

Doctor's procedures questioned in appeal hearing

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to give the patient an opportunity for vaginal birth first.

About 20 per cent of his deliveries involve forceps and about half that are "mid-forceps" deliveries, said Dr. Ford.

Asked by his lawyer if he would change his practice involving forceps deliveries now, Dr. Ford said, "In view of the criticism that has been levelled, I would certainly take a very long, hard look. I would probably be more liberal with c-section. I would probably use the c-section route more liberally."

Dr. Ford also said he prefers local anesthetics instead of the common procedures of pudendal block or an epidural block to freeze the lower body because the local anesthetic achieves the desired effect.

Dr. Ford also commonly used gas to anaesthetize patients because that way mothers can control how much they need.

Mr. Listwood then began cross-examining the evidence of Dr. Ronald Benzie, the professor of obstetrics and gynaecology at the University of Ottawa and Dr. Ford's chief expert witness at the October portion of the hearings.

Mr. Listwood questioned Dr. Ford on several cases involving "mid-forceps" deliveries.

In a mid-forceps delivery the surgeon assists the mother by using forceps clamped to the baby's head and pulling. A mid-forceps delivery means the baby is not far down the delivery canal.

The decision on whether or not to use forceps depends on the progress of the delivery in active labor, said Dr. Ford.

An initial pull on the baby's head indicates whether or not it will be a difficult delivery, said Dr. Ford.

"How is your evidence consistent with Dr. Benzie when he says there

is no place in modern obstetrics for a trial forceps pull?" Mr. Listwood asked.

There is no inconsistency, Dr. Ford replied.

Asked how he determines where he put the forceps, Dr. Ford said there are "suture lines" on the baby's head which indicate where to apply them. He said the forceps should be placed to the back sides of the head.

Mr. Listwood then asked how one baby received a lacerated eye from a forceps delivery.

It can sometimes be difficult to find the suture lines because the position of the head makes it difficult and "the patient sometimes develops swelling around the fetal head if she is in labor for a long time," Dr. Ford said.

Occasionally you are not able to be 100 per cent sure that the suture lines that you are feeling are the

ones that you relied upon, said Dr. Ford.

If you are unsure that the suture lines are not the proper ones then you would not apply the forceps, said Dr. Ford.

Dr. Ford said any second stage delivery which goes longer than 60 minutes often requires forceps to entice the delivery.

But Dr. Listwood questioned Dr. Ford on cases where he applied forceps before the hour was up.

In one Oct. 1986 case, the baby's spinal column snapped and the baby died as a result of its injuries, said Mr. Listwood.

Dr. Ford said he used the forceps on the baby because the baby's heart rate had dropped from 150 beats per minute to 124 beats in just over an hour.

He said the baby's heartbeat should have remained constant, so there was an indication the baby was

in danger.

"Dr. Benzie said the fetal heart rate was fine. Are you disagreeing with Dr. Benzie," Mr. Listwood asked.

"If it (the heart rate) differs from the prior pattern then there is cause for concern," Dr. Ford replied.

He also said the mother's blood pressure had increased to 120 or 130 over 90.

"120 over 90 is pretty normal," said Mr. Listwood.

"Not in my books its not," said Dr. Ford.

The woman had only been in the second stage of labor for 35 minutes and there was no indication that the woman's life was in danger, Dr. Ford admitted.

"In light of what Dr. Benzie told us, with the fetus, which he said was in no danger, and a patient not exhibiting life threatening signs and a second stage of labor of only 35 minutes, why did you use forceps?" asked Mr. Listwood.

Dr. Ford said he had used forceps on delivery of her first baby in 1962 and the second stage of labor had gone on for more than an hour then.

"She required forceps then and I had difficulty applying forceps," he

said. That first baby had no physical problems, said Dr. Ford.

Asked why Dr. Ford hadn't stopped pulling on the forceps in the woman's second delivery, which took ten minutes, Dr. Ford replied that the baby was making progress.

"How would you know Dr. that the progress isn't being made at the expense of the baby's spinal column," Mr. Listwood asked.

"I do not," Dr. Ford replied.

The baby was coming out in a "transverse" position said Dr. Ford. He said he rotated the baby into an "OP" (occipital posterior) position before delivery. That position is not as favorable for birth as an "OA" (occipital anterior) position but it was the easier way to rotate the baby in this case, said Dr. Ford.

After further cross-examination the hearing adjourned until early yesterday (Tuesday).

Ford lawyer slams board for tactics

The Georgetown hospital's lawyer may be able to use 19 new charts to aid in cross-examining gynecologist Jack Ford.

After a lengthy procedural battle, Ontario Hospital Appeals Board Chairman Thomas Wood said hospital lawyer Joshua Listwood may be able to use incidents listed in the 19 new charts during cross-examination of Dr. Ford and be able to call evidence of criticism of Dr. Ford's answers.

He will not however, be able to submit the charts to the Board as evidence.

The 19 new charts were sent to Gavin MacKenzie, Dr. Ford's lawyer, Dec. 2 with the intent of introducing them as evidence along with the 30 charts already introduced in the first round of hearings Oct. 20 and 21.

Mr. MacKenzie lashed out at the hospital's tactics of introducing the new charts saying, "this is one element in a pattern...of unfairness on the part of the hospital for the purpose of gaining a tactical advantage."

If the new charts are allowed, the hearing will be delayed and a delay works in favor of the hospital, said Mr. MacKenzie.

"Delivery of these charts violates the board's guidelines, as well as fundamental principles," Mr. MacKenzie said.

"It isn't fair for the hospital to come along and say we now have 19 charts in addition to the ones we

gave you previously."

Mr. MacKenzie quoted a section from the Statutory Powers Procedure Act which states when a doctor's competence is at issue, all the evidence must be furnished prior to the hearing.

"I find it absolutely inconceivable that the material wasn't introduced (prior to the hearing)," said Mr. Wood.

"Presumably, the hospital picked the strongest case and produced it," Mr. Wood said.

The new charts are an attempt to rebut Mr. MacKenzie's arguments that the hospital is being selective in pulling only a few charts out of Dr. Ford's nine years of practice at Georgetown, said Mr. Listwood.

"We have gone back and pulled

charts that show crushed skulls and further broken necks," Mr. Listwood said.

All the new cases (charts) were brought to Dr. Ford's attention at some time, said Mr. Listwood.

Over 120 different charts were reviewed over the years, said Mr. Listwood.

"What the 30 charts (introduced in the October hearings) show is a pattern of conduct that goes right back to 1979 when Dr. Ford first started at the hospital," said Mr. Listwood.

Some of the cases were brought to Dr. Ford's attention as early as 1979 and 1980, he added.

Mr. MacKenzie said there were other incidents of unfair procedure by the hospital in the hearings. He sent a letter to Mr. Listwood on Aug.

6 requesting copies of four charts but Mr. MacKenzie said he didn't get copies of the charts until well after the first two days of the hearings.

The lawyer also said the hospital didn't make the crucial delivery room records available to him.

Mr. MacKenzie said he was told Mr. Listwood was unable to give him the delivery room records but he could have a statistical analysis of them.

"I still don't have the delivery room record or the statistical analysis based on it," said Mr. MacKenzie.

Mr. Listwood said the delivery room record contains names of hundreds of people not relevant to the case. "It would have been a serious breach of confidentiality," he said.

The lawyer said he offered Mr. MacKenzie a chance to examine the records.

Mr. MacKenzie said he indicated that was unsatisfactory and was led to believe the delivery room records were forthcoming.

Mr. MacKenzie said he would be "helpless to challenge" any statistical evidence based on the records now.

Mr. Wood ordered Mr. Listwood to turn over the delivery room records and delete the names of patients who are not relevant to the hearings.

Ford to be investigated on misconduct allegations

The College of Physicians and Surgeons of Ontario is going to investigate allegations of professional misconduct by gynecologist Jack Ford.

Dr. Ford was served with a letter at the lunch break of the Dec. 7 hearing of the Ontario Hospital Appeals Board in Toronto.

The letter states that the disciplinary committee "has been directed to hear allegations of professional misconduct," said Dr. Ford's lawyer Gavin MacKenzie.

The Dec. 4 letter says no formal complaints have been received by the college, said Mr. MacKenzie.

Tour of lights annual spectacle for seniors

Seniors will be picked up at ten different locations throughout Georgetown between 7 and 7:15 p.m. Dec. 16.

Everyone will meet at the Georgetown Plaza where they will board several buses for the one and a half to two-hour tour.

After the bus tour is over, the seniors will be dropped off at St. Andrew's Church on Mountainview Road where they will be treated to "coffee, tea and goodies," said Mr. MacLean.

After a refreshment period

Over 100 senior citizens in Georgetown will be able to gaze at Georgetown's display of Christmas lights this year, thanks to the efforts of the local Kinsmen Club.

The annual Tour of Lights on Dec. 16 will take Georgetown's seniors through a maze of colors as the buses crawl up and down the streets of town in search of animated yuletide displays.

The Tour of the Lights averages between 120 and 200 seniors a year, said Kinsmen Past President Bruce MacLean.

everyone will join in to sing Christmas carols.

The Georgetown Choral Society is expected to provide some festive entertainment for the evening, said Mr. MacLean.

All the seniors from Georgetown and the surrounding area are eligible to come out for the free Tour of the Lights, said Mr. MacLean.

Before the buses leave from Georgetown Plaza, a Kinsmen member will travel through the streets of town picking out the best displays and mapping routes with the most lights so no one will be disappointed.

The Tour of the Lights is always a successful event, said Mr. MacLean.

"The turnout says it all."

Local business supply door prizes and coffee and goodies for the night, he said.

The Kinsmen are encouraging everyone to have their Christmas lights up by Dec. 16 so they can be included in the Tour of the Lights.

Pick-up points at 7 p.m. at Kin Court, Sargent Residence, Centennial Building, Bennett Health Care Centre, Silver Creek Towers and the Armstrong Residence.

Pick-up points at 7:15 p.m. are at the Legion Hall, Moore Park Plaza, Delrex Smoke Shop and Preston's store.

Hit by vandals at Belfountain

The weekend of Oct. 31 - Nov. 1, vandals entered the Credit Valley Conservation Authority's Belfountain Conservation Area and removed the 200 lb. steel gate from the entrance of the cave and tossed it into the Credit River. The estimated cost of this damage is \$200. Obviously the vandalism on Halloween night wasn't enough. The vandals returned the following weekend and used bolt cutters to remove the "closed for the season" sign and padlock from the main gate and drove what appeared to

be a truck into the area and onto the grass to tear it apart. Winter shutters were also removed from the washroom building.

If you witness any vandalism at the Belfountain Conservation Area, contact the Credit Valley Conservation Authority at (416) 451-1615 or the O.P.P. immediately.

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