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Eastern Health: A case study on the need for public trust in health care communications

Heather Pullen*

Hamilton Health Sciences, Hamilton (Canada)

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ABSTRACT

The reputation of a large health care organization in Canada's easternmost province, Newfoundland/Labrador, was shaken by a three-year controversy surrounding decisions made by leaders of the organization not to disclose that errors had been made in one of its laboratories. For breast cancer patients, the presence or absence of hormone receptors in tissue samples is vital since it often changes the choice of treatment — a choice that can have life-or-death implications. Although Eastern Health learned of its errors in May 2005, it was not until five months later, when media broke the story, that the organization started informing patients. In May 2007, court documents revealed that 42 percent of the test results were wrong and, in the interim, 108 of the affected patients had died. This case study reviews the impact on Eastern Health's reputation and highlights the communication issues raised by the organization's reluctance to release information.

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Between 1997 and 2005, 383 women in Newfoundland/Labrador may not have received appropriate treatment for their breast cancer. At least 108 of them passed away by March 2008, when public hearings into the controversy began.

These women were failed by a health care organization that did not provide modern, accurate laboratory testing. This testing should have found that their tumours were being "fed" by hormones — an indication that would have made them candidates for anti-hormone drugs that may have slowed down the progression of their disease, and perhaps saved their lives. Instead their hormone receptor tests came back negative and other, possibly less effective, treatment options were chosen.

The laboratory errors were made by the Eastern Regional Health Authority (also known as Eastern Health), which is the largest regional health authority in

Newfoundland/Labrador, serving a population of 290,000. External audits of the Eastern Health laboratory conducted as early as 2003 identified that it was not up to standard, and training and quality control were serious issues. Despite these troubling findings, it was not until 2005 when a patient's husband requested that his wife's tissue sample be tested a second time that the scope of the problem was discovered. Eastern Health decided to retest 1,013 patient samples and more than one third of those came back as positive for hormone receptors, when previously they came back as negative.

What turned this track record of errors into a crisis was Eastern Health's decision not to go public about its mistakes. Instead, they decided to inform patients one at a time, as individual results became available. As word spread, however, patients and their loved ones started pressing for more information and media picked up the story. A swirl of controversy followed as Eastern Health responded to accusations that it failed to release information in order to protect its reputation. In 2007, the provincial government appointed a Commission of Inquiry on Hormone Receptor Testing. That Commission, led by Justice Margaret A. Cameron reported its findings in 2009.

Background

Newfoundland/Labrador together form one of Canada's ten provinces. A former British colony, they were the last province to join Canada, voting to do so in 1949. Despite the geography and distance that separate Newfoundland/Labrador from the rest of the country, its 500,000 citizens benefit from the same governmental commitment to universal health care that is fundamental across Canada. That commitment is to prepaid coverage for medically necessary health care services for all citizens.

The institution that is the topic of this case study, Eastern Health, is the largest regional health authority in Newfoundland/Labrador providing care to a population of 290,000 in thirty communities. Eastern Health is also the province-wide referral centre for advanced health services.

Eastern Health was formed on April 1, 2005 with the merger of seven health organizations. It employs 12,000 people who work at more than eighty hospitals, health care centres, long-term care facilities and community care sites. Eastern Health's major facilities include seven acute care hospitals and the Dr. H. Bliss Murphy Cancer Centre.

Financial challenges may have contributed to the circumstances that this case study is examining. In 2005, with a significant debt on its books, the Newfoundland/Labrador government introduced a number of efficiency initiatives including reducing the number of health authorities from fourteen to four. Consequently, in its early days, Eastern Health faced two big challenges: imple-

menting the merger successfully, and meeting government targets for cost savings.

Methodology

The period of time covered by this case study is from June 2003 when a pathologist first raised concerns about the quality of Eastern Health's hormone receptor testing, to March/April 2008, the initial stage of the Commission of Inquiry's hearings. During those years, the crisis went through several stages including¹:

- Retesting of some tissue samples and notification of some affected patients (2005);
- The filing of a class action suit against Eastern Health and the organization's attempt to re-establish the reputation of its laboratory services (2006);
- Revelation through court documents that more patients were affected than Eastern Health first reported – followed by establishment of the Commission of Inquiry (2007);
- Testimony before the Commission of Inquiry (2008).

Primary research sources for this case study were: proceedings and other documents of the Commission of Inquiry, media coverage, and an interview with the president of the Newfoundland/Labrador chapter of the Canadian Public Relations Society.

Analysis of stakeholder response

Patients and families

Before this crisis began, Eastern Health had a strong reputation, and despite negative publicity from the lack of disclosure chronicled in this case study, patients and families remained loyal. A number of patients who went public with their stories talked about how grateful they were to their caregivers at Eastern Health. For example, Dr. Robert Deane, whose wife Peggy passed away in August 2005 after losing her battle with breast cancer, voiced his support of Eastern Health staff: "I know they're understaffed, underpaid, overworked, under

¹ Details in Appendix 1.

appreciated and I hope Eastern Health doesn't dump them" (Newfoundland and Labrador, 2008, March 25). Gerry Rogers, another patient, spoke at the Inquiry about the responsiveness of her oncologist, Dr. Kara Laing, prior to October 2005: "Dr. Laing has always been totally accessible to me and has just given me such wonderful care and has always been open to answer any of my questions or queries" (Newfoundland and Labrador, 2008, March 25).

Eastern Health employees

Employees of Eastern Health represent another group of important stakeholders in this case study. A review of the organization's reaction begins with the revelation in 2003 that the laboratory was not working up to standard. The fact that laboratory staff did not share this with the organization's administrative leaders is surprising. An important operational issue such as this one – which also had capital implications because new equipment was needed – would typically be raised at a senior level. Because it wasn't, one must question the degree to which the staff members involved are committed to a corporate culture of openness and accountability, where corporate culture is defined by Schein (as cited by Leavitt, 1989) as:

[...] the pattern of basic assumptions that a given group has invented, discovered or developed in learning to cope with its problems of external adaptation and internal integration – a pattern of assumptions that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (p. 278).

We can infer from the failure of laboratory leaders to share the shortcomings of their facility with Eastern Health leaders that the organization's culture did not value openness and accountability. Without a reliable and well-entrenched blame-free culture, patient safety priorities are unlikely to be met. Staff and physicians need to feel that they can come forward to identify safety issues without the risk of discipline and with confidence that steps will be taken to address the issue. At Eastern Health, this lack of an open and accountable culture not only undermined patient safety - it put the organization's reputation as a caring institution at risk. As Cravens and Goad Oliver (2006) point out, "employees are not only central to the creation of corporate reputation, they are essential in preventing a reduction in or loss of reputation" (p. 295).

Eastern Health senior leaders

Amongst all the stakeholders, the senior leaders at Eastern Health held the most accountability. They had many opportunities to make choices that could have mitigated the crisis but instead they repeatedly wavered as they received different advice. For example, on July 20, 2005, the president and CEO of Eastern Health, George Tilley, sent an email to Eastern Health's Board Chair Joan Dawe. Tilley said, "I have been in touch with the Minister [of Health], who is edging us to go public asap [as soon as possible]. No doubt about the need to do that, but not until I know the size and shape of it" (Newfoundland and Labrador, 2008, March 26). Later, Eastern Health's insurance lawyer, Daniel M. Boone, was consulted on the advisability of sending letters to all the patients whose samples were being re-tested. In an email, he suggested that only the affected patients be notified, and only by telephone.

There is a possibility that we could be sued in a class action by those people who receive this proposed correspondence whose test results do not change. Otherwise these people would not have a cause of action, so sending the letter actually exposes us to a liability which does not now exist (Newfoundland and Labrador, 2008, March 25).

Although minimizing legal liability was apparently Boone's priority, the director of medical oncology at Eastern Health, Dr. Kara Laing, was amongst those who were concerned that patients would be unnecessarily alarmed by news of the re-testing. "The reason why we haven't gone public with this is we don't have all the answers," Laing tells the *Independent News*. "The last thing that you want to do or we want to do is to make people afraid ... is to cause some sort of mass hysteria" (Gosse, 2005). Susan Bonnell, then director of strategic communications at Eastern Health, provided this explanation of the organization's approach to disclosure:

This situation is a complicated one, but we have always acted in what we determined to be the best interest of our patients. In the early days of this discovery, the situation and our understanding of what we were dealing with changed daily. Initially we had no specific information to disclose, only that there appeared to be an issue. We made a determination to wait until we had something specific to tell the public (Newfoundland and Labrador, 2008, March 25).

From the beginning then, three concerns appear to have driven Eastern Health's reluctance to share information about the potential scope of the situation. First were the interests of politicians and the government. They did not want controversy associated with the province's biggest health care institution.

Second was the typical legal response from Eastern Health's lawyer which focused on limiting liability by not going too far in admitting to errors or accepting responsibility. And third was the concern of caregivers (physicians in particular) that a broad-ranging release of information would alarm patients unnecessarily; all patients, not just those whose tissue samples were being retested, would hear a media release. Ideally the physicians would like to have told only those patients whose test results changed after retesting, a small subset of the total number of patients who were undergoing treatment.

From the perspective of litigation risk, not all Eastern Health leaders agreed with the advice they received from legal counsel during this crisis. In fact, William Boyd, a member of Eastern Health's Board of Trustees and a lawyer by profession, said in a 2007 email to Tilley:

He [the Minister of Health for Newfoundland/Labrador responding to media questioning] must say more than that Eastern Health was advised by its lawyers to not disclose information. That sounds very bad and makes it appear that we did deliberately mislead. We must respond in my view, to the allegations that we misled the media and the public in our previous disclosures; I think we can do so without prejudicing the legal case for the defense (Newfoundland and Labrador, 2008, March 26).

Public and media

Public reaction to Eastern Health's decision not to reveal details for legal reasons generated some highly emotional response. One example is this posting by an internet commenter named Bruce Starkes on CBC News' (a national Canadian broadcaster) website on March 28, 2008:

Afraid of litigation when you "know" there is a major problem is nothing short of criminal. It's comparable to leaving the scene of an accident knowing full well that [the] injured person or persons just might die because of your actions ("Knocks against cancer", 2008).

From the perspective of protecting patients from undue alarm, Eastern Health caregivers appear to have been motivated by compassion in their decision to release information sparingly. Not all patients agreed with that choice however. Speaking at a separate symposium hosted by the Commission of Inquiry, patient Gerry Rogers made a plea for openness. "Eastern Health, please get out there and talk to us and assure us that we're going to get through this and it's going to be okay" (Newfoundland and Labrador, 2008, April 23).

When criticism of Eastern Health's lack of disclosure arose at different times during this crisis, the organization's response was defensive and reactive. For

example, it was not until October 2005, after media drew attention to the testing failure, that Eastern Health began the process of notifying all the affected patients. Likewise, it was not until court documents released in May 2007 revealed the full scope of the testing failure that Eastern Health admitted the numbers they previously released told only part of the story.

Eastern Health's defensive posture is even more evident in the organization's own documents that were made public during the Commission of Inquiry. Some of the most contentious comments were made by lead communicator Bonnell in an email she sent to Tilley and others on May 16, 2007:

Our credibility as an organization and our ability to provide quality care are being maligned. When you don't speak, the story continues - with or without you - and the media look for less credible spokespeople who will speak to them. Hence Peter Dawe [director of the Newfoundland/Labrador chapter of the Canadian Cancer Society], Gerry Rogers [patient], Ches Crosbie [class action lawyer] ... Two things happen when you don't stand up to bad press: (1) the public automatically assumes that there is a good reason why you are being quiet and there must be something to the allegations; and (2) just like the school yard bullies, an individual with an axe to grind feels uninhibited and will keep digging and digging. Moreover, a gang-mentality develops. I already see this amongst the press themselves who [are] automatically assuming that the organization is lying to hide the true facts. "If they don't defend themselves then they must be a pack of liars." (Newfoundland and Labrador 2008, March 25)

The release of this email generated a wave of negative media coverage and, in her testimony before the Commission of Inquiry, Bonnell admitted she wrote it in anger and frustration. She also said that Eastern Health had not worked hard enough to earn the public's trust. The Cancer Society representative, Peter Dawe, responded to Bonnell's characterization of him as a bully by telling media, "My fear all along was that this was indicative of a little deeper cultural issues within Eastern Health" ("Knocks against cancer", 2008). Media also identified the corporate attitude of Eastern Health as a core issue. "Right from the early days, ... a culture of secrecy took over at Eastern Health" (Adhopia, 2008, para. 16).

The issue of trust

"My trust is gone," said Rosalind Jardine, one of the surviving patients at the Commission of Inquiry (Newfoundland and Labrador, 2008, March 24). Trust is more than a key issue in health care; it's the foundation upon which relationships between patients and caregivers are built.

According to Fombrun and Van Reil (2004), if consumers like, trust, and admire a company, they feel it has high emotional appeal and a strong reputation. Other scholars such as Cravens, Goad Oliver and Ramamoorti (2003) agree that organizational culture, including ethics and integrity, is an important dimension of reputation. They recommend:

Aside from creating a culture that is receptive to an internal evaluation and external disclosure of reputation, the evaluative process should involve specific attention to the ethical climate of the organization. Ethical violations have the potential to create significant negative reactions from all stakeholder groups (p. 208).

Fearn-Banks (2011) apply Grunig's (1992) "Excellence Theory" to crisis communications and identify strategies and techniques common to excellent responses to crisis. Two of those strategies have particular relevance to this case study: the use of two-way symmetrical crisis communications procedures and maintaining the reputation of having an "open and honest" policy with stakeholders including the media. Ulmer, Sellnow and Seeger (2011) reinforce this in their summary of ten lessons on managing crisis uncertainty. Lesson four is "Crisis communicators must communicate early and often following a crisis, regardless of whether they have critical information about the crisis" (p. 30). As chronicled in this case study, Eastern Health's crisis communication was neither two-way symmetrical, nor open and honest. The organization was also not forthcoming when it came to providing stakeholders with information.

People in Newfoundland/Labrador and across Canada followed this crisis and its ethical implications closely through extensive media coverage and the public proceedings of the Commission of Inquiry. The impact on Eastern Health's reputation is undoubtedly negative. Much of the patients' testimony at the Inquiry was highly critical. The most outspoken was Gerry Rogers, a patient who was given false information by her doctor that her first hormone receptor test results were negative. At the Inquiry she said, "They [Eastern Health] caused fear. They caused confusion. They caused mistrust" (Newfoundland and Labrador, 2008, March 25). In the local newspaper she said, "They should have [told us] immediately and explained what they did and didn't know, because we're not children. We're health care consumers, and this is a system that we all own" (Curties, 2006).

It is predictable and understandable that the people of Newfoundland/Labrador may now distrust Eastern Health and perhaps the public health system in their province as well.

Interpretation of issues/lessons learned

At many steps along the way, Eastern Health could have alleviated public concerns about this situation by being more transparent and providing information to patients, the public and the media. The choices Eastern Health made are now perceived by many stakeholders as deceptive. The organization appeared to have put its own legal liability ahead of the rights of its patients to know that errors had been made. While this lack of transparency was motivated in part by Eastern Health's desire to protect unaffected patients from being unnecessarily alarmed, the end result has been disastrous. The reputations of both the organization and its staff have been damaged, and relationships between caregivers and patients have been undermined.

Effective response to affected stakeholders

Eastern Health was handicapped throughout this crisis because of its own apparent inability to implement an effective strategy to contact all the potentially affected patients. During the two years after the testing failures became public, different patients or families of patients repeatedly stepped forward to say they were somehow missed during Eastern Health's notification process, or had yet to receive information on the results of their re-test.

This creates an impression that the organization is not competent or worse, not committed to handling patient information responsibly. Neef (2003) believes that knowledge management (in this case, the management of patient files) should be an important area of focus for organizations that want to protect their integrity. This apparent lack of organized and effective record keeping is also an indication that Eastern Health was not prepared for a crisis like this one. Errors and the need to disclose errors is a predictable scenario for any health care organization – Eastern Health should have had a policy and a plan on how to manage the situation.

Organizational focus on accountability and communication

As Fombrun and Van Riel (2004) maintain, "reputation management really means risk management" (p. 222). Risk management is critical to the protection and promotion of public health and it relies upon open, effective lines of communication. When Eastern Health laboratory leaders decided not to inform hospital administrators that there were serious problems in its lab, the administrators were unable to facilitate the changes necessary to correct those problems.

As well, the administrators could not anticipate the potential risks to the organization's reputation nor the loss of stakeholder support that could result.

Consensus among leaders, with one in charge

In his testimony before the Commission of Inquiry, Eastern Health CEO George Tilley shed some light on the leadership challenges faced by his organization. He commented on the series of meetings and discussions that took place during the summer of 2005. Many staff leaders offered opinions on whether the organization should inform all patients immediately or wait until retest results were back to tell them. He described one heated meeting in August involving administrators, oncologists, laboratory leaders and communications:

Here I was a CEO of one of the largest health organizations in the country ... facing a major clinical issue and involved in a situation where ... there was a discussion going on and on ... back and forth. ... I remembered saying or having to say, "The patient has got to be our focus here, not ourselves" (Newfoundland and Labrador, 2008, April 15).

Tilley went on to testify that the decision was made to wait until the retest results were available to notify patients. He said he was disappointed that, when media broke the story in early October, the results weren't back yet. The organization only then began the notification process. Clearly, Eastern Health's hesitation to take control of the situation by at least initiating disclosure between May and October 2005, contributed to the escalation of the crisis.

Another witness at the Commission of Inquiry also recalled an incident in November 2006 that illustrates the lack of consensus, at the most senior level, on what to do. Former Health Minister Tom Osborne described a shouting match between Eastern Health's chief of oncology, Dr. Kara Laing, and senior health department advisor, Darrell Hynes, over disclosure to families of deceased patients. "Voices were raised. There was quite a bit of shouting back and forth ..." (Newfoundland and Labrador, 2008, April 10).

A single, strong spokesperson

With leaders in disagreement, it is not surprising that Eastern Health failed to follow one of the most important best practices in crisis communications — use a strong, credible spokesperson to carry the message and be accountable for the handling of the crisis.

... leaders must be actively engaged during a crisis. They should be visible and accessible to the media. They should be responsive to the needs of the victims. They should be actively engaged in the response. This communication helps to increase the impression that the crisis is being actively managed and reduces the impression that the company has something to hide (Ulmer, Sellnow, & Seeger, 2011, p. 65).

A revolving cast of spokespeople represented Eastern Health with varying degrees of effectiveness. They included the Board Chair, the CEO, physicians, and communications staff. At times they were forthcoming and candid but often, their remarks were guarded and the information they provided was incomplete. For most of one year, the organization did not comment on the issue at all because litigation had begun and they were advised that they would add to the organization's liability by talking more about the issue. Other leaders who have handled similarly severe crises have not demonstrated this kind of deference to legal advice. For example, the President and CEO of Maple Leaf Foods, Michael McCain, has been widely praised for setting aside legal and financial considerations when responding to an outbreak of listeria in one of his company's production plants. Twenty-two people died after consuming contaminated food products.

... Maple Leaf has managed to mitigate what could have been a fatal crisis for the company. Chief executive officer Michael McCain has received much of the credit, with observers lauding him for making a quick public apology following a recall of Maple Leaf products found to be tainted with the listeria bacteria. The deft response, which involved throwing away the predictable legal advice to avoid making public comments acknowledging responsibility for the outbreak, led editors and broadcasters surveyed by The Canadian Press to vote him the 2008 business newsmaker of the year (Kauth, 2009, para. 7).

The failure of Eastern Health to present and support a single spokesperson with the credibility and authority to address public concerns made this crisis worse. Fombrun and Van Riel (2004) posit that, "A favorable impression of a CEO enables people to put a face on the faceless and create meaning out of uncertainty" (p. 235).

Effective communication leadership needed for positive media relations

For the public relations profession, this case study highlights the necessity of having a respected and influential senior communicator at the decision-making

table. It appears that the senior communication person at Eastern Health was highly ineffective.

Public relations should be actively involved (not only having a seat at the decision-making table, but a voice as well) in the decision-making process relating to investigations and potential crises. Excellent public relations can influence the reputation of the organization by recommending actions the company should take. Those actions should include, be open, be honest, be responsive, be reliable, "do the right thing," (Hagan, 2007, p. 420).

The initial delay, and then the ongoing inconsistencies in disclosure, infuriated some patients and caused anxiety in others. In addition, Eastern Health's reluctance to go public attracted extensive media coverage. Journalists used investigative techniques and competed enthusiastically to report the latest developments. Regular updates from Eastern Health, even when there was little "new" to say, would have salvaged at least some of the organization's good reputation by demonstrating accountability to the patients and reliability to the reporters.

With both the public and the media, Eastern Health took an approach that was almost always adversarial. The former director of strategic communication's characterization of a patient, the Cancer Care Society representative and a class action lawyer as "school yard bullies" was reported by media across the country. Patient after patient who appeared at the Commission of Inquiry also said that they were not informed about the status of their test results or that they endured long delays before finding out if their retest was positive or negative. Eastern Health's behavior with the media was no better. For example, internal Eastern Health memos revealed that the organization purposely held off responding to a reporter's inquiries hoping that, by delaying, the reporter would lose interest and the story would die before the provincial legislature reconvened the following week. Tactics like that contributed to suggestions by the media that Eastern Health had a "culture of secrecy".

Dr. Stephen Ward, a professor of journalism at the University of British Columbia, was one of the presenters at the Commission of Inquiry's special symposium in April 2008. He talked about the relationship between journalists and public relations professionals and how it can go wrong if the public relations practitioners are not honest and accurate in their dealings with the media:

They're [public relations professionals] supposedly there to help you, and they can help their people communicate effectively, and there is absolutely nothing wrong with that. What's wrong is where it becomes strategic communications to hide, deceive, manipulate, minimize whatever, and that's where, in fact, our role as journalists is to push back and try to pick apart (Newfoundland and Labrador, 2008, April 23).

Need to “do the right” thing and do it quickly

Observers followed the inquiry with great interest — observers like Patricia Parsons, a professor of public relations at Mount St. Vincent University in Halifax, Nova Scotia. Parsons has written extensively on ethics in public relations and points out two fundamental dilemmas in this case: does the public’s right to know supersede the health care system’s standard practice of informing patients first? when is it right to tell a patient about a potential problem, knowing that they may not be affected and could become anxious for nothing?

“If we go back to the very beginning and the first memos that media refer to (July 2005, when government became aware of the problem), it looks to me that ... originally the recommendation had been that the patients be contacted individually,” says Parsons. “And quite honestly, I couldn’t argue with that. I think from the perspective of who needs to know? Who is the vulnerable public? It’s the patients ... it’s a medical issue, a doctor-patient issue at that stage ... the first pillar of ethics is ‘first, do no harm,’ and the harm that could have come from this being in the media before individual patients that may have been affected found out about it is problematic. This is where the public’s right to know versus the individual’s right to know becomes a problem” (Porter, 2008).

We can infer from testimony at the inquiry, and Eastern Health’s failure to demonstrate integrity by responding in a timely way, that the organization’s senior team did not resolve the dilemma Parsons describes. It is a dilemma that arises relatively often in health care, and effective leaders should be prepared to quickly weigh all the variables and build consensus on an appropriate response. A typical response is an expression of regret, or an apology.

On October 28, 2008, (three years after the crisis arose) the Premier of Newfoundland/Labrador, Danny Williams, appeared before the Commission of Inquiry and apologized on behalf of the provincial government.

I want to apologize to the patients and to their loved ones and to their families for what has happened here ... If ... we’ve hurt these people in some way, that they’ve suffered, then I can certainly assure them that it was not deliberate, that there was no intention to harm anybody under any circumstances (Newfoundland and Labrador, 2008, October 28).

This apology was well received according to Sean Kelly, a 20-year public relations practitioner who is president of the Newfoundland/Labrador Canadian Public Relations Society. He was the lead author of a submission made to the Commission of Inquiry by the Newfoundland/Labrador chapter of the Canadi-

an Public Relations Society (2008).

It appears that the apology everyone was waiting for finally came. It came from the right person and with a degree of sincerity that was satisfactory to those involved. Letters and off the cuff remarks won't cut it. It was the right thing to do and he will probably reiterate those sentiments after the inquiry report is released and government responds (S. Kelly, personal communication, 2008, October 29).

By 2008, the Newfoundland/Labrador government was looking ahead to strategies designed to rebuild public trust in Eastern Health and the Health Ministry. In July of that year, Kelly was consulted by a senior government official about the idea of Eastern Health and the government mounting an advertising campaign. Kelly advised against it. "What's really at question is their competence, integrity and reputation. There is no poster, brochure, pamphlet or website in the world that is going to restore that until they have addressed the problems in the corporation's management systems" (S. Kelly, personal communication, 2008, September 11).

Conclusions and limitations

This case study chronicles a cascading series of errors in judgment and leadership that took place over more than three years. At any time, Eastern Health might have been able to turn the tide of public opinion by providing stakeholders – especially the affected patients – with the information and support they needed in order to believe that the organization was really putting patients' needs first. At no time did a single, strong spokesperson emerge from Eastern Health to provide all available information on the issue.

Instead, a revolving cast of spokespeople released details only when precipitated by media coverage and legal investigations. Public messaging by Eastern Health was primarily reactive and on the one significant occasion when they were proactive in December, 2006, they told only part of the story. Not surprisingly, in her final report, Justice Margaret Cameron was sharply critical of how Eastern Health communicated with its patients, the public and the government ("Lab mistakes", 2009).

The lead communicator at Eastern Health (a former journalist for whom this was her first position in public relations) appeared to be ineffective during this crisis. She was moved to an internal communications role in early 2009 and replaced as lead communicator by another former journalist who was, in turn, let go six months later, following a new revelation that 38 more patients were impacted by errors in hormone receptor testing. That revelation came in the form a

news release issued late on a Friday afternoon and Eastern Health once again found itself the target of bitter public criticism.

It's perhaps appropriate that an educator in Newfoundland/Labrador be given the final word in this case study. Erwin Warkentin, who coordinates communication studies at Memorial University in St. John's, had some wise counsel for Eastern Health:

Warkentin said the best advice he can offer to Eastern Health is what he learned from his own mother. "It's going to be a lot easier on you if you tell me now, and please don't tell me any lies, because it's going to be much worse if I catch you in those lies later on," Warkentin said ("Be upfront", 2009, paras. 7 & 8).

The simplicity and veracity of this observation is profound considering Eastern Health's challenging experience with this issue. Disclosing the errors, as soon and as openly as possible, could have preserved the organization from what has obviously been a difficult reputational struggle.

This case study was limited in that it was based only on secondary sources, i.e. media stories, proceedings from the Commission of Inquiry, and one interview with a Newfoundland/Labrador public relations profession leader. It does however demonstrate how a retrospective, arms-length review can generate valuable lessons for the public relations profession and the health care sector. An earlier version of this paper was recognized by the Arthur W. Page Society and the Institute for Public Relations as the Grand Prize Winner in its 2009 international case study competition.

Appendix 1

June 2003 - A pathologist who was overseeing Eastern Health's histochemistry laboratory sent an internal memorandum to Eastern Health's Director of Laboratory Medicine raising his concerns about the quality of Eastern Health's hormone receptor testing. In an email that was entered into evidence at the Commission of Inquiry, George Tilley, former CEO of Eastern Health, said that, at the time, the organization's administration was not informed of the pathologist's concerns (Newfoundland and Labrador, 2008, March 26).

May 2005 - The results of a test conducted in 2002 were questioned and a patient's tissue was retested using new equipment. The result went from negative to positive. Five more patients who previously tested negative also converted to positive.

June 2005 - Eastern Health decided to re-test all negative results from 2002.

Early July 2005 - Eastern Health decided to re-test all negatives results from 1997.

Late July 2005 - Eastern Health suspended the re-testing in its own laboratory, and started sending negative tissue samples (that were initially tested from 1997 to 2005) to Mount Sinai Hospital in Toronto, Ontario for re-testing.

Early October 2005 - First set of test results arrived from Mount Sinai. Eastern Health began the process of contacting patients by telephone, one by one, to inform them of their new results.

October 2, 2005 - "The Independent News", a newspaper in St. John's, Newfoundland, broke the story and other local and national media followed. Eastern Health's main spokesperson was Dr. Kara Laing, Director of Medical Oncology. Dr. Laing said that patients were being contacted individually as results became available.

Because results are still incoming, Laing says it's impossible to predict how many patients may be affected, although she suggests the number will be relatively small. ... "We're not trying to cover up anything here; we're trying to take care of patients and we're doing that and continue to do that. I don't think a statement that this is something that has negatively impacted on breast cancer patients as whole group can be said at all ... I think that's false (Gosse, 2005).

October 20, 2005 - According to Eastern Health, their patient relations representatives telephoned all patients whose specimens were being sent away for re-testing (*Commission of Inquiry on Hormone Receptor Testing*, 2008, March 26).

October 2005 - Eastern Health purchased advertising to inform the public of the re-testing and continued to field phone calls from concerned patients and families.

February 2006 - The last laboratory results were received by Eastern Health from Mount Sinai. Eastern Health said that it made a "concentrated effort" to review all cases and conduct all patient disclosures and consultations by October 2006 (*Commission of Inquiry on Hormone Receptor Testing*, 2008, March 26).

October 13, 2006 - A class action suit against Eastern Health was launched.

June to November 2006 - Eastern Health conducted a quality review of the laboratory under the direction of a new Chief Pathologist and a new Vice-

President, Medical Services.

December 11, 2006 - For the first time in almost a year, Eastern Health representatives spoke with the media. The organization hosted a Media Technical Briefing during which they reviewed what happened, and the changes Eastern Health had made as a result. Media were offered an opportunity to tour, photograph and videotape the histochemistry laboratory and its new equipment. In the accompanying news release, Eastern Health's new Vice-President of Medical Services, Dr. Oscar Howell, said that 939 specimens that tested negative in Eastern Health's laboratory were sent to Mount Sinai for retesting. "In the majority of cases, the patient's treatment was confirmed appropriate. However 117 had been identified as requiring treatment changes" (*Commission of Inquiry on Hormone Receptor Testing*, 2008, March 26). Howell did not say what the conversion rate was (specimens that changed from negative to positive), nor did he say how many patients received the wrong treatment and died, or how many would not be able to receive anti-hormone drugs (that could have increased their chances of survival) because it was too late for them.

May 14, 2007 - Court documents revealed that 42 percent of the test results, involving 317 patients, were wrong. Heated discussion and debate about Eastern Health's lack of disclosure and its error rate followed, in both the media and the House of Assembly, Newfoundland/Labrador's provincial legislature. The health of women should have come before any potential lawsuit, said one of the opposition party leaders, Lorraine Michael. "I think it's immoral. I think it's unethical. Certainly, my confidence in the system is shaken by it. If I were a woman dealing with breast cancer, I think I would not want to deal with our system here in Newfoundland and Labrador" (Newfoundland and Labrador, 2008, March 26).

May 18, 2007 - After initially declining to comment on the controversy because it was before the courts, Eastern Health held a news conference during which CEO George Tilley apologized for the confusion that was caused by his organization's actions. He expressed regret for not acknowledging in December's briefing the 317 who had a change in test their test result (*Commission of Inquiry on Hormone Receptor Testing*, 2008, March 26).

"It's great to be a Monday-morning quarterback now," he [Tilley] said, "but I confess to you that we didn't (provide full detail). And I apologize for that." (Bartlett, 2007).

July 3, 2007 - The Commission of Inquiry on Hormone Receptor Testing was established by the Government of Newfoundland/Labrador under the *Public*

Inquiries Act, 2006. The Honorable Margaret A. Cameron was appointed Commissioner.

July 9, 2007 - The Board of Trustees of Eastern Health accepted the resignation of CEO George Tilley.

March 19, 2008 - The Commission of Inquiry began its hearings.

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