

Privileges shouldn't be reinstated: hospital lawyer

Guidelines and medical staff rules wouldn't work, he says

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Money also played a factor in Dr. Ford's practice, said Mr. Liswood. The fact that Dr. Ford performed more mid-forceps deliveries when there was a \$20 increase in OHIP allowance for mid-forceps is an indication that Dr. Ford's "bad practice is continually related to his ability to earn more money," said Mr. Liswood.

He said the Board should also have a "significant problem with his credibility."

Reading from hearing transcripts of the second session of the hearing, Mr. Liswood recalled a patient which Dr. Ford saw just before he left on vacation. Dr. Ford had testified that because he was on holidays he had very little to do with her management prior to her delivery on Oct. 14. Under strict questioning, Dr. Ford admitted he had seen the woman right up until Oct. 11.

"That's not misrepresentation,

That's a lie," said Mr. Liswood of Dr. Ford's statement.

"The deliberate and embellished lie should discredit in totality the evidence from Dr. Ford. We caught him on this one," said Mr. Liswood.

Mr. Liswood turned his attention to two sets of twins and one stillbirth which he said died as a result of Dr. Ford's actions.

"In each of these three cases - five babies - in each case the hospital records show there was a heartbeat, viable fetal life (not long before they died)," Mr. Liswood said.

Recalling the evidence given by Dr. Allin, Mr. Liswood claimed his witness "openly threw his hands up and said the problem here is the man has to go back to school."

Turning to the evidence offered on the high number of mid-forceps deliveries performed by Dr. Ford Mr. Liswood said there was no examples of Dr. Ford stopping a mid-forceps delivery and performing a

Caesarian section.

He also pointed to a case in which a woman was discharged four times with premature ruptured membranes. Dr. Ford said the woman had a social situation which required her at home. "Dr. Ford had no problem bringing his encouragement down here. We didn't hear from this woman," said Mr. Liswood. He was referring to about 20 nurses who attended the hearings daily.

He rebuffed any suggestion that Dr. Ford be given a chance to earn his privileges at the hospital through retraining or setting guidelines. "Guidelines don't work with Dr. Ford. Medical staff rules don't work. Matters brought to his attention don't work."

"What's the point of talking to Dr. Ford?" he said.

Revoking only his privileges to deliver babies with the use of a mid-forceps procedure would be impossible to police, said Mr. Liswood.

Executive Director Mark Rochon said it would be extremely difficult to police Dr. Ford and the only other gynecologist and obstetrician, Dr. Valerie Kumar, would likely refuse the task of attempting to monitor Dr. Ford.

He also defended the hospital's actions in revoking Dr. Ford's privileges.

He said Mr. MacKenzie "failed to differentiate" between notice of concern (which he said was given to Dr. Ford) and notice of steps to revoke privileges (which Mr. MacKenzie said was never given).

Mr. Liswood challenged the Board to look back on all the decisions made since its inception in 1973 and "find a case where the hospital has come before the Board with such a litany of contact (between the hospital and the doctor under investigation)."

Mr. MacKenzie attempted to discredit the hospital's case by questioning the chart review process as a

means of investigation.

"There are many things that you cannot tell about a doctor and his care from charts alone," he said.

He reminded the Board of evidence given at the beginning of the hearings in October and asked them to keep it in mind when coming to their decision. In that evidence, several highly respected doctors, including Dr. Leonard Landry who sat on the Medical Advisory Committee and knew the details of the cases against Dr. Ford, supported him and his practice.

"Those doctors didn't come here to tell you lies," he said.

"He (Dr. Ford) has qualities which patients frequently say doctors are lacking," said Mr. MacKenzie.

Most of the nurses at the hospital say Dr. Ford is "conscientious, accessible, caring, decisive and treats you with respect," said Mr. MacKenzie.

He called Dr. Ford a "credit to the

hospital and community at large."

He recalled the testimony of Margaret Bulgarelli who said Dr. Ford acted "above the call of duty" in delivering her baby.

He asked the Board not to weigh heavily the case in which Dr. Ford settled out of court in a malpractice suit for \$10,000 because most of that payment was for legal fees.

He said Dr. Ford altered his practice once he was given the criticisms of his work and he is willing to train to update his knowledge.

He chastized the Hospital Board for not giving Dr. Ford a fair opportunity to be heard before his privileges were revoked.

Mr. MacKenzie said the Board should "remedy the injustice done to Dr. Ford."

Asked by Board Chairman Thomas Wood about their duty to protect the public interest Mr. MacKenzie replied: "We have to weigh that. You can weigh it by (restoring) restricted privileges."

MD testifies losing confidence in Ford

By BRIAN MacLEOD

Dr. Donald Trant said he altered his referral practices to Dr. Ford after he became concerned about his care of patients in 1984.

"The last three years I rarely sent patients to Dr. Ford for care because I just didn't have confidence he was giving them the quality of care they should be receiving," said Dr. Trant.

He was testifying before the Ontario Hospital Appeals Board looking into the revoked privileges of gynecologist and obstetrician Dr. Jack Ford.

He referred to a much-discussed case in 1980 in which twins died shortly after being born. Dr. Ford had detected from the woman's previous pregnancy that the woman should have a Shorodkar stitch inserted for her next pregnancy because the cervix was not capable of holding the baby to term. He never inserted the stitch.

Dr. Trant thought the woman should have been referred to a centre with better facilities than Georgetown.

Two years later, when Dr. Trant was a member of the Medical Advisory Committee, he heard about another case of twins who died at birth. The woman was admitted to the hospital with bleeding at 25 weeks. The placenta (which supplies nourishment for the fetus) was separating from the uterus, said Dr. Trant.

The baby suffered no permanent damage from the delivery, he said.

In another case in 1981 Dr. Trant assisted Dr. Ford in abdominal surgery in which both the woman's ureters (the duct which carries urine from the kidney to the bladder) were cut. Dr. Ford said the ureters were repaired immediately once he found they were cut.

Dr. Ford earlier testified the woman had a "large pelvic mass."

"The mass was huge to say the least. The anatomy was totally distorted," he said.

Dr. Ford said normal practice is to identify the ureters before the operation so they won't be cut. He said he

sight there's no doubt that (inserting catheters) was the best way to go about it," said Dr. Ford in earlier testimony.

Asked by hospital lawyer Joshua Liswood if Dr. Trant suggested using catheters during the operation Dr. Ford replied: "I do not recall ever having this discussion with Dr. Trant."

Dr. Trant testified he was worried about getting close to the ureters but he was only there to assist in the operation. "I was concerned we were getting close to the ureters. I said something to that effect. I thought we must be in dangerous territory," said Dr. Trant.

Family physicians remove IUDs often. It's a very simple procedure to do it in the doctor's office," he said.

"I could never understand why he could treat the patients the way he did (with surgical removal of IUDs)," said Dr. Trant.

In another case Dr. Ford improperly performed a pap smear to find a cervical lesion (which can lead to cancer), said Dr. Trant.

"I wasn't very happy about the treatment of that situation."

The Board then heard testimony from Dr. Paul Zeni, who together with his wife Debbie, run an obstetrical practice in Georgetown.

Dr. Zeni was the anaesthetist for Dr. Ford in the delivery room for many of his deliveries.

He outlined a number of his concerns with Dr. Ford's practice for the hearing, most of which repeated other doctors' complaints about his practice.

Dr. Zeni said he saw a lot of unnecessary D and C operations on young women. "I didn't think (the D and C operations) were necessary," he said.

He said he or his wife saw many instances of IUDs reinserted in surgical procedures. "I do that in my office. I've never had to take out an IUD surgically," he said.

He specifically cited a patient in

November of 1987 - after Dr. Ford lost his privileges at the hospital - in which a woman suffered a ruptured cyst.

The woman had a cyst on her ovaries and Dr. Ford "allowed it to go on for several months," said Dr. Zeni.

Dr. Zeni conducted an ultrasound test which showed the cyst to have grown to eight or nine centimetres. Dr. Zeni referred the woman to another obstetrician who said surgery was needed immediately. But the woman decided to heed Dr. Ford's advice and not have the surgery.

She returned to another obstetrician later who performed emergency surgery on the cyst - which ruptured.

Decision on appeal by mid-February

A decision on Dr. Ford's appeal of his revoked privileges will likely be made within a month.

A spokesman for the Ontario Hospital Appeals Board said the board members will have to draft a decision and hold a meeting to discuss it and make any adjustments.

The Appeals Board can take up to three months to make its decision but Board Chairman Thomas Wood finishes his three year term on the board in mid-February.

A decision can be expected before Mr. Wood finishes his term, the spokesman said.

The appeals board can grant restricted privileges to Dr. Ford at the hospital, or it can grant full privileges. The other option open to the Board is to comply with the Georgetown hospital board's decision of April 7, 1987 and completely revoke the gynecologist and obstetrician's privileges at the hospital.

Should the latter decision be made, Dr. Ford can still apply for privileges at other hospitals.

had conducted a dye test earlier in the woman's pregnancy to help identify the ureters.

But Dr. Trant said a method involving the insertion of catheters, which give the anatomy a three-dimensional appearance to help assist in finding the ureters, could be used. Dr. Ford said he doesn't have privileges to insert catheters and there was no urologist in the hospital to perform the procedure.

"In this particular case in hind-

Dr. Drew Allin, an expert witness for the hospital, earlier testified that five per cent is about normal use of mid-forceps.

Dr. Ford used mid-forceps in eight per cent of the deliveries in 1985-86 and in 8.7 per cent of the deliveries in 86-87, said Ms. Merrick.

Dr. Ford, who had earlier testified that he prefers using local anaesthetic instead of more intense freezing commonly used called an Epidural Block or a Pudendal Block, used local anaesthetic in 86.5 per cent of the mid-forceps deliveries while all other doctors in the hospital used a local in only 19.6 per cent of their mid-forceps deliveries, said

Expert concerned with procedures

An expert witness testifying for the Georgetown hospital Jan. 14 told the Ontario Hospital Appeals Board he would have many serious concerns about Dr. Jack Ford's practice.

Dr. Ernest Ewaschuck, the Chief of Obstetrics and Gynecology at Oakville Trafalgar Memorial Hospital and an assistant professor at McMaster Medical Centre said he is concerned about how up-to-date Dr. Ford's academic knowledge is in the field of obstetrics and gynecology.

He also listed a host of other problems with Dr. Ford's practice including his use of dilatage and curettage (D and C) operations for functional uterine bleeding, the adequacy of his obstetrical care, his treatment of premature ruptured membranes, his care of a syndrome known as inter-uterine growth retardation and he voiced concerns about Dr. Ford's surgical technique.

Dr. Ewaschuck also said he is concerned about the "high rate of morbidity" of Dr. Ford's patients.

Dr. Ewaschuck offered some comparative statistics between Dr. Ford's practice, the Oakville hospital and the Women's College in Toronto.

In a 12-month period beginning in April, 1988 seven gynecologists at Oakville Trafalgar performed 94 D and C operations. At Women's College 15 gynecologists performed 1,318 D and C operations in a 12 month period. Dr. Ford performed 408 D and C operations in a 15 months period beginning June, 1983, said Dr. Ewaschuck.

During those time periods Oakville Trafalgar hospital performed 223 hysterectomies averaging about 30 per gynecologist. Women's College averaged just over 30 hysterectomies per gynecologist during their 12 months period and during Dr. Ford's 15 months period he performed 83 hysterectomies, said Dr. Ewaschuck.

In earlier testimony by the Georgetown hospital Director of Records Susan Merrick, the Board heard that Dr. Ford's use of mid-forceps in delivering babies and his use of local anaesthetics as opposed to more intense freezing usually administered by an anaesthetist, is significantly higher than other doctors at the Georgetown hospital.

Ms. Merrick said in 1984-85, Dr. Ford delivered eight per cent of his 220 deliveries that year with the use of mid-forceps.

Dr. Valerie Kumar, the only other obstetrician at Georgetown hospital, used mid-forceps four per cent of the time that year, she said.

Ms. Merrick.

Other doctors used a Pudendal Block in 50 per cent of their mid-forceps deliveries and an Epidural Block in just over 30 per cent of the cases, said Ms. Merrick. Dr. Ford used them in 2.1 per cent and 11.5 per cent of his mid-forceps deliveries, respectively, she said.

Questioned by hospital lawyer Joshua Liswood, Dr. Ewaschuck said he studied 30 of Dr. Ford's patient charts with hospital Executive Director Mark Rochon and Medical Advisory Committee Chief of Staff Boyd Hoddinott in November of last year.

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And in the matter of the lands and premises at the following location in the Town of Halton Hills in the Regional Municipality of Halton.

NOTICE OF INTENTION TO DESIGNATE

TAKE NOTICE that the Council of the Corporation of the Town of Halton Hills intends to designate the "Williams Mill" and the "Georgetown Electric Light Company Power Plant", located at 515 Main Street, Glen Williams, as buildings being of architectural and historic interest under Part IV of the Ontario Heritage Act.

REASONS FOR DESIGNATION:

"WILLIAMS MILL"
The structure is of heavy timber construction with mortice and tenon framing. The foundation walls are coursed rubble with the timber framing having a clapboard cladding. The windows are 8 over 8 double hung.

The building is one of the oldest remaining mills in Glen Williams. It was the site of Benajah Williams' original saw mill erected in 1828 and has been in continuous use as a saw mill, hosiery, and apple processing factory.

"GEORGETOWN ELECTRIC LIGHT COMPANY POWER PLANT"
This stone structure is built with large five feet by eight feet casement windows employing a single piece stone lintels and sills, and remains exist of a stone coal shuttle and of an iron penstock pipe and reweave.

The building was the site of the Williams flour mill. The present building was constructed as an electric power generating plant, and was the first local building constructed specifically for the purpose of generating electricity for sale to the public.

Any person may, within 30 days of the first publication of this notice, send by registered mail or deliver to the Deputy Clerk of the Town of Halton Hills, notice of his or her objection to the proposed designation, together with the reasons for the objection and all relevant facts.

If such a notice is received, the Council for the Town of Halton Hills shall refer the matter to the Conservation Review Board for a hearing.

DATED AT THE TOWN OF HALTON HILLS THIS 20TH DAY OF JANUARY, 1988.

DELMAR H. FRENCH, A.M.C.T.
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