



Centre
for Addiction and
Mental Health
Centre de
toxicomanie et
de santé mentale

Centre for Addiction
and Mental Health
250 College Street
Toronto, Ontario
Canada M5T 1R8
Tel: 416.535.8501

April 20, 2001

PRIVATE AND CONFIDENTIAL

Dr. David Healy,
North Wales Department of Psychological Medicine,
Hergest Unit,
Ysbyty Gwynedd,
Bangor,
Gwynedd LL57 2PW
Wales
United Kingdom

Centre de toxicomanie
et de santé mentale
250, rue College
Toronto (Ontario)
Canada M5T 1R8
Tel. : 416.535.8501

www.camh.net

Physicien-in-chief
Tel: 416.979.6915
Fax: 416.979.6834
E-mail: david_goldbloom@camh.net

Médecin en chef
Tél. : 416.979.6915
Télec. : 416.979.6834
C. élec. : david_goldbloom@camh.net

Dear David,

I am writing you a letter that is, from my perspective, private and confidential. At the same time, I am mindful that previous communications from me to you of this kind have somehow ended up in the hands of the media so I accept that the same fate may meet this letter. You can be assured, however, with regard to its contents and any implications arising from them that I treat this letter as confidential. If you decide to release portions or all of this letter, we will consider confidentiality waived.

This letter contains information that could have been available to you for some time, but you have chosen not to respond to invitations to speak with me directly in emails of December 4, 2000, December 5, 2000, and December 7, 2000, as well as in the couriered letter of December 7, 2000 – “I am ready to speak with you further about this in person but given the nature of our decision I felt it was extremely important to convey it to you as quickly as possible”. When you emailed Dr. Don Wasylenki on December 10 regarding proceeding with work permits and related paperwork anyway, he emailed you on December 11 and suggested you contact me directly. In the ensuing four months, I have had no communication from you asking for further information.

However, through your media appearances and through the statements of others, I have learned that you do wish to have more information about the reasons for rescinding the job offer. So although you have failed to respond to repeated offers of direct communication with me made to you in December 2000, I am advising of the following for your information.

Addiction Research Foundation
Fondation de la recherche
sur la toxicomanie

Clarke Institute
of Psychiatry
Institut psychiatrique Clarke

Donwood Institute
Institut Donwood

Queen Street Mental
Health Centre
Centre de santé mentale
de la rue Queen

A World Health Organization
Centre of Excellence
Un Centre d'excellence de
l'Organisation mondiale
de la santé

Affiliated with the
University of Toronto
Affilié à l'Université
de Toronto



*Better understanding, prevention and care
Mieux comprendre - prévenir - soigner*

The Search Committee, which I co-chaired, decided to offer you the position of Clinical Director with knowledge that you had particular views about fluoxetine that you expressed in the literature and through popular media. We knew that as a scholar of the history of psychiatry, you had a particular perspective on the evolution of drug therapy in psychiatry. Members of the Search Committee expressed reservations about your suitability specifically for the position of Clinical Director but overall we decided to offer you the position.

Your presentation on November 30th raised further questions within our staff and faculty regarding your suitability for this particular position. No one disputed your academic freedom to say whatever you want in our or any other University or in our academic health sciences centre. However, the extremity of the views that you espoused caused an extraordinary stir among the people who would be your junior and senior colleagues within CAMH and the University Department of Psychiatry. I am referring to your seemingly casual statements of thousands of people killing themselves on and because of fluoxetine, of antipsychotics essentially causing more harm than good, and of increasing hospitalization in the modern era. These people felt your remarks were scientifically irresponsible, incompatible with published scientific evidence and hence incompatible with the mantle of responsibility of leadership of a clinical and academic program. There was a clear message from these colleagues that your statements had little balance. We began to feel that it would be difficult for you to lead a program where you would not have the respect of those within it who would work with you, those to whom you would report or those with whom you would collaborate.

I wasted no time in conveying to you my personal perspective on the content of your talk that same evening and what I believed people would take away from it. I recall specifically telling you that I thought the difference between your talk and the talk of Dr. Steve Hyman of the National Institute of Mental Health was that I felt he spoke with humility about science and that you spoke with antipathy. However, I can assure you that no decision was made regarding your job offer that day or the next day. The decision was made the following week, with the input of CAMH colleagues, members of the Search Committee, Senior Management of CAMH, and the Chair of the Department of Psychiatry. I am advising you as plainly as I can that the Search Committee, which included staff of the Mood and Anxiety Disorders Program, unanimously holds the view that rescinding the job offer was the right decision. This is a position of leadership within a clinical program of an academic health sciences centre. It is essential that the leader possess the respect and support of the staff.

The suggestion that we consulted with Eli Lilly regarding this decision or that we feared your appointment would jeopardize our carefully constructed and

monitored relationship with them is both factually incorrect and odious. When the position was offered to you, your views regarding the toxicity of fluoxetine were already known. If we were worried about their impact on Eli Lilly, we would not have offered you the position in the first place. What was jeopardized by your talk was not our relationship to Eli Lilly but your credibility with and relationship to your future colleagues at the Centre. I appreciate that this is a deeply unpalatable thing to hear and thus I am restricting it to this letter that is sent, at least, in confidence. Your future colleagues simply did not want you here as a leader of a clinical program, which was the job for which you were recruited.

I will respond as well to some of the concerns that you sent to Mr. Herb Solway, copied to Dr. Paul Garfinkel, Dr. David Naylor, Ms. Pamela Fralick and "Others in the University". They reflect further misunderstanding on your part as to why the job offer was rescinded.

At the time of rescinding your job offer, I had not read your Hastings Center Report and was unaware of your allegation that Eli Lilly had withdrawn its funding to the Hastings Center because of it. This was not the basis for our decision. I have subsequently read the article with interest. You state in it that "Indeed, it has not been possible to show that Prozac is effective in classic depressive disorders". It struck me as inconsistent with your statement in the *Journal of Clinical Psychiatry* 2000; 61 (suppl 6): "Thus, although fluoxetine may be an extremely effective antidepressant for some patients and may restore some people to a state that is 'better than well', it is clearly not the right drug for all depressed people". You go on to state that "...clinical trials indicate that a higher proportion of patients receiving reboxetine get better and experience well-being than do those receiving fluoxetine." Your cited source for this information is a paper whose authors include a scientist from the manufacturer of reboxetine; the cited article appears in a supplement of an academic journal paid for by the manufacturer of this drug. Indeed, your own paper that concludes by touting the superiority of reboxetine appears in a journal supplement sponsored by the manufacturer of this drug, based on a talk you gave at a satellite symposium of a meeting sponsored by the manufacturer of this drug. In your Hastings Center Report paper, you implicate the pharmaceutical industry in changing psychiatric diagnosis and improving marketing by processes such as "...sponsoring symposia at professional meetings, and funding special supplements to professional journals."

We believe at the Centre that the potential for conflict of interest is inherent throughout health care, and not simply with the pharmaceutical industry. We also believe that the solution is not to avoid it but rather to confront it, to grapple with it, and to resolve it. It is for that very reason that our bioethicist from the outset

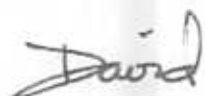
was involved in the conceptualization and development of our relationship with Eli Lilly in the area of therapeutic neuroscience. We are grateful for the money Eli Lilly donated to our Foundation as we are grateful to our physicians who donated \$500,000 to the Foundation. That does not mean we are beholden any more than you might be with regards to the travel or research support you have accepted from Pharmacia and Upjohn, SmithKline Beecham, Duphar, Astra Zeneca, the Wellcome Trust, and other sources.

As you know, other internationally renowned scientists were present on the day of your talk. Many of them expressed their negative opinion of your talk in an unsolicited way, exercising their academic freedom to do so. You have focused on the comments of Dr. Charles Nemeroff who was one of several international guests who offered their opinion on your speech. However, Dr. Nemeroff's comments and behaviour on that day or in New York on December 1 are not subject to our control. There is clearly a personal antagonism between the two of you that preceded our recruitment of you. If Dr. Nemeroff indicated to anyone on December 1 that the job offer would be rescinded, he was misinformed. That decision was made the following week. It is simply wrong to state that the decision was taken November 30th or that it involved Dr. Nemeroff. We do not muzzle our guests at academic events – not you, and not Dr. Nemeroff. You have since that time again been an academic guest at the Centre and the University of Toronto. Your academic freedom to espouse your views and to continue to work as an academic psychiatrist have not been quashed.

That your talk was well-received at Cornell University is irrelevant to our internal decision. Did they offer you a job as a Clinical Director or welcome you as an academic guest? As for your statement that Jack Barchas equated your work with that of Nobel prize winners such as Eric Kandel in terms of what will be remembered 100 years from now, I will leave future historians to judge the accuracy and hubris of this remark.

I regret that we felt obliged to rescind an offer made in good faith. When we did reach this difficult decision, we tried to act swiftly to minimize the personal impact on you and your family and we tried to act confidentially to minimize the impact on your professional reputation. I regret further that you chose to ignore for four months (and continue to ignore) offers made repeatedly to discuss the issues with you directly. I regret that you have chosen to demean the reputation of your peers at the Centre and at the University. However, I remain confident that the decision taken was the correct one.

Yours sincerely,

A handwritten signature in black ink that reads "David". The signature is written in a cursive style with a small dash above the 'i'.

David S. Goldbloom, MD, FRCPC
Physician-in-Chief
Centre for Addiction and Mental Health
Professor of Psychiatry
University of Toronto

C: Dr. Paul Garfinkel, President and Chief Executive Officer, CAMH
Dean David Naylor, Faculty of Medicine, University of Toronto
Dr. Donald Wasylenki, Professor and Chair, Department of Psychiatry