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In reply please quote: 1110270

PRIVATE AND CONFIDENTIAL

SENT VIA EMAIL DECEMBER 5, 2019 TO: ir@cpsso.on.ca, kikennedy@cpsso.on.ca

December 5, 2019

The Registrar/CEO, Members of the Inquiries, Complaints and Reports Committee, and Ms. Kimberly Kennedy-Blackhall, Investigator, Investigations and Resolutions
College of Physicians and Surgeons of Ontario (CPSO)
80 College Street
Toronto ON M5G 2E2

Dear Registrar, Members of the Inquiries, Complaints and Reports Committee and Ms. Kennedy-Blackhall,

Subject: Written submission regarding preliminary decision to not investigate a complaint (Ref 1110270)

I acknowledge receipt of an undated letter from Investigator Kimberly Kennedy-Blackhall on behalf of the College of Physicians and Surgeons of Ontario (“CPSO”) conveyed to me via email on November 13, 2019.

The letter from Ms. Kennedy-Blackhall advises of the preliminary decision made by the Members of the Inquiries, Complaints and Reports Committee (“the Committee”) on November 12, 2019 to **not** investigate the extensive, detailed complaint against Dr. Wajid Ahmed submitted by myself to CPSO on October 15, 2019. This letter is my written submission in response to the Committee’s preliminary decision.

I strongly disagree with the Committee’s preliminary decision. The stated reason for the decision is inaccurate, and the letter indicates a clear breach of the governing legislation and of the social contract, also referred to as the “*covenant of the profession*” by CPSO in the *2007 Practice Guide: Medical Professionalism and College Policies*:

“Professionalism also underpins the social contract between the medical profession and the public: in return for a monopoly over the practice of medicine, professional autonomy and the privilege of self-regulation, the profession has made a commitment to competence, integrity, altruism, and the promotion of the public good within its domain.

This social contract is reflected in the ethical tenets of the profession, the legislation governing the profession, and the standards of practice for physicians.”

“The social contract is a covenant of the profession as a collective.”

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Practice-Guide>

I will be providing a copy of the complaint, the Committee's preliminary decision and my response to the preliminary decision to the Ontario Minister of Health with the purpose of demanding a review of CPSO's oversight of its members as a consequence of breaching the social contract.

Below is an extract from Ms. Kennedy-Blackhall's letter.

On November 12, 2019, the Committee met to consider this matter. At this meeting, the Committee formed the preliminary view that it would not investigate the complaint or take further action for the following reason(s):

The behaviour complained of does not relate to the practice of medicine as these are actions of a public official that were carried out in the course of his duties (i.e. official's involvement in policy and initiatives) and the materials relate to comments made or advocacy on health or system issues by a physician in a public forum, as part of a public debate.

This letter is notice of the Committee's preliminary decision as described above.

The relevant sections of Schedule 2 of the Regulated Health Professions Act (the Act), which give the Committee the authority to make this decision, are attached on page 2 of this letter for your information. Under the Act, the Committee has the authority to take no action if it considers a complaint to be frivolous, vexatious, made in bad faith, moot, or otherwise an abuse of process.

This is untrue. Dr. Ahmed's behaviour at the Windsor meeting relates entirely to the practice of medicine.

Water fluoridation is the addition of a fluoridation chemical (typically hydrofluorosilicic acid, HFSA) to drinking water for the **preventing** the **disease** of dental caries/cavities. It is carried out in Ontario on the advice/**prescription** of **medical** and **dental professionals**, both individuals and at an organizational level (i.e. individual **MDs** and **dentists**, past provincial Ministers of Health such as **Dr. Eric Hoskins**, provincial Chief **Medical** Officers of Health such as **Dr. David Williams**, municipal **Medical** Officers of Health, the Association of Local Public Health Agencies (which **represents** the interests of **Medical** Officers of Health in Ontario), **Health Canada**, the Canadian **Dental** Association, etc.).

The Supreme Court of Canada, in 1957, stated that water fluoridation is a form of "**compulsory medication**" (page 580, Toronto (Metro) v. Forest Hill (Village)): http://www.fluoridefreepeel.ca/wp-content/uploads/2016/02/1957scr_0569.pdf

Canada's Food and Drugs Act defines "**Drug**" as "**any substance or mixture of substances manufactured, sold or represented for use in (a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals...**"
<https://laws-lois.justice.gc.ca/eng/acts/f-27/page-1.html#h-234002>

As described in the complaint, Dr. Ahmed began his delegation to Windsor Council by citing his expert **medical** credentials and his position as a public health professional, positioning himself as an expert qualified to advise Windsor Council in areas of **public health** and **preventive medicine**. He provided

professional input in order to influence public officials exercising their due diligence requirements and relying “in good faith” on a report from a “person whose professional qualifications lend credibility to the report” (as per Section 19 (5) of Ontario’s Safe Drinking Water Act, 2002, S.O. 2002, c. 32).

City of Windsor Video, Timestamp: 8:12:20: <http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20181218/-1/4023>

*“Thank you Mr. Mayor and the respected Council Members. My name is **Dr. Wajid Ahmed** and I’m the Acting **Medical** Officer of Health for the Essex County Health Unit.*

*I’m also an Adjunct Professor at the University of Western Ontario and I also support **Public Health and Preventive Medicine’s** Specialty at the Royal College of **Physicians and Surgeons** of Canada.*

As a physician I specialize in public health and preventive medicine and I have the credentials to make recommendations that promotes and protects the health of the, uhm, that, promote and protect the health of the community.

At the agency, we have the legislative responsibility to protect and promote the health of the community.”

Ontario’s Medicine Act, 1991, S.O. 1991, c. 30 states:

Scope of practice

*3 The practice of medicine is the **assessment of the physical or mental condition of an individual and the diagnosis, treatment and prevention of any disease, disorder or dysfunction.** 1991, c. 30, s.*

and

Authorized acts

4 In the course of engaging in the practice of medicine, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

- 1. **Communicating a diagnosis identifying a disease or disorder** as the cause of a person’s symptoms.*
- 8. **Prescribing, dispensing, selling or compounding a drug.***

Dr. Ahmed claimed before Windsor Council to have professionally **assessed** the oral health of Windsor-Essex County children (by reading statistics in the Windsor-Essex County Health Unit’s Oral Health Report 2018 Update, of which he was a Contributor). His **diagnosis**: many individual children have the **disease** of dental decay, and are suffering as a result. His **prescribed treatment**: “safe and effective” fluoridated water for all individuals living in the Windsor-Essex County, as part of a multi-pronged approach to **prevent** future dental decay.

Windsor Council took Dr. Ahmed at his word as a respected member of the **medical** profession and the Royal College of **Physicians and Surgeons** of Canada. They questioned him and trusted his responses, specifically because he is a **Medical** Officer of Health.

The next few pages show screenshots taken on November 20, 2019 of entries in CPSO's online public registry (where the public is directed to "**Find a Doctor**") for Dr. Ahmed and 2 other of Ontario's municipal Medical Officers of Health:

- [Dr. Ahmed](#), with the Windsor Essex County Health Unit listed as his Primary Location of **Practice**, and **Public Health** and **Preventive Medicine** listed as his Specialties;
- [Dr. Eileen de Villa](#), with 277 Victoria Street, 5th Floor, Toronto ON M5B1W2 (the address for Toronto Public Health, as shown on page 1: <https://www.toronto.ca/wp-content/uploads/2017/08/8edd-public-health-staff-directory.pdf>) listed as her Primary Location of **Practice**, and **Community Medicine** listed as her Specialty;
- [Dr. Christopher Mackie](#), with the address of the Middlesex London Health Unit listed as his Primary Location of **Practice**, and **Community Medicine** listed as his Specialty.

These entries in CPSO's registry make it clear that CPSO does consider the activities and duties of Medical Officers of Health as relating to the practice of medicine. One would certainly have to wonder, if their activities and duties did not relate to the practice of medicine, why their Public Health and Community Medicine "**Practices**" are listed on CPSO's "Find a Doctor" public registry.

Ahmed, Syed Wajid

CPSO#: 88238

MEMBER STATUS

Active Member as of 17 Jul 2015

CPSO REGISTRATION CLASS

Independent Practice as of 17 Jul 2015

Summary

Former Name: No Former Name

Gender: Male

Languages Spoken: English, Hindi, Urdu

Education: University of Karachi, 2000

Practice Information

PRIMARY LOCATION OF PRACTICE

Windsor Essex County Health Unit
1005 Ouellette Avenue
Windsor ON N9A 4J8
Phone: (519) 258-2146 Ext. 1436 Electoral District: 01

Specialties

SPECIALTY	ISSUED ON	TYPE
Public Health and Preventive Medicine	Effective: 17 Jun 2015	RCPSC Specialist

Terms and Conditions

(1) Dr. SYED WAJID AHMED may practise only in the areas of medicine in which Dr. AHMED is educated and experienced.

Postgraduate Training

de Villa, Eileen Patricia

CPSO#: 72308

MEMBER STATUS

Active Member as of 01 Jul 1998

CPSO REGISTRATION CLASS

Independent Practice as of 26 Jun 2000

Summary

Former Name: No Former Name

Gender: Female

Languages Spoken: English

Education: University of Toronto, 1998

Practice Information

PRIMARY LOCATION OF PRACTICE

277 Victoria Street
5th Floor
Toronto ON M5B1W2
Phone: 416-338-7820
Fax: 416-392-0713 Electoral District: 10

Specialties

SPECIALTY	ISSUED ON	TYPE
Family Medicine	Effective: 22 Jun 2000	CFPC Specialist
Community Medicine	Effective: 30 Jun 2004	RCPSC Specialist

Mackie, Christopher Alexander Oulton

CPSO#: 83849

MEMBER STATUS

Active Member as of 20 Aug 2007

CPSO REGISTRATION CLASS

Independent Practice as of 20 Aug 2007

Summary

Former Name: No Former Name

Gender: Male

Languages Spoken: English, French

Education: The University of Manitoba, 2003

Practice Information

PRIMARY LOCATION OF PRACTICE
Middlesex London Health Unit 50 King Street London ON N6A 5L7 Phone: (519) 663-5317 Ext. 2444 Fax: (519) 663-9413 Electoral District: 02

Specialties

SPECIALTY	ISSUED ON	TYPE
Community Medicine	Effective: 30 Jun 2008	RCPSC Specialist

A routine part of a Medical Officer of Health's "**Practice**" is giving advice to decision-makers, as Dr. Ahmed did during the public meeting around which my complaint is centered.

In the words of Dr. Eileen de Villa, while employed as Medical Officer of Health at the Region of Peel in 2015, shown in the email screenshot below:

*"As part of my role as **Medical** Officer of Health, I am responsible to Regional Council – Peel's Board of Health – to provide my professional **medical** advice and opinion to help them make decisions on issues that affect the health of all Peel residents... As you can see, my **practice** is public, not private..."* [my emphasis]

On Thu, Oct 22, 2015 at 11:37 AM, de Villa, Eileen <Eileen.deVilla@peelregion.ca> wrote:
Ms. Massey,

Thank you for your questions.

As part of my role as Medical Officer of Health, I am responsible to Regional Council – Peel's Board of Health – to provide my professional medical advice and opinion to help them make decisions on issues that affect the health of all Peel residents. That advice is backed by all credible evidence that is available. This includes advice on the topic of community water fluoridation as part of Council's mandate to deliver safe and clean drinking water to its residents. As you can see, my practice is public, not private, so I cannot speak to your first question.

As Medical Officer of Health for Peel, I work at the population level to do two important things: improve the health status of the 1.4 million residents of Peel and reduce the health inequalities among various population groups that are disadvantaged because of such things as socioeconomic status. Work at the population level differs from one-to-one medical care in that the population health approach seeks to provide the community what it needs to improve the health status for everyone.

Right now, I am working with the Council-directed Water Fluoridation Committee to help them organize and facilitate an educational session to provide all Councillors with a fulsome review of the current body of scientific research on water fluoridation presented by experts of their choice based on criteria they have approved.

Eileen de Villa, MD MBA MHSc CCFP FRCPC
Medical Officer of Health
Peel Public Health
7120 Hurontario Street, 7th Floor
Mississauga, ON L5M 2C2

[905-791-7800 extension 2856](tel:905-791-7800)
eileen.devilla@peelregion.ca

Section 64 of Ontario's *Health Protection and Promotion Act, 1990*, states that:

*"No person is eligible for appointment as a medical officer of health or an associate medical officer of health unless, (a) he or she is a **physician**;"*

And, sections 1 and 9(1) of Ontario's *Medicine Act, 1991*, states that:

*9 (1) No person other than a **member** shall use the titles "osteopath", "**physician**" or "surgeon", a variation or abbreviation or an equivalent in another language. 1991, c. 30, s. 9 (1).*

*""**member**"" means a member of the College"*

*""**College**"" means the College of Physicians and Surgeons of Ontario"*

In other words, in Ontario, only CPSO's licensed **physician** members are permitted to work as **Medical Officers of Health**. This further makes clear that the activities of a **Medical Officer of Health** are considered a form of **medical** practice in Ontario.

Whether or not Dr. Ahmed is considered a public official, and whether or not his actions were carried out in the course of his duties, and whether or not his comments were made in a public forum as part of a public debate, are irrelevant.

To my knowledge, the Office of the Integrity Commissioner, and the Regulations under the *Public Service*

of Ontario Act, 2006, do not define Medical Officers of Health as Public Officials.

However it is irrelevant whether or not Medical Officers of Health are considered public officials, or that Dr. Ahmed's behaviour that is complained of took place in a public forum as part of a public debate.

Neither Ontario's *Regulated Health Professions Act, 1991*, nor Ontario's *Medicine Act, 1991*, nor any other Ontario legislation or regulation excludes physicians who are public officials, Medical Officers of Health or participating in a public forum as part of a public debate, from the regulation required of all licensed physicians in Ontario.

Physicians are expected to be honest and act with integrity when providing their **professional medical advice and opinion** in all situations, not only within the context of a one-on-one doctor-patient setting.

The complaint that I submitted describes false and misleading statements made by Dr. Ahmed before Windsor Council (including Board of Health members), Windsor Staff, the public and media regarding a serious and controversial matter of public health, prefaced with his own emphasis on his **medical** credentials.

Dr. Ahmed very clearly failed to educate himself sufficiently on the matter of water fluoridation before providing Council his **professional medical** opinion.

In doing so, Dr. Ahmed:

- failed to maintain the standard of the medical profession
- made a misrepresentation respecting a remedy, treatment or device
- committed acts and omissions relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional
- conducted himself in a manner unbecoming a physician
- failed to act in accordance with the values of his profession (i.e. trustworthiness)
- failed to sufficiently educate himself, before attempting to educate others
- failed to keep abreast of current developments in his field
- failed to keep himself informed in respect of matters related to occupational and environmental health

[O. Reg. 856/93: PROFESSIONAL MISCONDUCT](#), under Ontario's *Medicine Act, 1991, S.O. 1991, c. 30* states:

1. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

...2. Failing to maintain the standard of practice of the profession.

...13. Making a misrepresentation respecting a remedy, treatment or device. [fluoride is added to public drinking water as a preventative treatment for dental caries]

...33. An act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

34. Conduct unbecoming a physician. O. Reg. 856/93, s. 1 (1); O. Reg. 857/93, s. 1 (1); O. Reg. 115/94, s. 1; O. Reg. 53/95, s. 1; O. Reg. 450/10, s. 1..

One of the purposes of Ontario's *Health Protection and Promotion Act, R.S.O. 1990, c. H.7* is to protect the public from uninformed, and ill-informed, Medical Officers. It provides no exceptions for Medical Officers of Health who knowingly furnish false information to a municipal Councillor, Staff Member, Board of Health or to another Medical Officer of Health. It states:

Duty of M.O.H. re occupational and environmental health

*12 (1) **Every medical officer of health** shall keep himself or herself informed in respect of matters related to occupational and environmental health. R.S.O. 1990, c. H.7, s. 12 (1).*

and

...Furnishing false information

*105 **No person** shall furnish false information knowingly to an inspector appointed by the Minister, an assessor appointed under section 82, the Chief Medical Officer of Health, a medical officer of health, a public health inspector or **a person who is carrying out any power, duty or direction under this Act or is otherwise acting in the lawful performance of his or her duties under this Act.** R.S.O. 1990, c. H.7, s. 105; 1997, c. 30, Sched. D, s. 16.*

<https://www.ontario.ca/laws/statute/90h07#BK119>

Clearly, Ontario law does not, and is not intended to, exclude physicians who are public officials, Medical Officers of Health, or participating in a public forum as part of a public debate, from the regulation of conduct required of all licensed physicians in Ontario.

CPSO's *2007 Practice Guide: Medical Professionalism and College Policies* begins with the following:

The purpose of this practice guide is to articulate the expectations of the medical profession for its members. The guide does not set out any new expectations for physicians, but is an articulation of existing values that provide the foundation for the practise of medicine. From these overarching values flow principles of practice and related duties. Together, the values, principles and duties of medical professionalism enable the profession to provide the best quality care.

Dr. Ahmed's complained-of behaviour clearly undermines the social contract and violates multiple expectations described therein.

<https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/policies-and-guidance/practice-guide/practice-guide.pdf>

Medical professionalism is the translation of the values of the profession—compassion, service, altruism, and trustworthiness—into action. Medical professionalism is demonstrated when these values are upheld in the everyday interactions that comprise each doctor's own medical practice.

Professionalism also underpins the social contract between the medical profession and the public: in return for a monopoly over the practice of medicine, professional autonomy and the privilege of self-regulation, the profession has made a commitment to competence, integrity, altruism, and the promotion of the public good within its domain. This social contract is reflected in the ethical tenets of the profession, the legislation governing the profession, and the standards of practice for physicians.

THE ROLE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

The College is the embodiment in statute of the ethics of the profession. The College's primary obligation to the public is to ensure that members of the profession are competent in the areas in which they practice. The College's motto is 'The best quality care for the people of Ontario by the doctors of Ontario'. Quality care involves more than clinical excellence—it is also safe, effective and compassionate practice.

Incorporating ethical principles of practice and existing legislation into College policies is one way for the College to fulfill its mandate of ensuring quality care for the people of Ontario. The College and, through the College, the profession, expect compliance with these policies.

TRUSTWORTHINESS

Trustworthiness is the cornerstone of the practice of medicine. It is the demonstration of compassion, service and altruism that earns the medical profession the trust of the public. This trust manifests itself in the social contract between the profession and the public, as well as the relationship an individual patient has with his or her doctor.

Maintaining trust is an important aspect of medical professionalism. Patients must be able to trust that the physician will always uphold the values of the profession; in the absence of the trusting relationship the physician cannot help the patient and the patient cannot benefit from the relationship.

Patients trust their physicians to be clinically competent in all areas of their practice. However, competence is more than just clinical skills and knowledge; it is also practising safely and effectively. Safe and effective care is achieved when physicians know about and abide by their professional obligations, and are competent as communicators, collaborators, advocates, and managers. It is expected that throughout a physician's career he or she will maintain his or her competence to ensure that patients receive the best care possible.

B. AS A MEMBER OF THE PROFESSION, COLLECTIVELY TO THE PUBLIC

Principles of Practice

That the values of compassion, service, altruism, and trustworthiness apply to the individual doctor-patient relationship is clear. Physicians have responsibilities to patients which, as noted earlier, are paramount. However, these values are also reflected in the individual physician's responsibility to the profession of medicine, inasmuch as the medical profession works together to serve the public interest.

The responsibility for maintaining medical professionalism lies with physicians themselves. Acting in concert with his or her peers, each physician contributes to defining the expectations or standards of the profession as a whole. Individually, each physician upholds those standards in his or her own actions. Fulfillment of this duty is essential to self-regulation.

3. Educating

Physicians should teach and learn. The profession, and its service to patients, can only be improved by taking a collaborative approach, participating in peer reviews, supporting each other, educating and mentoring each other, and participating in formal education—both within and outside of the profession.

When they are involved in teaching others, physicians should provide instruction in the context of the values set out above.

By teaching others—colleagues, students, other health professionals, their patients, and the community—physicians help ensure that high quality care will be provided to their individual patients and the public in general.

4. Learning

Physicians have a duty to seek out new evidence and knowledge, to share this knowledge with others and to apply it in practice.

Physicians are expected to keep abreast of current developments in their field, which includes maintaining an awareness of relevant practice guidelines and implementing them as appropriate. All research must be initiated and pursued in an ethical manner.

5. Advocating for a Safe Health Care System

A health care system that balances safety, caring and effectiveness is the best way to ensure patients receive high quality care. To improve the quality of care that the system provides, physicians should work collaboratively with other professionals to reduce the incidence of medical error and adverse outcomes.

Physicians should also collaborate with others for the effective management of health care resources.

This kind of collaborative interaction between physicians and others includes the exchange of information; developing collaborative guidelines; fostering positive relationships at the institutional level; sharing decision-making, where appropriate and in the patient's best interest; and developing policies that ensure quality of care.

MANAGING CONFLICTING DUTIES

Conflict among the duties outlined in this guide is inevitable. When conflict arises, physicians should first refer to the fundamental values that ground the principles and duties that follow. For example, if there is a conflict between a physician's obligation to a patient and the obligation to the system (e.g., efficiency), the profession's commitment to the value of altruism makes it clear that the patient should always come first.

Ontario's *Regulated Health Professions Act, 1991, S.O. 1991, c. 18* lists many duties and objects of the province's healthcare regulatory colleges:

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3 (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.

...3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.

4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

...5. To develop, establish and maintain standards of professional ethics for the members.

7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.

... 10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

There is no indication in either the *Regulated Health Professions Act* or Ontario's *Medicine Act* that complaints provided to CPSO should only be investigated and acted upon if they pertain to a typical 1-on-1 physician/patient relationship, or that complaints pertaining to behaviour that occurred in the course of a Member's municipal public health duties or during a Member's official involvement in policy and/or initiatives are not subject to investigation and further action by the Committee. There is no indication that a Member's comments or advocacy on health or system issues, or made in a public forum as part of a public debate, are not to be investigated and acted upon by the Committee.

The public would be horrified to learn that CPSO's policy is to simply dissociate itself from any public and/or "official" behaviour of Medical Officers of Health and physicians in general, refusing to hold them to any sort of accountability no matter how dishonest, unethical or harmful.

Municipal Councils across Ontario would be especially horrified to learn that the advice they routinely rely upon, in good faith, from Medical Officers of Health when making decisions that affect the health and well-being of millions of people is not held to even a minimal standard of honesty or accuracy by CPSO.

The revelation that Ontario residents are in fact vulnerable to all manner of abuse and harm as a result of a regulatory climate enabling dishonest, unethical and/or incompetent Medical Officers of Health could certainly make headlines. A provincial inquiry may be in order to sort out who is responsible for misleading the public and decision-makers who attended public forums all these recent years for the purpose of learning facts (or so we thought!) from trusted, regulated (or so we thought!) medical professionals.

My complaint is not frivolous, vexatious, made in bad faith, moot or an abuse of process.

Rather, it is a **public service** to point out glaring misrepresentations made by trusted advisors to decision-makers on issues affecting public health.

The complaint was made in **good faith**, by committed, deeply concerned and disturbed members of the public who devote countless hours of their lives, sacrificing their own health, happiness and well-being, typically without any sort of remuneration, ever, for their efforts, for the well-being of those living in fluoridated, and potentially fluoridated communities.

Those who take an active interest in public health issues have no less right than anyone else to make a valid complaint against a CPSO Member when they witness unethical behaviour from that Member, and to have it properly investigated and dealt with.

I am offended by your vague insinuation/accusation made against myself, the Complainant, and my >100 colleagues who authored and/or signed onto the complaint.

No reasonable and unbiased person willing to give honest, open-minded consideration to the facts contained in the complaint would consider the complaint to be frivolous, vexatious, made in bad faith, moot or an abuse of process.

Evidently, the Committee has not considered the context I have provided in this correspondence. It is in the Committee's best interest to review its decision and respond accordingly.

Sincerely,

A handwritten signature in cursive script that reads "Christine Massey".

Christine Massey, M.Sc.