

Re complaint against Mary Douglas:

I have no new information to add to what I've already submitted to the Board, so I won't waste your time going over things again. I've explained why I think the complaints committee of the College of Nurses erred in its interpretations and conclusions, so I would just like to make a few general comments.

Ms Douglas, through Ms McIntyre, denies each and every one of the allegations I've made against her. Ms Douglas's overall position is that no matter what happened, it was not her responsibility to say anything or to do anything about it. There are two reasons why I hope this Board will consider my appeal: First of all, I believe that the College of Nurses' complaints committee looked at each of the allegations separately instead of considering them as a whole. Secondly, I am sure that the complaints committee has rarely, if ever, had a case like this, where so many people at so many different levels - nurses, educators, managers, administrators - have worked so hard at closing their eyes to the truth.

Ms. McIntyre has provided a response to the College of Nurses in answer to my complaint about Ms. Douglas (pages 700-712). She can make whatever arguments she pleases with respect to her client's behaviour, but I take great exception to her very inaccurate description of events of October 21-22, 1998 (pages 705-706), which she has presented as fact. I am concerned that the complaints committee may have accepted part or all of this misinformation when evaluating my complaint against Ms. Douglas.

I would like to go over just two of the most important inaccuracies, just to highlight how much she has misrepresented the facts:

- a) at 01:45, Ms McIntyre wrote that "Other than a mild decrease in respirations which occurred intermittently during the period from 0250 until 0415, and which was reported to Dr. Schily by the nursing staff, there was no indication or reason for concern with respect to Lisa's condition." I don't expect this Board to be familiar with normal pediatric vital signs, so I will just say that Lisa's heart rate nearly doubled and her breathing fell to less than half of what it was a few hours earlier. The coroner's pediatric review committee's report, and all the doctors who testified at the inquest found these vital signs to be very shocking and very, very alarming. Moreover, Dr. Schily spoke to a nurse at around 4:00, but he denies he was told anything specific about Lisa's vital signs or told of any cause for concern.
- b) At 05:00, Ms McIntyre wrote that "the nursing staff assessed vital signs, arousal level, and respiratory status. There was no reason for concern." There is no documentation to indicate that Lisa's respiratory status was checked, and I can tell you that it wasn't. Lisa's blood pressure, a mandatory vital sign, was not taken. According to one of the doctors who testified at the inquest, had it been taken, it was likely that it would have been dangerously low. There was *every* cause for concern, according to literally hundreds of medical professionals who have looked at the nursing flowsheet.

A 10-year-old child – my daughter, Lisa - died because she went to Sick Kids. She didn't have a deadly disease that wasn't diagnosed in time. She didn't have what looked like the flu but turned out to be meningitis. She had nothing wrong with her except pain in her leg. Had we not taken her to Sick Kids – had we kept her at home – she would be alive today. A coroner's jury found that her death was a homicide. The College of Nurses has charged Lisa's nurses with many counts of professional misconduct, something it reserves for the most egregious of circumstances when it comes to matters involving patient care.

How can anyone involved in these events, anyone who knew even a small part of what happened, say in good faith that it wasn't her responsibility and it wasn't her problem?

If you believe that medical equipment might not be working properly and you don't tell anybody, then you have abdicated your responsibility to keep patients safe.

If you discover that colleagues have made serious errors in care and you say nothing about it, or worse, try to defend their actions, then you have put your colleagues' well-being ahead of your patient's safety.

If you deliberately plan – and the only way it could possibly have been done was with conscious premeditation – if you try to subvert a coroner's investigation into a child's death by coaching witnesses in the middle of what is supposed to be their sworn truthful testimony, then you have acted unethically and immorally.

I don't blame the College for its decision, but I think it needs to step back and look at the bigger picture, and then re-evaluate its decisions with respect to Mary Douglas. For my daughter's sake, and for those who may come after her, those who would practice nursing must act with integrity and responsibility, and must be seen by others to act with integrity and responsibility.