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MICHAEL ENRIGHT (This Morning Sunday Edition): Hello, again, I'm Michael Enright, and this is hour 3 of the Sunday Edition for June 10. We're devoting our entire hour to the story of Dr. David Healey, a prominent scientist from Wales, who was hired to head up the centre for addiction and mental health in Toronto, and then was told he was not welcome. This happened after he gave a speech that concentrated heavily and somewhat negatively on anti-depressants, particularly Prozac. We're going to look at both sides of the debate.

Dr. David Healey is a world-renowned psychopharmacologist--that's a psychiatrist who studies the use and effect of powerful drugs such as anti-depressants and tranquilizers. He has an academic pedigree that's longer than most university term papers. He is the author of 15 books; one of them, "The Anti-depressant Era," was reviewed by the "Journal of the Royal Society of Medicine" in Britain, which said, "Work of this revolutionary scope comes along infrequently, perhaps once in a decade," and that David Healey is one of the most remarkable figures in contemporary psychiatry. All of which explains why Toronto's Centre for Addiction and Mental Health wanted to give him one of their top jobs as the clinical director of its mood and anxiety disorders program, and why the University of Toronto offered him a job as full professor in the Department of Psychiatry.

They made a deal: they discussed salary, Dr. David Goldblum [sp?], the physician in chief at CAMH, sent Dr. Healey information on schools for his children. But then something happened. David Healey gave a lecture in Toronto, and four days later, the done deal had fallen apart. Dr. Healey joins me this morning from Bangor, Wales.

Dr. Healey, good morning.

DR. DAVID HEALEY (psychopharmacologist): Good morning. How are you, Mr. Enright?

ENRIGHT: I'm very well. Pleasure to have you with us. Before we get into the details of all of this and the intricacies and the back and forth, I want to ask you a personal question, because you, in fact, were looking for

schools for your children, you were in the verge of packing everything up to come to Canada, to move to Toronto. Have you unpacked it all? What has been the effect of all of this on you?

HEALEY: Ah, well, I have unpacked, yes. I'm fairly resigned to the fact that I won't be moving over, that my family won't be moving over either. So we live in a very nice part of Wales, we're very happy where we are, I'm fairly happy with the work that I was doing here, and I'm able to pick it up again quite easily. You see, I hadn't actually been trying to leave here. People over there had been keen to have me move, but I'm reasonably happy here as it is.

ENRIGHT: Has anything...[does] anything in your experience compare with what happened to you? Anything like this ever closely approach what happened to you?

HEALEY: Fortunately not, no, nothing remotely like this. It was very hard to know what to do with what happened. I took two or three months to work out how to handle the issue, because, as I said, this hadn't happened before and I knew of no one else to whom anything quite like this had happened either. Now, I've since heard of one or two others to whom it's happened.

ENRIGHT: If we could briefly and coherently run through the chronology here: you were offered a job by the University of Toronto at the mental health centre. In fact, in some of the correspondence directed to you, there was an urgency about your coming that they wanted you to come, and not in a matter of months, but a matter of weeks. And there seemed to hurrahs on all sides about your appointment. What happened?

HEALEY: I had first been approached at the end of '98, I was interviewed in the middle of '99, I took up the offer [in] early 2000. During the course of last year, then, I had to wait for various visas and work permits to come through, and they were on the verge of all being through when I was asked to talk at a meeting in the University of Toronto in the CAMH, November 30 last. And the day before that meeting, as you've hinted, the kinds of things that I was doing was I was interviewing other people for jobs on the program that I would head, I was being asked about the director of the office in which I would be working, and I was liaising about the costs of moving from the U.K. over to Canada. And the actual person that I was doing this with was a man called David Goldblum.

In the course of all this, he was helping me out with issues to do with where my children would actually go to school, he was letting me know that

my wife could call his wife, and generally urging me to move within weeks rather than months.

ENRIGHT: Dr. Goldblum is the physician in chief and professor of psychiatry at the University of Toronto, and essentially, he is it at the Centre for Addiction and Mental Health.

HEALEY: Well, he was actually the person who is responsible for recruiting me to the clinical component of the job that I had.

ENRIGHT: Now, you gave a talk in November, as you say. To whom? It was to other psychiatrists, was it?

HEALEY: Well, no, it was to a large or a wide range of people who work in the mental health field. It was a meeting that had been organized to celebrate 75 years of the university department of psychiatry, and 150 years of a psychiatric service on the Queen Street site. Now, the program that was fixed up was a two-day program, and a range of very big-name people had been asked in from the U.S., the U.K., and elsewhere, to give a range of different talks. Mine was the first talk on the Thursday morning, and on Thursday.... Well, I knew that the audience would be a mixed audience; it would be nursing staff, medical staff, social workers, and almost anyone who is interested in mental health issues and who is keen to look back at the history and to look forward to where we may be going within the mental health field. So I drew up a talk which was aimed, I thought, to try and hold the interest of all of these groups.

ENRIGHT: And it was, quite a lot of the talk, which I have read, centered on the use of drugs in the treatment of mental illness. Does that cover it in a general sort of way?

HEALEY: In a very broad way, yes. I looked at the introduction of the first group of drugs to treat mental illnesses back in the 1950s, and looked at the sweep of history through then to where we are now, and on to where we may end up ultimately going.

ENRIGHT: At one point you talked about the efficacy of using drugs, and you seemed to centre it on, in a very pragmatic way, whether the things worked or not. And you pointed out if they were working all that well, why do we have so many people in mental hospitals, mental health hospitals and so on, under care?

HEALEY: That's right. One of the odd things about the mental health field at the moment is we claim to be doing wonderfully well, we claim to have

marvellous drug treatments and a range of other things that we can do as well. But in actual fact, when the period begins, very few of us would have known anyone who was at any risk of ending up in a mental hospital. Now all of us know someone who's on Prozac or one of the other drugs [WORD UNCLEAR] for nervous problems. We are now three times more likely to admit by compulsory order people into mental health hospitals than we were then, we admit 15 times more people than we used to admit then, and people's psychiatric careers begin much earlier. These days, children of the age of two, three, four seem to be able to get Prozac or Ritalin or whatever, or seem to be thought to need these things. If the treatments work, then clearly this really oughtn't to be happening.

When treatments work, problems go away. In due course, when we have treatments that really work very, very effectively, we won't be treating more people than we ever have been treating before. While I say in one sense treatments don't work, the other half of the talk really is aimed at saying that these treatments, when used judiciously, can be very, very helpful. The issue is whether they're being used wisely or not.

ENRIGHT: Now, in...you have to remind to people that you gave the talk on the thirtieth of November, after you'd been offered the job in Toronto. Something happened in the days following that, something that arose out of something you said in that discussion. Now, in your...what exactly was that?

HEALEY: Well, as I understand it, one or two of the people from the CAMH, who were at the lecture that I gave, were fairly upset. Now, it's hard to know just why they were upset. One of the possibilities was they simply misunderstood what I was saying.

ENRIGHT: This is in connection with the use of Prozac and the possible side effects.

HEALEY: Well, yes. The issue with the use of Prozac was, I said, that there is a good deal of evidence to indicate that Prozac and other SSRIs can cause problems for some people that actually go on them. I made it clear to the audience that they didn't have to agree with what I thought, but that we could all agree that there had been a controversy on this issue. There clearly has been. This is an issue that hit the media roughly ten to 11 years ago now and has been in the media on and off ever since, so it's very hard to actually deny that there's been a controversy.

But the other point then was that since the controversy blew up, none of the drug companies that either produce Prozac or any of the other Prozac

group of drugs has actually done any research to address the issues at the heart of the controversy. And that seemed to me to be a particularly problematic thing for those of us who depend on the pharmaceutical industry to have really accurate and good information regarding the drugs that we use. Now, Dr. Goldblum and one or two others who were at the meeting got worked up by issues like this.

ENRIGHT: But Dr. Goldblum was seriously agitated. He was quite upset.

HEALEY: He appears to have been.

ENRIGHT: What did Dr. Goldblum say to you in the days following that?

HEALEY: Well, he didn't actually say much. I've been told that he got rather upset; I felt it would be useful to find out just what he was actually concerned about, and I made it my business to get hold of him after a meal that we were both at that evening. He said that there were only three things that anyone would ever recall from any lecture. In the case of my lecture, he said the things that people would recall were that I had said that Prozac can kill people (which isn't actually what I said); he said that I had said Eli-Lilly knew about all this (which, again, isn't...).

ENRIGHT: The makers of Prozac.

HEALEY: That's right, yes. Which again isn't actually what I said. And the third thing I think he referred to there at the time was that I said that high doses of anti-psychotic drugs can cause harm. He was very, very worked up at that point in time; I told him that I'd take note of the points that he'd made, that I had to give the same lecture the following week down in Cornell University, and it was useful to get feedback. I didn't think any more about it there and then. I couldn't have believed that he was thinking of doing what he was actually at that time clearly thinking about doing, which was to breach the contract that I had with the University of Toronto at that point in time.

ENRIGHT: Let me just stop you there, Dr. Healey. What...your views...you've been described as one of the three most eminent--is it psychopharmacologists?

HEALEY: Yes.

ENRIGHT: ...yes...in Great Britain. Your work is known, I take it. You're talking on November thirtieth, you weren't unveiling something brand new in

your research--surely that had been seen in journals and was known by the people who were hiring you.

HEALEY: Yes, this is the rather mystifying thing about it, and furthermore, when you read the lecture as a whole, it's really not a lecture about Prozac per se, it's actually...I have a book which is due out later this year, from Harvard University Press, looking at the history of psychopharmacology, and the lecture that I gave was really a [NO SOUND FOR ABOUT THREE SECONDS] larger game here. The two issues are this: conflict of interest issues. What happens when universities are funded by pharmaceutical companies or other major corporations? What happens to the quality of research? What happens to the issue of whether people are able to talk out about data that comes to hand? And the most famous case in this area, the one that really raised the profile of all these issues, was one that happened, curiously enough, in the University of Toronto: the Nancy Oliveri case.

ENRIGHT: This is the doctor at the Sick Children's hospital in Toronto. I think it's a well-known case in Canada.

HEALEY: The other issue, though, which has received less of a public profiling up till this, has been the duty of people who prescribe drugs. Let me explain what I mean by this. Most people on the street feel that it's regulators like Health Canada, the FDA in the U.S. and the MCA over the U.K. that keep people on the street safe as regards the drugs that are being used.

ENRIGHT: Right.

HEALEY: People like the FDA scrutinize whether these things are actually safe or not, and if they've been approved by the FDA, well, then there really can't be any great problem. But in actual fact, that's not correct. What the regulators have done is to make these drugs available on prescription only, and they made them available on prescription only in order that physicians like me and Dr. Goldblum and Dr. Garfinkle from the CAMH will be the people who will quarry out the information from the pharmaceutical companies about the hazards of these drugs. What I was doing when I gave the lecture that I gave, what I've been trying to do over the last few years raising the hazards, is literally to do what is my job, and for someone like Dr. Goldblum or Dr. Garfinkle to in any way hint at the fact that it's not the job of a physician to raise the hazards of these drugs is really to misunderstand why they're available on prescription only at all. And this is an issue that I think actually deserves greater airing.

ENRIGHT: You...just to let you go, but you seem to be, to use your words, sanguine about this. You don't...I don't detect rancour or bitterness or, indeed, any anger in your tone. You...is it possible to put all this behind you and just simply go on?

HEALEY: Well, I think it is, for a few different reasons. I've been fortunate with the colleagues I've got here, I've been fortunate to have research that has helped to keep me going. But I've also been extraordinarily fortunate in having great support and a number of close friends in the University of Toronto who have actually continued to support me through all this. It's been somewhat easier, perhaps, to handle the issues for me than it was for Nancy Oliveri, because she's had to live and work in the same city as the people with whom she's actually having the problems, whereas I'm at a remove of two or three thousand miles and am able to talk to you on the radio every so often, for instance, and have the issues raised for me every so often, rather than raised the whole time, day to day.

ENRIGHT: Dr. Healey, thank you. Thank you so much for joining us this morning. It's a pleasure to talk to you.

HEALEY: Thank you very much.

ENRIGHT: Good-bye now.

HEALEY: Bye.

ENRIGHT: Dr. David Healey is the director of the North Wales Department of Psychological Medicine at the University of Wales. He spoke to us this morning from a BBC studio in Bangor, Wales.

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MICHAEL ENRIGHT (This Morning Sunday Edition): The Centre for Addiction and Mental Health is the largest facility of its kind in Canada. It's a teaching hospital affiliated with the University of Toronto, and the World Health Organization considers it one of the four best in the world in areas of mental health and addiction. One would think CAMH is not a place where decisions are made carelessly, so what is its view of what happened?

Dr. Paul Garfinkle is president of the Centre for Addiction and Mental Health, and he is professor of psychiatry at the University of Toronto. He is an internationally respected researcher, clinician and administrator. Dr. Garfinkle joins me in our studio this morning.

Good morning, it's good of you to talk to us.

DR. PAUL GARFINKLE (president, Centre for Addiction and Mental Health, Toronto): Good morning. My pleasure, Michael.

ENRIGHT: Let's cut right to the heart of this or to part of it, anyway. Why was the offer to David Healey withdrawn in your opinion?

GARFINKLE: First, let me set the record straight. We've never made an offer nor never rescinded an offer based on the impact of an external donor. Neither Eli-Lilly nor any other corporation or any individual has ever influenced our human resources decisions. In fact, there have been a couple of instances where we've returned money because of donor influence.

We are extremely aware of conflict of interest, about the potential for conflict of interest in the pharmaceutical industry, but in the health care field in general. We've been very vigilant about these matters and proactive. We've recently set up an umbrella contract with Eli-Lilly to deal with research in our centre. This is a contract that doesn't bring any funding in, but it enables us to ensure academic freedom for our investigators. We would like to see this with others, deals with confidentiality of data, how records are kept, adherence to clinical and non-clinical protocols, and it enables our investigators to use their ideas, and at the same time, publish on data whether the results are positive or negative.

ENRIGHT: OK, so there was no--as far as you're concerned--there was no pressure...

GARFINKLE: Zero.

ENRIGHT: ...explicit or otherwise...

GARFINKLE: Zero.

ENRIGHT: ...on the David Healey matter.

GARFINKLE: No. Rescinding an offer is not something that we would ever take lightly. When Dr. Healey made public his views about this, we also felt we had to speak because our attitudes and behaviours were being mischaracterized. In general, the rescinding of the offer is related to the extreme views that Dr. Healey does display, and the extraordinary extrapolations that are not in keeping with the scientific evidence, and in fact, are scientifically irresponsible.

ENRIGHT: Now, are these the views as he put them forth in the speech November the thirtieth? Is that what you're talking about, or generally the views?

GARFINKLE: Many of the things that he had described, we did know about from his published material. There were statements that go beyond the published material, that alarmed many people.

ENRIGHT: OK, so between the time...between the thirtieth of November and the seventh....

GARFINKLE: And December fourth.

ENRIGHT: Fourth.

GARFINKLE: A number of people...

ENRIGHT: People complained.

GARFINKLE: ...were very concerned that they had lost trust and respect in Dr. Healey. The issue is related to the kinds of things that we've been hearing in Dr. Healey's interview. One, about the anti-psychotics causing more harm than good. Now, one of the very best things that has happened in modern medicine in the last 40 or 50 years has been the development of the

anti-psychotic drugs. These drugs enable control of symptoms, and together with family education, support, employment, proper housing, we're able to keep these people in a much better quality of life. We do have side effects with these drugs, but the benefits far outweigh the side effects. And just to let you know, the centre staff who work on pharmacology, one of the, I think their best contributions of the last couple of years has been to show scientifically why you can use far less of these medicines.

ENRIGHT: Is...as Dr. Healey pointed out, and I think that people have allowed this, his views are well-known and have been well-known for some time. How did the search committee take those under consideration?

GARFINKLE: Well, first of all, I wasn't party to the search committee's exact discussions, so I'll give you what I believe they felt. They felt this man is an excellent medical historian, and I believe that's true. His book on the history of the anti-depressant drugs is very worth reading. They felt that he had the qualifications to be involved in running the mood program and that he did have some provocative views regarding pharmacology. They weren't originally unanimous in wanting him to come—of that I'm aware of—but the period from when the job offer was made in the beginning or the middle of 2000 to the late fall, there were additions that were described that alarmed many of the colleagues.

ENRIGHT: But nevertheless, the decision was made to go ahead, unanimously.

GARFINKLE: Yes, by September the offer had been made.

ENRIGHT: Is it fair to say, Doctor, that there was a general enthusiasm for David Healey's appointment and his arrival in Toronto?

GARFINKLE: I think people liked the idea that we were bringing in somebody who had differing points of view.

ENRIGHT: Am I to infer, then, that the, as Dr. Healey refers to it, the volte-face, occurred and was linked specifically to the speech of the thirtieth of November, that what he said in the course of that talk turned everybody around?

GARFINKLE: I can't say everybody...

ENRIGHT: OK.

GARFINKLE: ...but there were many people who did express alarm. I wasn't there that day, as Dr. Healey mentioned. I was there the day before, but I

came to the dinner that evening, and there was a buzz in the room about Dr. Healey's talk, and it was a negative buzz.

ENRIGHT: And one would have thought, correctly or not, that the first impulse would be, We've got to sit down with this man, this candidate, and find out what on Earth he's talking about, because we've committed on paper, we've said we're welcoming him [to] this very senior position in a very well respected institution, CAMH and U of T. Why was the effort not made to sit down and talk to the guy?

GARFINKLE: That's a very good question. The alarming numbers of people who complained led to a decision to have a senior group of centre management, the co-chairs of the search committee (Dr. Goldblum and Miss Belters [sp?]), and senior people from the university (Dr. Kennedy, who's the chair in mood disorders, and Dr. Wasilinki [sp?], who's the university department of psychiatry chair) to meet. And they met and unanimously felt it had gone so far in his views and in the response from the colleagues that this was the best course.

ENRIGHT: Was there any effort, to your knowledge, was there any effort made to have him come back to Toronto to talk about what he had said or to explain or expand on his views?

GARFINKLE: I don't believe there was.

ENRIGHT: I'm a little curious as to the alacrity with which the decision was made. It's not been my understanding or experience that universities move with such....

GARFINKLE: We're a hospital.

ENRIGHT: I know you want to make that distinction.

GARFINKLE: But I would like to make that clear.

ENRIGHT: OK, fine. But between November the thirtieth and December the fourth....

GARFINKLE: People occasionally move quickly in a hospital [LAUGHS].

ENRIGHT: Well, they have to, but isn't this awfully quick? Isn't this awfully fast to turn around on an offer that was made with such enthusiasm (although, as you said, there were some concerns), but to do it so quickly? Is that not unusual?

GARFINKLE: Yes, this is an unusual circumstance. I think the degree of feeling that was generated by so many, and then the unanimity in the senior group that reviewed it, led them to feel that it had gone too far, and the most humane thing is, before he resigned his job, before he got his kids out of next term, before he started looking for a house...

ENRIGHT: Tell him right away.

GARFINKLE: ...that this was the thing to do. And so they did it rather quickly.

ENRIGHT: I guess I need help here. I puzzled by the fact that a group of senior people at CAMH, at this renowned institution, can be unanimous on one particular point, and after the fulcrum has passed, they're unanimous in directly the opposite way.

GARFINKLE: Well, first of all, let me stress they weren't unanimous...

ENRIGHT: In offering, in making the offer.

GARFINKLE: That's correct, that's correct.

ENRIGHT: I thought you said a bit earlier that they came round to unanimity by September.

GARFINKLE: No, they came round to seeing that the offer would go out, and I said I thought there was a good feeling...

ENRIGHT: OK, right.

GARFINKLE: ...in the centre, in the program, for doing it. But the point is...

ENRIGHT: But the decision to withdraw was unanimous.

GARFINKLE: ...was unanimous, that's correct. And your point is a good one: why did people change so dramatically, so quickly? And I guess it relates to the shock at the extremity of the views and the lack of a scientific base for them that really got this group concerned.

ENRIGHT: What about the point, Dr. Garfinkle, that during the talk, the two days of the meeting, that his talk was rated the highest in terms of content?

GARFINKLE: Yes, yes. I looked at the ratings; there were 88 respondents out of well over 200 people, and so that you're getting a minority of people responding. The audience was a heavily mixed audience, with all kinds of interests and needs, and doesn't take into account the many people, the colleagues, who were enraged and alarmed. And no one else had the responsibility of seeing that this man was going to be in a clinical job, taking care of very sick patients.

ENRIGHT: Dealing with patients.

GARFINKLE: Very sick patients.

ENRIGHT: Dealing with patients. I just want to address the question of donations and sponsorships and all of the.... Lilly have given, I think, over \$1 million to CAMH, Eli-Lilly.

GARFINKLE: Yes, Lilly was in our capital campaign. They gave \$300,000 a year for five years, so it's \$1.5 million. A very generous donation.

ENRIGHT: There is speculation, of course, and there is fear, I think, in the media and the public that they must be getting something for their money other than the stated purposes of it. And I know there have been cases in the United States where situations have come up, some involving major pharmaceuticals, where it has happened. How do you.... You seem to be in a situation where you're damned if you do and damned if you don't. If you.... How do you refute the suggestion, and what assurances can you give, that in fact there is not cause and effect, there is no quid pro quo?

GARFINKLE: Well, you know, it's an important question in terms of dealing with industry in general. We live in a world in which medication development is part of industry. There's not government in the world that's going to put up the six or seven hundred million dollars it takes to bring out a new medication. In our field, some of the treatments that we want to improve on are going to be medication. Many aren't. Many are psycho-social treatments, but some are going to be medicine.

You could take a point of view that we want to have nothing to do with industry because their motives are different or their methods are different, or you can say that, while there are differences, we're going to put in enough checks and balances in the system that we can make the best of it. And that's what we're trying to do. Their motives don't always fit with ours, but they have brilliant people working there. We want very good people working with our people, and we want to see that we can make the

most of it. To say, as Dr. Healey did, You do your best and you try and resist too much pressure, to me isn't adequate.

We want to educate our scientists, we want to have policies. The University of Toronto and its teaching hospitals have all developed policies, we have research ethics board--every study goes before a research ethics board and every one is scrutinized with guidelines that come out from the federal level. Our contract with Lilly was scrutinized for a year, including involvement with an ethicist right from the start. The donation that Lilly made was scrutinized by our ethics committee and discussed at length by our board.

ENRIGHT: If I give you a million dollars to do something, a research project, do I have the right to tell you to seal the results?

GARFINKLE: I don't believe--I don't believe--that circumstance is good for our investigators, for the company or the public.

ENRIGHT: Good or not, could I do it? Could I demand it?

GARFINKLE: I don't think you should have that right.

ENRIGHT: You would send back my cheque.

GARFINKLE: That's correct.

ENRIGHT: If I said to you, I want the power to seal the results of...I want to see them first, and then I'll tell you whether you can release them.

GARFINKLE: I want us...I want us.... Look, there are many, many instances where that has happened. Don't think otherwise. I want us to come up with the ideas, and I want us to generate the research protocols, and I want us to get industry to help support it, but we maintain that control, including the data...where the data are stored and including publica...

ENRIGHT: The suggestion has been made that there is perhaps a mechanism of self-censorship. There may be a suggestion...

GARFINKLE: Absolutely not.

ENRIGHT: ...a tincture of...

GARFINKLE: Zero.

ENRIGHT: ...say, What if we go with this guy—maybe we lose the...?

GARFINKLE: Zero. Zero.

ENRIGHT: Why are you so sure? How can you be so sure?

GARFINKLE: Let me just explain also a little bit about our funding. Our funding is about \$211 million a year now. Eighty per cent of our money comes from a grant from the ministry of health and long-term care of the province. Of the remaining part, the most...I think probably what's of greatest interest comes from our research. Eighty-two per cent of our research comes from federal, provincial, U.S. foundations: NIDA [?], NIAAA, CIHR, those kinds of things. Eighteen per cent of our money comes from the drug industry. That's been constant as a per cent over the last four years, it hasn't gone up.

ENRIGHT: Eighteen per cent.

GARFINKLE: Yes.

ENRIGHT: One-eight, OK.

GARFINKLE: One-eight. So the vast majority of our work and our funding doesn't come in this.... So Eli-Lilly is about one per cent of our money. I don't believe our investigators, I don't believe our foundation are in any way dependant on a single corporate sponsor. Nor should they be, nor will they be.

ENRIGHT: Doctor, you're the boss. You're the present CEO of CAMH. If I were the present CEO of a company that had a search committee go out and look, scour the world for somebody, came up with a candidate greeted with the enthusiasm that apparently Healey was, and four days after the candidate makes a speech, the offer, the recommendation is to withdraw the offer, I wouldn't be too happy with my search committee. I would say, What is wrong with you people? Didn't you know about this guy? Didn't you have...didn't you look at what he said and wrote and all of that?

GARFINKLE: I want us to scrutinize all our policies and all our operations: human resources, searches. I also want us to look at how we evaluate people.

ENRIGHT: Are you, as the boss, happy with the way this evaluation was carried out by your committee?

GARFINKLE: We stand behind our decision, Michael, that in the end, patient care counts, standards count, quality counts. Naturally, I would have much rather we knew about all of this much earlier.

ENRIGHT: Just a couple of final questions. I asked Dr. Healey how this whole affair has affected his reputation as a clinician and a researcher. I want to ask you how you think it's affected the reputation of CAMH.

GARFINKLE: I think people look at this problem in many different ways. I think there are people who'll say what I just said, that patient care counts and this might be an instance where patient care is being really put first. I think there will be people who say, Well, their...human resources policies have to be improved. And there will be people who say, Are they getting too close in relationships with industry?

ENRIGHT: The editorial writers at the Globe and Mail who, of course, are the font of all wisdom, have said that you should appoint an independent body to investigate what went on, that the university should be part of it. Would you do that? Are you thinking of doing that?

GARFINKLE: We feel we have been completely open in this discussion and have given a full accounting of what has gone on. As I said, we are studying relationships with industry, we have groups that are examining this, and I think that is important to do. But I don't feel there's a need for further investigation of this particular matter.

ENRIGHT: Dr. Garfinkle, thank you.

GARFINKLE: My pleasure.

ENRIGHT: Thank you for coming in. Thank you for your candour. I appreciate it.

Dr. Paul Garfinkle is president of the Centre for Addiction and Mental Health, and he is professor of psychiatry at the University of Toronto. He was in our Toronto studio.

WORDS: 3009

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David Healy
North Wales Department of Psychological Medicine
Hergest Unit
Bangor
North Wales LL57 2PW
United Kingdom

Dear David:

Enclosed please find both the audiotape and transcript that may be interesting to you. My closest local psychiatrist friend agrees that this may well be libel.

Also among all these more important matters we never discussed my clinical records that have to be dealt with. Could you see yourself coming up to Thunder Bay in the fall? We have enough money in our education fund. You could give us an hour's lecture and then look at the stuff.

I still hope to receive copies of some of your long-term outcomes as comparative studies of these as well.

With best regards,

A handwritten signature in dark ink, appearing to read "R. Kajander".

Dr. Ruth Kajander, M.D., D.Psych., F.R.C.P.©
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