



November 4, 2009
File No. 070059

INVESTIGATION REPORT

INTRODUCTION

In January 2007 the College of Physicians & Surgeons of Alberta received a complaint lodged by 3 physicians working for Health Canada (Drs. Wadieh Yacoub, Hakique Virani and Salim Samanani) against Dr. John O'Connor, then a family physician providing medical services to the population of Fort Chipewyan, in northern Alberta.

The elements of the complaint were that:

1. Dr. O'Connor obstructed the Alberta Cancer Board and Health Canada in their efforts to investigate his concerns about an increased incidence of cancer and other illnesses in the Fort Chipewyan population
2. Dr. O'Connor's public statements harmed members of the Fort Chipewyan community (as they made lifestyle decisions based on concerns raised by Dr. O'Connor that were not in their best interests)
3. Dr. O'Connor's public statements have resulted in loss of credibility of public health officials (e.g. Health Canada physicians, Alberta Health and Wellness, the Alberta Cancer Board) by the people of Fort Chipewyan and other aboriginal communities
4. Many of Dr. O'Connor's comments were inaccurate or untruthful

Over the past 2 years the College has met with Dr. O'Connor and the Health Canada physicians who lodged the complaint, has reviewed news articles, publications and public statements (e.g. transcripts of radio and television interviews) regarding the concerns raised by Dr. O'Connor, and has familiarized itself with the findings of both the initial and the final cancer incidence reports published by the Alberta Cancer Board.

A summary of the findings of the College of Physicians & Surgeons of Alberta is that:

- Dr. O'Connor failed to inform public health officials and the Alberta Cancer Board of the identities of and clinical circumstances of patients whom he'd diagnosed with various types of cancer in a timely manner.
- Dr. O'Connor did not respond to multiple requests for information after he had made public his concerns about the incidence of cancer in the community of Fort Chipewyan
- Dr. O'Connor made a number of inaccurate or untruthful claims with respect to the number of patients with confirmed cancers and the ages of patients dying from cancer

The College of Physicians & Surgeons of Alberta wishes to emphasize that Dr. O'Connor's advocacy for the people of Fort Chipewyan, in bringing forward his concerns about a possible increase in the incidence of cancer and other health conditions, has never been and is not a matter of concern for either the complainants or the College of Physicians and Surgeons (CPSA), and is not and has never been an element of the complaint. To the contrary, any physician's advocacy in raising potential public health concerns is to be lauded.

Advocacy is one of the 7 roles that define the competent physician as defined in the CanMEDS framework of the Royal College of Physicians and Surgeons of Canada (RCPSC). The Royal College's document states that *as health advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations*. In an editorial published in the September 2007 issue of the Messenger (the CPSA newsletter), the Registrar wrote that *advocacy...is not only accepted by the CPSA as an appropriate role of physicians, it is expected and supported*.

The Registrar went on to write that *advocacy does not happen in a vacuum. It is but one of the seven roles, and, as offered in the CanMEDS framework, it demands the ethical and professional principles inherent in health advocacy including altruism, social justice, autonomy, integrity and idealism. Asking questions, provocative or not, is never a problem. But physicians also need to be truthful, respectful of evidence, accepting of the right of individuals or groups to make choices, and willing to work with other individuals or agencies to understand the issues being advocated*.

Physician advocacy must be responsible. It must be fair, and it must acknowledge and recognize evidence, the efforts of the health system and organizations within it, limitations in resources and expertise, and the legitimate opinions of others. Because physicians are seen as acting in the best

interests of their patients and the public (the core of professionalism), their views and opinions are given significant weight by the public. It is incumbent on our profession, therefore, to ensure that our members are balanced, reasonable and responsible in their advocacy.

It is on this background that the College has addressed the complaint against Dr. O'Connor.

CHRONOLOGY

The following chronology is included to provide background and context.

Dr. O'Connor initially raised his concerns about the incidence of cancer in Fort Chipewyan in 2003 through a letter to Chief Archie Waquan of the Mikisew Cree First Nation, and suggested that a baseline study be performed. In May 2004, representatives from Alberta Health and Wellness (AH&W) met with the local population, Health Canada officials and Dr. O'Connor to discuss performing a baseline study. None of the 3 physicians from Health Canada who lodged this complaint were involved with these early discussions.

In a June, 2005 letter written to the Health Director of the Nunee Health Authority, Dr. O'Connor expressed his concern about the incidence of certain diseases, including cancer, in Fort Chipewyan, and wrote that he'd seen 4 confirmed cases of cholangiocarcinoma in Fort Chipewyan in 2 years.

Dr. O'Connor was approached by the CBC and, in a series of interviews conducted from March to May 2006 indicated that he seen as many as 5 cases of cholangiocarcinoma and variably 3 and likely 4 confirmed cases.

Dr. O'Connor then contacted Dr. Yacoub of Health Canada (HC) to discuss his concerns and to speak about the essential elements of an investigation that would address those concerns. Dr. Yacoub alerted his colleagues in Health Canada and they alerted Alberta Health and Wellness (AH&W) and the Alberta Cancer Board (ACB). In mid March 2006 ACB and AH&W agreed to conduct a review.

On May 17 2006 a team with representatives from AH&W and HC met with officials from the Nunee Health Authority, Dr. O'Connor and community elders in Fort Chipewyan. One member of the team was Lisa Jensen who subsequently led the initial study into the cancer incidence in Fort Chipewyan. Notes from that meeting compiled by AH&W staff indicates that Dr. O'Connor shared his concerns and observations and agreed to facilitate a chart review of deceased patients and to allow a chart review to be undertaken. There was agreement to compile a list of deaths from all available records.

The *Globe and Mail* published a news article on May 22, 2006 in which they quote Dr. O'Connor listing a series of cancer cases including 6 deaths from colon cancer that year, the youngest of whom was 33. (*Investigators note: the ACB study did not confirm this information even with Dr. O'Connor's written list of cancer cases. The ACB investigators reviewed all of the files on patients identified by Dr. O'Connor as having cancer and presented the confirmed diagnoses*).

Lisa Jensen, the AH&W researcher, sent emails to Dr. O'Connor on May 24 and May 30, 2006 asking Dr. O'Connor to provide her with a list of names of patients with cholangiocarcinoma (May 24) and asking for a list of names of patients with various cancers and other conditions of interest.

Dr. O'Connor did not reply to either email. He acknowledges that the emails are correctly addressed but is adamant that he did not receive them and that, had he received them, he would have provided the requested information.

In the summer of 2006, the ACB and AH&W reported their findings (the results of their study into the cancer incidence in Fort Chipewyan) initially at an Energy Utilities Board meeting and then, on July 25, at a public meeting in Fort Chipewyan. That report found no increase in cancer incidence in Fort Chipewyan. (For an explanation of the differences and different findings between this report and that published by the ACB in February 2009, please review the most recent cancer incidence report). A July 25, 2006 CBC story quoted Dr. O'Connor as stating that Alberta Health rushed the report, and that neither he nor the First Nations community were contacted for information. (*Investigators note: Dr. O'Connor was interviewed in May 2006 by the team sent to investigate his concerns. Lisa Jensen attempted to contact Dr. O'Connor by email as identified above, and through the Nune Health Authority as outlined below. The CPSA has reviewed copies of the email thread with respect to the request for files and the responses*).

Through September and October 2006 requests were made to the Nune Health Authority Manager/Head Nurse to facilitate a review of active patient files in Fort Chipewyan. While the Head Nurse agreed, she expressed a request for assistance with concerns about privacy voiced by Dr. O'Connor. (*Investigators note: An email from Georg Gerow RN, Head Nurse, Fort Chipewyan Nursing Station to Lisa Jensen dated October 17, 2006 states:*

Thanks Lisa. After I emailed you, I spoke with our physician, who is adamant that we not allow an outside agency access to the files. I am not sure what to do, as I believe that we need this study, but I am now caught in the middle. He suggested that we be sent a team of nurses who can do our usual work while we use a template supplied by you to go through each chart, number them, and extrapolate the data necessary. Seems a bit

complex to me, but at this point I am just ready to quit. We seem to be getting stopped at every point along the way. Oddly enough, we just lost another elder last week to CA, and have a new diagnosis of a rapidly progressing liver CA in another one today. Thanks for the quick response. I promise you, if I can make this happen, I will, but I am just at a loss as to what to do.

This was followed by a second email from George Gerow to Lisa Jensen the same day:

Hi Lisa, HELP!!! I am at my wit's end. Can you please help me Dr. O'Connor's concerns re: confidentiality. I had explained to my staff and Dr. O'Connor that you and your team were expected to come and look at our active files and continue the study on cancer concerns here in Fort Chipewyan. I was immediately faced with "They can't do that because of confidentiality issues." I am pretty sure you can, but I need some help with the wording of my reply. Can you help?)

(Investigator's note: There neither are nor were any issues of confidentiality. The Alberta Cancer Programs Act makes clear that physicians have a duty to report all cases of cancer.)

In the fall of 2006 a predictive study was released about potential levels of arsenic in moose meat that reported levels 17 to 33 times the acceptable range. In response, Dr. O'Connor was quoted in a CBC interview of November 15, 2006 as expressing disgust that the community had never been notified about these high levels of arsenic in moose meat and that "no one has answered any of the questions we asked". Apparently the community of Fort Chipewyan had only learned about this study from a news story published a few days earlier, even though the reports had been presented to the Energy Utilities Board (EUB) a few months earlier.

Requests were made by Health Canada early in 2007 for the Alberta Health and Wellness epidemiologists to gather the data for deaths from colon cancer over the previous 4 or 5 years in Fort Chipewyan.

In a story published by Lea Storry, RJ editor, on January 17, 2008 Dr. O'Connor is quoted as saying "I think there were seven separate complaints and most of them have been dealt with" and that the outstanding complaint was "about raising undue alarm in the community".

The *National Review of Medicine* published a story on March 30, 2007 titled *Health Canada muzzles oilsands whistleblower*.

In April 2007 the medical files of patients from Fort Chipewyan who had died were sent to Edmonton for review as part of the ACB study.

A transcript of a CBC report of May 9, 2007 from Carol Amadeo stated that Dr. O'Connor's "comments eventually led to a gag order imposed by Alberta's College of Physicians and Surgeons". A subsequent CBC radio story (B McNamee, reporter) stated, in a transcript, that "O'Connor was not officially muzzled".

(Investigator's note: The College of Physicians and Surgeons of Alberta did not muzzle Dr. O'Connor. Indeed, the CPSA has never muzzled any physician.)

On June 14, 2007, the Acting Chief Medical Officer of Health for Alberta, Dr. Karen Grimsrud, wrote Dr. O'Connor and requested that he provide the names of patients who'd suffered from colon cancer and cholangiocarcinoma. When no response was received, she wrote again on August 1, 2007; Dr. O'Connor promptly replied to this request with a list of names.

A CBC report dated August 16, 2007 updating its stories on the topic when Dr. O'Connor returned to visit Fort Chipewyan reported that "the College announced last month that it had found he had not done anything wrong".

(Investigator's note: All information about complaints is confidential. The CPSA made no announcements or statements about this complaint.)

The *National Review of Medicine* published a story on January 15, 2008 titled *Oilsands whistleblower MD cleared*. The story reported that in a conference call with Dr. O'Connor's lawyer and the College of Physicians & Surgeons of Alberta, the CPSA announced that Dr. O'Connor had been cleared of 3 of the 4 professional misconduct charges brought by Alberta Health and Wellness and Health Canada, and that the fourth charge, that he'd raised undue alarm in the community, was still pending.

(Investigator's note: Dr. O'Connor was apprised about the College's findings at this meeting. As is evident from the findings, this statement is not accurate.)

Howard May, a representative of Alberta Health and Wellness, wrote the *National Review of Medicine* about the January 15, 2008 story and clarified that AH&W did not take part in filing any complaint against Dr. O'Connor and did not try to stop him from coming forward with his concerns. Mr. May wrote: "To the contrary, we have been trying for nearly two years (numerous phone calls, emails and letters) to get him to come forward with his clinical evidence to substantiate his claims of five cases of cholangiocarcinoma in Ft. Chipewyan. To date, he still has not." The response from the editor of the *National Review* was that while AH&W is not

officially listed on the complaint, their employees continue to assist Health Canada in pursuing action against him...Contrary to the ministry's claims, Dr. O'Connor says he has never received emails, letters or phone calls and the charge of "blocking access to files" has been thrown out. The manager of the nursing station where his patient's files are held has said she is the one blocking file access".

In a news article from *Fort McMurray Today* (following the release of the ACB report in February 2009) Dr. O'Connor is quoted as saying that the 2006 study – which gave the community the all-clear – was wrong. The story says that Dr. O'Connor expressed his view that Fort Chipewyan's concerns were vindicated by the study, and that he also felt vindicated. While he originally suspected six cases of cholangiocarcinoma, the province rejected that number, saying it wouldn't accept a case not biopsy proven continued the report. The story went on to say that Dr. O'Connor found two cases in men and, in the 2006 study, researchers found a case in a female. "That's three biopsy proven cases of cholangiocarcinoma" said O'Connor. A couple of the others did prove to be different types of bile duct cancer..."It's still an issue and hasn't been explained", he said.

(Investigator's note: Dr. O'Connor's statement is not consistent with the ACB study. Two (not three) cases of cholangiocarcinoma were confirmed, one by biopsy and one by imaging studies, not 'three biopsy proven cases'.)

CANCER INCIDENCE STUDIES

As to the incidence of cancer in Fort Chipewyan, two studies have been done, one in the spring of 2006, presented by Lisa Jensen, then a field epidemiologist for Alberta Health and Wellness, and the most recent one dated November 2008 and published in February of 2009 by the Alberta Cancer Board.

The earlier study did not find an increased incidence of cancer in Fort Chipewyan. Specific findings in that study included:

- Two 'deaths' (from community data) from cholangiocarcinoma, not five
- One probable confirmed case of cholangiocarcinoma from Vital Statistics and ACB data
- Three cases of leukemia (vs. one expected)
- Overall, no evidence of a higher incidence of cancer than expected
- An elevated incidence of diabetes, hypertension, lupus (systemic lupus erythematosus), and injury-related deaths based on community assessment information

The most recent ACB study reported its overall findings as follows:

- Two cases of cholangiocarcinoma (one proven by biopsy; one proven by diagnostic imaging studies)
- A higher than expected overall rate of cancer (51 cancers in 47 individuals versus the expected number of 39)
- Higher than expected cancers of the blood and lymphatic system (leukemias and lymphomas), biliary tract cancers as a group, and soft tissue cancers
- These findings were based on a small number of cases and could be due to chance, increased detection or increased risk in the community

The ACB study offered the following specific findings (a portion of which are selected here for their relevance to this review):

- Of the 6 cases of cholangiocarcinoma reported by Dr. O'Connor, two were confirmed (again one was biopsy proven and one identified by imaging studies. Both cases were included in the analysis to be inclusive)
- The observed number of cases of cholangiocarcinoma was within the expected range
- The observed number of cases of biliary tract cancers (3) as a whole is greater than would be expected as a result of finding one additional case of biliary tract cancer of another type, adenocarcinoma of the Ampulla of Vater, to the two cases of cholangiocarcinoma
- The observed number of cases of colon cancer was within the observed range
- Of the 12 suspected cases of colon cancer reported by Dr. O'Connor, three were confirmed as colon cancer cases diagnosed in Fort Chipewyan residents during the study period. An additional 3 cases were found through the Alberta Cancer Registry for a total of six cases
- Of the 12 cases of colon cancer reported by Dr. O'Connor, the specific findings are as follows:
 - Six cases were confirmed to be colon cancer
 - One case was not considered as it was in situ cancer, not invasive cancer
 - Four of the six cases were identified as residents of Fort Chipewyan at the time of diagnosis, and two were not residents; of the four residents, one patient was diagnosed outside of the study period (1995-2006)
 - 3 additional cases were found by the ACB registry, resulting in a total of 6 cases of colon cancer included in the analysis
 - Four of the cases identified by Dr. O'Connor as having colon cancer had another type of cancer (e.g. non-Hodgkin's lymphoma, cervical cancer, cancer with an unknown primary site)

In replying to the complaint, Dr. O'Connor offered the following comments:

He advised that he had observed and documented patients who suffered from a variety of different cancers as well as other conditions, and expressed his concerns. He has meant not to cause alarm or panic, and feels he's not done so; rather, the community of Fort Chipewyan has had its own concerns for years that need to be elucidated. He has considered all of the possibilities – lifestyle, genetics, and environment, even bad luck – to explain the cluster of cancers he'd seen.

He states he could not block access to the files even if he wished to do so, as he does not have that authority. Indeed, he wanted as much information as possible to be made available to facilitate a thorough study.

Dr. O'Connor points out that family physicians do not usually diagnose or report cases of cancer. In most cases the diagnosis is made by a specialist to whom the patient has been referred, typically based on a biopsy (documented then in a pathology report), which is automatically sent to the Alberta Cancer Board. He does not accept, therefore, that he failed to notify the Alberta Cancer Board of the identities of patients he'd diagnosed with cancer. He does acknowledge that some of the patients he reported as having 'confirmed' cancer in fact had findings that were suspicious for cholangiocarcinoma or other cancers, and that he perhaps should have used different language (suspected cases versus confirmed cases) when reporting his concerns.

As to the question of undermining trust in the community in Health Canada, Dr. O'Connor reports that residents of Fort Chipewyan have distrusted Health Canada and other governmental agencies for many years, and that their concerns never get addressed. He argues that his role in precipitating the April 2006 visit from HC and other agencies surely represented an act of faith and trust in the system, and offered those agencies an opportunity to gain or regain the trust of the community.

Dr. O'Connor believes he's not raised undue alarm among the public or the community of Fort Chipewyan. He believes what he has done, by making public his observations and concerns, is what would be expected of a responsible member of the medical profession.

FINDINGS:

The first allegation against Dr. O'Connor is that he obstructed the Alberta Cancer Board and Health Canada in their efforts to investigate his concerns about an increased incidence of cancer and other illnesses in the Fort Chipewyan population. The College finds there to be sufficient evidence to support this allegation.

To be specific, there is contemporaneous and documented evidence of:

- Repeated requests by AH&W and their field epidemiologist to Dr. O'Connor to supply evidence to support his allegations and public statements
- Dr. O'Connor's failure to respond to these requests in a timely manner. Only on receipt of Dr. Grimsrud's second letter in August 2007 did Dr. O'Connor supply names to the study team
- Dr. O'Connor's failure to fulfill his legal and ethical obligation to report all suspected cases of cancer to the ACB

While Dr. O'Connor may not remember the contents of the meeting that occurred on May 17, 2006, contemporaneous notes made of that meeting and a record of the emails properly addressed to Dr. O'Connor provide strong evidence that Dr. O'Connor had been asked to provide details about patients with cancer and patients who died from cancer.

Dr. O'Connor acknowledges that the emails were properly addressed but states he never received them and was, until this review, unaware of their existence. Lisa Jensen provided copies of her original emails and attested that the emails were sent and did not 'bounce back'.

While there may have been some uncertainty about the ownership of the patient medical records in Fort Chipewyan, there is no uncertainty about the obligations of physicians to report a diagnosis of cancer under the Alberta Cancer Programs Act. That Dr. O'Connor was unaware of his obligation does not excuse his failure to report all of these cases of cancer either at the time of diagnosis or subsequently, when the cancer incidence investigation was undertaken. Dr. O'Connor did report these cases in August 2007 at the direction (and second request) of the then Medical Officer of Health for Alberta, Dr. Karen Grimsrud.

Dr. O'Connor states that he remembers the clinic meeting when the issue of privacy was raised, and states that he agreed that privacy issues or consent could be a problem and needed to be resolved, perhaps by having patients sign a consent form. The Manager/Head Nurse has clarified that one of the local nurses raised the question of privacy and confidentiality, a concern that was echoed by Dr. O'Connor. While the Head Nurse agrees she felt frustrated, as she wanted the study to proceed, she also wanted the privacy issues to be addressed before personal health information would be shared for the purpose of completing the study, and, at the time she provided this information (August 2007), no clarification had been received.

To be clear, it is not usual for family physicians to report that a patient has been diagnosed with cancer because, as pointed out above, family physicians typically do not make the diagnosis themselves and, in most instances, the diagnosis is confirmed by a pathologist and reported in a pathology report, which is automatically shared with the Alberta Cancer Board. However, the

situation in Fort Chipewyan is very different than the usual. In this case Dr. O'Connor trumpeted to the world that he'd seen a worrisome number of cases of cancers of various types, including 5 confirmed cases of cholangiocarcinoma. Then when asked for the clinical information on these patients – and the College of Physicians & Surgeons of Alberta believes the evidence is compelling that Dr. O'Connor was asked for this information – he failed to comply, declaring issues of confidentiality which, because of the Alberta Cancer Programs Act, do not exist. It is the College's view that this situation cannot be reasonably compared to that of the reporting (or not) of a patient diagnosed with cancer by a family physician.

A second allegation is that many of Dr. O'Connor's public comments were inaccurate or untruthful. Dr. O'Connor has been quoted extensively in the media, and while some of those quotations may be inaccurate or out of context, there are many mistruths, inaccuracies and unconfirmed information within those reports. That Dr. O'Connor does not remember making some of these reported statements does not diminish his responsibility to make truthful statements, especially about an issue as important to the community he represents. His statements about the number of cases of various cancers, specifically cholangiocarcinoma and colon cancers, he identified have not been verified, yet Dr. O'Connor persisted in exaggerating his claims. He repeatedly referred to **confirmed** cases, which a physician would distinguish from suspected cases, so that it would be disingenuous for him to now attempt to clarify that he never meant to imply that he'd seen 3, 4 or 5 patients with biopsy proven cholangiocarcinoma.

The definitive Alberta Cancer Board report released in February 2009 reveals that only 2 cases of cholangiocarcinoma were identified in the Fort Chipewyan population, and one of these was diagnosed by imaging studies alone, without confirmation by pathology. Of interest, the initial study also confirmed two cases of cholangiocarcinoma.

The recent ACB report indicates that a total of 6 cases of colon cancer were identified in their review. Of the cases of 12 cases of colon cancer reported by Dr. O'Connor, 3 had other forms of cancer, one had a non-cancerous colon tumor and one had rectal cancer. No patient died at age 33 from colon cancer as reported by Dr. O'Connor.

While not the direct focus of this report, many inaccuracies were reported in the media stories. To set the record straight, we point out that:

- Alberta Health and Wellness is not and has never been a complainant; AH&W staff have responded to Health Canada's request for assistance in conducting a study into a possible cluster of cancer cases in Fort Chipewyan, but there is no evidence that AH&W staff have 'assisted' Health Canada in pursuing their complaint.

- As to the suggestion that the College announced the outcome of its inquiry, the CPSA has made no public announcement or acknowledgement of the presence of a complaint, never mind the outcome, until this release.
- And, at no time and by no official body, including the College of Physicians & Surgeons of Alberta and Health Canada, has Dr. O'Connor been muzzled. To be clear, Health Canada has no authority over Dr. O'Connor and could not muzzle him even if they wanted to, and the CPSA has never muzzled any physician.

As to the remaining two allegations, that Dr. O'Connor's public statements harmed members of the Fort Chipewyan community and that his statements diminished the credibility of Health Canada and other public health officials with the community, the College of Physicians & Surgeons of Alberta has insufficient evidence to prove or disprove them. (The CPSA wishes to clarify that it has gathered additional documentation of public statements made by Dr. O'Connor, including those made to a parliamentary committee in June 2009, but has chosen not to investigate them as they occurred after the complaint was received, have not been responded to by Dr. O'Connor and – in our view – do not substantially change the findings or the resolution.)

The College received a letter signed by 5 First Nations chiefs on behalf of the Athabasca Tribal Council supporting Dr. O'Connor and the actions he'd taken to bring attention to the concerns about the incidence of cancer in Fort Chipewyan. They dispute the claim that Dr. O'Connor's actions have been a disservice to the community of Fort Chipewyan, and believe that the decision to circumvent the First Nations' chiefs in bringing concerns about Dr. O'Connor to the CPSA further undermines the trust between First Nations and government. They expressed their support for Dr. O'Connor and his advocacy on their behalf.

We would add that Dr. O'Connor's public statements could not reasonably have contributed to the credibility of HC and other public health officials, but it is not within our mandate to determine what, if any, effect Dr. O'Connor's comments and advocacy may have had on the level of trust for HC and others held by the citizens of Fort Chipewyan.

However, the College is compelled to point out that the three complainants, all physicians working at the time for Health Canada, were the instigators of the initial review conducted by AH&W. It was on the basis of the initial call from Dr. O'Connor to Dr. Yacoub that HC mobilized Alberta Health and Wellness and the Alberta Cancer Board, traveled to Fort Chipewyan, met with community members and others (including Dr. O'Connor), listened to the concerns and agreed to conduct a study. Not unlike the advocacy shown by Dr. O'Connor in raising his and the community's concerns, the actions of the HC physicians is also a demonstration of responsible advocacy on the part of the community of Fort Chipewyan and First Nations people in general.

RESOLUTION

It is the position of the College of Physicians & Surgeons of Alberta that the preferred resolution of this matter was to provide the public with a clarification of the issues raised, the evidence gathered, the responses received, and the corrections required to reflect the truth as we understand it. Unfortunately, consensus as to the content of a public statement could not be reached by the involved parties. Accordingly, the CPSA is completing its investigation report and sharing it only with those whom it has a statutory obligation to provide this information.

Having provided that explanation, we wish to point out that neither the CPSA nor the complainants were of the view that imposing a penalty or some other punishment on Dr. O'Connor met the public interest. However, these parties accept that making inaccurate statements or claims, and failing to fulfill one's legal and ethical obligations, are not acceptable behaviors and needed, in this instance, to be declared as such.

Finally, neither the complainants nor the College of Physicians & Surgeons of Alberta wishes to suggest that Dr. O'Connor acted improperly when he raised concerns about the incidence of cancer in Fort Chipewyan based on his observations. Indeed, such advocacy on behalf of the community of Fort Chipewyan is supported. The message that Dr. O'Connor and others may take from this review is the need for advocacy to be fair, truthful, balanced and respectful. We should expect no less from members of the medical profession in Alberta.

Respectfully submitted,

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Registrar
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