

CANADA )  
PROVINCE OF SASKATCHEWAN )

Q.B.G. No. 1173 of A.D. 2008

**IN THE COURT OF QUEEN'S BENCH  
JUDICIAL CENTRE OF REGINA**

Between:

**ESTATE OF NADIA BISHAY, JANINE BELLEGARD, and NAT  
DVERNICHUK**

Plaintiffs,

- and -

**MAPLE LEAFS FOODS INC.**

Defendant.

**AFFIDAVIT OF LINDA GOSSELIN**

I, Linda Gosselin, of Smooth Rock Falls, Ontario, MAKE OATH AND SAY AS FOLLOWS:

1. In my capacity as executor of the estate of my mother, Jeaninne Jacques, I am a class member of the within class action, and as such I have personal knowledge of the facts and matters hereinafter deposed, except where stated to be upon information and belief, and whereso stated, I have identified the source of my information, and, in each case, unless otherwise indicated, I do verily believe the information is true.

2. I was born on April 26th, 1966, in Smooth Rock Falls, Ontario and I have resided in Smooth Rock Falls, Ontario for the last 27 years.

3. On July 28<sup>m</sup>, 2008 my mother, Jeaninne Jacques, passed away.

4. I believe that my mother was a victim of the listeriosis outbreak due to her consumption of contaminated Maple Leaf meats. I base this belief on my mother's blood culture lab test from the Central Public Health Laboratory, dated

August 11<sup>th</sup>, 2008 [**Exhibit "A"**] ("lab test"). My belief that my mother died due to listeriosis throughout this my affidavit on the lab test.

5. I would like to be appointed as representative of the class because class members need to have access to the courts and Maple Leaf has to be held accountable.

***(a) willing***

6. I would like to be appointed as a Representative Plaintiff in this class action. I have the time and energy needed to ensure that the case is properly executed.

7. Acting as the Representative Plaintiff of the Class in this proceeding is a very personal undertaking for me given that I have suffered and I believe the Defendant should be held accountable and their behaviour should change so that no one will suffer like this again.

8. I believe that a class action is critical for those who do not have the means to pursue an action individually against Maple Leaf, since access to justice would be impossible otherwise. The idea that a class action lawsuit will make justice accessible for many class members is one important reason that I am keen to act as a Representative Plaintiff in this class action.

9. I am aware of the responsibilities entailed in being a Representative Plaintiff and I am willing to act in a responsible manner to ensure that those who have suffered harm, economic loss, or hardship from consuming or purchasing Maple Leaf products are compensated for their injuries.

***(b.1) basis of personal claim***

10. My mother had been living with my brother, Luc Jacques, until she was

exposed to contaminated Maple Leaf meat products that contained the strain of bacteria known as *Listeria monocytogenes*.

11. For the last 20 years my mother had been a known to have diabetes, long-standing diabetes mellitus, cardiac failure with dilated cardiomyopathy, ischemic heart disease, chronic kidney failure, and had deep vein thrombosis, and pulmonary emboli in the past. The Timmins and District Hospital Discharge Summary, dictated by Dr. Karun Shetty on July 28<sup>th</sup>, 2008 ("Discharge Report") **[Exhibit "B"]** stated that my mother expired in the early morning of the 20<sup>th</sup> of July, 2008, however my mother passed away on July 28<sup>th</sup>, 2008, and the Discharge Report contains an error.

12. The health issues that my mother has suffered over the years has been really hard on me and my family, due to various health problems my mother had to overcome. Seeing my mother suffer through all this and eventually dying due to a strain of bacteria identified as *Listeria monocytogenes* just breaks my heart, and it is unjust that my mother was exposed to the *Listeria* bacteria contained in the Maple Leaf ham she consumed.

13. My mother was first admitted in the Smooth Rock Falls Hospital on or about June 29<sup>th</sup>, 2008 to July 6<sup>th</sup>, 2008 after having a myocardial infarction. My mother was then discharged from the Smooth Rock Falls Hospital and went home that week, after which she had went to the store Blanchette fresh mart, with my brother, Luc, to purchase a Maple Leaf ham. A day or two after having consumed the Maple Leaf ham, she did not quite feel herself. My family and I noticed that she had not been feeling well and, she had symptoms such as diarrhea, nausea, lack of energy, bodily aching, and sleepiness. When my mother had told us that she was not feeling the way she does normally, it was at that time my sister, Lise Jacques, brought her to the emergency room in Smooth Rock Falls, where mother was admitted on July 18<sup>th</sup>, 2008.

14. Mother had to remain in Smooth Rock Falls Hospital on July 18<sup>th</sup>, 19<sup>th</sup>, and 20<sup>th</sup>, 2008 because she was still experiencing all the symptom's the day she was admitted. On July 20<sup>th</sup>, 2008 my mother was then transferred to Timmins Hospital, where she spent the day in the emergency room, and was finally admitted to the intensive care unit ("ICU"). Lise and I took time off work to remain at the Timmins Hospital with our mother for the duration of time she stayed in ICU. Every day her condition was getting worst and worst. Her body temperature was low, and the nurses at the hospital had to put heated blankets on my mother to keep her body at a reasonable temperature level. As the evening progressed my mother was feeling more ill all and then would doze off not know what was going.

15. On July 21<sup>st</sup>, 2008, at the Timmins Hospital my mother stopped breathing and I had to make a choice whether to have my mother put on a ventilator, which really scared me. I am glad that my mother started breathing again a few minutes later, I really thought she was going to die that day.

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16. The Timmins and District Hospital Consultation Report, dictated on July 21<sup>st</sup>, 2008 by Dr. Mohammad Amir a resident for Dr. Parmar **[Exhibit "C"]**, stated that my mother after being discharged from the hospital for a week, returned to the hospital and was not eating or drinking anything, did not receive any IV fluids, had a lot of fatigue, nausea, and anorexia. Also, the July 21<sup>st</sup> Consultation Report mentioned that my mother had not complained of any chest pain or any fevers or any chills at that point, but just the day before the hospital was putting heated blankets to keep her blood temperature normal.

17. The next day, July 21<sup>st</sup>, 2008, my mother started a fever, and it was unexplainable how she was experiencing all the ups and downs that day. Her kidney's had clasped, according the hospital physician. Mother was given three treatments of dialysis, during the week she was in ICU and yet there was no

improvement in her condition. She was deteriorating every day to the extent that she was so weak, had no appetite, no energy, dozed on and off, and looked very unwell. My mother's body was so exhausted and was being blooded of fluid. The physician told me that my mother had an infection, and the treatment would be an antibiotic since the infection was in her blood.

18. The Timmins and District Hospital Consultation Report, dictated by Dr. Karun Shetty on July 21<sup>st</sup>, 2008 which was revised on July 22<sup>nd</sup>, 2008 ("July 22<sup>nd</sup> Consultation Report") [Exhibit "D"], stated that my mother was very unwell for the last few days with decreased appetite, lack of energy, and tiredness. It was mentioned in the July 22<sup>nd</sup> Consultation Report that my mother's fluid and food intake diminished as well after her discharge from the Smooth Rock Falls Hospital where she was admitted with myocardial infarction and cardiac failure. Moreover, Dr. Karun Shetty mentions in the July 22<sup>nd</sup> Consultation Report that my mother's heart sounds were distant, and her breath sounds were equal bilaterally, but decreased, and there was occasional wheezing. What frustrated me the most is that Dr. Karun Shetty even stated in the July 22<sup>nd</sup> Consultation Report that my mother appeared miserable, and that one cannot exclude sepsis as a cause of her hypotension. I always think about if Maple Leaf had done the recall of their meat products containing the strain of listeria monocytogenes sooner, medical practitioners may have been able to address the problem at the time.

19. During the time that my mother was in the Hospital, I spent every single day with her, until the last breath she took. I knew she was not looking well at all, I knew I had to stay close. In order to stay close to my mother before she passed away, I spent three days sleeping in my vehicle in the parking lot of the hospital, I had warned the nurse in the ICU that I would be a phone call away. I had my cell phone on at all times. On the morning of July 28<sup>th</sup>, 2008 at 4:30 in the morning I received a call from the nurse from the ICU informing me that

my mother's situation was getting worse. So sure enough I was glad to have slept in my vehicle. I was up in the ICU less than 2 minutes. The nurse told me that my mother had slip into a semi coma. I had made it in time, around 4:50 in the morning my mom died.

20. For me to go through all this again until this day, I have a very hard time dealing with the morning and pain associated with losing my mother due to listeriosis. I believe my mother's cause of death is directly attributable to Maple Leaf products containing the strain of bacteria known as *listeria monocytogenes* which was present in my mother's blood culture according to the Central Public Health Laboratory lab test, dated July 26<sup>th</sup>, 2008. It is frustrating to think my mother passed away due to the negligence of Maple Leaf, and I do not think that she should have passed away at the age of 69 years old.

***(b.2) basis for belief in common issues***

21. On the basis of the Notice of Motion for Certification, I believe that all class members share these common issues:

- (i) whether Maple Leaf meat products are defective, of unacceptable quality, or unfit for the purpose for which they were intended as fabricated, manufactured, sold, distributed, marketed, or otherwise placed into the stream of commerce in Canada for consumption by the defendant;
- (ii) did the Defendant owe a duty of care to the class Plaintiffs to exercise all reasonable care, skill and diligence to ensure that Maple Leaf products which the class Plaintiffs consumed were not contaminated with listeriosis?
- (iii) if so, did the Defendant breach the duty of care owed or other statutory or common law duties to class members?
- (iv) whether the Defendant committed unfair practices within the meaning of *The Consumer Protection Act*, S.S. 1996, c.C-30.1, s. 54?

(v) are the Plaintiffs entitled to an award of punitive damages against the Defendant? If so, in what amount? Should punitive damages be assessed in the aggregate? If so, in what amount and how should punitive damages be distributed?

22. A class action to my belief a class action would be the preferable method of procedure concerning the common issues in fact and in law. This would allow the Class to collectively pursue Maple Leaf.

***(c.1) objective criteria***

23. I am aware that the proposed Class definition includes those:

i) who have suffered illness or death as a result of eating or ingesting products manufactured and/or distributed by the Defendant, including but not limited to, meat products contaminated with listeria, which are now subject to a recall ["deceased and injury subclass"];

ii) who have eaten or ingested products manufactured and/or distributed by the Defendant, including but not limited to, meat products which are now subject to a recall, and are concerned for their health and well-being due to a recall of products they have eaten or ingested ["ingestion subclass"];

iii) who have purchased or otherwise acquired products manufactured and/or distributed by the Defendant, including but not limited to, meat products which are now subject to a recall, including corporations and other organizations that have purchased product or bulk product from the Defendant ["purchaser subclass"]

24. All Class members set forth in the definition above have suffered injuries due to Maple Leaf's wrongdoings. I seek to represent Class members who have purchased or consumed Maple Leaf meat products contaminated with listeria. The class as a whole seeks compensation for irreparable harm arising from purchasing or consuming Maple Leaf products containing listeriosis.

***(c.2) best information on class numbers***

25. I did not have knowledge of the number of potential class members, however I was informed by Class counsel that they have had 4,054 submissions to join the class, including 22 claims by families like ours where the conduct of the Defendant has caused death, and the group of claimants is growing. It is my belief that the defendants have their own internal lists of class members who have purchased the contaminated meat products, and even those who have suffered a harm from such products.

26. Based on information provided to me by Merchant Law Group, it is my belief that class actions consist of a statement of claim, certification motion, notice of certification to class members, a right to opt out, and a trial of common issues.

27. It is my belief that there is a significant number of class members that have an interest in this proceeding and a class action would be the preferable method to advance the Class' interests. Individual actions would stall the administration of justice because of the significant number of class members which need to have their interests advanced.

28. Class proceedings allow the Class as a whole to have access to justice. Individual actions would be uneconomical and inefficient because of the size of the Class.

***(d.1) fair and adequate representation***

29. I lost my mother because of contaminated meat products from Maple Leaf and I would like to seek compensation for those who have purchased, consumed, and suffered injuries due to wrongs committed by Maple Leaf. I would like to seek reparation for the Class and hold Maple Leaf accountable for their wrongs.

30. If chosen to be Representative Plaintiff, I would fairly and adequately represent the class, dedicating the time necessary to participate in these proceedings. I believe that I will be able to manage, and coordinate the unwinding of this class proceeding, working closely with the Class.

31. I have retained Merchant Law Group LLP, reviewed the litigation plan, and directed the preparation of this affidavit. I believe that my participation in this class proceeding as a Representative Plaintiff will fairly and adequately represent the interests of the Class.

***(d.2) awareness of responsibilities***

32. I understand that the major steps in class proceedings are generally as follows:

- (a) commencement of the action by issuance of a statement of claim;
- (b) motion for certification;
- (c) notice to the Class of the certification and the right to opt-out;
- (d) production of documents (listing of relevant documents);
- (e) examination for discovery (lawyers asking me questions and my lawyers asking questions of the Defendants);
- (f) pretrial conference / mediation (where a judge may help the parties explore the possibilities of a settlement);
- (g) trial of the common issues;
- (h) notice to the Class of the judgment;
- (i) determination of individual issues, if required (I understand that the amount of individual damages may be decided at this stage);
- (j) distribution of proceeds of resolution by way of judgment or settlement;
- (k) appeals (at various stages); and
- (l) settlement (at any time)

33. I also understand that, in agreeing to seek and accept an appointment by the court as a Representative Plaintiff, it is my responsibility, among other things:

- (a) to become familiar with the issues to be decided by the court;
  - (b) to review the statement of claim and any amendments;
  - (c) to assist in the preparation and execution of an affidavit in support of the motion for certification;
  - (d) to attend, if necessary, with counsel for cross-examination on my affidavit;
  - (e) to attend, if necessary, with counsel for an examination for discovery where I will be asked questions;
  - (f) to assist, if necessary, in the preparation and execution of an affidavit of documents listing documents that I have;
  - (g) to attend if necessary, with counsel at trial and give evidence regarding the case;
  - (h) to receive briefings from class counsel;
- 
- (i) to express in some circumstances my opinions on strategy to class counsel;
  - (j) to express my opinion to class counsel and to the court if settlement offers are made; and
  - (k) to assist, if necessary, in the preparation of and execution of an affidavit in support of a court approval of any settlement.

34. I am aware that as a Representative Plaintiff in this class action, I would be required to set aside the time necessary to participate throughout the class proceedings.

***(e.1) workable method of advancing***

35. Having spoken to class counsel, I believe that class proceedings seeking compensation for wrongs committed by Maple Leaf would be the most efficient

procedural method to collectively represent individuals, provide the Class with access to justice, and modify the behavior of the Defendant, which released products onto the market that were unfit for human consumption.

36. I have discussed a litigation plan planned in conjunction with my counsel and believe it is a workable method of advancing this action on behalf of the Class and notifying class members of the action.

37. The workable method is a feasible way to advance the interests of the Class and I believe that by working closely with class counsel we can adequately and successfully litigate the common issues of the Class.

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***(e.2) notifying class members***

38. I believe that the method chosen for notifying class members would provide adequate and fair notice, so that class members are aware of this class action.

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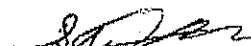
39. Merchant Law Group has a website which I consult to receive updates on the status of the class action. The website allows the Class to familiarize itself with the status of the class proceedings and provides a quick and effective way to communicate with class counsel.

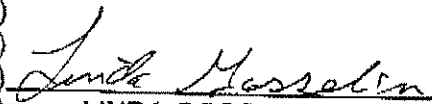
40. This class proceeding will allow the Class to have their interests litigated and to be notified on a national basis of the progress of this class proceeding. I look forward to working with class counsel and helping class counsel notify class members throughout the proceedings.

***(f) no conflict on common issues***

41. It is my belief that all class members raise common questions of fact and law which are more or less identical. The common issues represent the Class as a whole and there is no conflict which should prevent this Honourable Court from certifying the class action which I seek to be appointed as Representative of the Class.

SWORN BEFORE ME at the  
City of Smooth Rock Falls, in  
the Province of Ontario  
this 15<sup>th</sup> day of October, 2008

  
\_\_\_\_\_  
A Notary Public in and  
for the Province of Ontario

)  
)  
)  
)  
)  
  
\_\_\_\_\_  
LINDA GOSSELIN

This document was delivered by:

**MERCHANT LAW GROUP, LLP**  
Barristers and Solicitors  
2401 Saskatchewan Drive  
Regina, Saskatchewan, S4P 4H8,  
E.F. Anthony Merchant, Q.C.  
Telephone: (306) 359-7777  
Fax: (306) 522-3299,

Counsel for the Representative Plaintiff.

# Exhibit "A"

This is Exhibit....."A".....referred to in the  
affidavit of.....Linda Gosselin.....  
sworn before me, this.....15th.....  
day of.....October.....20.08

  
A COMMISSIONER FOR TAKING AFFIDAVITS  
Stephen Beaudoin

RUN DATE: 11/08/08  
 RUN TIME: 1124

NEON HCIS NO2 LAB \*LIVE\*  
 Specimen Inquiry

PAGE 1

PATIENT: JACQUES, JEANINNE

ACCT #: HA000728/09

LOC: HDCCU

U #: HD00144356

REG DR: Shetty, Karun

AGE/SX: 69/F

ROOM: HD2111

REG: 20/07/08

DOB: 25/09/1938

BED: 1

DIS: 28/07/08

STATUS: DIS INX

TLOG:

SPEC #: 08:MB0006352S

COLL: 26/07/08-1055

STATUS: COMP

REQ #: 00026005

SOURCE: 8ld cul #2

RECD: 26/07/08-1106

SUBM DR: Shetty, Karun

SPDESC:

ENTR: 26/07/08-1033

OTHR DR: GEN No Family Physician

ORDERED: blood culture

Narine, Myan

COMMENTS: Allergic to Penicillin No  
 Antibiotics Given Before: N  
 After: N

Procedure

Result

Blood Culture HDY Final

AFTER 21 HOURS INCUBATION BOTH AEROBIC AND ANAEROBIC BOTTLES  
 GRAM STAIN SHOWED GRAM POSITIVE BACILLI.

PRESUMPTIVE LISTERIA MONOCYTOGENES, SENT TO PHL FOR  
 CONFIRMATION AND SUSCEPTIBILITIES.

PLEASE REFER TO 08:MB0006351 SUSCEPTIBILITIES

IS-07377

LISTERIA MONOCYTOGENES

Central Public Health Laboratory  
 Ref. I.D. & SUSC. Testing  
 81 Resources Road,  
 Toronto, ON M9P 3T1  
 tel 416-235-5954  
 fax 416-235-5951

\*\* END OF REPORT \*\*

|   |   |   |
|---|---|---|
| RUN DATE: 11/08/08<br>RUN TIME: 1128                | NEON HCIS NO2 LAB *LIVE*<br>Specimen Inquiry                              | PAGE 1  |
| PATIENT: JACQUES, JEANINNE<br>REG DR: Shetty, Karun | ACCT #: HA000728/09<br>AGE/SX: 69/F<br>DOB: 25/09/1938<br>STATUS: DIS INX | LOC: HDCCU<br>ROOM: H02111<br>BED: 1<br>TLOC:     |
|   |   | U #: H000144356<br>REG: 20/07/08<br>DIS: 28/07/08 |

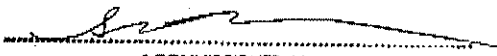
|  |   |  |                 |
|--|---|--|-----------------|
| SPEC #: 08:MA0006351S<br>SOURCE: bld Cul #1<br>SPDESC:<br>ORDERED: Blood Culture<br>COMMENTS: Allergic to Penicillin No<br>Antibiotics Given Before: N<br>After: N | COLL: 26/07/08-1055<br>RECD: 26/07/08-1106<br>ENTR: 26/07/08-1033 | STATUS: COMP<br>SUBM DR: Shetty, Karun<br>OTHR DR: GEN No Family Physician<br>Narine, Nyan | REQ #: 00026005 |
|--|---|--|-----------------|

| Procedure               | Result  |
|-------------------------|---|
| Blood Culture HDT Final | AFTER 21 HOURS INCUBATION BOTH THE AEROBIC AND ANAEROBIC BOTTLES GRAM STAIN SHOWED GRAM POSITIVE BACILLI.<br><br>PRESUMPTIVE LISTERIA MONOCYTOGENES, SENT TO PHL FOR CONFIRMATION AND SUSCEPTIBILITIES.<br><br>IS-07377<br>Listeria monocytogenes<br>MIC (mg/L)<br>Penicillin S 0.25<br>TMP/SMX S < or = to 0.5/9.5<br><br>Central Public Health Laboratory<br>Ref. I.D. & Susc. Testing<br>81 Resources Road,<br>Toronto, ON M9P 3T1<br>tel 416-235-5954<br>fax 416-235-5951 |

\*\* END OF REPORT \*\*

## Exhibit "B"

This is Exhibit....."B".....referred to in the  
affidavit of.....Linda Gosselin.....  
sworn before me, this.....15th.....  
day of.....October.....2008.

  
.....  
A COMMISSIONER FOR TAKING AFFIDAVITS  
Stephen Beaudoin

**TIMMINS AND DISTRICT HOSPITAL**

700 Ross Avenue East, Timmins, Ontario P4N 8P2 • (705)-267-2131

**PATIENT:** JACQUES, JEANINNE  
**DOB-AGE-SEX:** 25/09/1938-69-F  
**REG CAT:** AACC  
**PT LOCATION:** HDCCU  
**ADM/SERV DATE-TIME:** 20/07/08 - 2200

**UNIT #:** HD00144356  
**ACCOUNT #:** HA000728/09  
**PT STATUS:** DIS IN  
**HEALTH #:** 2408837918-HG  
**DISCHARGE DATE:** 28/07/08

**DISCHARGE SUMMARY**

|  |          |   |
|--|----------|---|
| <b>ADMISSION DIAGNOSIS:</b>                                      |          |   |
| <b>MOST RESPONSIBLE DIAGNOSIS (MR DX):</b><br>ONE DIAGNOSIS ONLY |          | SEPTICEMIA  |
| <b>PRIMARY DIAGNOSIS:</b><br>PRE-ADMIT COMORBIDITY               | (TYPE 1) | ACUTE RENAL FAILURE<br>MYOCARDIAL INFARCTION<br>CARDIAC FAILURE |
| <b>COMPLICATIONS:</b><br>POST-ADMIT COMORBIDITY                  | (TYPE 2) |   |
| <b>SECONDARY DIAGNOSIS:</b><br>CHRONIC CONDITIONS                | (TYPE 3) |   |
| <b>PRINCIPAL PROCEDURE:</b>                                      |          |   |
| <b>OTHER PROCEDURES:</b>   |          |   |
| <b>CONSULTANTS:</b>  |          |   |

This 69-year-old lady is a known case for diabetes mellitus, cardiac failure with dilated cardiomyopathy, ischemic heart disease, chronic kidney failure, and had DVT and pulmonary emboli in the past. She was admitted on the 20<sup>th</sup> of July with hypotension and shock. It was felt that her hypotension and shock were due to volume depletion. She was treated with IV fluids. She developed acute on chronic kidney failure and remained hemodynamically unstable and required a Dopamine infusion. When her creatinine kept on gradually increasing, was seen by Dr. Parmar in consultation and was commenced on hemodialysis through a right femoral catheter. After hemodialysis she felt better, however her condition deteriorated again and her blood culture grew gram-positive bacilli. She was started on Ceftriaxone and Penicillin. Her condition deteriorated and she expired in the early morning of the 20<sup>th</sup> of July 2008. There were repeated discussions with her family members during her stay in hospital.

DICTATED BUT NOT READ

**AUTHENTICATED BY:**  
Dr. Karun Shetty

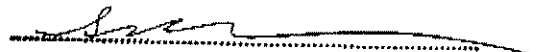
**COPIES:** GEN No Family Physician: Karun Shetty, Nyan Narine

**DICTATED DATE:** 28/07/08  
**TRANSCRIBED DATE/TIME:** 30/07/08 1130

**TRANSCRIPTIONIST:** TRUMA01  
**REPORT #:** 3007-0058

# Exhibit "C"

This is Exhibit "C" referred to in the  
affidavit of Linda Gosselin  
sworn before me, this 15th  
day of October 2008

  
A COMMISSIONER FOR TAKING AFFIDAVITS  
Stephen Beaudoin

## TIMMINS AND DISTRICT HOSPITAL

700 Ross Avenue East, Timmins, Ontario P4N 8P2 • (705)-267-2131

PATIENT: JACQUES, JEANINNE  
 DOB-AGE-SEX: 25/09/1938-69-F  
 REG CAT: AACC  
 PT LOCATION: HDCCU  
 ADM/SERV DATE-TIME: 20/07/08 - 2200

UNIT #: HD00144356  
 ACCOUNT #: HA000728/09  
 PT STATUS: ADM IN  
 HEALTH #: 2408837918-HG  
 DISCHARGE DATE:

## CONSULTATION REPORT

ATTENDING PHYSICIAN: DR. MOHAMMAD AMIR, RESIDENT FOR DR. PARMAR

REFERRING PHYSICIAN: July 21, 2008

Date of Visit:

~~REVISED July 23, 2008 HG for Edicord by PLB/BURAE~~

**PRESENTING COMPLAINT:** A 69-year-old female with known history of chronic renal failure, atrial fibrillation, coronary artery disease, heart failure, was a transfer from Iroquois Falls for evaluation of her generalized swelling of her legs and decreased urination. (Transferred from Iroquois Falls) with anasarca and decreased urinary output on the July 19. From collaborative resources, it was found that the patient had an MI on the 21<sup>st</sup> of June and she was in the hospital at Cochrane for 8 to 10 days. From there she was transferred to the Smooth Rock Falls for another week or so and after receiving treatment she was discharged to home. After being at home for about a week to 10 days, the patient presented to Smooth Rock Falls Hospital on the 18<sup>th</sup> of this month. The patient's daughter is also informed that the patient was not eating or drinking anything for at least 10 days and she also did not receive any IV fluids. At that time the patient had a lot of fatigue, nausea and anorexia. The patient did not complain of any chest pain or any fevers or any chills at that point. All of her symptoms led to severe weakness.

**IN HOSPITAL MEDICATION:** Amiodarone 200 mg o.d., carvedilol 6.25 mg o.d., Lasix 40 mg b.i.d., metformin 500 mg b.i.d., Atacand 8 mg b.i.d., Bezalip SR 400 mg q.d., Altvan 0.5 mg p.o. q.h.s., Pariet 20 mg o.d., trazodone 50 mg q.h.s., Advair 125 mcg inhaler b.i.d., Spiriva 18 mcg inhaler o.d.

**PAST HISTORY:** The patient is a known diabetic for the past 20 years. She had a history of bilateral pulmonary edema. She has heart failure, coronary artery disease, chronic renal failure and MI (one remote and the other one recent). The patient does not drink any alcohol but she has a history of smoking at 40 to 50 packs a year for more than 20 years, although she has quit for the past 7 years.

**PHYSICAL EXAM:** The patient is of stated age who was lying in bed with an oxygen mask, looks weak and does not respond to the questions that are put to her. She does not sound very well as she has a specific moaning sound when she is breathing on the oxygen mask. Her CVS shows normal S1 and S2 on auscultation and there is no S3 or S4 heard. There are no rubs or murmurs heard at this time. Her JVP seen to be somewhere between 4 to 5 cm above sternal angle which suggests a right heart dysfunction. Abdominal exam: Positive bowel sounds, soft. There is some distention also noticed on the abdomen, although it is not tender. Respiratory system: Auscultation revealed decreased breath sounds over the right lung base posteriorly. There is some +1 edema appreciated over the sacral area. Extremities: There is some edema over both legs but mostly it was noticed to be on the ankles and feet. Her edematous hands have gotten better since she has been on treatment here in hospital. No focal or neurological deficit noticed and the patient is alert and oriented.

**LABS:** Her labs are noticed to be as follows: Her EKG showed first degree AV block, left bundle branch block (old). INR is 5.4, PTT is 88, sodium is 134, potassium is 6.2 which is increased, chloride 96, urea is 47.6 and creatinine is 638. Hemoglobin is decreased 90 and WBC 5.9 and hematocrit is 0.268. Her troponin was negative

**TIMMINS AND DISTRICT HOSPITAL**  
 PATIENT: **JACQUES, JEANINNE**  
 DOB- AGE- SEX: **25/03/1938-69-F**

UNIT #: **HD00144356**  
 ACCOUNT #: **HA000728/09**  
 PT STATUS: **ADM IN**

Dictating Physician: **Dr. Mohammad Amir**

CONSULTATION REPORT

0.09. Her liver enzymes were normal. Her total protein count is 64 and albumin is 36. Her most recent x-ray showed a very small pleural effusion over the right lower part of the lung.

**ASSESSMENT AND PLAN:** This 69-year-old female needs close monitoring as she recently had hypotensive episodes but she was not intubated according to the will of the family. Our plan is to:

1. Carefully monitor her hydration to look for any fluid overload that would precipitate her congestive heart failure due to dilated cardiomyopathy and at the same time monitor her fluid intake, not to decrease considering her acute over chronic renal failure.
2. We are watching the patient's potassium and manage accordingly. We are also watching her ins and outs and then reassess her for dialysis after discussing that with her family.
3. In the meantime she will also require daily renal panels.
4. We will stop her metformin for now and also hold her ACE and ARB medication.

Dictated but not read

**AUTHENTICATED BY:**  
**Dr. Mohammad Amir RESIDENT DICTATING FOR:**  
**Malvinder S Parmar MB, MS, FRCP, FACP, FASN**

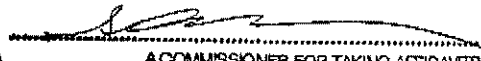
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DICTATED DATE: **21/07/08**  
 TRANSCRIBED DATE/TIME: **23/07/08 0751**

TRANSCRIPTIONIST: **BURAL01**  
 REPORT #: **2307-0022**

## Exhibit "D"

This is Exhibit "D" referred to in the  
affidavit of Linda Gosselin  
sworn before me, this 15th  
day of October 2008

  
A COMMISSIONER FOR TAKING AFFIDAVITS  
Stephen Beaudoin

## TIMMINS AND DISTRICT HOSPITAL

700 Ross Avenue East, Timmins, Ontario P4N 8P2 • (705)-267-2131

PATIENT: JACQUES, JEANINNE  
 DOB-AGE-SEX: 25/09/1938-88-F  
 REG CAT: AACC  
 PT LOCATION: HDCCU  
 ADM/SERV DATE-TIME: 20/07/08 - 2200

UNIT #: HD00144356  
 ACCOUNT #: HA000728/09  
 PT STATUS: ADM IN  
 HEALTH #: 2408837918-HG  
 DISCHARGE DATE:

## CONSULTATION REPORT

ATTENDING PHYSICIAN: DR. K. SHETTY, LOCUM INTERNAL MEDICINE  
 REFERRING PHYSICIAN: DR. N. NARINE  
 Date of Visit: JULY 21, 2008  
 Revised: July 22, 2008/pf

This 69 year old lady is seen on July 21<sup>st</sup> of July. She was admitted on the 20<sup>th</sup> July in the evening after being transferred from Smooth Rock Falls.

She lives with her son and daughter-in-law. She is an ex-smoker who does not consume alcohol and has no known allergies. She was feeling unwell for the last few days with a decreased appetite, lack of energy, and tiredness. Her fluid and food intake were also decreased after a recent discharge from the Smooth Rock Falls Hospital where she was admitted with myocardial infarction and cardiac failure. Since she felt unwell over the weekend past and also had a cough with productive sputum and right interscapular discomfort, she was taken to the local hospital where she was assessed and later transferred to Timmins and District Hospital where she was assessed by Dr. Nyan Narine and admitted to CCU. She looks miserable. She complains of pain in the right upper interscapular region. She is short of breath. She had decreased appetite. She complained of tiredness and decreased energy.

Her past history is significant with long-standing diabetes mellitus, hypertension, obesity, dyslipidemia, degenerative joint disease who had a knee replacement, bilateral pulmonary emboli, dilated cardiomyopathy with cardiac failure, DVT, chronic kidney disease, ischemic heart disease with a non-ST segmental myocardial infarction during June 2008, with a troponin I peaking to 15.41. Other than left knee replacement, she had a cholecystectomy and drainage of breast abscess.

Her recent and home medications are:

Amiodarone 200 mg  
 Bezalip SR 400 mg  
 Atacand 8 mg  
 Coreg 6.25 mg  
 Lasix 40 mg bid,  
 Ativan 1 mg bid  
 Metformin 500 mg bid  
 Pariet 20 mg  
 Altace 15 mg  
 Prednisone 60 mg  
 Warfarin  
 Ventolin, and  
 Symbicort inhaler  
 Nitro patch 0.4 mg

When examined, she is looking miserable. She is alert and oriented and moves all four limbs. Pulse was 90 per minute. Pedal pulses were not felt. Blood pressure was 90/50, on Dopamine. There was no edema. JVP could

**TIMMINS AND DISTRICT HOSPITAL**  
 PATIENT: **JACQUES, JEANINNE**  
 DOB-AGE-SEX: **25/08/1938-69-F**

UNIT #: **HD00144356**  
 ACCOUNT #: **HA000728/09**  
 PT STATUS: **ADM IN**

DICTATING PHYSICIAN: **Dr. Karun Shetty**

CONSULTATION REPORT

not be visualized. Heart sounds were distant. She had central cyanosis. Breath sounds were equal bilaterally, but decreased. There were scattered crackles at the posterior chest. There was occasional wheezing. Abdomen was obese, and soft, non-tender, no guarding or rigidity or hepatosplenomegaly. There was a scar of surgery. She was pale. Chest x-ray was of poor quality and showed cardiomegaly. ECG showed sinus rhythm with a first degree AV block, non-specific ST changes, and low voltage of all the standard leads and right bundle branch block pattern.

Blood work shows sodium 134, potassium 6.2, urea 47.8, creatinine 538, CK 304, troponin I 0.18. Her creatinine was 535 on the 20<sup>th</sup> of July and 159 on the 22<sup>nd</sup> of July. INR 2.7 today and was 5.4 yesterday. Hemoglobin was 90 grams. WBC count 5,900, platelet count 3,342.

This unfortunate lady with multiple medical problems had an acute on chronic kidney failure, which I think is due to hypotension and decreased intravascular volume for which she is already on IV fluids and Dopamine infusion, which we can continue. I will monitor her closely. Though she is afebrile, we cannot exclude sepsis as a cause of her hypotension, though loss of intravascular volume is most likely. Given the multiple medical problems and recurrent hospital visits recently, her prognosis remains poor. I had a discussion with her daughters regarding her condition.

Thank you for asking me to see this lady.

DICTATED BUT NOT READ

AUTHENTICATED BY:  
**Dr. Karun Shetty**

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DICATATED DATE: 21/07/08  
 TRANSCRIBED DATE/TIME: 21/07/08 2030

TRANSCRIPTIONIST: FRAPADZ  
 REPORT #: 2107-0121