS: 15 A. Plus, I'm not likely to forget those meetings. 16 COFFEY, Q.C.: 17 Q. And so in the summer then of 2006 - 18 MS. PARSONS: 19 A. Yes. 20 COFFEY, Q.C.: 21 Q. They were the three meetings that you attended 22 concerning ER/PR during the summer itself? 23 MS. PARSONS: 24 A. Yes. 25 COFFEY, Q.C.:</p>

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1 Q. Did you attend any more involving patients
 2 that summer?
 3 MS. PARSONS:
 4 A. No.
 5 COFFEY, Q.C.:
 6 Q. Okay. If we could, please, Exhibit C-0232?
 7 Now this is your handwriting, I take it?
 8 MS. PARSONS:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. And it's dated October 5th, 2006. It's a
 12 meeting at the Cancer Clinic to discuss ER/PR
 13 status of, and the patient's name is redacted,
 14 with the patient's husband.
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Present are Dr. Laing, Dr. Denic, the husband
 19 of the patient and yourself?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. And again, of course, without identifying the
 24 patient, how did this meeting come about, do
 25 you recall?

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1 MS. PARSONS:
 2 A. It would have been either the patient's
 3 husband called and had some questions about
 4 his late wife's ER/PR status or Dr. Laing was
 5 aware that he was seeking information and
 6 called me to arrange the meeting. I'm not
 7 sure whether it originated with a call to me
 8 or whether she was contacted directly by the
 9 patient's husband.
 10 COFFEY, Q.C.:
 11 Q. And were you involved in--you would have been
 12 involved though in setting up, scheduling the
 13 meeting to ensure Dr. Denic and Dr. Laing were
 14 available, and yourself?
 15 MS. PARSONS:
 16 A. Yes. I somehow feel that this meeting was
 17 originated with Dr. Laing, because I do not
 18 recall speaking to the gentleman before. The
 19 other patients, I had talked to, some of them
 20 more than once, and they felt at least they
 21 had some familiarity with me. I had not met
 22 this gentleman before or not spoken to him,
 23 that I can recall.
 24 COFFEY, Q.C.:
 25 Q. And when we look at this, and again, I take it

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1 you've tried as best you could to record what
 2 was being said?
 3 MS. PARSONS:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. The first comment attributed to the patient's
 7 husband is "I have no problem if it is the
 8 testing that is more advanced than it was. I
 9 know there is more knowledge now than there
 10 was in 1999. The news items that I've read
 11 suggest that there may have been negligence"
 12 and then you note Dr. Denic said "there is no
 13 black and white answers in medicine" and he
 14 goes on from there. What was your sense of
 15 why it was that the patient's husband wanted
 16 to meet with Dr. Denic and Dr. Laing? What
 17 was he inquiring about?
 18 MS. PARSONS:
 19 A. He just wanted to know how this new
 20 information that he was hearing about in the
 21 media applied to his wife's case.
 22 COFFEY, Q.C.:
 23 Q. And he did though make reference to
 24 negligence, as you noted he did. He was, in
 25 effect, I take it, asking if there was any

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1 negligence?
 2 MS. PARSONS:
 3 A. He said that word.
 4 COFFEY, Q.C.:
 5 Q. Did you get any sense at the time that this
 6 gentleman wanted to know why this had
 7 happened, what the cause or causes were?
 8 MS. PARSONS:
 9 A. He seemed satisfied with the discussion, as I
 10 have outlined it here.
 11 COFFEY, Q.C.:
 12 Q. No, I appreciate that, he's satisfied, but at
 13 the time was he asking, did you understand, is
 14 it your understanding that he was asking these
 15 two physicians what the cause or causes of
 16 this were, he wanted to know how this had
 17 happened?
 18 MS. PARSONS:
 19 A. I don't believe he did specifically ask that
 20 question.
 21 COFFEY, Q.C.:
 22 Q. No, and I appreciate you didn't--you don't
 23 record him as saying those exact words, but in
 24 terms of was he looking for answers as to why
 25 this had happened, particularly if he's

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1 speaking about negligence?
 2 MS. PARSONS:
 3 A. He wanted an explanation, how could this be.
 4 COFFEY, Q.C.:
 5 Q. And you've recorded what you, at the time,
 6 heard Dr. Denic say and Dr. Laing?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Could you tell the Commissioner, please, how
 11 many such meetings you attended? There's this
 12 one, how many others, like, I'll refer to them
 13 as non DCIS, non retroconverter meetings.
 14 MS. PARSONS:
 15 A. Not very many more, if any.
 16 COFFEY, Q.C.:
 17 Q. Okay.
 18 MS. PARSONS:
 19 A. The only ones I remember distinctly are the
 20 ones that I have made notes. I think I would
 21 have made notes had I attended any others.
 22 COFFEY, Q.C.:
 23 Q. Again, dealing with kind of the 2006 period,
 24 if we could, Exhibit C-0241? This is a screen
 25 capture record by yourself. And of course,

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1 it's redacted, the patients screen
 2 information. But this is dated March 29th,
 3 2006. It says, "This deceased patient's
 4 husband called for her ER/PR results. Not
 5 available at present." So I take it that's,
 6 you would have at the time, the husband called
 7 and identified himself properly, checked and
 8 at the time understood that they were not
 9 available?
 10 MS. PARSONS:
 11 A. That is correct.
 12 COFFEY, Q.C.:
 13 Q. Then there's a note here September 25th, 2006,
 14 Mr. and the name is redacted, "called back."
 15 You've noted, "Retested February 4th, 2006."
 16 And then "Mount Sinai results, now ER 50
 17 percent, PR five percent. Previously 10 to 15
 18 and five to 10 percent." You've filed it
 19 under ER/PR. Can you tell us, please, where
 20 would you have gone to check on September 25th
 21 when the husband called back and learned that
 22 the retesting had occurred February 4th?
 23 MS. PARSONS:
 24 A. To be able to answer that accurately, I would
 25 need to know which region of the province the

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1 patient was in.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 MS. PARSONS:
 5 A. I would have first gone to Meditech if it were
 6 a patient from our region here or I may have
 7 had to call the lab in the region to ask about
 8 that.
 9 COFFEY, Q.C.:
 10 Q. And just--and in this context, I take it, of
 11 course, the response to the husband was
 12 initiated, in fact, by him calling back in
 13 September?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. And that prompted you to make inquiries and
 18 you would have passed on the results, I take
 19 it, to him at that time, or would you have?
 20 MS. PARSONS:
 21 A. I'm not exactly clear on when we were
 22 authorized to do so because there was a group
 23 of deceased patients that we were waiting for
 24 a decision on communicating with their
 25 families.

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1 COFFEY, Q.C.:
 2 Q. Right. Could you tell then, I was going to
 3 add this as a way of leading into then the
 4 deceased patient in that regard, tell the
 5 Commissioner then what you recall about how
 6 the deceased patients, you understood they
 7 were to be handled, their results?
 8 MS. PARSONS:
 9 A. In the very beginning I understood that the
 10 deceased would be retested after all of the
 11 living had been retested and everyone who
 12 called me to inquiry, that is what I told
 13 them. They were fine with that, they
 14 understood perfectly that if there were
 15 patients living who needed treatment change,
 16 that should be ascertained before we looked at
 17 the deceased patients who it would have been a
 18 case of what if in their case. Each time that
 19 I had an inquiry from a relative of a deceased
 20 patient, I would ask what is the decision on
 21 the deceased patient and we, for a very long
 22 time, had no decision on how we were going to
 23 respond to the families of the deceased.
 24 COFFEY, Q.C.:
 25 Q. So if they called and you learned--well, they

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1 told you the patient was deceased, you weren't
 2 in--you told them you weren't in a position to
 3 say or?
 4 MS. PARSONS:
 5 A. In the early days when I was still learning
 6 and figuring it all out, I was reluctant to
 7 tell the families of the deceased anything
 8 because I was unsure of what I was and wasn't
 9 allowed to do from a professional practice
 10 perspective as well as how Eastern Health was
 11 going to decide to respond to inquiries from
 12 the deceased. As time went on and I gained a
 13 little more confidence, if a patient's family
 14 member called and I could see that the results
 15 had returned and were confirmed negative, I
 16 told them.
 17 COFFEY, Q.C.:
 18 Q. Did you have anyone's permission to do that or
 19 were you simply--you're grinning. I take it
 20 you just went ahead and did it?
 21 MS. PARSONS:
 22 A. I went ahead and did it.
 23 COFFEY, Q.C.:
 24 Q. Yes. And while I'm on that topic, at the time
 25 in the fall of 2005 when this first wave of

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1 calls were made to tell people their retest
 2 results, you told the Commissioner about that
 3 earlier today.
 4 MS. PARSONS:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. When you would be told by the person on the
 8 phone that the patient was deceased, at that
 9 time would you tell the relative what the
 10 results were?
 11 MS. PARSONS:
 12 A. Sorry, could you -
 13 COFFEY, Q.C.:
 14 Q. At the time, those unfortunate times when you
 15 did call, not knowing that you were calling to
 16 communicate with a patient who was deceased,
 17 when you would be told by the relative that
 18 his, you know, their mother had died, his wife
 19 had died, whatever the case was, did you then
 20 go on to tell--you had the results right then
 21 and there. Would you tell -
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. - the relative?

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1 MS. PARSONS:
 2 A. If they wanted them.
 3 COFFEY, Q.C.:
 4 Q. If they wanted them.
 5 MS. PARSONS:
 6 A. I would ask, "Would you like to know the
 7 results of the retesting?" And the majority
 8 of people said, "no"--said "yes", I'm sorry.
 9 There was one husband who said "No, I would
 10 prefer not to know."
 11 COFFEY, Q.C.:
 12 Q. And these were all people, of course, who had
 13 been confirmed negative?
 14 MS. PARSONS:
 15 A. Yes, those were the ones I was calling.
 16 COFFEY, Q.C.:
 17 Q. What then happened in relation to--well, how
 18 did you handle calls from relatives of
 19 patients who you could look and see had not
 20 been retested, like relatives of deceased who,
 21 when you looked, there's no record that they
 22 had been retested yet?
 23 MS. PARSONS:
 24 A. I would -
 25 COFFEY, Q.C.:

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1 Q. What did you tell them?
 2 MS. PARSONS:
 3 A. I would tell them that I would request
 4 retesting if it was appropriate.
 5 COFFEY, Q.C.:
 6 Q. And what would you do then?
 7 MS. PARSONS:
 8 A. I would then give that name to pathology, to
 9 Dr. Cook or his secretary or later on Dr.
 10 Denic.
 11 COFFEY, Q.C.:
 12 Q. And so you would tell the relative, "I will" -
 13 MS. PARSONS:
 14 A. "Request."
 15 COFFEY, Q.C.:
 16 Q. "Request," get Dr. Cook or Dr. Denic on the
 17 case, as it were, and they would agree to do
 18 it? I'm correct on that?
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Would the--what about then communicating the
 23 result back to them, the relative?
 24 MS. PARSONS:
 25 A. If they called me back and asked for it and it

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1 was confirmed negative, I would give it to
 2 them.
 3 COFFEY, Q.C.:
 4 Q. Yes. And now how about for those deceased
 5 patients who, when there were inquiries made
 6 about the retest results, you could see that
 7 they were positives?
 8 MS. PARSONS:
 9 A. I would again ask what are we doing with the
 10 deceased patients' results and I would be
 11 told, "We have not yet decided how we are
 12 going to communicate results to families of
 13 the deceased." So I would tell that to the
 14 caller, that "Eastern Health has not yet
 15 decided how they will be dealing with
 16 communicating results to the families of
 17 patients who are deceased. When a decision
 18 has been made, you will be notified."
 19 COFFEY, Q.C.:
 20 Q. And I take it that that went on for some
 21 period of time?
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. When, if ever, did it change?

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1 MS. PARSONS:
 2 A. Early in this calendar year, 2008.
 3 COFFEY, Q.C.:
 4 Q. Yes.
 5 MS. PARSONS:
 6 A. I attended a meeting with Mrs. Pilgrim, Mrs.
 7 Smith from the cancer centre, Heather and
 8 myself and there was then a plan of how we
 9 were going to communicate with families of the
 10 deceased.
 11 COFFEY, Q.C.:
 12 Q. And in relation--and that would be families,
 13 period, or families who had not called?
 14 MS. PARSONS:
 15 A. That would be families, period. And I believe
 16 the plan was to make a public announcement
 17 that this information was available for those
 18 who were seeking it because we didn't know for
 19 sure that everybody wanted to know.
 20 COFFEY, Q.C.:
 21 Q. And so in the meantime all throughout '06 and
 22 throughout '07 if a relative called, a
 23 relative of a deceased patient called and you
 24 were aware that the result was confirmed
 25 negative?

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. You were telling?
 5 MS. PARSONS:
 6 A. I was.
 7 COFFEY, Q.C.:
 8 Q. You were offering it. If you were able to
 9 tell that it was a positive, a conversion, you
 10 would tell them that Eastern Health has still
 11 not made up its--or decided on how it's going
 12 to deal with the matter?
 13 MS. PARSONS:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. So your understanding was Eastern Health had
 17 not made up its mind about how to deal with
 18 the matter of those who had converted because
 19 through you they were already dealing with the
 20 people who didn't convert?
 21 MS. PARSONS:
 22 A. I felt that that was appropriate to do and I
 23 did it.
 24 COFFEY, Q.C.:
 25 Q. Okay. Now -

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1 THE COMMISSIONER:
 2 Q. Ms. Parsons, I'm assuming by this point, now
 3 you're into 2008, and perhaps in most of 2007,
 4 you would have been the only person dealing
 5 with these calls that would come to the
 6 general line in respect of ER/PR? Your other
 7 colleagues who had been brought in for the
 8 purpose of dealing with calling patients when
 9 there was that rush on return of test results,
 10 would have gone back to doing their other
 11 jobs, and unless they were filling in for you,
 12 that kind of inquire would, generally
 13 speaking, be fielded by you only at this
 14 point?
 15 MS. PARSONS:
 16 A. Yes, generally.
 17 COFFEY, Q.C.:
 18 Q. So the Commissioner has seen and heard--seen
 19 references to and heard testimony concerning
 20 an ethics consult concerning the deceased
 21 patients, which we understand occurred--the
 22 meeting about it occurred in June of 2006?
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. Were you aware that that was going on?
 2 MS. PARSONS:
 3 A. I am now.
 4 COFFEY, Q.C.:
 5 Q. Okay, well, at the time is what I'm --
 6 MS. PARSONS:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. When did you first learn about that?
 10 MS. PARSONS:
 11 A. I'm not sure when I heard about it. It would
 12 have been well after the fact when I had heard
 13 it brought up in some setting where I was, and
 14 I asked Ms. Elliott whether she had a copy of
 15 the proceedings and she did provide me with a
 16 copy.
 17 COFFEY, Q.C.:
 18 Q. And now--at what stage and what you've already
 19 described did that occur?
 20 MS. PARSONS:
 21 A. When I heard about it --
 22 COFFEY, Q.C.:
 23 Q. Yes.
 24 MS. PARSONS:
 25 A. And asked for it? It might have been this

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1 calendar year.
 2 COFFEY, Q.C.:
 3 Q. Oh, so it wasn't until 2008?
 4 MS. PARSONS:
 5 A. Or late '07.
 6 COFFEY, Q.C.:
 7 Q. Okay, and why did you want a copy of it?
 8 MS. PARSONS:
 9 A. I wondered what it was all about.
 10 COFFEY, Q.C.:
 11 Q. So you had understood--you had been told what,
 12 that there was an ethics consult about how it
 13 would be ethically appropriate to deal with
 14 the deceased patients?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And in the meantime, you had been dealing with
 19 the relatives of the deceased patients for
 20 years?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. When you read the document that you were
 25 provided, did you have any thoughts about it

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1 at the time?
 2 MS. PARSONS:
 3 A. The document basically said that these
 4 families had a negative right to the
 5 information, that if they came looking for it,
 6 we would provide it to them, but if they
 7 didn't come looking, there was no, as I
 8 understood it, obligation on anyone's part,
 9 that information belonging to the deceased is
 10 the deceased information.
 11 COFFEY, Q.C.:
 12 Q. So did it change your approach to this in any
 13 way?
 14 MS. PARSONS:
 15 A. No.
 16 COFFEY, Q.C.:
 17 Q. I take it then in terms of your own approach
 18 in terms of what you read compared to what
 19 you'd been doing, you were getting calls,
 20 people were asking, and certainly if they were
 21 confirmed negative, you were telling them?
 22 MS. PARSONS:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. They had a right to know if they asked, and

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1 you were passing it on. You, though, would
 2 have been aware that if they were asking, the
 3 document you read suggested that even if they
 4 had converted, that they were entitled to
 5 know?
 6 MS. PARSONS:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Did you discuss that with anybody because at
 10 that point you knew for a period of time that
 11 a number of people who were dead now had
 12 converted? Did you take that up with anyone?
 13 MS. PARSONS:
 14 A. I would from time to time ask what are we
 15 doing about the deceased.
 16 COFFEY, Q.C.:
 17 Q. And who would you ask?
 18 MS. PARSONS:
 19 A. Heather.
 20 COFFEY, Q.C.:
 21 Q. And you were told what?
 22 MS. PARSONS:
 23 A. Still no decision has been made.
 24 COFFEY, Q.C.:
 25 Q. Exhibit P-2565, please. This is an e-mail

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1 exchange of July 13th and 14th. On the 13th,
 2 you wrote an e-mail to Pam Elliott, Sharon
 3 Smith, and Dr. Williams about the meeting of
 4 July 12th, I gather, and you said, "Just
 5 wanted to say that I was most impressed with
 6 Drs. Denic and Laing at the meetings held
 7 yesterday about the women who were discovered
 8 to have DCIS. They were excellent. The
 9 information was presented in a considerate
 10 matter and both doctors were very patient in
 11 explaining the situation and answering
 12 questions. They showed great sensitivity and
 13 caring. It was a difficult task, but was
 14 handled with great compassion", signed, Nancy.
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And then Ms. Smith the next day responded by
 19 saying that--to yourself and others saying
 20 that Dr. Laing had been most impressed with
 21 yourself. Dr. Laing was quoted as saying,
 22 "Thank God Nancy was there". What I wanted to
 23 ask you ma'am, was this, when you bear in mind
 24 how, I take it, emotionally tense those
 25 meetings perhaps were --

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. For those concerned, and one of those patients
 5 was someone who you subsequently had to say
 6 that, although she'd been promised a summary
 7 of what had happened in the meeting, you
 8 couldn't provide it --
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. Were not able to. What was her reaction to
 13 being told that you couldn't provide it?
 14 MS. PARSONS:
 15 A. She was disappointed. When I would talk to
 16 these patients, we would talk about many
 17 things. We would talk about body image
 18 issues, we would talk about relationship
 19 issues, we would talk about how the illness
 20 had affected them financially, how it affected
 21 their ability to obtain insurance, for
 22 example, how the insurance was looking for
 23 certain documents to verify their health
 24 status. Really private personal details were
 25 discussed. She understood when I told her I

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1 was not authorized to release the document,
 2 and sometimes these particular women would ask
 3 me about the class action, and whether I had
 4 any information regarding that.
 5 COFFEY, Q.C.:
 6 Q. I'm glad you raised it because I was going to
 7 ask you about that. How would you respond to
 8 that?
 9 MS. PARSONS:
 10 A. I would tell them that as an employee of
 11 Eastern Health, I could not recommend legal
 12 representation to anyone, but as a private
 13 citizen, I was aware from the news that there
 14 was a class action, and I would give them the
 15 name of the law firm that was indeed
 16 conducting it.
 17 COFFEY, Q.C.:
 18 Q. You would pass on the name?
 19 MS. PARSONS:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. As a --
 23 MS. PARSONS:
 24 A. And they would ask me do you have the phone
 25 number, and I would say it's in the phone

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1 book, and sometimes they would say could you
 2 look it up for me, and I would.
 3 COFFEY, Q.C.:
 4 Q. Speaking of law suits, if we could look at,
 5 please, Exhibit P-2851. These are two e-
 6 mails, one of July 9th, 2006, from Ms. Predham
 7 to Ms. Bonnell and Leona Barrington, and this
 8 presumably concerns--she says, "I've attached
 9 a briefing note I did up on Friday regarding
 10 our latest development in the meetings for
 11 four of the five people affected will be
 12 taking place on Wednesday", which would be
 13 July 12th, those meetings you're referring to?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. And here at the top there's an e-mail of July
 18 31st, 2006, to Ms. Elliott, Ms. Bonnell, and
 19 yourself, from Ms. Predham. Attached is a
 20 briefing note of July 4th.doc, and the
 21 Commissioner has seen that before, but the e-
 22 mail reads, "Hi, Yes, you are right. The
 23 background is attached below. I guess one of
 24 the arguments in our defense of the claim will
 25 be that [names are redacted] and the other two

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1 ladies are unrelated to ER/PR. That makes a
 2 good story, and Ches has to get the word out
 3 to increase the number of patients registered
 4 in the class action", signed, Heather. Now,
 5 Ms. Parsons, was the subject of the class
 6 action, how many were involved in it, and the
 7 suggestion here that it makes a good story and
 8 Mr. Crosbie has to get the word out,
 9 presumably the inference being to increase the
 10 --well, she spells it out, to increase the
 11 number of patients registered, was that the
 12 subject of conversation within Quality at
 13 times?
 14 MS. PARSONS:
 15 A. Not with me.
 16 COFFEY, Q.C.:
 17 Q. What was your personal reaction to this? I
 18 mean, you were being asked at times, do you
 19 know about the class action, who the lawyer
 20 is, and you told the Commissioner about that,
 21 but as well you would see this sort of thing,
 22 this sort of e-mail?
 23 MS. PARSONS:
 24 A. I would read it and carry on with my role.
 25 COFFEY, Q.C.:

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1 Q. Did you have any sense that patients were not
 2 to be encouraged to take legal action, or, in
 3 fact, discouraged?
 4 MS. PARSONS:
 5 A. That was never suggested to me.
 6 COFFEY, Q.C.:
 7 Q. Was there ever any discussion about whether or
 8 not patients should be referred or told about
 9 any particular lawyers?
 10 MS. PARSONS:
 11 A. It's always been our practice in health care
 12 to not recommend--you know, doctors, for
 13 example, if someone--we would refer them to
 14 the Department of Health who keeps a list of
 15 physicians taking new patients. When a person
 16 calls us to say they are contacting a lawyer,
 17 it usually means that they are dissatisfied
 18 with how we cared for them and they are
 19 seeking legal representation to see whether
 20 they can be compensated for their lack of
 21 satisfaction with the care.
 22 COFFEY, Q.C.:
 23 Q. So generally in your career, of course, the
 24 approach would be, no, you don't recommend a
 25 particular lawyer, and you haven't told the

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1 Commissioner you were recommending anybody
 2 here?
 3 MS. PARSONS:
 4 A. No.
 5 COFFEY, Q.C.:
 6 Q. But if they ask, you were providing
 7 information that you knew as a -
 8 MS. PARSONS:
 9 A. It was public information.
 10 COFFEY, Q.C.:
 11 Q. Yes. Was there ever any discussion within
 12 Quality that you heard about whether or not
 13 anything should be said to patients about Mr.
 14 Crosbie?
 15 MS. PARSONS:
 16 A. No. I spoke to Mr. Crosbie myself on
 17 occasion.
 18 COFFEY, Q.C.:
 19 Q. Okay.
 20 MS. PARSONS:
 21 A. If he called looking for information or
 22 sometimes his patients, his clients would call
 23 to say that they had been referred to me by
 24 him, seeking information.
 25 COFFEY, Q.C.:

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1 Q. Please, at Exhibit P-2854? Now this is a
 2 note--this is your handwriting?
 3 MS. PARSONS:
 4 A. Yes, it is.
 5 COFFEY, Q.C.:
 6 Q. You signed it "Nancy, August 24th, 2006" and
 7 dated it. You write "Heather, total letters
 8 sent 328. Treatment recommended 100." It was
 9 100. "No recommendation for change equals
 10 225. 'Need more information' equals one," with
 11 an asterisk, "page eight, now deceased.
 12 'pending' one," double asterisk page five, and
 13 then "letter to Dr. Williams" one of those,
 14 page seven. What was this about?
 15 MS. PARSONS:
 16 A. These were the patients that had been panelled
 17 up until this date. Heather came to me prior
 18 to this 24th of August and asked me if I could
 19 make a list of who the doctors were that had
 20 been sent letters from the panel. Once we had
 21 that information, the plan was to try to
 22 ascertain whether the physicians who received
 23 the letters had actually done what was asked
 24 of them in the letter and that is to
 25 communicate the information in the letter to

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1 the patient.
 2 COFFEY, Q.C.:
 3 Q. And so how did you go about gathering that
 4 information?
 5 MS. PARSONS:
 6 A. I asked Ms. Debbie Parsons, who had recorded
 7 the proceedings at the panel, to give me
 8 copies of all the letters that had been sent
 9 out, and that was 328 letters. I sorted them
 10 according to physician, and then I listed
 11 patient's name, whether there was a
 12 recommendation for treatment or no
 13 recommendation under that physician.
 14 COFFEY, Q.C.:
 15 Q. And so you were given a print out of all the
 16 letters or copy of -
 17 MS. PARSONS:
 18 A. I was given an actual--the letters, the actual
 19 -
 20 COFFEY, Q.C.:
 21 Q. That's what I'm saying, a print out or a copy
 22 of all these letters.
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. 328 of them?
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. A stack?
 6 MS. PARSONS:
 7 A. Yeah.
 8 COFFEY, Q.C.:
 9 Q. And you went through them, sorting them by
 10 physician's name. That would be the physician
 11 to whom the letter was directed?
 12 MS. PARSONS:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. The primary person in the title?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And then within that, recorded the patient's
 20 name and--I'm just going to show you now,
 21 because perhaps this will assist you. Page
 22 two of the exhibit.
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. 2854, would this be the list that you made?
 2 MS. PARSONS:
 3 A. Yes, it is.
 4 COFFEY, Q.C.:
 5 Q. It's your handwriting?
 6 MS. PARSONS:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. And when you look at, for example, here, it
 10 says letters.
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And there's a date?
 15 MS. PARSONS:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. In fact, you've written date, and then this
 19 would be the date of the letter?
 20 MS. PARSONS:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. Of the panelling letter, I'll call it?
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. The patient's names would be down here?
 3 MS. PARSONS:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. They're redacted here, and then the doctor's
 7 names and they're here. They would be
 8 redacted.
 9 MS. PARSONS:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And you got a heading here, Doctor, and
 13 there's a slash, recommendation, and what was
 14 recommended or if there was no recommendation,
 15 you've noted?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And then you've got written here,
 20 recommendation -
 21 MS. PARSONS:
 22 A. Completed.
 23 COFFEY, Q.C.:
 24 Q. It was completed, and what does this mean?
 25 MS. PARSONS:

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1 A. That was meant to give us feedback that the
 2 instructions on the letter, please communicate
 3 this to your patient, was actually done by the
 4 physician.
 5 COFFEY, Q.C.:
 6 Q. That column was prepared with that in mind?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. And then what happened in relation--so you
 11 prepared this, and we can just kind of look
 12 through it, these numbers here, like four,
 13 six, and we go on to the next page, we'll see
 14 there's a number seven circled. What
 15 significance, if any -
 16 MS. PARSONS:
 17 A. That's how many patients for that physician.
 18 So if you looked at the top, the first page,
 19 you could see that there were four lines
 20 redacted for that physician.
 21 COFFEY, Q.C.:
 22 Q. Sure.
 23 MS. PARSONS:
 24 A. So he or she had four letters sent to him or
 25 her from the panel.

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1 COFFEY, Q.C.:
 2 Q. And then the next one down is six?
 3 MS. PARSONS:
 4 A. Yes. This group, I grouped together as
 5 surgeons, and there were two surgeons, Dr.
 6 Kwan and Dr. Felix, and I've written there F7
 7 K9, so there were seven were Dr. Felix and
 8 nine for Dr. Kwan.
 9 COFFEY, Q.C.:
 10 Q. So this is this group, that would be 16 in all
 11 then?
 12 MS. PARSONS:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. And go on to the next page, there's a doctor,
 16 number seven, and then five and then seven, we
 17 can go on through it.
 18 MS. PARSONS:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Now what then happened in relation to this
 22 column to the right? What was done with this?
 23 MS. PARSONS:
 24 A. What was done with this was the first group of
 25 physicians were the oncologists or the

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1 physicians at the Cancer Clinic and I would
 2 contact each of their secretaries, and you can
 3 see names on the side here and phone numbers
 4 beside them, Joyce 7801 or whatever.
 5 COFFEY, Q.C.:
 6 Q. Joyce.
 7 MS. PARSONS:
 8 A. And Patsy.
 9 COFFEY, Q.C.:
 10 Q. Patsy, who would they be secretaries for?
 11 MS. PARSONS:
 12 A. Secretaries to the particular physician that
 13 is redacted there in that section.
 14 COFFEY, Q.C.:
 15 Q. Yes.
 16 MS. PARSONS:
 17 A. And I would--I called them on the phone and
 18 told them that we were interested in knowing
 19 whether the recommendations on the panel
 20 letters had been carried out, and I was faxing
 21 a list and I would appreciate them checking
 22 with the physician and letting us know whether
 23 indeed it had happened or not.
 24 COFFEY, Q.C.:
 25 Q. So that the patient had been told and the

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1 recommendation had been followed or just the
 2 patient had been told?
 3 MS. PARSONS:
 4 A. Whatever the letter said. So if it said "we
 5 recommend a treatment change for this
 6 patient," that is what we would expect to have
 7 been carried out.
 8 COFFEY, Q.C.:
 9 Q. Okay, and so you have the names here of each
 10 of the assistants to the physicians?
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And we go on then to number here, 51 on page
 15 four of the exhibit actually.
 16 MS. PARSONS:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. And on page six of the exhibit, 30 this
 20 physician does. 18 and so on, go down through
 21 it. As we go through this, we get to page
 22 nine of the exhibit, there's a heading
 23 "Carbonear"
 24 MS. PARSONS:
 25 A. Um-hm.

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1 COFFEY, Q.C.:

2 Q. So I take it you broke down then physicians

3 who were outside St. John's, those regions?

4 MS. PARSONS:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. And there were nine there?

8 MS. PARSONS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. And in this particular case, for example,

12 Carbonear, the first patient is indicated to

13 be deceased?

14 MS. PARSONS:

15 A. Um-hm. That one says need more info.

16 COFFEY, Q.C.:

17 Q. Yes, and then at the bottom of this page,

18 Northern/Labrador, there's seven of those.

19 MS. PARSONS:

20 A. Um-hm.

21 COFFEY, Q.C.:

22 Q. And then on page ten, there are GPs in town?

23 MS. PARSONS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. That would be in St. John's, I take it?

2 MS. PARSONS:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. And this would be varied from a whole number

6 of doctors, different types.

7 MS. PARSONS:

8 A. Oh yes.

9 COFFEY, Q.C.:

10 Q. And then there's a column, category, outside

11 St. John's on page 12, 23.

12 MS. PARSONS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. Outside St. John's meant what, in this

16 context?

17 MS. PARSONS:

18 A. What I ended up doing with that, and you can

19 see some entries there where on the right-hand

20 side it says "Sheri" in a few places. I was

21 unsure which region of the province this

22 particular community was in, so I would talk

23 to my colleagues in Central and in Western and

24 in the Avalon region to say this doctor is in

25 a certain community, who does he or she belong

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1 to, and they would take the name of the

2 physician that was in their region. You can

3 see Bonnie further down.

4 COFFEY, Q.C.:

5 Q. And Bonnie is there. Bonnie and Sheri are the

6 two -

7 MS. PARSONS:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. - comment are the names. And then there's, on

11 page 13, there's Central?

12 MS. PARSONS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. And page 14, there's a reference to fax to B.

16 Walker, October 2, 2006, Western.

17 MS. PARSONS:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. 33 of them. So this would have been going on,

21 I take it, and continued into October of 2006,

22 this--you're faxing it at that point?

23 MS. PARSONS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. I believe, Commissioner, you've seen actually

2 a reference to a fax that went out to Corner

3 Brook. I think Dr. Jenkins looked at that.

4 And Central, at page 15, 44. So whatever

5 became of this then, this effort?

6 MS. PARSONS:

7 A. We did get some feedback. It was easy to get

8 feedback from the oncologists.

9 COFFEY, Q.C.:

10 Q. Yes.

11 MS. PARSONS:

12 A. And we did get feedback from some of the

13 regions where I had colleagues working in

14 Quality or in risk management, and they were

15 responsible for finding out the answers. The

16 physicians that we were not able to get

17 information back from were the family

18 physicians in private practice. It just

19 became too difficult a task. I started to

20 undertake it myself, but as everybody knows,

21 if you are trying to call a busy family

22 doctor's office, sometimes you can't get

23 through. Sometimes the answering machine is

24 on saying leave a message. Sometimes you get

25 through and the doctor isn't in then, and call

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1 back this afternoon. It required repeated
 2 calling, and after a few weeks of trying, I
 3 had very little to show for my efforts. So I
 4 advised Heather that we would have to abort
 5 this attempt because I wasn't getting anywhere
 6 with the feedback.
 7 COFFEY, Q.C.:
 8 Q. And was this aspect of the matter ever pursued
 9 again?
 10 MS. PARSONS:
 11 A. Not by me.
 12 COFFEY, Q.C.:
 13 Q. And so if it was, it was done by someone else?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Up until when did this effort continue? It
 18 started in August with this--or after you
 19 prepared the list in August and we've seen
 20 you're faxing material out to Western
 21 Newfoundland, certainly in early October.
 22 MS. PARSONS:
 23 A. In October.
 24 COFFEY, Q.C.:
 25 Q. How long did your efforts continue?

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1 MS. PARSONS:
 2 A. Probably until the end of October possibly.
 3 COFFEY, Q.C.:
 4 Q. Of 2006?
 5 MS. PARSONS:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. And from your perspective, I take it, Ms.
 9 Predham would have clearly understood that you
 10 had not been able to verify that the
 11 recommendations had been carried out or even
 12 if these patients had been told, some of them
 13 anyway?
 14 MS. PARSONS:
 15 A. That's correct.
 16 COFFEY, Q.C.:
 17 Q. She would have understood that?
 18 MS. PARSONS:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Exhibit P-1502? This is two e-mails of
 22 September 14th, 2006. The sender's name is
 23 redacted and as is the patient's name. The e-
 24 mail is to Susan Bonnell and says "to whom"--
 25 it's "re: ER/PR receptor results. To Whom it

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1 May Concern" and says "I have been previously
 2 told that my wife's ER/PR receptor was being
 3 retested as her diagnosis of breast cancer
 4 fell into the time period where
 5 inconsistencies were detected. I have been
 6 requesting these results on several--or
 7 requested these results on several occasions
 8 and have had no success. Originally I was
 9 told I would be contacted with the results"--
 10 I'm sorry, "when the results were back, but I
 11 have heard nothing. Could you please advise
 12 who I can contact to get an answer? I don't
 13 want to be put onto a patient relations
 14 officer who is going to give me the runaround.
 15 I have been more than patient on this issue,
 16 but I now require a truthful answer to get on
 17 with my life. My wife's name was" and he's
 18 got her maiden name as well, which is of
 19 course redacted, her date of birth, the date
 20 she died, what she was diagnosed with. "If I
 21 haven't received a reply to this e-mail by
 22 September 28th, 2006, I will be contacting the
 23 media with my problem" and he leaves contact
 24 information, as well as his name. And there's
 25 handwriting here, "this man called the first

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1 time, November 9th, 2005."
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. That was--this is your handwriting?
 6 MS. PARSONS:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. And you would have known that because of the
 10 records you'd been keeping?
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. So I take it that this e-mail was referred to
 15 you?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Because when we look up here above, Ms.
 20 Bonnell, the same day, sent it to--I'm sorry,
 21 it came in to Ms. Bonnell. She sent it on to
 22 Ms. Elliott, Ms. Predham and yourself?
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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<p>1 Q. And then you wrote this. You've written here 2 "lab communication, type two, resolved." So 3 what happened then with respect to this? What 4 do you recall, again, without, of course, 5 identifying - 6 MS. PARSONS: 7 A. The gentleman called me on November 9th, 2005 8 requesting, as he states, his deceased wife's 9 sample to be retested or to obtain the results 10 of her retesting. I would have told him back 11 then, November 9th, 2005, "sir, we are dealing 12 with the living first and once that has been 13 completed, we will then concentrate on the 14 deceased," and would probably have had no more 15 information to communicate to him up until 16 now. 17 COFFEY, Q.C.: 18 Q. So do you recall whether or not she had been 19 retested? 20 MS. PARSONS: 21 A. This is September 14th, 2006. 22 COFFEY, Q.C.: 23 Q. September of '06. 24 MS. PARSONS: 25 A. I do believe her retesting results became</p>	<p>1 weren't there? 2 MS. PARSONS: 3 A. It is possible. 4 COFFEY, Q.C.: 5 Q. And then after the results were back, he was 6 told? 7 MS. PARSONS: 8 A. Informed. 9 COFFEY, Q.C.: 10 Q. Informed of it. Exhibit P-1177? This is a 11 fax cover sheet from yourself to Joyce, 12 September 28th, 2006, pages, including the 13 cover sheet, are three, and the subject is 14 patient list. You write "Joyce, as we 15 discussed, we are interested in knowing if all 16 the attached patients have been contacted with 17 their retesting results, even if there are no 18 recommendations. Thanks, Nancy." And this is 19 that activity you just referred to several 20 minutes ago? 21 MS. PARSONS: 22 A. Yes. 23 COFFEY, Q.C.: 24 Q. And there's kind of a post-it note here saying 25 "Nancy, Heather, Debbie, all patients on this</p>
<p>1 available shortly after this. 2 COFFEY, Q.C.: 3 Q. After this? 4 MS. PARSONS: 5 A. After September 14th, yes, 2006. 6 COFFEY, Q.C.: 7 Q. Do you know what had caused them to get done? 8 MS. PARSONS: 9 A. No. 10 COFFEY, Q.C.: 11 Q. To be retested? 12 MS. PARSONS: 13 A. No. It clearly states he doesn't want to deal 14 with me. 15 COFFEY, Q.C.: 16 Q. Yes, and he does say--he begins in the second 17 line by saying "I have been requested"-- 18 presumably, "I have requested these results on 19 several occasions and have had no success." 20 MS. PARSONS: 21 A. The only record I have that I spoke to him is 22 November the 9th, 2005. 23 COFFEY, Q.C.: 24 Q. Yourself, okay. Would it be possible that he, 25 in fact, spoke to the office on a day you</p>	<p>1 list have been notified. Thanks," and that's 2 Joyce. 3 MS. PARSONS: 4 A. It looks like it's Doctor - 5 COFFEY, Q.C.: 6 Q. Oh yes, apologize, Joy McCarthy. 7 MS. PARSONS: 8 A. Yes. 9 COFFEY, Q.C.: 10 Q. Exhibit P-1178? This is again a fax cover 11 sheet of September 28th, 2006 to Joyce from 12 yourself and patient list, and it's a similar 13 request. 14 MS. PARSONS: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. And this particular one, in the top right-hand 18 side, there's Doctor - 19 MS. PARSONS: 20 A. Ahmad. 21 COFFEY, Q.C.: 22 Q. - Ahmad, "do you need all these charts pulled 23 to confirm?" and JM would be? 24 MS. PARSONS: 25 A. I would think that's Joyce.</p>

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1 COFFEY, Q.C.:

2 Q. Joyce.

3 MS. PARSONS:

4 A. Asking Dr. Ahmad if he wants her to pull the

5 charts.

6 COFFEY, Q.C.:

7 Q. And all confirmed?

8 MS. PARSONS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. All patients?

12 MS. PARSONS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. And Exhibit P-2856, please? This is again a

16 fax cover sheet of September 28th, 2006 to

17 Debbie from yourself. You write, "Debbie, as

18 we discussed, we are interested in knowing if

19 all the attached patients have been contacted

20 with their retesting results, even if there

21 are no recommendations for treatment." So

22 here, at this point, you seem to be asking

23 though, have they been contacted about the

24 results, which of course, does not necessarily

25 mean that they've accepted the recommendation

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1 or not. So at the time, was it contact that

2 was sought to be confirmed, that was passed

3 on, or that, in fact, the patient had actually

4 accepted it?

5 MS. PARSONS:

6 A. Perhaps my wording should have been more

7 precise. What we were trying to ascertain was

8 whether the physicians who received the

9 letters from the panel actually carried out

10 the request of the panel in the letter.

11 COFFEY, Q.C.:

12 Q. And then in receiving the responses you did

13 receive, when for example Joy McCarthy noted

14 they're all done, you interpreted that as they

15 all know about them, the results, and have

16 accepted the recommendations?

17 MS. PARSONS:

18 A. Or at least it's been discussed with the

19 patient -

20 COFFEY, Q.C.:

21 Q. Discussed with them, okay.

22 MS. PARSONS:

23 A. - and the patient has decided whether or not

24 she wishes to follow this recommendation.

25 COFFEY, Q.C.:

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1 Q. Okay. And this particular one, just note,

2 this is page seven of that larger exhibit we

3 looked at earlier. Exhibit P-2857, please?

4 This, I take it, is a another fax cover sheet

5 of the same date, September 28th, 2006, again

6 a different group, as it were.

7 MS. PARSONS:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. So you would break these down when you faxed

11 them off to, for example Joyce, by doctor?

12 MS. PARSONS:

13 A. Yes. Joyce may have been responsible for more

14 than one physician.

15 COFFEY, Q.C.:

16 Q. Yes. Now, and there are other such exhibits,

17 Commissioner, I'm not going to refer the

18 witness to them. Exhibit P-1383? The

19 Commissioner has seen this before, Ms.

20 Parsons. It's an e-mail of September 28th,

21 2006 from Ms. Predham to a number of

22 individuals, copied to yourself and others.

23 It's re: ER/PR communication, and it involves

24 a situation where a patient was not notified

25 of the results.

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1 MS. PARSONS:

2 A. Yes.

3 COFFEY, Q.C.:

4 Q. And I'm not going to take you through each of

5 those, when they did, didn't happen, but I'm

6 going to ask you this. When did you first

7 then, do you recall, become aware that some

8 patients had been missed, as it were?

9 MS. PARSONS:

10 A. By the physicians?

11 COFFEY, Q.C.:

12 Q. Yes.

13 MS. PARSONS:

14 A. I would think this is what this request from

15 Heather may have come out of, that she had

16 become aware of a patient who had not been

17 followed up with.

18 COFFEY, Q.C.:

19 Q. So this e-mail of September 28th, which we're

20 looking at there, and that happens to be the

21 same day of the fax cover sheets that you're

22 faxing.

23 MS. PARSONS:

24 A. However, the request from her would have come

25 to me before August the 20 something. That's

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<p>1 the date I have my list.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. Yes, to prepare the sheets.</p> <p>4 MS. PARSONS:</p> <p>5 A. Yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Yes.</p> <p>8 MS. PARSONS:</p> <p>9 A. But that was why she asked me to prepare them.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. But it was on September 28th that you actually</p> <p>12 ended up faxing them out to all these</p> <p>13 different physicians, at least as best the</p> <p>14 cover sheets indicate?</p> <p>15 MS. PARSONS:</p> <p>16 A. Yes.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Looking for confirmation.</p> <p>19 MS. PARSONS:</p> <p>20 A. Yes.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. With respect then to the matter of missed</p> <p>23 patients, what then happened in that regard?</p> <p>24 MS. PARSONS:</p> <p>25 A. With this initiative to try and -</p>	<p>1 Mount Sinai results of ER 90 percent, PR 40</p> <p>2 percent. I have gone through every scrap of</p> <p>3 paper related to ER/PR that I have and cannot</p> <p>4 find her name anywhere. We certainly didn't</p> <p>5 panel her. Can we quickly review her via</p> <p>6 phone or something and then get the letter to</p> <p>7 her GP? Would that be appropriate? She was</p> <p>8 seeing Dr. Tang at the Cancer Clinic."</p> <p>9 And then Ms. Predham sends that e-mail</p> <p>10 and then another one to Ms. Elliott saying</p> <p>11 "please read below. I have no idea how we</p> <p>12 could have missed this lady so completely,</p> <p>13 unless she was a consult on request by her</p> <p>14 physician. But if so, the physician should</p> <p>15 have told her. I'll keep you updated.</p> <p>16 Meanwhile, we have another lady who has died,</p> <p>17 but converted. Her husband is in Corner Brook</p> <p>18 and Sharon and Kara will be talking about how</p> <p>19 best to address that. Nancy, Nash and Kara</p> <p>20 are meeting with another husband in the a.m.,</p> <p>21 same scenario. She had died, but her results</p> <p>22 came back as converting," and that would be</p> <p>23 one of the -</p> <p>24 MS. PARSONS:</p> <p>25 A. The meeting we looked at earlier.</p>
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<p>1 COFFEY, Q.C.:</p> <p>2 Q. Well, you've described the initiative, but I</p> <p>3 mean, were there any other instances where you</p> <p>4 became aware of missed patients?</p> <p>5 MS. PARSONS:</p> <p>6 A. Only if a patient self-identified herself to</p> <p>7 me.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. If we could, Exhibit P-1179? And here, this</p> <p>10 is an e-mail--well, two e-mails of October</p> <p>11 4th, 2006. The first from Ms. Predham to</p> <p>12 Doctors Laing and Denic, copied to yourself</p> <p>13 and Ms. Smith, and it says "a lady"--redacted</p> <p>14 name--"called Nancy on Monday asking if she</p> <p>15 had been retested. Apparently she had called</p> <p>16 in the fall asking if she was--if there was</p> <p>17 retesting and she would be involved. She was</p> <p>18 told yes, and that someone would be in touch.</p> <p>19 She called in on Monday asking if there has</p> <p>20 been any word on her retesting as she hadn't</p> <p>21 heard anything. She was diagnosed with cancer</p> <p>22 in 1999. Her original ER/PR from May 99</p> <p>23 showed faint positivity in less than 20</p> <p>24 percent of cells. There's an addendum on her</p> <p>25 pathology report dated November 4th, 2005 with</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. - the meeting we've looked at earlier.</p> <p>3 MS. PARSONS:</p> <p>4 A. Yes.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. To your knowledge, in terms of that e-mail of</p> <p>7 September 28th, Exhibit P-1383, where the</p> <p>8 patient being notified was missed, there was a</p> <p>9 panel letter?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. But it was a patient being notified was</p> <p>14 missed. Now there's a patient, according to</p> <p>15 Ms. Predham, she couldn't find it anywhere,</p> <p>16 any record of the patient. To your knowledge,</p> <p>17 what then happened, if anything, to try to</p> <p>18 identify patients who might have been missed,</p> <p>19 and this is the beginning of October, 2006?</p> <p>20 MS. PARSONS:</p> <p>21 A. I had no knowledge of any initiative. There</p> <p>22 may have been one, but I --</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. You weren't asked to get involved, and you</p> <p>25 didn't observe one that you saw?</p>

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<p>1 MS. PARSONS: 2 A. Not that I -- 3 COFFEY, Q.C.: 4 Q. That you were aware of? 5 MS. PARSONS: 6 A. Not that I can remember. 7 COFFEY, Q.C.: 8 Q. If we could look, please, at Exhibit P-2864. 9 This is an e-mail of October 26th, 2006, from 10 yourself to--I'm sorry, from Ms. Predham to a 11 number of individuals. It's copied to 12 yourself and Ms. Barrington. Another issue 13 with ER/PR is the subject matter, and, "The 14 patient was diagnosed with breast cancer in 15 1999, original ER/PR was 30 and 40 percent. 16 When retesting, her ER/PR was zero/zero. It's 17 been rechecked twice by Mount Sinai, and still 18 no staining was revealed. The original slides 19 were assessed by pathology and it was found 20 that the original interpretation was accurate. 21 She was one of the four patients that we 22 classified as retroconverters. In other 23 words, she originally stained positive, but 24 now is coming back negative, the opposite of 25 our concern. She has been treated with</p>	<p>1 Nancy declined to give". This is again a 2 reference to, "I can only assume that Mr. 3 Crosbie will now have another story". Now 4 with--well, first of all, I will ask you, 5 because we referred to it already, did you-- 6 did you decline to give the information? 7 MS. PARSONS: 8 A. No, Ms. Predham is mistaken. 9 COFFEY, Q.C.: 10 Q. Mistaken about that, and what then in terms 11 of, at least your knowledge of the matter, 12 happen with respect to a patient such as this? 13 MS. PARSONS: 14 A. She would not have been a patient that I was 15 communicating with previously because she was 16 panelled. 17 COFFEY, Q.C.: 18 Q. Yes. 19 MS. PARSONS: 20 A. So I have no knowledge. 21 COFFEY, Q.C.: 22 Q. You weren't asked to attend any meeting 23 afterward in relation to this patient? 24 MS. PARSONS: 25 A. No.</p>
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<p>1 Tamoxifen from 1999 until 2004. This was 2 switched to Femara for extended adjuvant 3 therapy and it was discontinued in October, 4 2005, because of side effects. Then with much 5 discussion and debate on how best to disclose 6 this information to the patient, the original 7 intent was a meeting with the clinical chiefs 8 and someone from QRM, but a complicating 9 factor at the time was the media coverage. 10 After these DCIS meetings, upon further 11 review, the panel identified that we had 12 earlier discovered another retroconverter who 13 was contacted via the most responsible 14 physician, our usual process. Therefore, the 15 day after the panel meeting, September 8th, 16 2006, Kara, on behalf of the panel wrote Dr. 17 Ahmad to recommend that she remain off Femara 18 and not receive any further hormonal therapy. 19 Yesterday afternoon, Nancy received a phone 20 call from [redacted]. Apparently, Dr. Ahmad 21 sent the letter to Dr. Wayne Budden, the 22 family physician. Dr. Budden called the 23 patient and gave her the letter. The patient 24 called Nancy to get contact information on the 25 group that is suing Eastern Health, which</p>	<p>1 COFFEY, Q.C.: 2 Q. Or do you know? 3 MS. PARSONS: 4 A. No. 5 COFFEY, Q.C.: 6 Q. There's a reference there to a documented 7 false positive. See that, right here? Did 8 you ever hear people in your office talk about 9 a documented false positive rate? 10 MS. PARSONS: 11 A. No. 12 COFFEY, Q.C.: 13 Q. The answer is no, okay, and if we could look 14 at 2865, please. This is an e-mail from Ms. 15 Predham to yourself, October 30th, 2006, and 16 she is informing you about having handled two 17 calls on Friday, which I take it would be your 18 day off? 19 MS. PARSONS: 20 A. Yes. 21 COFFEY, Q.C.: 22 Q. And I refer to this just because here it deals 23 with two particular calls, two particular 24 patients, and their circumstances, and would 25 this be the sort of communication, at least by</p>

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<p>1 e-mail, that somebody such Ms. Predham might 2 make to you concerning something that happened 3 on a day off? 4 MS. PARSONS: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. This would be an example of it. 8 MS. PARSONS: 9 A. An example, yes. The second item there is a 10 mental health issue. 11 COFFEY, Q.C.: 12 Q. Yes, so not only ER/PR, but anything else that 13 arose -- 14 MS. PARSONS: 15 A. Yes. 16 COFFEY, Q.C.: 17 Q. You would be communicated and told about it. 18 Now you would have understood, or did you 19 understand that in December, 2006, that there 20 was a media technical briefing held by Eastern 21 Health, had all the media -- 22 MS. PARSONS: 23 A. Yes. 24 COFFEY, Q.C.: 25 Q. Did you participate in any of the preparations</p>	<p>1 COFFEY, Q.C.: 2 Q. You did? 3 MS. PARSONS: 4 A. Uh-hm. 5 COFFEY, Q.C.: 6 Q. Did you get any inquiries afterward about 7 that? 8 MS. PARSONS: 9 A. No. 10 COFFEY, Q.C.: 11 Q. You were aware that it apparently was being 12 talked about in the media? 13 MS. PARSONS: 14 A. Yes. 15 COFFEY, Q.C.: 16 Q. But no patient subsequently that you can 17 recall called? 18 MS. PARSONS: 19 A. Nobody called me to specifically say just how 20 many people are involved in this, or how many 21 have converted, or any such inquiry. 22 COFFEY, Q.C.: 23 Q. Or why it happened? 24 MS. PARSONS: 25 A. Or why it --</p>
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<p>1 for that? 2 MS. PARSONS: 3 A. No. 4 COFFEY, Q.C.: 5 Q. Did you pay any attention to the media 6 coverage afterward? 7 MS. PARSONS: 8 A. Not intentionally. 9 COFFEY, Q.C.: 10 Q. Okay. The Commissioner again has seen 11 references to media coverage, and certainly in 12 some of the coverage there's references to how 13 many--Eastern Health had not said how many 14 change results there had been, overall changed 15 test results, and people were quoted as saying 16 they still didn't know why this had happened. 17 MS. PARSONS: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. As the patient relations officer at the time, 21 did you understand that those two questions 22 were still of interest to people in the 23 public? 24 MS. PARSONS: 25 A. Yes, I heard that.</p>	<p>1 COFFEY, Q.C.: 2 Q. At that point. 3 MS. PARSONS: 4 A. At that point. 5 COFFEY, Q.C.: 6 Q. Exhibit P-1207. This is a couple of e-mails 7 of January 25th, 2007, and the first of them 8 is from Leona Barrington about an e-mail she 9 had received from somebody at The Independent 10 newspaper and "The woman who was just given 11 her ER/PR result went to The Independent with 12 her story, and this story is about a woman-- 13 Stephanie Porter from The Independent said 14 involved in ER/PR testing, just found out 15 about her results. She had a reverse one and 16 was advised to start taking Tamoxifen two 17 weeks ago. According to the doctor she spoke 18 with, her test results actually arrived back 19 in St. John's in 2006. She hasn't been given 20 an explanation for the delay, and the question 21 is are there other patients who have yet to be 22 tracked down, is there a checklist of some 23 sort to make sure everyone has been reached. 24 I guess I'm wondering if this is an isolated 25 case, I guess", and then Ms. Barrington</p>

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<p>1 forwards that to a number of individuals, not 2 including yourself, but then the same day Ms. 3 Predham forwards it to a number, including 4 yourself and with her own e-mail. She notes, 5 "This lady called Nancy last week saying that 6 we had called her and told her that we were 7 going to retest her, but she had not heard 8 anything since. I'm checking into it. This 9 lady was retested and was shown to have a 10 changed ER/PR result. She was panelled on 11 February, 2006. I note it was written by Kara 12 Laing as chair of the panel, that Kara was the 13 most responsible physician. In September, we 14 contacted all physicians who received a letter 15 from the panel to confirm that patients had 16 been notified. After an incident with another 17 patient, the entire list was reviewed with the 18 leadership in the Cancer Care Program. This 19 lady was on Dr. Laing's list. Unfortunately, 20 Kara is not available now to meet with this 21 lady and explain why she was missed. An 22 appointment was arranged with Dr. Zulfiqar to 23 meet with her. She called Nancy a few days 24 later very upset. She did make the comment 25 that she had attempted to call Nancy several</p>	<p>1 subsequently get involved in any rechecking? 2 MS. PARSONS: 3 A. No. The first item there says that Heather 4 plans for her and I to review the panel list 5 and try to eliminate those we know for sure 6 that have been contacted. Those were very few 7 people. 8 COFFEY, Q.C.: 9 Q. That you could actually -- 10 MS. PARSONS: 11 A. For example, the ones who have come forward in 12 the media and those that have called us to 13 complain or people we had met with, didn't add 14 up to very many. 15 COFFEY, Q.C.: 16 Q. So you could confirm that certain people had 17 been contacted, those who had self-identified 18 in the media--had been identified in the 19 media, and who else? 20 MS. PARSONS: 21 A. Those we'd met with. 22 COFFEY, Q.C.: 23 Q. Met with, yes, and you and I today have 24 covered the ones certainly you had met with? 25 MS. PARSONS:</p>
<p>1 months ago, but there was no message, and no 2 evidence of her calling. Unfortunately, I 3 don't know what else from an Eastern Health 4 perspective we could have done". Do you 5 remember this? 6 MS. PARSONS: 7 A. Yes. 8 COFFEY, Q.C.: 9 Q. And following this--I take it--first of all 10 before I go on, I take it then you would have 11 understood at the time that Dr. Laing's office 12 or Dr. Laing had just not told the patient? 13 MS. PARSONS: 14 A. She didn't contact her. 15 COFFEY, Q.C.: 16 Q. She had been missed. Exhibit P-2867. This is 17 an e-mail from Heather Predham to yourself, 18 Ms. Elliott, and Ms. Pilgrim, of January 25th, 19 2007. She writes, "I just got off the phone 20 with Dr. H", who would be Howell. "He feels 21 we have to assume that there's another missed 22 person out there, and we need to triple check 23 the notifications. In talking with him, 24 here's the tentative plan", and they list it. 25 So in respect of this, you were not asked to</p>	<p>1 A. Yes. 2 COFFEY, Q.C.: 3 Q. And other than that -- 4 MS. PARSONS: 5 A. We had the correspondence back from the 6 physicians who verified that they had done 7 what we asked them to do. 8 COFFEY, Q.C.: 9 Q. So what group then--you said there weren't a 10 lot. So what great larger group fill--that 11 you couldn't confirm contact with? They were 12 made up primarily of what? 13 MS. PARSONS: 14 A. There were physicians that we weren't able to 15 contact. 16 COFFEY, Q.C.: 17 Q. And was this just a group that had converted? 18 MS. PARSONS: 19 A. Yes. 20 COFFEY, Q.C.: 21 Q. This is not the confirmed negatives, which 22 would be another whole group again? 23 MS. PARSONS: 24 A. Yes, that's what I take this to be about, Mr. 25 Coffey.</p>

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<p>1 COFFEY, Q.C.:</p> <p>2 Q. Because this is the panel list which would be</p> <p>3 the positives?</p> <p>4 MS. PARSONS:</p> <p>5 A. Yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. And conversions. Exhibit P-0439, please.</p> <p>8 Here there's an e-mail of May 16th, 2007, from</p> <p>9 Ms. Predham to a number of individuals, copied</p> <p>10 to yourself, the subject is ER/PR. Now this,</p> <p>11 of course, is after the matter gets raised in</p> <p>12 the House of Assembly?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. And in the media on May 15th.</p> <p>17 MS. PARSONS:</p> <p>18 A. Yes.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. So, Ms. Parsons, what then happened between</p> <p>21 the end of January, 2007, and May 15th, in</p> <p>22 relation to ER/PR? Did you have--how involved</p> <p>23 were you then in it?</p> <p>24 MS. PARSONS:</p> <p>25 A. There were still calls coming in from families</p>	<p>1 Q. Yes, relatively quiet compared to what it had</p> <p>2 been?</p> <p>3 MS. PARSONS:</p> <p>4 A. Relatively quiet compared to the previous.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Thank you, Commissioner, I'll pick it up then</p> <p>7 when we come back.</p> <p>8 THE COMMISSIONER:</p> <p>9 Q. Afternoon break.</p> <p>10 (BREAK)</p> <p>11 THE COMMISSIONER:</p> <p>12 Q. Mr. Coffey.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Thank you, Commissioner. Before I continue on</p> <p>15 with the e-mails, Ms. Parsons, you had this</p> <p>16 morning referred to some spreadsheet on which</p> <p>17 deceased patients were listed, and I take it</p> <p>18 you've located that over the lunch hour?</p> <p>19 MS. PARSONS:</p> <p>20 A. Yes, I did.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. Commissioner, a redacted version of it will be</p> <p>23 filed eventually, we've agreed with Mr.</p> <p>24 Simmons.</p> <p>25 THE COMMISSIONER:</p>
<p>Page 282</p> <p>1 of deceased patients, from live patients,</p> <p>2 wondering--sometimes I would get a call from a</p> <p>3 woman who had moved out of the province, but</p> <p>4 was home and was hearing about it.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. Yes.</p> <p>7 MS. PARSONS:</p> <p>8 A. And would call to see whether she was involved</p> <p>9 or affected, or people who were--I know I</p> <p>10 spoke to you back in 2006, but I'm just</p> <p>11 calling back now because I'm anxious and I</p> <p>12 want to be reassured, those kind of--there</p> <p>13 were ongoing people calling all the time.</p> <p>14 THE COMMISSIONER:</p> <p>15 Q. Mr. Coffey, it's getting close to the</p> <p>16 afternoon break.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Yes. Other than what I'll refer to then as</p> <p>19 occasional sporadic calls, the matter of ER/PR</p> <p>20 itself in terms of your involvement, other</p> <p>21 than responding to those requests, had</p> <p>22 concluded?</p> <p>23 MS. PARSONS:</p> <p>24 A. From January to May '07?</p> <p>25 COFFEY, Q.C.:</p>	<p>Page 284</p> <p>1 Q. Okay.</p> <p>2 MS. PARSONS:</p> <p>3 A. Okay.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. You do have it there in front of you, the</p> <p>6 actual raw data.</p> <p>7 MS. PARSONS:</p> <p>8 A. I do.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. It's in a spreadsheet form. Could you just</p> <p>11 indicate, please, what its title, first of</p> <p>12 all?</p> <p>13 MS. PARSONS:</p> <p>14 A. "Death to Persons Having Breast Cancer,</p> <p>15 Newfoundland and Labrador, 1997 to 2004."</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And along the bottom?</p> <p>18 MS. PARSONS:</p> <p>19 A. Along the bottom, "Compiled by the</p> <p>20 Newfoundland and Labrador Centre for Health</p> <p>21 Information, March, 2006."</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And the columns contain what information?</p> <p>24 MS. PARSONS:</p> <p>25 A. The first column is a number system from one</p>

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1 to 820. The second column -
 2 COFFEY, Q.C.:
 3 Q. So just on that there's 820 people listed?
 4 MS. PARSONS:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Okay, go ahead, I'm sorry.
 8 MS. PARSONS:
 9 A. Second column is titled, "Name" and it has
 10 names of patients alphabetically, last name
 11 first, first name. The second column is MCP,
 12 date of birth, date of death and place of
 13 residence.
 14 COFFEY, Q.C.:
 15 Q. And that is, I take it, the spreadsheet you
 16 were referring to earlier?
 17 MS. PARSONS:
 18 A. This is the spreadsheet that I remembered
 19 having seen. It's dated March 2006. However,
 20 the data is only provided up to 2004.
 21 THE COMMISSIONER:
 22 Q. (Inaudible) again? 19 -
 23 MS. PARSONS:
 24 A. '97.
 25 THE COMMISSIONER:

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1 Q. All right, thank you.
 2 COFFEY, Q.C.:
 3 Q. And you understood at the time that this list
 4 did what?
 5 MS. PARSONS:
 6 A. This was going to assist us with the problem
 7 we were having with not knowing whether a
 8 patient was deceased. We hoped it would
 9 assist us, but actually, the data was two
 10 years old when we obtained it in March, 2006.
 11 COFFEY, Q.C.:
 12 Q. And so it was--it was--well, it was at least
 13 two years out of date?
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. To be fair, it was all of '05, because it
 18 included '04, so it was all of '05 and the
 19 beginning of '06 out of date. Did you
 20 understand at the time that if someone died
 21 from some cause other than breast cancer but
 22 they had breast cancer, they just died from
 23 something else, for example, in a car
 24 accident, would they have been--did you have
 25 any understanding about whether they would or

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1 wouldn't be listed in that?
 2 MS. PARSONS:
 3 A. From this title, "Death to Persons Having
 4 Breast Cancer" I would think every person with
 5 breast cancer who died should be included
 6 here.
 7 COFFEY, Q.C.:
 8 Q. And that was just based upon your reading of
 9 the heading?
 10 MS. PARSONS:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MS. PARSONS:
 15 A. It doesn't say "Deaths From Breast Cancer."
 16 COFFEY, Q.C.:
 17 Q. Yes. Did you ever, other than looking at the
 18 titles and what's on the bottom of it, did you
 19 ever discuss that document with anybody, how
 20 reliable it was, the purpose for which it was
 21 originally prepared?
 22 MS. PARSONS:
 23 A. It came to our department. I would think we
 24 must have requested it from NLCHI and we were
 25 hoping that it would be more up to date and we

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1 could check the names of the patients that we
 2 were attempting to contact against this list
 3 before we called to then find out that a
 4 patient had, indeed, died.
 5 COFFEY, Q.C.:
 6 Q. Exhibit P-0439, please? This is an e-mail of
 7 May 16, 2007 from Ms. Predham to a number of
 8 individuals, copied to yourself. She says, "I
 9 just wanted to give you an update on the calls
 10 we, Nancy, mostly, have received today re
 11 ER/PR." And then there's a listing of, I
 12 believe, seven calls. And Ms. Predham ends by
 13 saying, "We'll keep you updated."
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Now, could you tell the Commissioner then, I--
 18 and again, you made a comment about this, I
 19 believe, this morning that beginning in the
 20 middle of May, 2007 there were numerous calls
 21 started again?
 22 MS. PARSONS:
 23 A. Yes, there was a surge in calling by patients.
 24 COFFEY, Q.C.:
 25 Q. And what sorts of inquiries were they making?

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1 MS. PARSONS:
 2 A. They were calling to be reassured that the
 3 information we had given them previously was
 4 indeed accurate. They were calling because
 5 they heard coverage about this topic in the
 6 news and wondered if it was something new and
 7 not what we had told them previously. They
 8 just wanted to verify that there was nothing
 9 for them to worry about. And as I said, some
 10 people happened to be in Newfoundland and
 11 heard it and were living somewhere else and
 12 called to check on whether or not they were
 13 involved.
 14 COFFEY, Q.C.:
 15 Q. If we could look, please, at Exhibit P-0451?
 16 And this is an e-mail of May 23rd, 2007 from
 17 Ms. Predham to Mr. Tilley, Ms. Bonnell and Dr.
 18 Howell. It's not copied to you. But she
 19 begins by saying, "Just to give you an update
 20 on the ER/PR calls today. Nancy has been
 21 quite busy with 20 calls today on ER/PR." And
 22 that was as of the close of business, 4:50
 23 p.m.
 24 MS. PARSONS:
 25 A. Um-hm.

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1 COFFEY, Q.C.:
 2 Q. You normally worked what hours?
 3 MS. PARSONS:
 4 A. I'm usually there until after five.
 5 COFFEY, Q.C.:
 6 Q. After five, so begin around nine?
 7 MS. PARSONS:
 8 A. Well the official work day is 8:30 to 54:30.
 9 COFFEY, Q.C.:
 10 Q. 8:30 to 4:30. And this is May 23rd, a
 11 Wednesday. So there was still a steady stream
 12 of calls coming?
 13 MS. PARSONS:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. In fact, if the Commissioner wished, we could
 17 actually go through, if it was at all
 18 necessary. I certainly won't find it so to go
 19 through your log book and actually -
 20 MS. PARSONS:
 21 A. Identify.
 22 COFFEY, Q.C.:
 23 Q. - figure out how many were related to ER/PR.
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. Any given day. Exhibit P-2868? This is an e-
 3 mail of May 31st, 2007 from yourself to Ms.
 4 Predham. You write, "Heather, here are the
 5 names of patients who have requested ER/PR
 6 testing/retesting. Those with an X are
 7 deceased. The request was made by a family
 8 member." And here, I believe, in fact, you
 9 can see, if you look carefully, it's intended
 10 that the X's be redacted but there's at least
 11 one there and one there. There may be others.
 12 Here there's a reference to "No evidence of
 13 ever being tested." And the first one, in
 14 fact, is 1997, "Diagnosed 1997. No evidence
 15 ever being retesting for ER/PR." This sort of
 16 a comment, "No evidence ever being tested for
 17 ER/PR.", you would write that why?
 18 MS. PARSONS:
 19 A. Because I had looked the patient up and could
 20 find no pathology which included hormone
 21 receptor testing. And if it was not a patient
 22 who was living in St. John's, I would call the
 23 other regions to see whether they had
 24 information on the patient.
 25 COFFEY, Q.C.:

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1 Q. And having done so by the end of May, you'd
 2 recorded this number and made these
 3 observations?
 4 MS. PARSONS:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Exhibit P-1269? And in relation to that one
 8 we just looked at, I take it you were kind of
 9 being tasked with keeping track of this,
 10 people who were asking to be retested, and you
 11 were passing it on to Heather?
 12 MS. PARSONS:
 13 A. Yes. And Dr. Denic.
 14 COFFEY, Q.C.:
 15 Q. And Dr. Denic.
 16 MS. PARSONS:
 17 A. Ultimately.
 18 COFFEY, Q.C.:
 19 Q. Sure. This is an e-mail of June 6th, 2007
 20 from Ms. Predham to a number of individuals,
 21 copied to yourself, "A New Issue in ER/PR."
 22 And the e-mail reads, "Nancy received a call
 23 today from a patient who attended a breast
 24 cancer retreat in Port-aux-Basques over the
 25 weekend. While there one cancer survivor

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<p>1 present spoke to the group and said something 2 like, 'I was tested positive and was taking 3 Tamoxifen. You can't assume that because you 4 tested positive, you are fine. I received a 5 call from my doctor, Dr. McCarthy, who said 6 that I was retested and needed to stop taking 7 Tamoxifen right away.' (we don't know this 8 lady's name) but there was one of Dr. 9 McCarthy's patients who was diagnosed as 10 positive from"--particular spot is redacted, 11 "but came back negative. Upon review the 12 slide was always negative, it was misread or 13 may have been a retroconverter." Then it goes 14 on, "Another lady who was present and had 15 tested ER/PR positive called Nancy this a.m. 16 and related this story to her. Although she 17 has spoken to Dr." and it's redacted, "and 18 several others, she is demanding to be 19 retested. We have had calls from positive 20 patients wanting to be retested, but after 21 explaining things to them, they have accepted 22 that they didn't require retesting. I assume 23 that we will be getting more calls about this 24 so we're going to need some direction as to 25 how to handle this type of scenario. Thanks,</p>	<p>1 MS. PARSONS: 2 A. I can't--that results changed upon retesting 3 generally, not just these people who are 4 calling in now? 5 COFFEY, Q.C.: 6 Q. Yes. 7 MS. PARSONS: 8 A. Yes, I was aware of that. 9 COFFEY, Q.C.: 10 Q. So that the notion that some positives would 11 go to negative, you were aware of that, in 12 fact, the retroconverters we looked at today? 13 MS. PARSONS: 14 A. Yes. 15 COFFEY, Q.C.: 16 Q. So with that knowledge why then would you be 17 telling patients, well, you're positive, 18 you're strongly positive, you've taken 19 Tamoxifen and, you know, in effect, I gather, 20 suggesting to them there's no need to be 21 retested. Why were you doing that? 22 MS. PARSONS: 23 A. That was what I believed to be true, that if 24 you were tested positive originally and 25 treated with Tamoxifen, you did not require</p>
<p>Page 294</p> <p>1 Heather." Now, what then happened in relation 2 to the positive patients? 3 MS. PARSONS: 4 A. Any time I received a call from a patient and 5 she asked me whether she should be retested, I 6 would check. If I found evidence that she was 7 absolutely positive and no doubt about it, I 8 would tell her and she would discuss with me 9 that, yes, she had taken hormone blocking 10 medication, Tamoxifen or some other, and I 11 would explain that she did not require this 12 test to be repeated. Sometimes that was 13 enough explanation for the patient and 14 sometimes she would say "I am still uneasy and 15 I won't rest until I know for sure" at which 16 time I would forward her request to Dr. Denic 17 or Dr. Cook. 18 COFFEY, Q.C.: 19 Q. Now, were you aware that, in fact, out of a 20 number of patients who were retested that, in 21 fact, the results did, for example, I'll put 22 it this way, ER zero and PR seven, I'll just 23 put a figure, and upon retest, the results 24 would go to zero, zero? Were you aware that 25 there were conversions of PRs?</p>	<p>Page 296</p> <p>1 retesting. 2 COFFEY, Q.C.: 3 Q. And were you communicating the fact that this 4 was going on at times to Ms. Predham? 5 MS. PARSONS: 6 A. Yes. 7 COFFEY, Q.C.: 8 Q. So she was aware of it? 9 MS. PARSONS: 10 A. Yes. 11 COFFEY, Q.C.: 12 Q. And she was aware of your response? 13 MS. PARSONS: 14 A. Yes. 15 COFFEY, Q.C.: 16 Q. The type of response you'd make? 17 MS. PARSONS: 18 A. Yes. 19 COFFEY, Q.C.: 20 Q. And I take it it was only if the patient 21 insisted further? 22 MS. PARSONS: 23 A. I wouldn't argue with the patient. 24 COFFEY, Q.C.: 25 Q. Yes.</p>

1 MS. PARSONS:
 2 A. I would explain that the whole retesting was
 3 targeted towards the women that were found to
 4 be negative in the beginning and the reason we
 5 were doing it was to see whether there were
 6 patients who could benefit from Tamoxifen and
 7 since they were already taking Tamoxifen that
 8 was not a concern in their case.
 9 COFFEY, Q.C.:
 10 Q. If we could, please, Exhibit C-0253? Now,
 11 this is--now, again, I refer to this simply to
 12 indicate, perhaps, to the Commissioner, bring
 13 to the Commissioner's attention, perhaps, the
 14 parameters of what you were facing, okay.
 15 There's an e-mail here of May 15th, 2007 at
 16 5:53 p.m., the sender's name is redacted, sent
 17 to yourself. The subject is "ER/PR Receptors
 18 Tests." And the patient writes, "I have been
 19 a patient of the cancer centre. I am in the
 20 group that had ER/PR testing in 1999 and my
 21 testing came back negative and I did not
 22 receive Tamoxifen. I have never been informed
 23 if my test reports changed. Certainly there
 24 will be some effort to contact women in my
 25 situation or are we all expected to call in to

1 MS. PARSONS:
 2 A. She had been retested and she was confirmed
 3 negative.
 4 COFFEY, Q.C.:
 5 Q. Confirmed negative. And how about her having
 6 been informed earlier about the fact that she
 7 was confirmed negative or had she just been
 8 missed?
 9 MS. PARSONS:
 10 A. She says that she was not contacted.
 11 COFFEY, Q.C.:
 12 Q. So that as of the middle of May, 2007, after
 13 this became, on May 15th, certainly a very
 14 public issue, she's an example of somebody who
 15 was confirmed negative but was telling you
 16 that no one had ever told her?
 17 MS. PARSONS:
 18 A. She'd not heard from us.
 19 COFFEY, Q.C.:
 20 Q. Did you hear from any other such patients?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Can you give the Commissioner some sense of--
 25 well, fist of all, was a record kept of those?

1 our oncologists separately to find out about
 2 our testing? I expect a response to this e-
 3 mail in a timely manner." And the sender
 4 describes him or herself as an MD, and, in
 5 fact, on the Faculty of Medicine at Memorial
 6 University.
 7 MS. PARSONS:
 8 A. And she is female.
 9 COFFEY, Q.C.:
 10 Q. Yes, female. And you certainly the next--the
 11 middle of the next day, May 16th, responded
 12 thanking her for contacting us. "I will
 13 certainly check on your test results today.
 14 Could you please confirm your date of birth
 15 for positive identification purposes?" And
 16 when you checked, I take it you did respond?
 17 MS. PARSONS:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. To this patient?
 21 MS. PARSONS:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. What did you find about whether or not the
 25 patient had been, up to that point, retested?

1 MS. PARSONS:
 2 A. My sheets, my patient contact sheets.
 3 COFFEY, Q.C.:
 4 Q. Okay. So if it came in that way, the patient
 5 contact, or the patient contact sheet would be
 6 the screen capture?
 7 MS. PARSONS:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. You would make a note?
 11 MS. PARSONS:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And if we were to check, would we find the
 15 screen capture for her, should we?
 16 MS. PARSONS:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Okay. And so again, if we were to go through
 20 them all, beginning around that time, May 15th
 21 or so, if you could just kind of add them up,
 22 the patients who fell into that category?
 23 MS. PARSONS:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. Were there a number of them?
 2 MS. PARSONS:
 3 A. There were a few or maybe several.
 4 COFFEY, Q.C.:
 5 Q. Okay. If we could look, please, at Exhibit C-
 6 0253? This is an e-mail from yourself,
 7 October 17, 2007 to Ms. Predham saying, "How
 8 are you? This is your friend up the hall who
 9 will be retiring in seven months." And you
 10 have since retired?
 11 MS. PARSONS:
 12 A. Mr. Coffey, that is not the exhibit that I can
 13 view here.
 14 THE COMMISSIONER:
 15 Q. No.
 16 COFFEY, Q.C.:
 17 Q. Oh, I -
 18 MR. BROWNE:
 19 Q. Page -
 20 COFFEY, Q.C.:
 21 Q. I apologize, page 19, I apologize. Thank you.
 22 There you are, okay, that's at the time. And
 23 you go on to say, "I had to talk to Nash about
 24 something on Monday so I asked him 'What about
 25 the latest ER/PR groups results?'"

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1 MS. PARSONS:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. Okay. End quote. "He said he would have to
 5 check. He called today to say Mount Sinai has
 6 not yet started to retest our samples.
 7 They're on full workload, but now will try to
 8 find time to begin ASAP. I think he said
 9 something about they will be doing them in
 10 batches of five and asked me to send him the
 11 names of the people who have been calling and
 12 will ask to have--get those done first, so
 13 that's what I'm doing."
 14 MS. PARSONS:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. So this group of patients, then, in the fall
 18 of 2007 was which group?
 19 MS. PARSONS:
 20 A. The exhibit you showed us a few minutes ago
 21 where the--I indicated the ones with an X were
 22 deceased, that group. That was a list that I
 23 started earlier in the year.
 24 COFFEY, Q.C.:
 25 Q. And so if you were getting calls, follow-up

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1 calls, you were bringing it to Dr. Denic's
 2 attention and you understood he would be
 3 getting Mount Sinai to do them first, if
 4 possible?
 5 MS. PARSONS:
 6 A. He was going to get the blocks and slides
 7 pulled and sent off. The waiting for the
 8 results at this time was stressful for the
 9 patients' families, I remember. There was one
 10 next of kin who was calling frequently to find
 11 out about her sister's results and not
 12 available, not available, not available. she
 13 would become irritated with me and frustrated
 14 and understandably so and would ask "Do you
 15 have a boss? Is there somebody I can talk to
 16 about this?" And I would provide her with
 17 contact information but the results were just
 18 not back. The waiting was hard.
 19 COFFEY, Q.C.:
 20 Q. In fact, as an example of that I'll just take
 21 one e-mail, P-2692? This is an e-mail
 22 exchange from Heather Predham, October 5th,
 23 2007 to Dr. Denic, Mr. Gulliver and Mr. Dyer,
 24 copied to yourself. It says, "Nancy is
 25 getting numerous calls from the families of

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1 the deceased who are waiting for results. She
 2 is off today and I answered two of the calls
 3 and they are upset about the time they are
 4 waiting. So any word, any time line?" And
 5 then Mr. Dyer responded to her saying, "I have
 6 not heard a thing. The original way it worked
 7 with Dr. Cook, Carter received the actual
 8 result. I will talk with Nash. One of us
 9 will call Mount Sinai on Tuesday." So that's,
 10 I take it, reflective, this e-mail is
 11 reflective of what you just said?
 12 MS. PARSONS:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. If we could look, please, at Exhibit P-2872?
 16 This is just an interim performance appraisal
 17 for yourself. But what I wanted to ask you
 18 about was is this, this document here, on page
 19 4, it's "Nancy Parsons, Client Relations
 20 Consultant, Quality and Risk Management.
 21 Preparation for performance appraisal by Pam
 22 Elliott, Director. Thursday, September 20th,
 23 2007." And the goals are listed there. "One,
 24 responding to complaints in accordance with
 25 the complaints policy. Two, communicate with

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<p>1 all areas within Eastern Health regarding</p> <p>2 complaints management. Three, maintain one,"</p> <p>3 underlined, "comprehensive database which will</p> <p>4 track all" underlined, "complaints/compliments</p> <p>5 and outcomes within Eastern Health. Four,</p> <p>6 review and evaluate outcomes of complaints and</p> <p>7 work with stakeholders to improve the quality</p> <p>8 of care/service we provide." I take it</p> <p>9 that's, in effect, the job description?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And "Responding to complaints in accordance</p> <p>14 with the complaints policy," what complaints</p> <p>15 policy was that?</p> <p>16 MS. PARSONS:</p> <p>17 A. There was a complaints policy created in 2007.</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Okay. And was there one before that, do you</p> <p>20 know, that you were aware of?</p> <p>21 MS. PARSONS:</p> <p>22 A. Yes.</p> <p>23 COFFEY, Q.C.:</p> <p>24 Q. Okay, and did they differ substantially?</p> <p>25 MS. PARSONS:</p>	<p>1 became a problem in people getting back to me</p> <p>2 with the information.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. I should perhaps rephrase it in terms of</p> <p>5 yourself as an employee, in terms of your own</p> <p>6 efforts, were you able, if everybody else</p> <p>7 cooperated, were you able to comply with it?</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes, it was a realistic policy.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Okay. "Maintain one comprehensive database</p> <p>12 which will track all complaints/compliments</p> <p>13 and outcomes within Eastern Health."</p> <p>14 MS. PARSONS:</p> <p>15 A. Yeah.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Were you able to do that?</p> <p>18 MS. PARSONS:</p> <p>19 A. Well, as I described to you yesterday, I did</p> <p>20 have my Excel file where I entered all of the</p> <p>21 complaints that I knew about. There were some</p> <p>22 of the regions who still kept their own local</p> <p>23 complaints, but they were expected to send</p> <p>24 them in to us so that we had one major list.</p> <p>25 COFFEY, Q.C.:</p>
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<p>1 A. Not basically, no.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And what, in effect, did they require?</p> <p>4 MS. PARSONS:</p> <p>5 A. The policy outlined the definition of what is</p> <p>6 considered a minor complaint and a major</p> <p>7 complaint, and outlined the time lines that a</p> <p>8 person making a complaint could expect to have</p> <p>9 it responded to, and then step by step how a</p> <p>10 person responding to a complaint should</p> <p>11 document the follow up.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. And either the 2007 before complaints policy</p> <p>14 or the 2007 one, were you able to comply with</p> <p>15 it, from your perspective?</p> <p>16 MS. PARSONS:</p> <p>17 A. It was not just me who had to comply with it -</p> <p>18 COFFEY, Q.C.:</p> <p>19 Q. Yes, I appreciate that.</p> <p>20 MS. PARSONS:</p> <p>21 A. - because often the complaint, if I was the</p> <p>22 receiver of the complaint, I would have to</p> <p>23 refer it, in some cases, refer it on to the</p> <p>24 appropriate people to do the follow up and</p> <p>25 investigation. And sometimes the time lines</p>	<p>1 Q. Now, talking about policies in relation to</p> <p>2 ER/PR, were you aware of any disclosure policy</p> <p>3 by the Health Care Corporation or Eastern</p> <p>4 Health in relation to adverse events?</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. You were aware of that going back to what</p> <p>9 time, to your time as a patient -</p> <p>10 MS. PARSONS:</p> <p>11 A. Quality facilitator.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Quality facilitator. And we understand that</p> <p>14 there was perhaps a new policy signed by Dr.</p> <p>15 Williams August 1st, 2005, I think, is the</p> <p>16 date on it. Were you aware of that?</p> <p>17 MS. PARSONS:</p> <p>18 A. Yes.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. What, if any, effort was made to comply with</p> <p>21 that policy in relation to ER/PR?</p> <p>22 MS. PARSONS:</p> <p>23 A. In a formal manner -</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. Yes.</p>

1 MS. PARSONS:

2 A. - none, as far as I'm concerned. It didn't
3 occur to me that I should be following the
4 disclosure policy. However, when I look at my
5 practices, there were some elements of it
6 which I did follow. I did apologize to the
7 patients when they called, I did offer them to
8 a meeting with a physician if they felt that
9 it would help them, I did try to provide them
10 with the information they were seeking and
11 answer their questions.

12 COFFEY, Q.C.:

13 Q. And did anyone ever, within Eastern Health,
14 ever approach you or talk to you about
15 attempting to comply with this policy?

16 MS. PARSONS:

17 A. No.

18 COFFEY, Q.C.:

19 Q. In relation to the whole of the ER/PR matter,
20 did the topic ever come up that you recall?

21 MS. PARSONS:

22 A. No.

23 COFFEY, Q.C.:

24 Q. In all your discussions with Heather or Dr.
25 Williams or whoever else, Drs. Cook, Denic,

1 Laing and anyone else, and I gather there were
2 numerous people you would have spoken to. The
3 idea of actually or the notion of complying or
4 even attempting to comply with that policy or
5 any other policy applicable never came up?
6 Like, what does our policy say? Let's get it
7 out and see if we can comply?

8 MS. PARSONS:

9 A. No.

10 COFFEY, Q.C.:

11 Q. Okay. If we could look, please, at exhibit C-
12 0253, page 25. I'm just going to go ahead now
13 to early 2008. This is some e-mails of
14 January 2nd and January 10th, 2008 and here on
15 January 2nd, 2008, the name is redacted on the
16 e-mail address. There's an e-mail goes to
17 yourself from a patient. The subject is
18 "Triple Negative Breast Cancer", and the
19 person says, "Hello Ms. Parsons, you will
20 recall that I had spoken to you on the phone a
21 couple of times concerning ER/PR receptor
22 testing. I was one of the cohort that was
23 retested and my results were unchanged." And
24 she's got the actual description there of when
25 her diagnosis and what the original and retest

1 results were for ER/PR. And "Recently I
2 phoned to ask whether my sample might, by any
3 chance, have been tested for HER2/neu test
4 that was not available at the time of my
5 diagnosis." And she goes on to say then, she
6 talks about triple negative breast cancer and
7 she says, "It will be helpful to have a
8 confirmation of this diagnosis for a couple of
9 reasons." And talks about why that would be
10 so from her perspective. And she concludes by
11 saying, "So there is the recap, but that's not
12 why I wrote. You said you would look into the
13 HER2/neu testing for me, but I haven't heard
14 back. I have moved again." And so the phone
15 number she had left is no longer in service
16 and she gave you the new number.

17 MS. PARSONS:

18 A. Uh-hm.

19 COFFEY, Q.C.:

20 Q. And then on January 8th, you had sent an e-
21 mail in response saying, "Nice to hear from
22 you again, I have left a message at the Cancer
23 Clinic to ask Dr. Tompkins if he will order
24 the HER2/neu be done on your sample. The Path
25 lab requires a request from the patient's

1 doctor before they will do the test." And you
2 go on to speak about the work she's doing
3 supporting other women. You, on January 10th,
4 forwarded that to Dr. Tompkins, a series of e-
5 mails. I raise that, bring that up to the
6 Commissioner's attention the idea that in fact
7 not only was it ER/PR that you were dealing
8 with at times and requests in relation to
9 that, but also comments such as HER2/neu and
10 queries about those -

11 MS. PARSONS:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. Relating to breast cancer would come up and
15 you would have to deal with them as well.

16 MS. PARSONS:

17 A. Yes, it was a whole new language for me to
18 learn about.

19 COFFEY, Q.C.:

20 Q. And after--in May 15th, 2007 and I've already
21 referred to you the fact that there were
22 numerous phone calls that you had to field and
23 address, what then could you describe for the
24 Commissioner was your further involvement, if
25 any, with the ER/PR matter?

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<p>1 MS. PARSONS: 2 A. In May 2007? 3 COFFEY, Q.C.: 4 Q. Yes, May 15th, when it became an issue--when 5 it became an issue in the House of Assembly 6 and very much publicly. 7 MS. PARSONS: 8 A. We had a visit from Dr. Reza in our department 9 and he was going through the database that 10 Heather had created on her computer and they 11 were then asking me to help them ascertain 12 whether certain patients had been contacted, 13 various requests would come from them and I 14 would do the work that they asked me to do, 15 call the patients, ask them whether their 16 doctor had been in touch with them, whatever 17 they wanted to know, I would try and find it 18 out. Did I have contact information for this 19 patient who we had not been able to contact 20 previously, try to track people down. 21 COFFEY, Q.C.: 22 Q. So responding to requests by NLCHI's personnel 23 for--Dr. Reza works with NLCHI. 24 MS. PARSONS: 25 A. Yes.</p>	<p>1 COFFEY, Q.C.: 2 Q. We've heard reference to patients from 3 Carbonear having a group of them, living 4 patients in fact having been identified in the 5 summer, August, September time period of '07 6 and then ended up being retested, were you 7 involved in that at all? 8 MS. PARSONS: 9 A. No. 10 COFFEY, Q.C.: 11 Q. Okay. 12 MS. PARSONS: 13 A. Probably because I might have been on holiday. 14 COFFEY, Q.C.: 15 Q. And there was the matter of the deceased? 16 MS. PARSONS: 17 A. Yes. 18 COFFEY, Q.C.: 19 Q. How did that then unfold? 20 MS. PARSONS: 21 A. The dealing with the deceased? 22 COFFEY, Q.C.: 23 Q. Yes. 24 MS. PARSONS: 25 A. As I said earlier at the beginning of this</p>
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<p>1 COFFEY, Q.C.: 2 Q. Request to provide information or to confirm 3 different things. 4 MS. PARSONS: 5 A. Yes. 6 COFFEY, Q.C.: 7 Q. And you would report to him accordingly. 8 MS. PARSONS: 9 A. I would give them the information, yes. 10 COFFEY, Q.C.: 11 Q. Anything else? And that continued up until 12 when, perhaps I should ask you that. That 13 started, presumably in the summer or fall of 14 2007? 15 MS. PARSONS: 16 A. Started in the summer and continued into the 17 fall. There were still calls coming in from 18 patients and families of deceased patients. 19 Am I missing something important? 20 COFFEY, Q.C.: 21 Q. And we've looked at those e-mails, 22 particularly in October patients are anxious, 23 patients' relatives are anxious. 24 MS. PARSONS: 25 A. Yes.</p>	<p>1 year, there was the meeting and it was decided 2 that we would offer the families an 3 opportunity to obtain their deceased's loved 4 ones' results, if they so wished. We would 5 put an announcement out in the paper and we 6 would have a line set up where they could 7 call, but the requirement would be the person 8 that they were calling have some cancer 9 knowledge. So Sharon Smith, who was the 10 director of the Cancer Clinic would be the 11 person that would take these calls and contact 12 the person with the information that they had 13 and answer their questions about whether or 14 not the patient had been treated--everything 15 possible had been done and answer the "what 16 if" questions. 17 COFFEY, Q.C.: 18 Q. The "what if" questions. And these would be 19 people, I take it, whose results were 20 confirmed negative in some instances? 21 MS. PARSONS: 22 A. It could be anybody. 23 COFFEY, Q.C.: 24 Q. Or converted? 25 MS. PARSONS:</p>

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<p>1 A. Yes.</p> <p>2 COFFEY, Q.C.:</p> <p>3 Q. And at that point in time, beginning in 2008,</p> <p>4 when that initiative occurred.</p> <p>5 MS. PARSONS:</p> <p>6 A. Yes.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. It wasn't you who was the spokesperson, as it</p> <p>9 were for the patients' relatives -</p> <p>10 MS. PARSONS:</p> <p>11 A. No, that's right.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. It had become Ms. Smith because your</p> <p>14 understanding was they wanted someone who had</p> <p>15 clinical knowledge, significant clinical</p> <p>16 knowledge?</p> <p>17 MS. PARSONS:</p> <p>18 A. Initially we were hoping that an oncologist</p> <p>19 might be available to do that, but that was</p> <p>20 not possible, so Ms. Smith did it. What ended</p> <p>21 up, though, was the calls that she received</p> <p>22 were many different things, not just families</p> <p>23 of deceased looking for results. Cancer</p> <p>24 patients generally were calling her with their</p> <p>25 concerns and their worries and their fears and</p>	<p>1 a deceased patient's relatives called in 2008</p> <p>2 and wanted to speak to somebody about the</p> <p>3 results, would you refer them to Ms. Smith?</p> <p>4 MS. PARSONS:</p> <p>5 A. If it was not a confirmed negative, I would.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. Okay, if it was a conversion.</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Ms. Smith was the one who was going to deal</p> <p>12 with those?</p> <p>13 MS. PARSONS:</p> <p>14 A. Yes.</p> <p>15 COFFEY, Q.C.:</p> <p>16 Q. Could you tell the Commissioner who Ms. Smith</p> <p>17 is?</p> <p>18 MS. PARSONS:</p> <p>19 A. She is the director for the Cancer Care</p> <p>20 Program.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. And her background you understand is?</p> <p>23 MS. PARSONS:</p> <p>24 A. She is a nurse and she's got extensive</p> <p>25 experience in cancer care.</p>
<p>Page 318</p> <p>1 asking for information. It became quite a</p> <p>2 busy time.</p> <p>3 COFFEY, Q.C.:</p> <p>4 Q. I'm sorry, when was that?</p> <p>5 MS. PARSONS:</p> <p>6 A. This line that we sent up for Sharon.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. Oh, that line, so Sharon ended up--she had</p> <p>9 signed on initially to deal with the deceased</p> <p>10 relatives.</p> <p>11 MS. PARSONS:</p> <p>12 A. Families, yes.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. And because the number was posted or readily</p> <p>15 available, she would end up taking calls that</p> <p>16 you understood you had been getting, those</p> <p>17 sorts of calls?</p> <p>18 MS. PARSONS:</p> <p>19 A. Yes.</p> <p>20 COFFEY, Q.C.:</p> <p>21 Q. And you would continue to get your own?</p> <p>22 MS. PARSONS:</p> <p>23 A. Yes.</p> <p>24 COFFEY, Q.C.:</p> <p>25 Q. If a patient called--not a patient, I'm sorry,</p>	<p>Page 320</p> <p>1 COFFEY, Q.C.:</p> <p>2 Q. You did retire, I'm sorry when was it?</p> <p>3 MS. PARSONS:</p> <p>4 A. June 30th.</p> <p>5 COFFEY, Q.C.:</p> <p>6 Q. June 30th of 2008. And you've had then at</p> <p>7 least several months to be away from it.</p> <p>8 MS. PARSONS:</p> <p>9 A. Yes.</p> <p>10 COFFEY, Q.C.:</p> <p>11 Q. Can you tell the Commissioner then, looking</p> <p>12 back on it, what sort of an experience it was</p> <p>13 for you?</p> <p>14 MS. PARSONS:</p> <p>15 A. Unforgettable.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. And why is that?</p> <p>18 MS. PARSONS:</p> <p>19 A. I think because I heard the voices of the</p> <p>20 women and I can still hear them.</p> <p>21 COFFEY, Q.C.:</p> <p>22 Q. So that certainly, it's obvious it was</p> <p>23 difficult for you. Were you offered any</p> <p>24 counselling or any support at the time?</p> <p>25 MS. PARSONS:</p>

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1 A. Oh it was available if I chose.
 2 COFFEY, Q.C.:
 3 Q. At the time. All throughout this?
 4 MS. PARSONS:
 5 A. It's always available through Employee and
 6 Family Assistance.
 7 COFFEY, Q.C.:
 8 Q. Okay. From your perspective now looking back
 9 on it, do you have any observations to make to
 10 the Commissioner about, kind of with hindsight
 11 and I appreciate you already referred to some
 12 of them, but in a more global sense?
 13 MS. PARSONS:
 14 A. It's easy now in hindsight to say things.
 15 Certainly a comprehensive record keeping
 16 system that would be all inclusive, dedicated
 17 resources to focus on this and nothing else,
 18 those are the two main things that I feel we
 19 should have had.
 20 COFFEY, Q.C.:
 21 Q. In terms of--I'm going to refer you to this,
 22 being put into the position where you had to
 23 tell patients that you had no information to
 24 give them at that point in time, which was I
 25 appreciate because of the nature of being a

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1 nurse -
 2 MS. PARSONS:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And the scope of practice you could not give,
 6 but you knew full well that Eastern Health had
 7 the information in a larger sense. How did
 8 you feel about that, being placed in that
 9 position?
 10 MS. PARSONS:
 11 A. I accepted it as my role and it was--it was
 12 important work. I felt sometimes inadequate;
 13 however, I worked very hard to try and do my
 14 job.
 15 COFFEY, Q.C.:
 16 Q. Those are the questions I have, Commissioner,
 17 thank you.
 18 THE COMMISSIONER:
 19 Q. Thank you, Mr. Coffey. Mr. Pritchard?
 20 MR. PRITCHARD:
 21 Q. Commissioner, I don't have any questions for
 22 this witness.
 23 THE COMMISSIONER:
 24 Q. Mr. Browne?
 25 MR. BROWNE:

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1 Q. No questions witness, thank you.
 2 THE COMMISSIONER:
 3 Q. Ms. Newbury? Oh, I'm sorry, I was supposed to
 4 ask Mr. Eaton first. I had forgotten the
 5 order, forgive me, Mr. Eaton.
 6 EATON, Q.C.:
 7 Q. No questions.
 8 MS. NANCY PARSONS - EXAMINATION BY MS. JENNIFER NEWBURY
 9 MS. NEWBURY:
 10 Q. Good afternoon, Ms. Parsons, my name is
 11 Jennifer Newbury, and I represent the Canadian
 12 Cancer Society. I just have a couple of
 13 topics with a couple of brief questions for
 14 you this afternoon. First of all, you had
 15 indicated that when you first started calling
 16 patients back in about October of 2005 to
 17 advise them that retesting was taking place,
 18 you had indicated--I believe your evidence was
 19 that you had indicated to them that we'll have
 20 the news before Christmas?
 21 MS. PARSONS:
 22 A. Yes.
 23 MS. NEWBURY:
 24 Q. And when you passed that message along to the
 25 patients, did you understand that they would

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1 interpret that to mean that they too would get
 2 the news before Christmas?
 3 MS. PARSONS:
 4 A. Oh, yes.
 5 MS. NEWBURY:
 6 Q. So you wouldn't have told them that otherwise
 7 unless --
 8 MS. PARSONS:
 9 A. That's right.
 10 MS. NEWBURY:
 11 Q. Okay, and I guess Christmas would be a little
 12 bit of a hallmark, you know, it's an important
 13 date.
 14 MS. PARSONS:
 15 A. Yes, it was early/mid October we had been told
 16 four to six weeks, so I'll be on the safe
 17 side, I thought two months for sure would do
 18 it.
 19 MS. NEWBURY:
 20 Q. And at that time that you were relaying that
 21 particular information, did you have an
 22 understanding about a panelling process that
 23 would be put in place to deal with some of the
 24 retest results?
 25 MS. PARSONS:

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<p>1 A. Yes.</p> <p>2 MS. NEWBURY:</p> <p>3 Q. And what sort of timeline did you understand</p> <p>4 that would entail with regard to those who</p> <p>5 would be put through the panelling process?</p> <p>6 MS. PARSONS:</p> <p>7 A. I had no understanding of a timeline with</p> <p>8 regards to the panel, Ms. Newbury.</p> <p>9 MS. NEWBURY:</p> <p>10 Q. Okay, and did you understand that patients</p> <p>11 would not be advised the outcome of their test</p> <p>12 results if they were have their case</p> <p>13 considered by the panel?</p> <p>14 MS. PARSONS:</p> <p>15 A. I always knew that confirmed negatives would</p> <p>16 be told by telephone and patients whose</p> <p>17 results had changed would be--their doctor</p> <p>18 would be sent a letter.</p> <p>19 MS. NEWBURY:</p> <p>20 Q. Okay, and whether or not they could be advised</p> <p>21 about the retest results and be referred to</p> <p>22 the panel at the same time, the two processes</p> <p>23 going on side by side, that wasn't something</p> <p>24 that you were ever aware of happening?</p> <p>25 MS. PARSONS:</p>	<p>1 of retesting at any point in time during that</p> <p>2 initial batch of calls?</p> <p>3 MS. PARSONS:</p> <p>4 A. Change my process --</p> <p>5 MS. NEWBURY:</p> <p>6 Q. Would you continue to say we'll have the news</p> <p>7 before Christmas?</p> <p>8 MS. PARSONS:</p> <p>9 A. The October calls, that was what we believed.</p> <p>10 MS. NEWBURY:</p> <p>11 Q. Okay. Ms. Parsons, were you ever asked by</p> <p>12 anyone to identify any special categories of</p> <p>13 patients while you were being contacted or</p> <p>14 while you were contacting patients on your</p> <p>15 list of those who were being retested, say, a</p> <p>16 certain type of cancer like a lobular?</p> <p>17 MS. PARSONS:</p> <p>18 A. No.</p> <p>19 MS. NEWBURY:</p> <p>20 Q. Cancer, okay.</p> <p>21 MS. PARSONS:</p> <p>22 A. No.</p> <p>23 MS. NEWBURY:</p> <p>24 Q. You had indicated that you were amazed at the</p> <p>25 women that you called about the retesting were</p>
<p>1 A. No.</p> <p>2 MS. NEWBURY:</p> <p>3 Q. And it was actually contrary to your</p> <p>4 understanding as to what would happen?</p> <p>5 MS. PARSONS:</p> <p>6 A. I understood the panel was separate from my</p> <p>7 role.</p> <p>8 MS. NEWBURY:</p> <p>9 Q. Right, okay, and did you have any concerns</p> <p>10 about the panel process and whether that would</p> <p>11 cause any delay in terms of providing</p> <p>12 information to the patients that you had</p> <p>13 contacted in October, 2005?</p> <p>14 MS. PARSONS:</p> <p>15 A. It became apparent to me when I did receive</p> <p>16 inquiries from patients that they were waiting</p> <p>17 and anxious, and as I've already said, I would</p> <p>18 then notify the people--Heather, my colleague,</p> <p>19 who attended the panel meetings, that this</p> <p>20 particular patient is anxious and calling and</p> <p>21 could we please arrange to have her panelled</p> <p>22 as soon as possible.</p> <p>23 MS. NEWBURY:</p> <p>24 Q. And did you change your process then in what</p> <p>25 you told patients when you were advising them</p>	<p>1 very calm and later learned that they were, in</p> <p>2 fact, concealing their anxiety from you, and</p> <p>3 how did you find that out?</p> <p>4 MS. PARSONS:</p> <p>5 A. They would call back.</p> <p>6 MS. NEWBURY:</p> <p>7 Q. Okay.</p> <p>8 MS. PARSONS:</p> <p>9 A. After they'd had time to think about it or</p> <p>10 calm down from being upset.</p> <p>11 MS. NEWBURY:</p> <p>12 Q. Right.</p> <p>13 MS. PARSONS:</p> <p>14 A. Or someone would call on their behalf, their</p> <p>15 husband, or their friend, to say the patient</p> <p>16 is not clear on the information, and then I</p> <p>17 would talk to--sometimes they were almost</p> <p>18 hesitant to call themselves.</p> <p>19 MS. NEWBURY:</p> <p>20 Q. Uh-hm.</p> <p>21 MS. PARSONS:</p> <p>22 A. And someone would make the call, and ask if I</p> <p>23 would be willing to talk to the patient and I</p> <p>24 would always be willing to do that, and we</p> <p>25 would sort out what her concerns were if we</p>

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<p>1 could, or I would ask her whether she thought</p> <p>2 it would be a good idea to go and talk to her</p> <p>3 own family doctor, or in some cases I arranged</p> <p>4 meetings for her with the oncologist.</p> <p>5 MS. NEWBURY:</p> <p>6 Q. Did you have any understanding why they might</p> <p>7 be hesitant to call you back?</p> <p>8 MS. PARSONS:</p> <p>9 A. No. I guess, in any situation that if you're</p> <p>10 a little fearful about it, it's hard to make</p> <p>11 that--dial that number.</p> <p>12 MS. NEWBURY:</p> <p>13 Q. So concern about what information you might</p> <p>14 actually provide to them?</p> <p>15 MS. PARSONS:</p> <p>16 A. Yes.</p> <p>17 MS. NEWBURY:</p> <p>18 Q. And I believe you indicated that a follow-up</p> <p>19 letter to patients might have been helpful in</p> <p>20 this situation just to enable them to have</p> <p>21 some more information that they could absorb</p> <p>22 about what was going on with the retesting?</p> <p>23 MS. PARSONS:</p> <p>24 A. In retrospect now, I think that might have</p> <p>25 helped.</p>	<p>1 know, recognizes to be--to have good valuable</p> <p>2 information that you could have referred</p> <p>3 patients to?</p> <p>4 MS. PARSONS:</p> <p>5 A. There's not one that I could recommend, but I</p> <p>6 would certainly get that information from the</p> <p>7 Cancer Centre if a patient asked me to find it</p> <p>8 for her.</p> <p>9 MS. NEWBURY:</p> <p>10 Q. Okay, and did you do that?</p> <p>11 MS. PARSONS:</p> <p>12 A. There was one patient who asked me for sources</p> <p>13 of information I did provide.</p> <p>14 MS. NEWBURY:</p> <p>15 Q. And at what stage was that in the process?</p> <p>16 MS. PARSONS:</p> <p>17 A. Early days, '05, '06.</p> <p>18 MS. NEWBURY:</p> <p>19 Q. And did you give any consideration to, I</p> <p>20 guess, either giving that patient--giving that</p> <p>21 information to other patients or perhaps</p> <p>22 raising it with any of your colleagues as to</p> <p>23 whether or not this information could be</p> <p>24 provided to a larger group of patients?</p> <p>25 MS. PARSONS:</p>
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<p>1 MS. NEWBURY:</p> <p>2 Q. How about any other sort of general written</p> <p>3 information, pamphlets, about ER/PR testing</p> <p>4 generally, or any website information that</p> <p>5 might be available, do you think that sort of</p> <p>6 information might have assisted as well?</p> <p>7 MS. PARSONS:</p> <p>8 A. I'm sure any information that could be made</p> <p>9 available would be helpful. There was</p> <p>10 information on our website at Eastern Health,</p> <p>11 and many of the patients told me themselves</p> <p>12 that they had gone on the internet and had</p> <p>13 researched this topic themselves.</p> <p>14 MS. NEWBURY:</p> <p>15 Q. Okay, on the Eastern Health website or on the</p> <p>16 internet generally?</p> <p>17 MS. PARSONS:</p> <p>18 A. There was information on the Eastern Health</p> <p>19 website, but the patients told me they had</p> <p>20 gone in on the web and looked up this topic</p> <p>21 worldwide.</p> <p>22 MS. NEWBURY:</p> <p>23 Q. Okay. Are you aware if there are any sort of</p> <p>24 well accepted, you know, internet resources or</p> <p>25 particular website that Eastern Health, you</p>	<p>1 A. Yes, there were inquiries, actually, from</p> <p>2 patients who wondered whether there could be a</p> <p>3 support group, or if they were interested in</p> <p>4 talking to other women who were also in this</p> <p>5 situation that they found themselves in, and I</p> <p>6 did refer that back to the Cancer Centre.</p> <p>7 MS. NEWBURY:</p> <p>8 Q. Okay. Ms. Parsons, you mentioned that you had</p> <p>9 some difficulty reaching some patients and you</p> <p>10 went--if you could contact them during the</p> <p>11 sort of the 9 to 5, or 8:30 to 4:30 business</p> <p>12 hours, then you would attempt to reach them</p> <p>13 either in the evenings or on the weekends, and</p> <p>14 I think some patients you persisted in having</p> <p>15 difficulty contacting those?</p> <p>16 MS. PARSONS:</p> <p>17 A. Yes.</p> <p>18 MS. NEWBURY:</p> <p>19 Q. Was any consideration given to sending a</p> <p>20 letter to the patient's--I know that the large</p> <p>21 group mailout had been ruled out earlier, but</p> <p>22 how about that subset of patients that you</p> <p>23 were having difficulty contacting?</p> <p>24 MS. PARSONS:</p> <p>25 A. Not to my knowledge. Once the decision was</p>

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<p>1 made to call, there was no further discussion</p> <p>2 about a letter.</p> <p>3 MS. NEWBURY:</p> <p>4 Q. And did you raise that as a possibility with</p> <p>5 anyone?</p> <p>6 MS. PARSONS:</p> <p>7 A. Not that I --</p> <p>8 MS. NEWBURY:</p> <p>9 Q. In light of the fact that some of these</p> <p>10 couldn't be contacted?</p> <p>11 MS. PARSONS:</p> <p>12 A. Not that I remember.</p> <p>13 MS. NEWBURY:</p> <p>14 Q. And would the information, I guess, the</p> <p>15 mailing information for those difficult to</p> <p>16 reach patients have been readily accessible to</p> <p>17 you, if that had been thought of as a method</p> <p>18 of contact?</p> <p>19 MS. PARSONS:</p> <p>20 A. We would have had "a" mailing address.</p> <p>21 Whether it was the current, the most recent -</p> <p>22 often when the phone number is not answered,</p> <p>23 it means the address has changed as well.</p> <p>24 MS. NEWBURY:</p> <p>25 Q. Sure.</p>	<p>1 been someone who was at the same address and</p> <p>2 perhaps might have received a letter had one</p> <p>3 been sent the year earlier?</p> <p>4 MS. PARSONS:</p> <p>5 A. Yes.</p> <p>6 MS. NEWBURY:</p> <p>7 Q. Okay, and perhaps for some other</p> <p>8 circumstances, a forwarding addressing might</p> <p>9 be available?</p> <p>10 MS. PARSONS:</p> <p>11 A. Yes.</p> <p>12 MS. NEWBURY:</p> <p>13 Q. Ms. Parsons, you've explained why you couldn't</p> <p>14 provide information to patients whose test</p> <p>15 results had changed when you got the results</p> <p>16 back from Mount Sinai, and referring to the</p> <p>17 scope of practice for a nurse and it not being</p> <p>18 within your authority to do that. Would you</p> <p>19 have had authority to tell patients with those</p> <p>20 changes in results, I don't have any</p> <p>21 information that I can share with you, but</p> <p>22 there is information available, you'll have to</p> <p>23 speak to a physician about this, and then</p> <p>24 offer to make an appointment with those</p> <p>25 individuals?</p>
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<p>1 MS. PARSONS:</p> <p>2 A. The patient has moved, but I will tell you a</p> <p>3 story that I was trying repeatedly to reach a</p> <p>4 particular patient, and I called her, and</p> <p>5 called her, and called her, morning, noon, and</p> <p>6 night, weekends, whatever--I had a personal</p> <p>7 goal that I was going to reach this woman, and</p> <p>8 I never did, and a year later I was looking at</p> <p>9 a document and I saw her name again, and I</p> <p>10 thought we never did reach her, and I dialled</p> <p>11 the same number that I had a year before and</p> <p>12 she answered. So I identified myself and said</p> <p>13 why I was calling and said we've been trying</p> <p>14 very hard to reach you, and she said, oh, that</p> <p>15 was your number on my phone all those times,</p> <p>16 so unless she knew the number that was showing</p> <p>17 up on her call display, she wasn't answering</p> <p>18 the call.</p> <p>19 MS. NEWBURY:</p> <p>20 Q. Okay.</p> <p>21 MS. PARSONS:</p> <p>22 A. So we then arranged for her to come in and</p> <p>23 meet with the oncologist.</p> <p>24 MS. NEWBURY:</p> <p>25 Q. So that--would that particular example have</p>	<p>1 MS. PARSONS:</p> <p>2 A. That could be done.</p> <p>3 MS. NEWBURY:</p> <p>4 Q. Uh-hm.</p> <p>5 MS. PARSONS:</p> <p>6 A. Telling a patient that there is information</p> <p>7 available, but I can't give it to you, might</p> <p>8 be alarming to the patient, and I'm not sure</p> <p>9 whether we had the resources to accommodate</p> <p>10 that patient with an appointment with the</p> <p>11 specialist--I'm not sure, Ms. Newbury, and was</p> <p>12 your question had I ever considered that?</p> <p>13 MS. NEWBURY:</p> <p>14 Q. I'm just wondering if you felt that that would</p> <p>15 be within your authority to have told that to</p> <p>16 a patient?</p> <p>17 MS. PARSONS:</p> <p>18 A. Well, let me put it this way, no one at</p> <p>19 Eastern Health ever told me not to say</p> <p>20 anything to a patient.</p> <p>21 MS. NEWBURY:</p> <p>22 Q. Okay, but it was your understanding that if</p> <p>23 you had told that to a patient, that the</p> <p>24 resources to set up an appointment for that</p> <p>25 individual may not be there?</p>

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<p>1 MS. PARSONS:</p> <p>2 A. My understanding was that if the test results</p> <p>3 changed, it required a group of specialist to</p> <p>4 analyze the test results to come up with the</p> <p>5 best treatment plan for the patient, that it</p> <p>6 required a pathologist and an oncologist to</p> <p>7 make that recommendation.</p> <p>8 MS. NEWBURY:</p> <p>9 Q. Okay.</p> <p>10 MS. PARSONS:</p> <p>11 A. And it may not have been realistic to think</p> <p>12 that I could arrange that in a timely manner.</p> <p>13 MS. NEWBURY:</p> <p>14 Q. Right. So it was your understanding then that</p> <p>15 the patient could not even in a circumstance</p> <p>16 where they were particularly worried and</p> <p>17 calling up repeatedly, would not be entitled</p> <p>18 to know what the raw data, you know, the basic</p> <p>19 results were from Mount Sinai until the panel</p> <p>20 had had an opportunity meet and discuss</p> <p>21 whether or not there would be any treatment</p> <p>22 changes for that individual?</p> <p>23 MS. PARSONS:</p> <p>24 A. I wish no one had to ever wait or worry, and I</p> <p>25 don't mean to suggest that I felt the patients</p>	<p>1 converts to zero/zero for ER and PR. Did you</p> <p>2 have occasion to deal with those inquiries</p> <p>3 with patients who had a similar pattern of</p> <p>4 changes?</p> <p>5 MS. PARSONS:</p> <p>6 A. When the results were returned from Mount</p> <p>7 Sinai, they went to Dr. Cook. He analyzed the</p> <p>8 test results and he communicated them to</p> <p>9 Heather and she provided me and my colleagues</p> <p>10 with the patients who were considered</p> <p>11 confirmed negatives to contact.</p> <p>12 MS. NEWBURY:</p> <p>13 Q. Okay.</p> <p>14 MS. PARSONS:</p> <p>15 A. If I had an inquiry from a patient and I saw</p> <p>16 this information such as you described, I</p> <p>17 would check with Dr. Cook or a pathologist</p> <p>18 before communicating back to the patient to</p> <p>19 make sure that my understanding of the</p> <p>20 information was accurate.</p> <p>21 MS. NEWBURY:</p> <p>22 Q. Okay, and would those types of--those patterns</p> <p>23 be on your list of negative patients, the</p> <p>24 confirmed negative patients that you were to</p> <p>25 call, or were they on your--or were they on a</p>
<p>Page 338</p> <p>1 were not entitled to it, I felt that the</p> <p>2 process we had in place was what we thought</p> <p>3 was best under the circumstances.</p> <p>4 MS. NEWBURY:</p> <p>5 Q. So your understanding is that the design of</p> <p>6 the process is that the patients would not be</p> <p>7 generally advised about the retest results</p> <p>8 until after the panel have had an opportunity</p> <p>9 to meet and to decide about treatment?</p> <p>10 MS. PARSONS:</p> <p>11 A. The patients who converted?</p> <p>12 MS. NEWBURY:</p> <p>13 Q. The patients who converted.</p> <p>14 MS. PARSONS:</p> <p>15 A. Yes, that's correct.</p> <p>16 MS. NEWBURY:</p> <p>17 Q. Okay. Ms. Parsons, there have been some</p> <p>18 references in some documents to results that</p> <p>19 were initially negative for ER and positive</p> <p>20 for PR, and upon retesting at Mount Sinai</p> <p>21 became negative for both ER and PR, and just</p> <p>22 to give a couple of examples of the types of</p> <p>23 figures I'm talking about, a negative ER, 75</p> <p>24 PR, converts to a 2 ER and a zero PR, and</p> <p>25 another example, ER of zero, PR of 50/60,</p>	<p>Page 340</p> <p>1 different list?</p> <p>2 MS. PARSONS:</p> <p>3 A. I believe they were looked at individually and</p> <p>4 a decision was made whether they were going to</p> <p>5 be called confirmed negatives or whether they</p> <p>6 needed to be discussed by the panel.</p> <p>7 MS. NEWBURY:</p> <p>8 Q. And do you know who did that, was that Dr.</p> <p>9 Cook?</p> <p>10 MS. PARSONS:</p> <p>11 A. Dr. Cook.</p> <p>12 MS. NEWBURY:</p> <p>13 Q. In conjunction with anyone else that you're</p> <p>14 aware of?</p> <p>15 MS. PARSONS:</p> <p>16 A. I'm not aware.</p> <p>17 MS. NEWBURY:</p> <p>18 Q. You had indicated earlier that you had</p> <p>19 attempted to contact some patients to advise</p> <p>20 that they were being retested or confirmed</p> <p>21 negative, and unknowing to you, they had</p> <p>22 already died, and can you estimate about how</p> <p>23 many situations of that type you encountered</p> <p>24 over the course of the last few years?</p> <p>25 MS. PARSONS:</p>

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1 A. As I mentioned--well, it's my colleagues as
2 well as myself who had this experience and it
3 happened to me a few times, perhaps five or
4 six times, maybe three or four. It's hard to
5 remember and I know that each of the other
6 three women have had the experience at least
7 once.

8 MS. NEWBURY:

9 Q. Okay, and you indicated that there was only
10 one instance where the person that you
11 contacted did not want to know what the retest
12 results were?

13 MS. PARSONS:

14 A. One husband. That was interesting as well
15 because the daughters did want to know.

16 MS. NEWBURY:

17 Q. Okay.

18 MS. PARSONS:

19 A. And in fact, the daughter called me after I
20 had been talking to her father and said "I
21 understand Mom's results are available and I
22 would like to know," and I then had to go back
23 to the husband and ask him was it all right
24 with him if I discussed his wife's retesting
25 results with their daughters, and he did

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1 agree. But sometimes people just don't want
2 to talk about it, and you're intruding into
3 their lives by calling them and questioning
4 them in this manner. So it's not always
5 straightforward.

6 MS. NEWBURY:

7 Q. Sure. Can you recall, particularly in the
8 year 2006, around the spring or summer of 2006
9 or perhaps earlier in that year, whether
10 Heather Predham ever asked you or anyone else,
11 for that matter, ever asked you about your
12 experience with the interactions with the
13 families of deceased patients, and in
14 particular, the numbers of people that you had
15 contacted, and the types of responses that you
16 received from them?

17 MS. PARSONS:

18 A. Do you mean were we keeping track of how many?

19 MS. NEWBURY:

20 Q. I understand that you weren't necessarily
21 keeping track all along, but I'm just thinking
22 more particularly about the time that the
23 ethics consultation took place, and I
24 understand that Ms. Predham may have
25 participated in that, and I realize that

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1 earlier today, you said that you weren't aware
2 that this was taking place, but I'm wondering
3 whether Ms. Predham came to you on a fact-
4 finding mission to find out what you had
5 encountered over the last couple of years in
6 your interactions with families of deceased
7 patients?

8 MS. PARSONS:

9 A. Not that I remember. However, each time that
10 I would get an inquiry, I would ask what is
11 the decision about the deceased.

12 MS. NEWBURY:

13 Q. Okay. But would you--at that time, would you
14 sort of say "this is--I contacted so and so
15 today, who is the spouse or daughter of a
16 deceased patient and this is their reaction"
17 or was it just a matter of finding out, this
18 tweaking in your mind that "have we resolved
19 this issue with the deceased patients?"

20 MS. PARSONS:

21 A. It would be contact from a patient's family to
22 me inquiring.

23 MS. NEWBURY:

24 Q. Okay, right.

25 MS. PARSONS:

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1 A. And I would tell them that--in the beginning,
2 I was telling people that after the living
3 patients had been all retested, we would then
4 devote our attention to the deceased. As that
5 initial process took longer, I then began
6 telling people there has been no decision made
7 on how we will deal with the deceased.

8 MS. NEWBURY:

9 Q. Okay. I guess perhaps the interesting group,
10 in terms of decisions about how to contact and
11 what to do with deceased patients might be
12 those that you had inadvertently contacted
13 unknowing to you that the patient had already
14 died. So those would not have been solicited
15 by the family member.

16 MS. PARSONS:

17 A. Right.

18 MS. NEWBURY:

19 Q. I wonder if you relayed those experiences to
20 Ms. Predham in any sort of summary way?

21 MS. PARSONS:

22 A. Nothing formal.

23 MS. NEWBURY:

24 Q. Okay. Thank you, Ms. Parsons. Those are all
25 the questions I have for you.

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1 MS. PARSONS:
 2 A. Thank you.
 3 THE COMMISSIONER:
 4 Q. Mr. Crosbie.
 5 MS. NANCY PARSONS, EXAMINATION BY CHESLEY CROSBIE, Q.C.
 6 CROSBIE, Q.C.:
 7 Q. Thank you. Ches Crosbie. Very quickly, near
 8 the end of your evidence to Mr. Coffey, you
 9 said that your interactions with the women
 10 were unforgettable, I think.
 11 MS. PARSONS:
 12 A. Yes.
 13 CROSBIE, Q.C.:
 14 Q. And you said, I think, "because I heard the
 15 voices of the women and I can still hear
 16 them."
 17 MS. PARSONS:
 18 A. Yes.
 19 CROSBIE, Q.C.:
 20 Q. Would you be able to describe for the
 21 Commissioner the dominant emotion or emotions
 22 of the women that you spoke with?
 23 MS. PARSONS:
 24 A. The dominant emotion was courage. "I have
 25 this disease, this illness, but I'm going to

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1 fight and I'm going to beat it." But along
 2 with that was confusion and sometimes anger,
 3 and lack of trust, loss of trust.
 4 CROSBIE, Q.C.:
 5 Q. Was there anything else?
 6 MS. PARSONS:
 7 A. They wanted to be sure that this would not
 8 happen again to anybody else and they were
 9 seeking answers.
 10 CROSBIE, Q.C.:
 11 Q. If there's anything else you wanted to add
 12 about that, please do. Otherwise, I have one
 13 other question.
 14 MS. PARSONS:
 15 A. No, I have nothing more to add.
 16 CROSBIE, Q.C.:
 17 Q. Some women, we understand, called more than
 18 once.
 19 MS. PARSONS:
 20 A. Yes.
 21 CROSBIE, Q.C.:
 22 Q. Was there any simple way, any record or
 23 database or easy way to identify those who
 24 called more than once?
 25 MS. PARSONS:

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1 A. I would--yes, my phone log book.
 2 CROSBIE, Q.C.:
 3 Q. And those who did call more than once, maybe
 4 simplifying perhaps or certainly generalizing,
 5 but did they tend to be the women who are more
 6 emotionally distressed or wrought or not?
 7 MS. PARSONS:
 8 A. They weren't all emotionally distressed. Some
 9 were checking on whether there was any news.
 10 Some were calling to tell me that they were
 11 anxious or that they were having trouble with
 12 some aspect of life and I would offer them an
 13 opportunity to talk to a counsellor at the
 14 Cancer Clinic or psychology or anyone that I
 15 felt might be able to help them in that regard
 16 or to talk to other patients with a similar
 17 situation.
 18 CROSBIE, Q.C.:
 19 Q. Do I take it then, your phone logs would
 20 assist somebody interested in identifying the
 21 level of distress of any given patient, if
 22 they had access to those?
 23 MS. PARSONS:
 24 A. My phone log would record the phone--the
 25 patient's name and the date they called, and

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1 then I would go to my patient contact list to
 2 see what I had recorded with regards to the
 3 conversation.
 4 CROSBIE, Q.C.:
 5 Q. Thank you very much. Thank you.
 6 THE COMMISSIONER:
 7 Q. Mr. Pike?
 8 MR. PIKE:
 9 Q. No questions, thank you very much.
 10 THE COMMISSIONER:
 11 Q. Anything arising? Oh, I'm sorry, Mr. Simmons.
 12 Oh, dear, it's been a long day obviously. My
 13 apologies.
 14 MR. SIMMONS:
 15 Q. I've obviously been too quiet today.
 16 THE COMMISSIONER:
 17 Q. Now you mustn't take that to heart.
 18 MS. NANCY PARSONS, EXAMINATION BY MR. DANIEL SIMMONS
 19 MR. SIMMONS:
 20 Q. Ms. Parsons, you've told us that you first
 21 began receiving calls regarding the ER/PR
 22 matter in early October of 2005?
 23 MS. PARSONS:
 24 A. Yes.
 25 MR. SIMMONS:

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1 Q. And that by the 20th of October, you were
2 making outgoing calls to patients to inform
3 them that their samples were going to be
4 retested.
5 MS. PARSONS:
6 A. Yes.
7 MR. SIMMONS:
8 Q. After that, you placed calls to those people
9 who were confirmed negative, to give them that
10 news?
11 MS. PARSONS:
12 A. Yes.
13 MR. SIMMONS:
14 Q. And throughout that time, you continued to
15 receive calls from those people who were
16 calling in looking for information?
17 MS. PARSONS:
18 A. Correct.
19 MR. SIMMONS:
20 Q. And as you've described it, and you've told us
21 that of one circumstance where there was
22 information you could not give them. That was
23 when you knew that there had been a change
24 from negative to positive, but the panelling
25 had not been done and there was no physician

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1 yet in a position to give them that
2 information. Aside from that, did anyone in
3 the Quality department or in the organization
4 at all ever tell you that there was anything
5 that you were not allowed to tell the people
6 who you spoke to?
7 MS. PARSONS:
8 A. No, never.
9 MR. SIMMONS:
10 Q. Were there any areas of inquiry that were off
11 limits or that you were discouraged from
12 discussing with the people who called?
13 MS. PARSONS:
14 A. No.
15 MR. SIMMONS:
16 Q. And did Ms. Predham ever indicate to you, in
17 any way, that there was any things that you
18 could not speak freely about with the patients
19 who called?
20 MS. PARSONS:
21 A. No, she is a nurse as well, so she understood
22 the restrictions on our scope of practice, but
23 no.
24 MR. SIMMONS:
25 Q. Okay. You mentioned in the course of your

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1 evidence, in response actually to a question
2 from the Commissioner, that through this time
3 period, you continued to have to carry out
4 your other duties in dealing with calls from
5 patients, consumers of health care services on
6 other issues.
7 MS. PARSONS:
8 A. Yes.
9 MR. SIMMONS:
10 Q. You've mentioned that to us, and I wonder, can
11 you give us any observations that you may have
12 made concerning the workload and the range of
13 responsibilities that your director, Ms.
14 Predham, who you reported to had during this
15 time, in 2005?
16 MS. PARSONS:
17 A. Ms. Predham was acting director of Quality for
18 Eastern Health. She was also the risk manager
19 and my understanding of her involvement with
20 the ER and PR issue was she was keeping track
21 of the information flow. She had created a
22 file in her computer and she was endeavouring
23 to record the names of the patients who were
24 involved in this event, as well as responding
25 to requests from Dr. Williams, Dr. Cook and

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1 the rest of the organization who needed the
2 services of a risk manager.
3 MR. SIMMONS:
4 Q. Okay. Did she have any other matters on her
5 desk in this time period, other than the ER/PR
6 matter? Were there other things she had to
7 do?
8 MS. PARSONS:
9 A. I'm sure she did.
10 MR. SIMMONS:
11 Q. Okay, and did you, from where you sat, make
12 any observations on how heavy or light the
13 workload was that she had to cope with during
14 this same--during this time period?
15 MS. PARSONS:
16 A. I wondered how she could possibly do it.
17 MR. SIMMONS:
18 Q. Okay. We know that Eastern Health came into
19 being as an organization on the 1st of April
20 of 2005, and prior to that, you were in the
21 Quality department of the Health Care
22 Corporation of St. John's.
23 MS. PARSONS:
24 A. Right.
25 MR. SIMMONS:

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1 Q. What, if any, kind of impact was there on the
 2 Quality department and the regular functioning
 3 of the department as a result of the creation
 4 of Eastern Health at the beginning of 2005
 5 continuing on after that?
 6 MS. PARSONS:
 7 A. Well, with the creation of Eastern Health, of
 8 course, we expanded out into the regions and
 9 now had regional responsibilities for quality
 10 for the whole eastern region, as opposed to
 11 St. John's region. In addition to that, the
 12 community health sector came on board, as well
 13 as long-term care and the cancer care program
 14 was added to the mandate. Our department was
 15 required to expand and we were hiring new
 16 people, but the process was slow, and we were
 17 a long time getting the people in the
 18 positions that we needed to be in the
 19 positions.
 20 MR. SIMMONS:
 21 Q. Right, so in the balance of 2005, for example,
 22 from April 1st on, would it be correct to say
 23 that the Department was given the added
 24 responsibility of more geography, larger area
 25 to encompass?

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1 MS. PARSONS:
 2 A. Yes.
 3 MR. SIMMONS:
 4 Q. And a broader range of health care services
 5 that had not previously been administered by
 6 the Health Care Corporation of St. John's?
 7 MS. PARSONS:
 8 A. That is correct.
 9 MR. SIMMONS:
 10 Q. And during that 2005 period, were those new
 11 positions put in place and filled within 2005?
 12 MS. PARSONS:
 13 A. I think not. I think it was longer than that.
 14 MR. SIMMONS:
 15 Q. So the staff that had been in place before
 16 April 1, 2005, carried that extra workload
 17 into that year?
 18 MS. PARSONS:
 19 A. Yes.
 20 MR. SIMMONS:
 21 Q. Okay. Thank you very much, Ms. Parsons.
 22 You've been invited by Mr. Coffey and by Mr.
 23 Crosbie whether you had anything in particular
 24 you wish to add, and I'll just give you one
 25 last opportunity, in case there's anything

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1 else that you felt you'd like to say.
 2 MS. PARSONS:
 3 A. I would like to thank the Commission for this
 4 opportunity to come and speak, and I would
 5 like to say that if even one person was
 6 delayed in getting their information that they
 7 were seeking because of something that I did
 8 or did not do, I sincerely apologize.
 9 MR. SIMMONS:
 10 Q. Okay. Was there anything else?
 11 MS. PARSONS:
 12 A. No.
 13 MR. SIMMONS:
 14 Q. No, okay. Thank you very much, Ms. Parsons.
 15 MS. NANCY PARSONS, RE-EXAMINATION BY BERNARD COFFEY, Q.C.
 16 COFFEY, Q.C.:
 17 Q. There are actually just two questions I'd like
 18 to ask, follow up on, Ms. Parsons, and I
 19 appreciate this is difficult for you. If I
 20 could, please, following up on what Mr.
 21 Simmons' last question to you, last question
 22 but one, the workload that you observed Ms.
 23 Predham to be under.
 24 MS. PARSONS:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. And I take it others as well?
 3 MS. PARSONS:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. We saw an e-mail of Ms. Predham, I think, who
 7 referred to over-stressed, overworked staff.
 8 I wanted to ask you this. From your
 9 perspective, was the fact that people were
 10 overworked and over-stressed, beginning in the
 11 fall of 2005, was that generally known to
 12 Eastern Health's management? From your
 13 perspective, would Eastern Health's management
 14 have known that you were overworked, over-
 15 stressed, that Ms. Predham was, and to your
 16 knowledge, a number of other people were?
 17 MS. PARSONS:
 18 A. I'm unable to answer.
 19 COFFEY, Q.C.:
 20 Q. Okay. So from your own perspective, but
 21 within your department, it was no secret?
 22 MS. PARSONS:
 23 A. That's correct.
 24 COFFEY, Q.C.:
 25 Q. Ms. Predham knew that you were overworked and

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1 over-stressed. You recognized it in her, and
 2 you're the two chief people in your own
 3 department who are involved in this.
 4 MS. PARSONS:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. I understand that correctly?
 8 MS. PARSONS:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. And the others though who were involved, from
 12 time to time, Ms. Laidley and Ms. Emberley -
 13 MS. PARSONS:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. - also found it very stressful?
 17 MS. PARSONS:
 18 A. They had their full-time quality facilitator
 19 roles to try and deal with as well.
 20 COFFEY, Q.C.:
 21 Q. And one final question then arising out of
 22 what Ms. Newbury, a question she asked you,
 23 was this. In responding you said to her that
 24 what you--the confirm--I'm sorry, the
 25 conversion cases, you understood that they

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1 would have to go through the panelling process
 2 to be looked at by a group of experts to
 3 decide what to do. Did anyone ever make you
 4 aware that for some people who converted,
 5 okay, that in fact their physicians, when they
 6 learned of the conversion, the individual
 7 physician, told the patient about the
 8 conversion, changed the treatment and then the
 9 patient was panelled?
 10 MS. PARSONS:
 11 A. No, I was not aware.
 12 COFFEY, Q.C.:
 13 Q. You weren't aware that in some instances that
 14 happened. For example, Joy McCarthy and Dr.
 15 Kara Laing have told the Commissioner that.
 16 So you were never made aware that, in fact,
 17 for some individual patients, that in fact is
 18 what happened?
 19 MS. PARSONS:
 20 A. I did not realize that.
 21 COFFEY, Q.C.:
 22 Q. Thank you, Commissioner.
 23 THE COMMISSIONER:
 24 Q. All right, thank you. Ms. Parsons, I also
 25 want to add my thanks. I can't imagine that

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1 there's anybody who would possibly envy you
 2 the job that you did over that period of time,
 3 commencing 2005 probably right up to your
 4 retirement, and I can't imagine there's
 5 anybody who's enjoying their retirement more
 6 than you are.
 7 MS. PARSONS:
 8 A. You're right.
 9 THE COMMISSIONER:
 10 Q. So I thank you very much very coming and
 11 explaining what happened in your department
 12 during that period of time.
 13 MS. PARSONS:
 14 A. Thank you.
 15 THE COMMISSIONER:
 16 Q. We adjourn until 9:30 in the morning.
 17 COFFEY, Q.C.:
 18 Q. Thank you, Commissioner.
 19 THE COMMISSIONER:
 20 Q. 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 24th 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 24th day of September, A.D., 2008
 13 Judy Moss

Inquiry on Hormone Receptor Testing

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