

Dr David Goldbloom,
Physician-in-Chief
Centre for Addiction & Mental Health
Professor of Psychiatry
University of Toronto.

Menai Bridge
May 1st

Dear David

You indicate that you would prefer the contents of your letter, which I read on April 27th, to remain confidential. Many contacts with CAMH these days, however, appear to be relayed almost instantly to the University of Toronto and in a number of cases to Lilly and Dr Nemeroff's lawyers and your letter is of course copied. Furthermore, I have had a very large number of media approaches in recent days telling me that such a letter was on its way (long before the email from you to inform me that this was the case), indicating that this letter would answer the issue of the real reasons as why, as you put it, my job offer was rescinded, but, as I see it, there was a breach of employment contract. There is a real onus on me therefore to let people know whether these real reasons have set my mind at rest as to what happened. I will therefore need to apprise some individuals of my response to your letter, and in the process, some of contents of your letter may be inferred. This letter will deal with all of your points by covering the events chronologically, in a manner that conceals as far as I can the structure and contents of your letter. In the circumstances, I do not interpret this as breaching your request for confidentiality.

Tuesday

On Tuesday November the 28th, I spent most of the day at CAMH, where I interviewed Heather McNeely for a neuropsychologist post on the Mood Disorders Programme. I had been approached several weeks beforehand by Chris Bartha to get involved in this interview as it was felt that it would not be appropriate to appoint people to the Programme without my involvement, given that it was expected that I would be working full time there within weeks.

I also spent time with Chris Bartha looking at issues of decor for the office and computer equipment as well as administrative aspects of the programme.

In the afternoon I saw Don Wasylenki and the conversation revolved around possibilities for maximising the input I could bring to the University Department.

Finally I met you to discuss the question of removal expenses. You expressed some disappointment that I might not start before the 1st of April. It seemed that you would have preferred me to give as little as one rather than the usual three month's notice. You said you were fully committed to getting

me there as expeditiously as possible. I raised the fact that I was involved in SSRI medicolegal cases and that did not appear to be a problem to you. Further points in our conversation will be brought out below.

While we discussed these issues, Cynthia Feng was typing up the lecture a copy of which I subsequently e-mailed back to Sid over the weekend of the 3rd of December from New York.

Wednesday

The following day, the first day of the Looking Back Looking Ahead meeting, we met on several occasions. I remember us talking in the wake of Alan Leshner's lecture. You also rather helpfully introduced me to Ruth Kacjander, ~~the first person~~ to use chlorpromazine in North America, and offered to lend me a copy of her autobiography. Our interactions seemed to be coming along as "swimmingly" as might be expected from two colleagues with overlapping interests in the areas of the history of psychiatry and conflict of interest.

Thursday – 30th

After my lecture we had no contact until later on that evening. There was of course, what looks retrospectively like an extraordinary point of contact in my talk. When, I raised the fact that the new neuroscience brings with it new possibilities for conflicts of interest, I personalised this point, attracting your attention away from your palm pilot, by saying that before 1974 in areas of disagreement both patients complaining about their treatment and a David Goldbloom they might be complaining to in his managerial capacity would have been speaking the same language. After 1974, this common language began to take second place to a new form of science, leaving patients much more dependent on the integrity and genuineness of their experts. I picked you to illustrate this point, in part because I could envisage you as someone sympathetic to both sides of the kinds of disputes that gripped psychiatry during this period. The lecture from this point on was essentially about new forms of conflict of interest.

I met Sid late in the afternoon who specified that you and Franco were upset. He mentioned that you were concerned that I had said that Prozac could make people suicidal, that Lilly knew about it and that the notion that we are treating more people than ever before painted the services in a very bad light. He mentioned that you had been upset as early as the morning tea break. That he had thought at first that this was something that would pass. But that it hadn't passed and you and one or two others had become more upset as the day went on. He suggested that I make contact with you.

When Sid raised this matter, my immediate response was to tell him of the encounter between Dr Nemeroff and myself at a BAP meeting the previous summer. As I see it, you and others in CAMH were effectively on notice, therefore, right from the start, that there were larger issues in this case than you might initially have been aware of.

I then organised for the discussion we had after the meal that evening, having approached you before the meal. It was a brief discussion because I've rarely seen anyone get quite so worked up. I was worried that you might have a stroke. For the record, I've interpreted your extraordinary emotionality, in almost all accounts of the events that I have given, in terms of the difficulties this situation was causing you precisely because you were perhaps more sensitive to conflict of interest issues than many. As I have seen it you had a conscience to go against.

You mentioned that there are only three things that anyone ever remembers from a lecture and that what they would remember from this lecture (although these points were peripheral to the main theme) were that I said that Prozac kills people, that Lilly knew about it and that high dose antipsychotics caused brain damage. This was an almost identical set of points to those made by Sid earlier in the afternoon. In the light of this, and given the emotion involved, and given that you repeat exactly the same points in your letter of April 21st, adding no further issues, there is clearly no point in pretending that anything other than this was the issue.

(Interestingly, your claim that I said that Lilly knew about the problems with Prozac beforehand is one I have never made anywhere. Either you misheard what I said or were talking to others who had a vested interest in portraying what I said in a different light.)

There seemed little point continuing the conversation for much longer in the corridor other than to tell you that I appreciated the feedback, given that I had to give the same lecture the following week in Cornell. I suggested that we go back and meet your wife, whose phone numbers you'd given me before the meeting in order for Helen my wife to call Nancy your wife with a view to discussing school issues further.

On the way back I raised an issue that I'd raised when talking with you on Tuesday 28th which was the possibility of looking at a one-year leave of absence scenario to see whether I fit your development programme and vice versa whether the atmosphere in CAMH was one that I was going to find congenial or not. When first raised on the Tuesday, you dismissed this notion entirely, saying you were committed to having me over permanently as soon as possible, but you may well want to try and remember if you can what your reaction to it was this time round as we headed back to meet your wife.

Friday 1st – Wednesday 6th

On Friday 1st, I travelled to New York where I spent essentially every possible waking minute from the time I arrived to the time I left on Thursday afternoon – aside from the time spent in Cornell – in Pfizer's archives. Pfizer's lawyers I'm told were extraordinarily concerned about me visiting this archive. I was interested to scrutinise Pfizer's healthy volunteer database, which contains material with immense medico-legal implications. At this time SmithKline Beecham, whose leading consultant in the field is probably Dr Charles Nemeroff, was on similar notice that I would be seeking to interrogate their

healthy volunteer database as part of the discovery process in the Tobin Case.

Because of this schedule, along with lectures in the Westchester Division in Cornell on Tuesday 5th and in Cornell Medical Center all day Wednesday 6th, followed by a meal on Wednesday evening, I accessed my e-mail system only infrequently either in the early hours of the morning or late in the evening. It was this that led, following your email suggesting a phone-call, to the not unreasonable suggestion on my part (not unreasonable if you appreciate that I had no basis for believing that anyone could be thinking about doing anything quite as extraordinary as it turns out you were thinking about doing), that we talk on the phone the following Monday 11th when I would be at home.

In retrospect, it is now clear that you wanted a speedy, indeed a hasty resolution to some problem that you had. The problem can't have simply been about my job offer. If negotiation or dialogue were important, I fail to see how waiting a further few days would have been a problem.

Given that the meeting, at which you say that CAMH took their decision occurred later in the week, after I had responded to the first of your emails on Monday I cannot see why your committee meeting could not have been put back till the following Monday. The only explanation is that you already wanted to communicate the not-yet-made decision to me. There seems to have been an extraordinary rush to judgement here. A haste that might seem injudicious in most circumstances and that based on the information I have might best be explained as stemming from the fact that you had your mind made up sometime before and were not in the business of soliciting further information.

You may have felt you were accurately assessing the decision the committee was likely to come to but this assessment can only have been based on the mood of a handful of those involved before the weekend. There is no hint from your email that things might have looked any different to these few after the weekend. No hint that things might have looked any different after reading the actual text of the lecture I had forwarded over the weekend to Sid. No hint of how you were going to take into account the view of many of those on the mood-disorders programme (a very clear majority of those involved by my calculation) who were not present at the lecture on the 30th, who reading the text might have questioned your judgement. What did you think when the ratings came back after the conference and my lecture was rated the highest for content?

In the light of all this it looks to me that any committee meeting was essentially an exercise in rubber-stamping a decision you had already made. There is nothing about the emails from Don Wasylenki or Sid Kennedy to indicate that there was a corporate decision here that they endorsed and felt free to talk about. I think an uninvolved outsider reading these emails would conclude that intentionally or otherwise, they reveal a toeing of a party line.

My first awareness of the situation came on the evening of Wednesday 6th at a meal following the lectures in Cornell when Bob Michels joined the table and asked me what had happened in Toronto. I was stunned. As with Sid, my immediate response was to describe my encounter with Dr Nemeroff the previous summer. I then proceeded to let Bob Michels and others at the table know that the material that they had heard, that had been praised by Jack Barchas in terms of work that would be remembered 100 years from now, had been poorly received by you in particular in Toronto.

You clearly make a mistake in your use of the word hubris. I was possibly at least as surprised as you by the praise from Dr Barchas. The point is that I did not tell Dr Barchas that this work would be remembered. He told me. You may question the accuracy of his assessment but you also need to learn what the word hubris means and perhaps take stock of this feedback from an outsider.

I then told Dr Michels that Dr Nemeroff had been speaking on the programme in Toronto as well. Your letter notes that there is a personal antagonism between Dr Nemeroff and me. This is inaccurate. As I understand it, at least in English legal parlance, there are grounds for thinking my encounter with Dr Nemeroff in the summer could have constituted an assault. It certainly did lead to a Cease and Desist legal letter. But you will find it impossible to find any expressions of personal antagonism on my part toward Dr Nemeroff or statements about his work. Dr Nemeroff's lawyer it seems has conceded that he was consulted by the University regarding me. Your letter suggests that he may have been in some way misinformed on the Thursday about the job offer being rescinded (contract being breached). It is not clear that he was. You may also care to note that on the following day, he appears to have made a number of statements regarding me some of which, as they have been reported to me, may have been libellous. If he said similar things the previous day with you, there is no indication from your letter that you took any action to stand up for me in a manner I would expect from a colleague. There is, you must know, a very clear distinction between academic freedom and libel.

(Despite what Dr Nemeroff or others may have said, you can at least know that you were hiring someone who had very few skeletons in their cupboard. In the course of the Forsyth case and other depositions since, none of the lawyers involved appear able in a legal setting to point to any clinical or other malpractice. And if any of my public statements, including either the lectures of November 30th or April 19th, were unsupportable by data it is absolutely certain in the circumstances that a libel action would have been instituted a long time ago – academic freedom notwithstanding).

At the meal in New York, Dr Michels was unaware that I was unaware that there was any issue about my job. He made it clear to me that he found it difficult to see how I would be able to carry the Prozac issues forward working from North Wales rather than from Toronto. I might pick up Visiting Professorships here and there but that my position he suggested was compromised. This was not an issue to explore further at that point as there

were others present at the table and the implications of what he had said were to me extraordinary.

How could someone like Dr Michels launch into a question about Toronto when the committee meeting you keep referring to, as far as I can make out, still had not happened? Neither you nor anyone else speaking for you to date have cared to address the fact that, as I have been told, Dr Nemeroff in a series of meetings in New York on Friday the 1st in front of a wide number of people made a set of very personalised and almost bilious attacks on me. There were a number of people who stood up for me at the time but the outburst it would seem was extraordinary and it was repeated.

You talk about the extremity of my claims making it difficult for me to remain in a position of clinical leadership – even though you also mention that you knew all about these views before appointing me. My views and supporting data on Prozac and suicide have been presented in the Institute of Psychiatry, the Dept of Psychiatry in Oxford, and a number of other settings, the most recent being the Centre for Bioethics in Toronto on April 19th. When the data are presented in full, it appears that almost no one in any of these settings has found my position unreasonable. You had an opportunity to come to the talk on April 19th but chose not to. As far as I know there was an invitation to CAMH to have someone present the opposite side of the case or otherwise respond but no one came to do so. There was an invitation to Lilly, Pfizer and SmithKline similarly to send anyone, even Dr Nemeroff, but no one attended. The talk is recorded, so you and other members of CAMH have the chance to assess the issues and see whether you still think my claims are extreme.

I had offered to present a talk in this area when I was in CAMH at the end of July 2000, precisely so you would all be fully aware of my views, but Sid Kennedy opted instead for the talk that later became Treating More Patients Than Ever Before. This was the data that underpinned another of your points, namely that the implication that we were treating more people than ever before painted the service in a very bad light. You of course were present at the very first airing of that talk. A more complete version was presented at the recent Hannah History meeting. You can check the views of many of those present for their assessment of the scientific validity of what was put forward, or alternatively this talk has also been recorded and you and others can make your own minds up. (I attach a transcript of both lectures).

Your failure to attend either of these lectures does not indicate the open mind your letter suggests when it says that neither CAMH nor the University barred me from the Hannah History meeting or from the lecture on April 19th. The History meeting was of course organised before November 30th and for you to bar me would have been quite extraordinary. You were a registered delegate but did not attend. The April 19th lecture was arranged by a number of members of the University as an evident response to the apparent infringement of academic freedom occasioned by your actions of last December.

You talk about my views making it impossible for me to take a position of clinical leadership. This sets up an extraordinary scenario, in which anyone with any original thoughts would presumably be debarred from leadership in clinical settings and clinical leaders in turn would not take on any proposals from academics for fear of the consequences. In practice of course many of us negotiate these ambiguities by realising there is a difference between the worlds of academic debate and clinical leadership so that we act pragmatically in the clinical arena. As I understood it, it was precisely my ability to do just this that made me welcome to some at CAMH.

Possible Resolutions

There are many possible explanations for what happened. They range all the way from the possibility that you individually without influence from others, following a lecture that I gave, focussed on a specific minor point in the lecture that had little to do with the main thrust of the lecture and decided on the basis of what you heard that in your opinion at least my job offer should be rescinded. In this scenario your judgement has been pitted against the judgement of a range of senior figures in Cornell, and others in Paris and most recently in Minneapolis where I've delivered the same lecture who find it absolutely incredible that a job offer should be rescinded on the basis of a lecture like this. This scenario points at the very least to a vulnerability in the hiring procedures in CAMH which it seems can be dependent on the arbitrary will and volatility of one individual.

An alternative explanation that strikes me as less likely is the one you suggest that opinion was "unanimous" that the offer should be rescinded. This explanation strikes me as inventive. I think it more likely that a range of people, who for the most part were not present at the meeting, had little option but to acquiesce in a decision towards which you as their boss were urging them.

For my money the likeliest scenario is that considerable pressure was brought to bear on you during the course of Thursday November 30th.

Why should some version of that latter option have happened? The story to date has played in terms of Lilly's involvement in supporting CAMH. This has been a reasonable way for the story to run given Lilly's involvement in pulling funding from the Hastings Centre Reports following an article that picked up on the Prozac issues that seem to have so concerned you. I am sure their action is one you deplore, although your letter does not say so. It was a reasonable way for the story to run given that researchers from CAMH were down in Indianapolis on that day talking about research product in return for Lilly funding. However I have never at any point suggested that the CEO of Lilly or anyone else associated with Lilly contacted you or Dr Garfinkel or any one else from CAMH on that or any other day.

Letters to the President of the University however, by Professor Rolf Kroger (attached) and others, articulate very well most people's understanding that pressure of this sort can be exerted without specific phone calls being made, sometimes through third parties. Until an explanation emerges that

satisfactorily accounts for the full range of points outlined above, I would have thought you could expect many people to continue to hold some version of this scenario as the most likely.

There are other possibilities. One is that what happened was part of an effort to compromise me in the medico-legal arena. If you read Cornwell's *Power to Harm* you will see what was done to Peter Breggin on the witness stand. There are probably few people who will shed tears about this. But consider what befell Martin Teicher in the Greer case. Several years previously one of the patients he had described in his case series had taken an action against him for boundary violations. As I understand it, he was acquitted on the charges. However this did not stop the lawyers for Lilly, in this case Nina Gussack, Dr Nemeroff's lawyer, from reading all of the claims into the public record. It must have been very clear to Teicher and everyone else that a similar scenario would play out in court very damagingly to him and to the justice system. Furthermore you may be interested to know that Dr Teicher's former wife, with whom he shared childcare arrangements, was offered a post with Lilly three weeks before his deposition took place. You may also wish to know that at one point in the process, as I understand it, overtures had been made to Dr Coyle, the head of the department of psychiatry in Harvard, suggesting effectively that Dr Teicher be silenced on the Prozac question.

One possibility therefore is that you may effectively have been an unwitting accomplice in a scenario that disturbingly puts CAMH in a position they would never have chosen and from which they may find it very difficult to extricate themselves in a manner that will not have some unfortunate consequences.

One of the issues facing both you and CAMH is that a case called the Tobin case is due to be heard in a few weeks time. This will involve players in this drama being interviewed under oath in court. It seems to me that the greatest disaster of that could befall CAMH is not to be seen as compromising academic freedom through its association with corporate donors but to be perceived as an unwitting accomplice to a possible perversion of justice. You and others at CAMH might want to check the details of this case. The best reason to consider your position would of course be a moral one. But there is also the risk that events in court could make the public reaction to date appear subdued compared with what may yet be in store.

There are few problems that do not also offer opportunities. An acknowledgement that the ball was dropped, and a willingness to look at the issues involved, could potentially do you, CAMH, the University of Toronto, and the rest of the academic community a great service. It would be interesting to understand how power and influence is brought to bear in cases like this. Understanding what happened may make it possible to minimise the risk of similar things happening in the future. Were I working at CAMH I would be much prouder of an institution being headed up by someone who had demonstrated bravery of this sort. I would feel there was a good fit between such a person, even if they had made a mistake, and the development programme for the institution in the areas that count to me.

In your letter and regularly on your behalf in dealing with the media, the point has been made that you regret that I have chosen to ignore offers made to discuss issues with you directly. Your letter indicates that a couriered version of the email of December 7th was sent. I have never received any version of this letter. But even if I had, what you fail to appreciate is that by Friday the 8th when I read your email, I was already in possession of a large amount of information that appeared to make redundant almost any conceivable version of your decision that you might have told me on the phone. You also have a surprising inability to understand that in the absence of any indicators from you of an interest in dialogue, I had very little incentive to call you. When there are any signs that you or the University want a dialogue, I will be happy to participate.

What I did instead was to take several months to consider my position and let the situation calm down. I then wrote to Herb Solway on February 15th, outlining my concerns. I believe this was a constructive letter. I was aware that both you at CAMH and I were potentially sailing into uncharted waters. I made it clear that I was going to be in Toronto a few weeks later and would be happy to explore the matters further. The response to my letter from Pamela Fralick, however, was dismissive. Replies from the University and CAMH since, including your recent letter, have shown no interest that I can detect to explore the issues further. Even if your account of the events were absolutely correct, one problem you now have is that you have landed CAMH and the University in the midst of a larger set of issues and have done so in a manner that appears unlikely to be perceived favourably in public. I had thought when I wrote to Herb Solway that it might be possible to work together to minimise the damage all round. I remain open to this possibility.

Yours sincerely

David

CC: Dr Paul Garfinkel
Dr David Naylor
Dr Donald Wasylenki
James Turk, CAUT.

1st May

David

You indicate that you would prefer the contents of your letter to remain confidential. Many of the contacts with CAMH these days appear to be relayed almost instantly to the University of Toronto and in a number of cases to Lilly and Dr Nemeroff's lawyers and your letter is of course cc'd. Furthermore, I have had a very large number of media approaches in recent days telling me that such a letter was on its way (long before the email from you to inform me that this was the case), indicating that this letter would answer the issue of the real reasons why my job offer was rescinded. There is a real onus on me therefore to let people know whether these real reasons have set my mind at rest as to what happened. It is quite likely therefore that I will need to apprise some individuals of my response to your letter. In the process some of the contents of your letter may be inferred. In the circumstances, I do not interpret this as breaching your request for confidentiality. Whether you wish to take the further step and make your letter available is up to you.

I intend to deal with all of your points but to do so by covering the events chronologically. This will conceal as far as I can the structure and contents of your letter.

Tuesday

On Tuesday November the 28th, I spent most of the day in the Centre for Addiction and Mental Health. There I interviewed Heather McNeely for a neuropsychologist post on the Mood Disorders Programme. I had been approached several weeks beforehand by Chris Bartha to get involved in this interview as it was felt that it would not be appropriate to appoint people to the Programme without my involvement, given that it was expected that I would be working full time there within weeks.

I also spent time with Chris Bartha looking at issues of decor for the office and computer equipment as well as administrative aspects of the programme.

In the afternoon I saw Don Wasylenki and the conversation revolved around the possibility of converting my post in due course over to a Research Post, in order to make the best possible use of the skills that I could bring to the University Department.

Finally I met with you. As I recall the conversation, which centred on the question of covering removal expenses, a number of points came up. These included some disappointment on your part that I might have to give three months notice to the NHS and might not start before the 1st of April. It seemed that you would have preferred me to start earlier, perhaps even giving as little as one month's notice. You said you were fully committed to getting me there as expeditiously and in as glitch free a manner as possible. Removal expenses would not be an issue. I raised the fact that I was involved in SSRI medicolegal cases and that did not appear to be a problem to you. This seemed to be a reasonable way to generate further funds. Further points in our conversation will be brought out below.

While we were discussing these issues, Cynthia Feng was typing up the lecture a copy of which I subsequently e-mailed back to Sid over the weekend of the 3rd of December from New York.

Wednesday

The following day, the first day of the Looking Back Looking Ahead meeting, we met on several occasions, and our contact seemed friendly. I remember us talking in particular in the wake of Alan Leshner's lecture. You also rather helpfully introduced me to Ruth Kacjander, who had perhaps been the first person to use chlorpromazine in North America. You offered as to lend me a copy of her autobiography but happily for me she produced a copy the following day. Our interactions and areas of common interest seemed to be coming along "swimmingly", as might be expected from two colleagues with some overlapping interests in the areas of the history of psychiatry and conflict of interest.

Thursday – 30th

After my lecture we had no contact until later on that evening. There was of course, what looks retrospectively like an extraordinary point of contact. This was at the point in my talk where I raised the fact that the new neuroscience brings with it new possibilities for conflicts of interest. I personalised this point, attracting your attention away from your palm pilot, by saying that before 1974 in areas of disagreement both patients complaining about their treatment and a David Goldbloom they might be complaining to in his managerial capacity would have been speaking the same language and governed by the same visible presentations, whereas after approximately 1974 this common language and visible clinical presentations began to take second place to a new form of science, leaving patients much more dependent on the integrity and genuineness of their experts. I picked you to illustrate this point, in part because I could envisage you as someone sympathetic to both sides of the kinds of disputes that gripped psychiatry during this period. The lecture from this point on was essentially all about new forms of conflict of interest that have not been widely articulated.

I met Sid late in the afternoon who specified that you and Franco were upset. He mentioned that you were concerned that I had said that Prozac could make people suicidal, that Lilly knew about it and that the notion that we are treating more people than ever before painted the services in a very bad light.

These were almost exactly the points that you mentioned later on. He mentioned that you had been upset as early as the morning tea break. That he had thought at first that this was something that would just pass. But that it hadn't passed and you and one or two others had become more upset as the day went on. He suggested that I make contact with you.

Its probably worth noting at this point, that when Sid raised this matter, my immediate response was to tell him of the assault that Dr Nemeroff had made on me at a BAP meeting the previous summer, so as I see you and others in CAMH were effectively on notice here that there were larger issues in this case than you might initially have been aware of.

I then organised for the discussion we had after the meal that evening, having approached you before the meal. It was a brief discussion because I've rarely seen anyone get quite so worked up. I was worried that you might have a stroke. For the record, I've interpreted your extraordinary emotionality, in almost all accounts of the events that I have given, in terms of the difficulties this situation was causing you precisely because you were perhaps more sensitive to conflict of interest issues than many. As I have seen it you had a conscience to go against.

You mentioned that there are only three things that anyone ever remembers from a lecture (I'm told that making points like this is very much in the Goldbloom style), namely that I said that Prozac kills people, that Lilly knew about it and that high dose antipsychotics caused brain damage. This was an almost identical set of points to those made by Sid earlier in the afternoon. In the light of this, and given the emotion involved, and given that you essentially repeat exactly the same points in your letter of April 21st, adding no further points, there is clearly no point in pretending that anything other than this was the issue.

(It is interesting that I never said that Lilly knew about the problems with Prozac. Either you misheard what I said or were talking to others who had a vested interest in portraying what I said in a different light.)

There seemed little point continuing the conversation for much longer in the corridor other than to tell you that I appreciated the feedback, given that I had to give the same lecture the following week in Cornell. I suggested that we go back and meet your wife, whose phone numbers you'd given me before the meeting in order for Helen my wife to call Nancy your wife with a view to discussing school issues further.

On the way back I raised an issue that I'd raised when talking with you on Tuesday 28th which was the possibility of looking at a one-year leave of absence scenario to see whether I fit your development programme and vice versa whether the atmosphere in CAMH was one that I was going to find congenial or not. When first raised on the Tuesday, you dismissed this notion entirely, saying you were committed to having me over permanently as soon as possible, but you may well want to try and remember if you can what your reaction to it was this time round as we headed back to meet your wife.

Friday 1st – Wednesday 6th

On Friday 1st, I had to travel down to New York where I spent essentially all day from the moment that I arrived in New York through to 6.00pm that evening followed by an 8.00am start on Saturday, the 2nd, through to 6.00pm that evening followed by an 8.00am start on Monday, the 4th, through to 6.00pm that evening, and then from 0800 on Thursday morning through to lunchtime Thursday 7th in Pfizer's archives in New York. The lawyers that I was with said they'd rarely seen lawyers for any company quite as concerned about anyone visiting any archive as Pfizer's lawyers were about me visiting this archive.

I am reasonably confident as to the origins of this jumpiness. I was interested to visit the archive to look at Pfizer's healthy volunteer database and one study in particular. This material has immense medico-legal implications. At this time SmithKline Beecham, whose leading consultant in the field is probably Dr Charles Nemeroff, was on similar notice that I would be seeking to interrogate their healthy volunteer database as part of the discovery process in the Tobin Case.

Because of this schedule, along with various lectures in the Westchester Division in Cornell on Tuesday 5th and in Cornell Medical Center all day Wednesday 6th, followed by a meal on Wednesday evening, I accessed my e-mail system only infrequently and usually in the early hours of the morning or late in the evening. It was this that led, following your email suggesting a phone-call, to the not unreasonable suggestion on my part (not unreasonable if you appreciate that I had no basis for believing that anyone could be thinking about doing anything quite as extraordinary as it turns out you were thinking about doing), that we talk on the phone the following Monday 11th when I would be at home.

In retrospect, it is now clear that you were under considerable pressure. You wanted a speedy, indeed a hasty resolution to some problem that you had. The problem can't have simply been about my job offer. If negotiation or dialogue were important, I fail to see how waiting a further few days would have been a problem. Urgency can only have been a matter of concern to you if the issue was already closed in your mind.

Given that the meeting, that you and CAMH have since talked about as being the one where the decision was taken, had not been convened on the Monday when I read the first of your emails and responded, why could your committee meeting not have been put back till the following Monday? There seems to have been an extraordinary rush to judgement here. A haste that on the face of it would seem unwise in most circumstances. A haste that can best be explained, based on the information I have, as stemming from the fact that you had your mind made up sometime before and were not in the business of soliciting further information.

Neither your initial emails nor your recent letter suggest that there was any room for negotiation of any sort, making it difficult to see what purpose a

conversation would have served other than to inform me of a decision that had already been taken. Indeed, your emails retrospectively make it clear that the decision had been taken before Monday 4th, before whatever committee meeting there was. You may have felt you were accurately assessing the decision the committee was likely to come to but this assessment can only have been based on the mood of a handful of those involved before the weekend. There is no hint from your email that things might have looked any different to these few after the weekend. No hint that things might have looked any different after reading the actual text of the lecture I had forwarded over the weekend to Sid. No hint of how you were going to take into account the view of many of those on the mood-disorders programme (a very clear majority of those involved by my calculation) who were not present at the lecture on the 30th, who reading the text might have questioned your judgement. What did you think when the ratings came back after the conference and my lecture was rated the highest for content?

In the light of all this it looks to me that any committee meeting was essentially an exercise in rubber-stamping a decision you had already made. There is nothing about the emails from Don Wasylenki or Sid Kennedy to indicate that there was a corporate decision here that they endorsed and felt free to talk about. I think an uninvolved outsider reading these emails would conclude that intentionally or otherwise, they reveal a toeing of a party line.

I think there are very strong indicators that by Monday you were aware that your position had become problematic. You were aware that it had become problematic in a way that I, at that stage, was not aware of.

My first awareness of the situation dawned on Wednesday evening at a meal following the lectures in Cornell when Bob Michels joined the table and asked me what had happened in Toronto. I was stunned. As with Sid, again my immediate response was to begin with mentioning the assault on me by Dr Nemeroff the previous summer. I then proceeded to let Bob Michels and others at the table know that the material that they had heard, that had been praised by Jack Barchas in terms of work that would be remembered 100 years from now, had been poorly received by you in particular in Toronto.

You clearly make a mistake in your use of the word hubris. I was possibly at least as surprised as you by this praise. The point is that I did not tell Dr Barchas that this work would be remembered. He told me. You may question the accuracy of his assessment but you also need to learn what the word hubris means. I was giving you feedback that should give you pause for thought.

I then told Dr Michels that Dr Nemeroff had been speaking on the programme in Toronto as well. Your letter notes that there is clearly a personal antagonism between Dr Nemeroff and me. This is inaccurate. In technical terms Dr Nemeroff assaulted me last summer. This is something that anyone concerned about academic freedom should be extremely concerned about. It was enough to lead to a Cease and Desist legal letter. Prior to that I had not been aware of any difficulties, and you will find it impossible to find any

expressions of personal antagonism on my part toward Dr Nemeroff. It seems likely that Dr Nemeroff said many things in your hearing on Thursday that he repeated the following day. If so, a number of these statements may have been libellous. There is no indication from your letter that you took any action to stand up me in the way I would expect colleague to do. There is a very clear distinction between academic freedom and libel. It may suit you to portray these issues as a clash of personalities but they are nothing of the sort.

(Despite what Dr Nemeroff or others may have said, you can at least know that you were hiring someone who had very few skeletons in their cupboard because in the course of the Forsyth case and other depositions since, none of the lawyers involved appear able in a legal setting to point to any clinical malpractice or unsubstantiable academic claims).

Dr Michels was I believe at that stage unaware that I was unaware that there was any issues about my job. However it is clear that he was aware that essentially I had lost my job in that he made it clear to me that he found it difficult to see how I would be able to carry the Prozac issues forward working from North Wales rather than from Toronto. I might pick up Visiting Professorships here and there but that my position was compromised. This was not an issue I explored further with him at that point in time as there were others present at the table and the implications of what he had said were to me extraordinary.

How could someone like Dr Michels launch into a question about Toronto when the committee meeting you keep referring to, as far as I can make out, still had not happened? Well neither you nor anyone else speaking for CAMH or the University to date have cared to address the fact that Dr Nemeroff in a series of meetings in New York on Friday the 1st in front of a wide number of people made a set of very personalised and as I understand it almost bilious attacks on me. He used a libel, junk scientist, regularly used by Pfizer apparently in an effort to discredit my testimony in medicolegal cases. There were a number of people who stood up for me at the time but the outburst was quite extraordinary it would seem. And not only that but it was repeated. As I understand it, he made it clear that he thought Toronto had made a very big mistake getting involved in appointing me.

You talk about the extremity of my claims making it difficult for me to remain in a position of clinical leadership. But the views and supporting data on Prozac and suicide have been presented in the Institute of Psychiatry, the Dept of Psychiatry in Oxford, and a number of other settings, the most recent being the Centre for Bioethics in Toronto on April 19th. When the data are presented in full, it appears that almost no one in any of these settings has found my position unreasonable. You had an opportunity to come to the talk on April 19th but chose not to. As far as I know there was an invitation to CAMH to have someone present the opposite side of the case or otherwise respond but no one came to do so. There was an invitation to Lilly, Pfizer and SmithKline similarly to send anyone, even Dr Nemeroff, but no one attended. The talk is

recorded, so you and other members of CAMH have the chance to assess the issues and see whether you still think my claims are extreme.

I had offered to present a talk in this area when I was in CAMH at the end of July 2000, precisely so you would all be fully aware of my views, but Sid Kennedy opted instead for the talk that later became *Treating More Patients Than Ever Before*. This was the data that underpinned another of your points, namely that the implication that we were treating more people than ever before painted the service in a very bad light. You of course were present at the very first airing of that talk. A more complete version was presented at the recent Hannah History meeting. You can check the views of many of those present for their assessment of the scientific validity of what was put forward, or alternatively this talk has also been recorded and you and others can make your own minds up. (I also attach a transcript of both lectures).

Your failure to attend either of these lectures does not indicate the open mind your letter suggests when it says that neither CAMH nor the University barred me from the Hannah History meeting or from the lecture on April 19th. The History meeting was of course organised before November 30th and for you to bar me would have been quite extraordinary. You were a registered delegate but did not attend. The April 19th lecture was arranged by a number of members of the University as a precise response to the apparent infringement of academic freedom occasioned by your actions of last December.

You talk about my views making it impossible for me to take a position of clinical leadership. This sets up an extraordinary scenario, in which anyone with any original thoughts would presumably be debarred from leadership in clinical settings and clinical leaders in turn would not take on any proposals from academics for fear of the consequences. In practice of course many of us negotiate these ambiguities by realising there is a difference between the worlds of academic debate and clinical leadership so that we act pragmatically in the clinical arena. As I understood it, it was precisely my ability to do just this that made me welcome to some at CAMH.

Possible Resolutions

There are many possible explanations for what happened. They range all the way from the rather strange position that you individually without influence from others, following a lecture that I gave, focussed on a specific minor point in the lecture that had little to do with the main thrust of the lecture and decided on the basis of what you heard that in your opinion at least my job offer should be rescinded. In this scenario your judgement has been pitted against the judgement of a range of senior figures in Cornell, and others in Paris and most recently in Minneapolis where I've delivered the same lecture who find it absolutely incredible that a job offer should be rescinded on the basis of a lecture like this. This scenario points at the very least to a vulnerability in the hiring procedures in CAMH which it seems can be dependent on the volatility of one individual.

A further option is the extraordinary stir option that you mention, among a range of people who for the most part were not present at the meeting, and

that you reluctantly had little option but to go along with popular sentiment. In this or in any of the other scenarios of course, there is an almost complete failure to explore the issues further.

For my money the likeliest scenario is this. Dr Nemeroff and perhaps others brought considerable pressure to bear on you during the course of Thursday November the 30th. I say Thursday the 30th because of course Dr Nemeroff left Toronto that afternoon. There may have been talk about blocking grant applications put forward by me. There may have been a recycling of a series of lies or libellous statements that Pfizer seem happy to put out to the media.

Why should some version of that latter option have happened? The story to date has played in the media in terms of Lilly's involvement in supporting CAMH. This has been a reasonable way for the story to run given Lilly's involvement in pulling funding from the Hastings Centre Reports following an article that picked up more directly on the Prozac issues that seem to have so concerned you. I am sure their action is one you deplore, although your letter does not say so. It was a reasonable way for the story to run given that researchers from CAMH were down in Indianapolis talking about research product on that day in return for Lilly funding. However I have never at any point suggested that the CEO of Lilly or anyone else associated with Lilly contacted you or Dr Garfinkel or any one else from CAMH on that or any other day.

Letters to the President of the University however, by Rolf Kroger (attached) and others, articulate very well most people's understanding that pressure of this sort can be exerted without specific phone calls being made, sometimes through third parties. Until an explanation emerges that satisfactorily accounts for the full range of points outlined above, I would have thought you could expect many people to continue to hold some version of this scenario as the most likely.

There are other possibilities. One is that what happened was part of an effort to compromise me in the mediolegal arena. If you have read Cornwell's *Power to Harm* you will see what was done to Peter Breggin on the witness stand. There are probably few people who will shed many tears about this. But consider what befell Martin Teicher in the Greer case. Several years previously one of the patients he had described in his case series had taken an action against him for boundary violations. As I understand it he was acquitted on the charges. However this did not stop the lawyers for Lilly, in this case Nina Gussack, Charles Nemeroff's lawyer, from reading all of the charges into the public record. It must have been very clear to Teicher and everyone else that a similar scenario would play out in court very damagingly to him and to the justice system. Furthermore you may be interested to know that Dr Teicher's former wife, with whom he shared child care arrangements was offered a post with Lilly three weeks before his deposition took place. You may also wish to know that at one point in the process, as I understand it – although clearly this remains well-informed hearsay for the moment rather than substantiated fact - Dr Nemeroff had made overtures to Dr Coyle, the

head of department in Harvard suggesting effectively that Dr Teicher be silenced on the Prozac question.

On this scenario you may effectively have been an unwitting accomplice in a game of which you were not aware. This is a scenario that disturbingly puts CAMH in a position they would never have chosen and from which they may find it very difficult to extricate themselves.

One of the issues facing both you and CAMH in the immediate future is that a legal case called the Tobin case is due to be heard in a few weeks time. This will involve players in this drama being interviewed under oath in court. It seems to me that the greatest disaster of all that could befall CAMH is not to be tainted with receiving research funding from Eli Lilly or any other pharmaceutical company but to be perceived as an unwitting accomplice to a possible perversion of justice. You and others at CAMH might want to check the details of this case and consider your position. The best reason to consider your position would of course be a moral one. But in addition, at present it would seem possible that details could emerge in court that would make the public reaction to date appear quite subdued compared with what may yet be in store.

There are very few problems that do not also offer opportunities. Who knows even death may offer the opportunity of heaven. In this case your blind-siding, for whatever reason, now offers you the opportunity of becoming a great leader of a teaching centre. An acknowledgement that the ball was dropped, and a willingness to look at the issues that led to the ball being fumbled could potentially do you, CAMH, the University of Toronto, and the rest of the academic community a great service. It would be interesting to understand how power and influence is brought to bear in cases like this. Understanding what happened may make it possible to minimise the risk of similar things happening in the future. Were I working at CAMH I would be much prouder of an institution being headed up by someone who had demonstrated bravery of this sort. I would feel there was a good fit between such a person and the development programme for the institution in the areas that count.

In your letter and regularly on your behalf in dealing with the media, the point has been made that you regret that I have chosen to ignore offers made repeatedly to discuss issues with you directly. First, your letter indicates that couriered version of the email of December 7th was sent. I have never received any version of this letter. But even if I had what you fail to appreciate is that by Friday the 8th when I read your email, I was already in possession of a large amount of information that appeared to make redundant any conceivable version of your decision that you might have told me on the phone. You also have a surprising inability to understand that in the absence of any indicators from you of an interest in dialogue, I had very little incentive to call you. When there are any signs that you or the University want a dialogue, I will be happy to participate.

What I did instead was to take several months to consider my position and let the situation calm down. I then wrote to Herb Solway what I believe was a constructive letter, outlining some of my concerns. I was aware that both you at CAMH and I were potentially sailing into uncharted waters. I made it clear that I was going to be in Toronto a few weeks later and would be happy to explore the matters further. As it turns out many of my concerns have been echoed by others. The response to my letter from Pamela Fralick, however, was dismissive. Replies from the University and CAMH since, including your recent letter, have shown no interest to explore the issues that I can detect. Even if your account of the events were absolutely correct, you have landed CAMH and the University in the midst of a larger set of issues and have done so in a manner that appears unlikely to be perceived favourably in public. I had thought when I wrote to Herb Solway that it might be possible to work together to minimise the damage all round.

Yours sincerely

University of Wales College of Medicine
Department of Psychological Medicine
Hergest Unit
Ysbyty Gwynedd
BANGOR
Gwynedd LL57 2PW
United Kingdom

FAX HEADER

Number of Pages Including Front Page:

Date: 30 April 2001

To: Jim Turk
Canadian Association of University of
Teachers
2675 Promenade Queensview Drive
Ottawa
Ontario
K2B 8K2

Tel Number:

Fax Number: 001 613 820 7244

From: David Healy

Tel: 01248 384452

Fax: 01248 371397

E-Mail: Healy_Hergest@compuserve.com

Message:

NG's letter is confidential but I need comments
re this + my draft response - enclosed



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