

October 27, 1989

Mr. Bryan Davies,
Deputy Minister of Housing,
10th Floor 777 Bay Street,
Toronto, Ontario
M5G 2E5

Dear Mr. Davies:

The Office of the Chief Coroner is currently investigating the death of Mr. _____ of _____. This man had an eight year history of ill health characterized by a wide variety of symptoms. He consulted a number of practitioners, including a family physician, a chiropractor, a dentist and three physicians claiming special expertise in the field of clinical ecology. His diagnosis ranged from panic disorder, to temporal mandibular syndrome, to environmental hypersensitivity. Towards the end of his life he came to the conclusion that it was the latter of these disorders that was the cause of his problems.

Mr. _____ applied for a disability pension from Community and Social Services and the application began a process where he was asked to substantiate his claim with various medical reports. It is reported that the delays and difficulties he encountered in obtaining a pension caused him considerable stress. This plus increasing family tension over his diagnosis and other matters led him to become increasingly more depressed. Ultimately, he committed suicide by means of a gunshot wound to the head. The reasons for his suicide are obviously very complex but there seems little doubt that the frustrations and problems encountered concerning his environmental hypersensitivity contributed to his ultimate demise.

Following this man's death my office has reviewed the report of the Ad Hoc Committee on Environmental Hypersensitivity Disorders, the Report of the Advisory Panel on Environmental Hypersensitivity and the Minister of Health's

announcement into the research project in environmental hypersensitivity. In addition, there have been conversations with persons in the Ministry of Health concerning this disease entity.

The Advisory Panel's suggestion of properly studying this issue and establishing whether or not there is a scientific basis to this cluster of symptoms, seems to be a valid approach. The study announced by the Minister, therefore, seems to embark upon this road. My reading of the Advisory report, however, suggests that the other important component to the recommendations is the issue of what to do to aid these people while decisions are being made as to the scientific basis of their illness. Clearly these people are suffering and tradition in this province dictates that they are treated in a compassionate and caring manner. The Advisory Panel seems to suggest that a lay committee be established to help establish policy concerning what to do with these patients in the interim and assess potential admission to treatment facilities such as might be found in the United States. It is my understanding that to date no decision has been made as to whether or not this model will be followed. I am not suggesting that this model must or should necessarily be followed but it would seem to me that the Ministries involved need to establish some clear guidelines as to what they are prepared to provide in the way of services and benefits to the people affected by these disorders. Once such a set of guidelines is established the rules could be distributed to health care professionals throughout the province and all parties would have a clear idea of what services are available and how to go about securing them. At present there does not seem to be a clear understanding on the part of many practitioners as to what direction the province is taking in regard to this difficult issue.

I am writing to the Deputy Ministers of Health, Community and Social Services and Housing with the hope that these and any other ministries that might be concerned with this issue will begin a consultative process and help to establish some guidelines.

Thank you for your consideration of this matter.

Sincerely,

Ross C. Bennett, M.D.
Chief Coroner for Ontario

RCB/yh