

## **EXPOSING MEDICAL MALPRACTICE BY UTILIZING DATA SCIENCE METHODOLOGIES: THE CASE OF THE TRAGIC DEATH OF ATTORNEY AT LAW, DR. MIGEN DIBRA**

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### **ABSTRACT**

All medical malpractice revolves around collecting and analyzing data. That data can be in the form of SOAP Notes, scans, x-rays, lab reports, pharmacy records, FDA/Federal drug information, pharmaceutical company interviews, hospital records, toxicology information, legal requirements, medical standards and, of course, in the case of a death the autopsy.

All these pieces of data need to be scientifically analyzed to determine exactly what happened and when. What was done and what should have been examined, treated and known. It is a basic right to know when a case has been professionally treated or malpractice occurred, and in a rare case such as Dr. Migen Dibra, PhD in law (hereafter referred to as “Dr. Migen Dibra”), when evidence of murder is present. This publication presents how data science can solve complicated issues like medical malpractice and murder in a domain that seems very difficult with other means. Each data science method and means has been accompanied with what happened in the case of the death of the Attorney at Law, Dr. Migen Dibra at the Oncology Department of JGH Public Hospital in Montreal, QC, Canada.

### **INTRODUCTION**

World Health Organization (WHO) 2019 study [1] provides official statistics that show an alarming level of risk that patients incur while they are administered and treated in hospitals

That risk is much higher than any other risks humans face while doing other activities in life. WHO makes the following significant disparity:

- There is a 1 in a million chance of a person being harmed while travelling by plane, in comparison, there is a 1 in 300 chance of a patient being harmed during health care of any kind. Also, industries with a perceived higher risk such as the aviation and nuclear industries have a much better safety record than health care.[1]

- It is estimated that there are 421 million hospitalizations in the world annually, and approximately 42.7 million adverse events occur in patients during these hospitalizations.[1]
- “Estimates show that in high income countries (HIC) as many as 1 in 10 patients is harmed while receiving hospital care.”[1]
- “In a study on frequency and preventability of adverse events across 26 low- and middle-income countries (LMIC), the rate of adverse events was around 8%, of which 83% could have been prevented and **30% led to death.**”[1]

In other words, about 1 out every 33 patients admitted into hospitals in high income countries each year are harmed during their stay and as a direct consequence die. Who estimates 50% of the cases where people were harmed was preventable. These are both astonishing and terrifying statistics!

This study also states outright that hospital malpractice causing “patient harm is the 14th leading cause of morbidity and mortality across the world.”[1]

WHO also indirectly infer that the more health care you can afford the worse your treatment. “Estimates show that in high income countries (HIC) as many as 1 in 10 patients (10%) is harmed while receiving hospital care”[1], which is higher than the “low- and middle-income countries (LMIC), the rate of adverse events was around 8%”[1].

A serious case of this malpractice and murder is the case of Attorney at Law, Dr. Migen Dibra pictured here in Figure 1, who died in JGH hospital in Montreal, QC, Canada, in February of 2024 after first receiving treatments that we believe to have been malpractice and later, based on evidence, we believe was clearly culpable homicide.

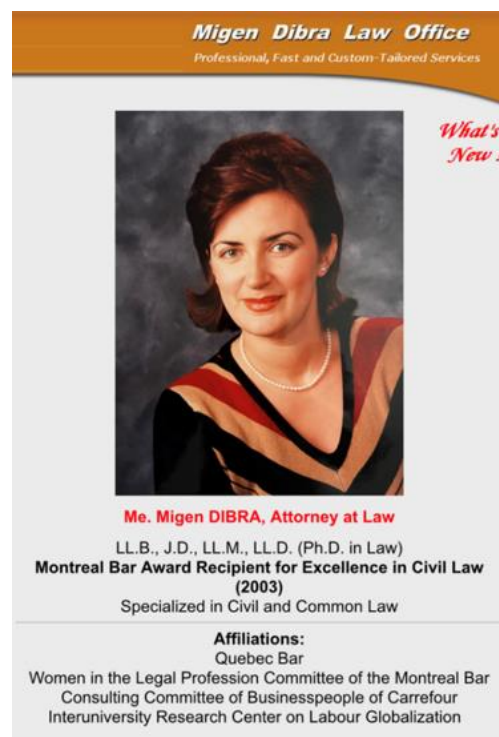


Figure 1: Attorney at law, Dr. Migen Dibra

In this paper all important data science aspects and methods in evaluating the records of the medical treatment and methodologies for uncovering malpractice will be presented and analyzed. The analysis will be illustrated with aspects of the concrete work done on the case of the homicide of the Attorney at Law, Dr. Migen Dibra.

## **HOSPITAL RECORDS**

Hospital record data are the primary source of analytical information for data scientists. Once obtained, they can be extremely informative for trained data scientists.

Hospital records include SOAP Notes (**S**ubjective, **O**bjective, **A**ssessment and **P**lan), scans & X-rays, laboratory reports, pharmacy records, drug administration records and toxicology information.

The other important source for data scientists is the information taken from government regulatory agencies such as FDA, Health Canada, etc. as well as the information taken by interviewing the pharmaceutical companies.

The Autopsy data, in the Event of a Death, is extremely important to corroborate or contradict the official cause of death as well as data that can prove or disprove various theories pertaining to malpractice or murder.

These critical data components will be analyzed separately in the following sections along with conclusions drawn from analyzing these components in the tragic case of the homicide of Attorney at Law Dr. Migen Dibra.

## **SOAP NOTES**

SOAP stands for **S**ubjective, **O**bjective, **A**ssessment and **P**lan. They are generated by the hospital staff. Every nurse and doctor must record each drug applied, and any kind of treatment given. They are extremely useful because, if they are accurate, they can give a tremendous amount of information.

They can tell if:

- The practitioner did the correct objective exams after hearing the patient's subjective complaints.
- The practitioner made the right assessments given the subjective and objective information available.
- The plan created to treat the patient matched the assessment as well as the objective and subjective information.
- The right drugs and/or other treatment were prescribed.
- If the drugs and/or other treatments prescribed were followed during administration as instructed.

In summary these notes will tell what the doctors did, and/or did not do, and what their reasoning was. As such, many major countries require SOAP Notes, or a similar notation system, by law.

Typically, medical doctors over assess on these notes and typically the over assessments lead to excessive plans that can damage the patient. Usually, they do this for billing and financial purposes. As a result, subsequent doctors treating the patient will also be misinformed and as a direct result their assessments and treatment plans will often be affected causing cascading damage to the patient. This problem is chronic as it is the norm, not the exception unfortunately.

The hospital where Dr. Migen Dibra was treated has used all possible means to refuse or delay to supply the family and their attorney with any records and even initially refused to comply with a Freedom of Information Act (FOIA) request citing provincial laws that were not even in force.

After an effort of several months the medical file of Dr. Migen Dibra was obtained. However, many documents were missing, and the file was extensively redacted as shown in Figure 2. Even SOAP notes from the doctors are blackened out with the justification that the information is related to a third party! As this paper is being written another effort is exercised to get the unredacted file.

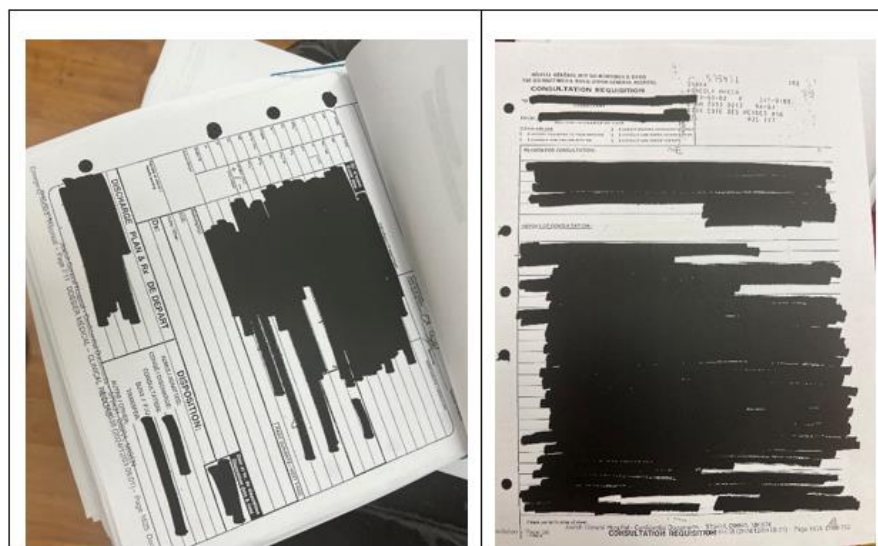


Figure 2: Heavily Redacted Medical File of Attorney at Law, Dr. Migen Dibra as Provided by JGH Hospital in Montreal, Canada

Typically, hospitals and doctors in general will do everything they can to not produce these notes as they almost always lead to some degree of malpractice. The sad state of medicine today...

According to the results of a study published by the NIH [2] that measured the distribution and types of errors across sections of the physicians' notes by comparing the physicians' notes with a concealed audio recording in unannounced standardized patient encounters found that on 104 visits taped and later examined, 636 total errors were made by these physicians and 83% of these errors are clinically significant, as shown in Table 1.

Table 1: Distribution and types of errors across sections of the physician's notes [2]

Distribution and types of errors across sections of the physician's note					
Section of note	Number of errors (% of total errors)	% Commissions by section	% Omissions by section	% Clinically significant by section	% Category 1 by section
Chief Complaint	6 (1%)	17%	83%	100%	100%
HPI	119 (19%)	21%	79%	97%	85%
PMH/PSH	61 (10%)	12%	89%	92%	30%
Immunizations	19 (3%)	21%	79%	100%	0%
FH/SH	184 (29%)	21%	79%	63%	22%
Allergies	25 (4%)	24%	76%	100%	0%
Meds	32 (5%)	28%	72%	88%	78%
ROS	90 (14%)	73%	27%	99%	32%
Vitals	3 (1%)	33%	67%	33%	100%
Physical Exam	10 (2%)	40%	60%	70%	0%
Plan	87 (14%)	23%	77%	76%	30%
Total (all sections)	636 (100%)	29%	72%	83%	39%

[Open in a new tab](#)

Abbreviations: FH/SH, family history/social history; HPI, history of present illness; PMH/PSH, past medical history/past surgical history; ROS, review of systems.

Notes: Sum of percent of total errors in each section and sum of percent commission and omission errors in each section may not add up to 100% due to rounding. "Clinically significant" errors are those related to a patient's medical conditions, symptoms, or signs. "Category 1" errors are those related to the chief complaint.

## SCANS & X-RAYS

Image tests performed on the patients such as CT scans, X-rays and all other imaging need to be collected as fast as possible and analyzed by a third party. Many unexpected findings can come from these readings. It is of critical importance to do extra scans and X-rays at unrelated medical facilities in order to uncover errors made at the hospital / clinic.

In Dr. Migen Dibra's case CT scans were conducted on multiple trips to Japan for additional opinions. The scans taken in Japan differed considerably from the JGH Hospital in Montreal. The CT scans in Japan showed irregular sizes of small marks that are not typically the shape of tumors. Tumors have roundish shapes. Dr. Shinichi Hori, Director of IGT (Image Guided Therapy) Institute in Osaka, Japan characterizes the tumors this way "In the arterial phase, they were not enhanced by contrast material. In the delayed phase, they were detected as irregular margin lesions. The nodular shape and enhancement pattern were not typical for metastatic tumors". These conclusions were on Dr. Hori's own CT scans in August 2022 and October 2022. The written reports of Dr. Hori handed over by Migen to her Canadian Oncologist at that time, Dr. Lawrence Panasci of the Oncology Department of JGH Hospital who threw the reports in the garbage without reading them and yelling to her and her husband and he wants to know nothing what Japanese reports were saying. Another Japanese cancer doctor Dr. Naomi Okada, Chief of Department of

Hepatobiliary Oncology, Research Center for Charged Particle Therapy, National Institute for Quantum and Radiological Sciences and Technology, Tokyo, Chief of Kyosai Hospital National Public Mutual Aid Association, Department of Oncology (2008-2015), Tokyo, Japan who saw the scans draw the same conclusion independently that the irregular shapes are not typical of cancer tumors. Dr. Migen Dibra's tumors are shown in Figure 3 for the CT scan of August 2022.



Figure 3: Liver CT scans of Dr. Migen Dibra carried out in one of the best clinics in Osaka, Japan

Since these spots are not the typical round shape as normal tumors a possible explanation is that these tumors may have been artificially, and intentionally, created to cover up a previous malpractice incident. An autopsy is usually required to find out the DNA of these tumors proving whether or not they are natural.

Given these facts it is reasonable to inquire and investigate the hospital procedures in order to exclude possible similar criminal cases such as that of Dr. Chester M. Southam, an American immunologist and oncologist who injected live cancer cells, specifically HeLa cells, into Patients with advanced cancer, healthy prisoners and elderly patients [3].

These shapes were examined using scientific data methodologies, which produced the theory of how they could be evidence that they are artificial, not natural. Later a top professor and expert on this subject was consulted and he stated that he believed the hypothesis and the detailed theory was scientifically possible and would explain the inconsistencies. He agreed that the theory was very plausible and suggested this should be studied in the autopsy.

Time is an important factor. If something is found that is not what it should be then a biopsy may be required, and time may be short for a few reasons. Hopefully in Dr. Migen Dibra's case the tumors will be intact enough to determine their DNA. If not, we believe the residue of any unnatural products likely will remain. In the end, only an autopsy can prove, or disprove, the theory.

Furthermore, in this kind of disagreements that should cause an investigation to determine if the CT scans have been altered digitally as have occurred in many cases in the past [4, 5]. Investigations also need to be done to exclude similar criminal cases such as that of Dr. Fata of Michigan, USA who prescribed chemotherapy to more than 500 patients who were healthy or whose condition did not warrant chemotherapy [6].

## LABORATORY REPORTS

Physicians often see more than 25 patients and sometimes up to over 50 in an average day. The median time recorded spent per patient is only 15 minutes [7]. That time includes walking between patients, glancing at their chart before entering the room, talking with nurses about other patients or anything else that comes up, etc. This leaves little time to get the patient's subjective information, make physical checks and order proper objective tests from the laboratory. This time also includes the assessment after looking at the objective information and the plan of treatment. As such there is little time spent diagnosing and properly treating the average patient.

Consequently, even though the official WHO statistics are roughly 1 in 10 is harmed while receiving care in hospitals for high income countries and 1 in 300 being harmed during health care for general treatments, it is believed that these numbers are substantially off if you consider overlooked conditions due to cursory exams that did not do the job. It is plausible, if not likely, that most patients that end up with severe or fatal conditions had experienced malpractice at some point during their demise.

By obtaining and carefully examining the lab reports one can find what was not ordered to be tested or was missed in the report. Also, the report may not tell what was really wrong with the patient, but give you clues due to imbalances and other biological abnormalities. Careful studies can lead to critical discoveries. Sometimes it is what is missing that is the clue as it should have been there.

It is critically important to carry out lab tests in unrelated and unaffiliated labs in order to expose errors in the original treating hospital in order to avoid intentional or unintentional errors [19,20,21].

The blood tests and tumor marker results of Dr. Migen Dibra carried out in Japan in August and October of 2022 were all normal, including all tumor markers as seen in Figure 4 (a,b,c,d,e).



Q.1: 2022年10月12日 16時01分

MIGEN DIORA  
C5000377 ミーガン ディブ様

1973(昭和48)年 3月 2日生 (女)

No.	検査項目	参考範囲	22.08.24 49歳	22.10.12 49歳
1	血清総蛋白	6.5~8.2	7.8	7.6
2	アルブミン	3.8~5.2	4.6	4.3
3	総ビリルビン	0.2~1.2	0.9	0.3
4	直接ビリルビン	0.0~0.4	0.3	0.0
5	ALP	38~113	99	110
6	AST (GOT)	10~40	19	18
7	ALT (GPT)	6~40	18	17
8	LD (LDH)	124~222	205	179
9	γ-GT (GTP)	0~48		24
10	血清アミラーゼ	38~131	60	59
11	CK	30~170		124
12	総コレステロール	130~249		229 H
13	中性脂肪	33~149		170 H
14	HDL コレステロール	40~83		62
15	LDL コレステロール	70~139		150 H
16	尿酸値	8.0~21.0	11.8	11.3
17	クレアチニン	0.45~0.85	0.71	0.75
18	尿酸	2.0~7.0		4.8
19	ナトリウム	135~147	141	141
20	カリウム	3.5~5.1	3.9	3.9
21	カルシウム	8.5~10.2	9.6	9.5
22	クロール	98~106	103	103
23	血糖	70~109	106	83
24	CA15-3	0~30	28	
25	CEA (CLIA法)	0.0~5.0	1.0	1.7
26	白血球数	35~51	63	83
27	赤血球数	376~500	472	475
28	ヘモグロビン量	11.3~15.2	14.2	13.9
29	ヘマトクリット値	33.4~44.9	44.5	43.3
30	血小板数	14.0~36.0	23.3	26.1

Figure 4 (a): Blood test analysis carried out independently in Japan in August and October 2022. All values are normal including tumor markers



印刷: 2022年10月12日 14:51:19

MCGEN DISRA  
06020377 ミーガン デンブラ 様 19/3(令和4年)年 3月 2日生 (女)

項目	検査項目	22-08-24 49歳	22-10-12 48歳
31	血液像	*****	
32	血小板	~0.0	0.0
33	後骨髄核	~0.0	0.0
34	好酸球	1.0~5.0	2.4
35	好塩基核	0.0~2.0	0.3
36	プロトロンビン時間	10.0~13.0	11.0 10.3
37	P-T定性	80~170	101 129 H
38	梅毒RPR反応-LA	(-)	
39	TP抗体定性	(-)	
40	ABO式血液型	A	
41	RH式血液型	(+)	
42	CRP定性	(2+)	(7+)
43	CRP定量	0.00~0.30	1.45 H 1.65 H
44	HCV抗体	(-)	
45	HBs抗原CLIA	(-)	
46	A/G比	0.1~2.0	1.4 1.3
47	推算GFRcreat	60.0~	68.2 64.3
48	リンパ球	27.0~53.0	30.6
49	異型リンパ球	~0.0	0.0
50	単球	2.0~10.0	8.0
51	好中球	36.0~59.0	55.7
52	TNR	0.90~1.14	0.99 0.85 L
53	MCV	79.0~100.0	94.3 91.2
54	MCH	26.5~34.0	30.1 29.3
55	MCHC	30.5~35.0	31.9 32.1
56	C.O.I	0.0~1.0	0.1
57	尿酸	~0.04	0.05>

Figure 4 (b): Blood test analysis carried out independently in Japan in August and October 2022. All values are normal including tumor markers

* * INSPECTION REPORT * *						
Time Series Data						
G1 clinic Report day 2022/10/15						
MIGEN DIBRA 08000377						
Female age 49 Dr. Hori						
Item Name	Reference Value	20220824	20221012			
Total Protein	6.5~8.2	7.8	7.6			
A/G	1.1~2.0	1.4	1.3			
Albumin	3.8~5.2	4.6	4.3			
Total Bilirubin	0.2~1.2	0.9	0.3			
Direct Bilirubin	0.0~0.4	0.3				
Alkaline Phosphatase	38~113	99	110			
Aspartate Aminotransferase	10~40	19	18			
Alanine Aminotransferase	6~40	18	17			
Lactic Dehydrogenase	124~222	205	179			
γ-Glutamyl TransPeptidase	0~48		24			
Amylase	38~137	60	59			
Creatine Kinase	30~170		124			
Total Cholesterol	130~219		H 229			
Triglyceride	35~149		H 170			
High Density Lipoprotein	40~83		63			
Low Density Lipoprotein	70~139		11 150			
Urea Nitrogen	8.0~21.0	11.8	11.3			
Creatinine	0.45~0.85	0.71	0.75			
Uric Acid	2.0~7.0		4.8			
Glomerular Filtration Rate	60.0±	68.2	64.3			
Sodium (Na)	135~147	141	141			
Potassium (K)	3.5~5.1	3.9	3.9			
Calcium (Ca)	8.5~10.2	9.6	9.5			
Chloride (Cl)	98~108	103	103			
Glucose	70~109	106	83			
Standard Serologic test Syphilis		(-)				
Treponema Pallidum		(-)				
ABO Blood Groups		A				
Rh Blood Groups		(+)				
C-reactive Protein qualitative		(2+)	(2+)			
C-reactive Protein quantitative	0.00~0.30	H 1.45	H 1.65			
Blood cell Count						
WBC	35~91	83	83			
RBC	376~500	472	475			
Hg	11.3~15.2	14.2	13.9			
Ht	33.4~44.9	44.5	43.3			
Plt	14.0~36.0	23.3	26.1			
Hemogram						
Myelocyte	0.0	0.0	0.0			
Metamyelocyte	0.0	0.0	0.0			
Neutrophil	36.0~69.0	58.7	60.2			
Eosinophils	1.0~5.0	2.4	2.3			
Basophils	0.0~2.0	0.3	0.3			
Lymphocytes	27.0~53.0	30.6	30			
Atypical lymphocytes	0.0	0.0	0.0			
Registered health laboratory						
Medica co.Ltd						

Figure 4 (c): Blood test analysis carried out independently in Japan in August and October 2022. All values are normal including tumor markers

## \* \* INSPECTION REPORT \* \*

### Time Series Data

IGT clinic

Report day 2022/10/15

MIGEN DİBRA

05000377

Female age :49

Dr. Hori

[illegible]

Registered health laboratory

Medic co.Ltd

Figure 4 (d): Blood test analysis carried out independently in Japan in August and October 2022. All values are normal including tumor markers

FALCO		検査報告書		Laboratory only Document	
00-502-905		00-502-905		様	
当日項目最終		足立 医院			
女性 506点		ミーカ ン ティ フ ラ 様 女性			
その他 32点		10739		548/ 3/ 2生 49才	
2生 49才 合計 537点					
採取日 '22/ 8/22 11:05		受付日 '22/ 8/22 報告日 '22/ 8/23			
単位	基準値	検査項目	検査結果	参考値	評価
mg/dL	8.0~21.0	総蛋白	12.9		*
mg/dL	0.41~0.79	アルブミン	0.75		*
IU/mL	0.05未満	AFP	陰性	インセイ	*
	(-)	AFP	0.05未満	(-)	*
	0.05未満	AFP	0.07		*
	0.05未満	AFP	0.1以下		*
U/mL	0.05	CA15-3	20		*
ng/mL	0.05	CEA	2.1		*

Figure 4 (e): Blood test analysis carried out independently in Japan in August and October 2022. All values are normal including tumor markers

The fact is that all blood tests and tumor markers were in the normal range for almost one year without medications for a patient that was diagnosed by JGH Hospital as having stage 4 metastatic cancers. We think these scans strongly suggest malpractice, or much worse, on the part of the JGH Hospital.

## PHARMACY RECORDS

Mismedication is the most common cause of death in cases of hospital medical malpractice.

Consequently, the pharmacy records can be essential to know what was actually given to the patient vs. what was supposed to be given. When SOAP Notes are unavailable, or do not exist, it is the pharmacy records that can help to reconstruct much, if not all, of the treatment plan (the P in SOAP).

In the case of a wrongful death the pharmacy records can be used to compare with the autopsy toxicology to help determine if mismedication occurred.

In the extreme case of Dr. Migen Dibra, **she received not one, but two illegal drugs that either were produced in an illegal lab or had also long expired.** The first did severe damage and the second killed her.

The two drugs were Taxol® administered on the 9<sup>th</sup> of October of 2023 and Paraplatin-AQ® administered on the 7<sup>th</sup> of February of 2024.

The patient had extreme reactions to both drugs and yet neither of these reactions was reported to Health Canada, as required by law, even after the patient pleaded for the doctor and hospital both verbally and in writing to make such reports to Health Canada.

The hospital clearly defined the first drug as Taxol® by the literature (Figure 5) they gave her regarding the drug that they prescribed for her prior to its administration. The document that gave her was required by law as it is a key right for the patient to know the drug that has been prescribed for administration in order for the patient to determine their risks of death and endangerment and make their own decision whether or not to take the drug in question. That documentation is required to include warning information and known side effects for that specific drug only. It is important to note that there are families of drugs based on the key molecule that makes up the primary active ingredient. That being said, every drug uses different accompanying ingredients. Those cocktails of ingredients have often vastly different effects on the human body and as such can have vastly different documents to warn patients of harmful side effects. Dr. Migen Dibra upon requesting the specific chemotherapy drug to be used also received multiple correspondence with her physician, Dr. Friedmann, and Dr. Mark Basik, the head of the Oncology Department at the JGH Public Hospital in Montreal, Canada in writings regarding Taxol® specifically being the drug prescribed for her (Figure 6, 7 and 8).

Figure 8 is one of over 100 documents in the patient file that states that they used Taxol®. There is no document stating any other trademarked name that we have ever been provided.

However, Taxol® as a Trademark chemotherapy of Bristol Myers Squibb (BMS) since 1993-12-31, has been illegal to be used in Canada since 2012-07-20 when Taxol® lost approval or BMS voluntarily removed it as shown in Figure 9 [8] and in USA since January 2, 2020, when HQ Specialty Pharma that bought Taxol® in 2011 from BMS and voluntarily withdrew FDA approval as shown in Figure 10 [9]. This means that the lot given to Dr. Migen Dibra was either produced illegally in Canada, produced in another country and imported illegally to Canada or had expired years before the administration.

Expired drugs as well as drugs illegally made in unauthorized, uninspected, non-sanitized labs with unknown ingredients can have devastating effects on the human body. The damage from “Taxol” was extreme. From only one dose (treatment designed to be administered over many months) Dr. Migen Dibra had many of her internal organs severely burned causing permanent irreversible damage. Her mouth was severely burned as well and even her tonsils were completely burned away leaving holes where she previously had her tonsils. It is important to note that no previous record can be found of such an extreme burning reaction from only one dose administered. The tonsils damage is shown in Figure 11.



Paclitaxel

**BC  
CANCER**  
Provincial Health Services Authority

**For the Patient: Paclitaxel**  
 Other names: **TAXOL®**

- Paclitaxel (pak' li tax' el) is a drug that is used to treat many types of cancer. It is a clear liquid that is injected into a vein.
- Tell your doctor if you have ever had an unusual or *allergic reaction* to paclitaxel before receiving paclitaxel.
- A *blood test* may be taken before each treatment. The dose and timing of your chemotherapy may be changed based on the test results and/or other side effects.
- Other drugs such as warfarin (COUMADIN®), disulfiram (ANTABUSE®) and metronidazole (FLAGYL®) may interact with paclitaxel. Tell your doctor if you are taking these or any other drugs as you may need extra blood tests or your dose may need to be changed. Check with your doctor or pharmacist before you start or stop taking any other drugs.
- The drinking of alcohol (in small amounts) does not appear to affect the safety or usefulness of paclitaxel.
- Paclitaxel may damage sperm and may harm the baby if used during pregnancy. It is best to use birth control while being treated with paclitaxel. Tell your doctor right away if you or your partner becomes pregnant. Do not breastfeed during treatment.
- Tell doctors, dentists, and other health professionals that you are being treated with paclitaxel before you receive any treatment from them.

Side effects are listed in the following table in the order in which they may occur. Tips to help manage the side effects are included.

SIDE EFFECTS	MANAGEMENT
<b>Allergic reactions</b> commonly occur. Signs of an allergic reaction may include flushing, rash, dizziness, breathing problems, abdominal or back pain. This can occur immediately or several hours after receiving paclitaxel and usually only with the first or second dose.	Tell your nurse if this happens while you are receiving paclitaxel or contact your oncologist <i>immediately</i> if this happens after you leave the clinic.
Paclitaxel burns if it leaks under the skin.	Tell your nurse or doctor <i>immediately</i> if you feel burning, stinging, or any other change while the drug is being given.

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 Developed: 1 June 2012  
 Revised: 1 January 2020

Page 1 of 5

Paclitaxel

Figure 5: Pamphlet of illegal drug Taxol® handed over to the patient Attorney at Law Dr Migen Dibra

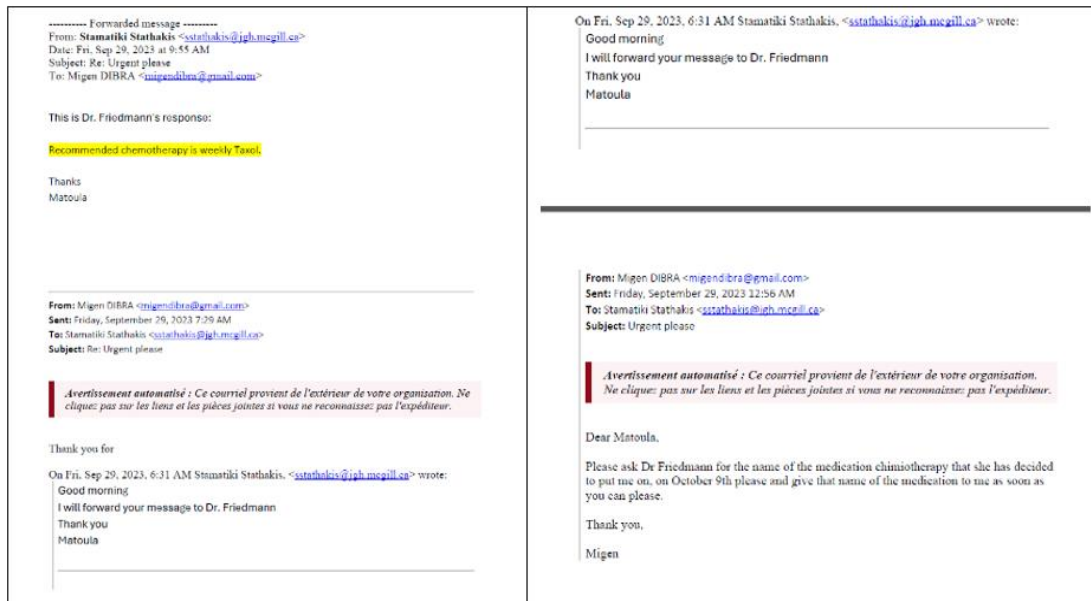



Figure 6: Confirmation by doctor Friedmann of the illegal drug Taxol® to the patient Attorney at Law, Dr. Migen Dibra



Figure 7: Confirmation by Dr. Mark Basik, the Oncology Department at the JGH Public Hospital in Montreal,




Canada and the head of the Tumor Board at JGH, of the illegal drug Taxol® being approved to be administered to the patient Attorney at Law, Dr. Migen Dibra



**Hôpital général juif**  
**Jewish General Hospital**

HÔPITAL D'ENSEIGNEMENT DE L'UNIVERSITÉ MCGILL  
A MCGILL UNIVERSITY TEACHING HOSPITAL



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**Date/Time of Encounter:** 2023-10-19 03:00 PM

**BMI:** 34.9 **SC/BSA:** 2

**Provider:** Cristiano Ferrario

**Referring Phy:**

**MRN:** 575431 **RAMQ:** DIBM73530217

**Name:** MIGEN DIBRA

**DOB:** 1973-03-02 **Age:** 50 yr(s) **Sex:** F

**Type of Visit:** FOLLOW-UP MEDICINE-ONCOLOGY

---


Blood today  
CBC OK  
CREAT NEW 108 vs 59 just 3 days ago  
Ca 15.3: 349 (maybe slight <), CEA (23) & Ca125 (119) overall satble  
LFTs fluctuating, slight worsening today: ALT 211, AST 147, ALP 566  
LDH N-ized 212  
Albumin 39

**Impression**  
50F ER+HER2- metastatic breast.  
never really had fair exposure to CDK4/6  
unusual toxicity after just 1 week of Taxol 80 mg/m2, likely partial intolerance to taxanes (similar AEs w/ Teseaxel in the past)  
Bloods today difficult to interpret in the absence of CT scan, possible some abnormal results from ca + chemo toxicity +  
some improvement from steroids; AKI most likely sec to poor fluid intake  
Will need close f/up

Pt reluctant to continue Taxol, I agree that we can explore alternative options for now  
- Abemaciclib  
- TdXd  
- Eribulin

**Treatment Plan**  
d/c Taxol, cancel chemo this week  
IV hydration tomorrow (NS 1.5 L) + recommended abundant oral fluid intake  
Will verify access to ABMACICLIB (single agent, given progression on Faslodex, but still indicated in pt basically untreated with CDK4/6 inhibitor)  
Next week r/a blood tests - if rapid worsening we'd change plan to chemo w/ TdXd, which would also be our favourite option if Abema not accesible  
Also ongoing FM1 analysis of ctDNA  
Pending appt w/ gyne also to plan BSO  
Rebooked CT TB ASAP (pt agrees to that, despite initially reporting preference for PET scan based on apparent misinformation)

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Physician's Notes - Oncology - Page 3/4

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Jewish General Hospital - Confidential Documents - 575431, DIBRA, MIGEN  
Job 144676 (2024/12/04 07:57) - Page 328 Doc# 138

Figure 8: Follow-up Physician's Notes – Oncology Written by Dr. Cristiano Ferrario



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du Canada

Français

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## Product information

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The product monograph is developed by a drug sponsor according to guidelines published by Health Canada that provide direction on the content and format. The veterinary labelling is developed by the drug sponsor according to the Food and Drug Regulations. While Health Canada reviews the product monograph or the veterinary labelling as part of the drug review process, it remains the responsibility of the drug sponsor to ensure that the product monograph or the veterinary labelling is complete and accurate.

Current status:

Cancelled Post Market

Current status date:

2012-07-20

Original market date: 1

1993-12-31

Product name:

TAXOL

Help on accessing alternative formats, such as Portable Document Format (PDF), Microsoft Word and PowerPoint (PPT) files, can be obtained in the [alternate format help section](#).

DIN:

02016796

Product Monograph/Veterinary Labelling:

Date: 2010-02-22  
[Product monograph/Veterinary Labelling \(PDF version - 175K\)](#)

Company:

[BRISTOL-MYERS SQUIBB CANADA](#)  
2344 Boul. Alfred-Nobel, Suite 300  
St-Laurent  
Quebec  
Canada H4S 0A4

Class:

Human

Dosage form(s):

Solution

Route(s) of administration:

Intravenous

Number of active ingredient(s):

1

Schedule(s):

Prescription

American Hospital Formulary Service (AHFS): 3

10:00.00

Anatomical Therapeutic Chemical (ATC): 4

L01CD01 PACLITAXEL

Active ingredient group (AIG) number: 5

0124214001

List of active ingredient(s)

Active ingredient(s) 8	Strength
PACLITAXEL	6 MG / ML

Figure 9: Health Canada official web site shows that Taxol® was illegal to be used in Canada since 2012-07-20 [8]: <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=14248>

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**FEDERAL REGISTER**  
The Daily Journal of the United States Government

Notice

## Pharmacia and Upjohn Co., et al.; Withdrawal of Approval of 19 New Drug Applications

A Notice by the Food and Drug Administration on 01/08/2020

**PUBLISHED DOCUMENT: 2020-00075 (85 FR 915)**

**DOCUMENT HEADINGS**  
Department of Health and Human Services  
Food and Drug Administration  
[Docket No. FDA-2019-N-5843]

**AGENCY:**  
Food and Drug Administration, HHS.

**ACTION:**  
Notice.

**SUMMARY:**  
The Food and Drug Administration (FDA or Agency) is withdrawing approval of 19 new drug applications (NDAs) from multiple applicants. The applicants notified the Agency in writing that the drug products were no longer marketed and requested that the approval of the applications be withdrawn.

**DATES:**  
Approval is withdrawn as of February 7, 2020.

**FOR FURTHER INFORMATION CONTACT:**  
Kimberly Lehrfeld, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 6226, Silver Spring, MD 20993-0002, 301-796-3137.

**SUPPLEMENTARY INFORMATION:**  
The applicants listed in the table have informed FDA that these drug products are no longer marketed and have requested that FDA withdraw approval of the applications under the process in § 314.150(c) (21 CFR 314.150(c)). The applicants have also, by their requests, waived their opportunity for a hearing. Withdrawal of approval of an application or abbreviated application under § 314.150(c) is without prejudice to re filing.

Application No.	Drug	Applicant
NDA 004570	Heparin Sodium Injection, 1,000 units/milliliter (mL), 5,000 units/mL, and 10,000 units/mL	Pharmacia and Upjohn Co. (a subsidiary of Pfizer Inc.), 235 East 42nd St., New York, NY 10017-7555.
NDA 009838	Reserpine Tablets, 0.1 milligram (mg) and 0.25 mg	Sandoz Inc., 2555 W. Midway Blvd., Broomfield, CO 80020-1632.
NDA 017063	Ismotic (isosorbide solution), 100 grams (g)/220 mL	Alcon Research, LLC, 6201 South Freeway, Fort Worth, TX 76134-2099.
NDA 017521	Dextrose Injection, 0.2 g/mL, 0.3 g/mL, 0.4 g/mL, 0.5 g/mL, 0.6 g/mL, and 0.7 g/mL	Baxter Healthcare Corp., 1 Baxter Parkway, Deerfield, IL 60015.
NDA 017690	Imodium (loperamide hydrochloride (HCl)) Capsules, 2 mg	Johnson and Johnson Consumer Inc., McNeil Consumer Healthcare Division, 7050 Camp Hill Rd., Fort Washington, PA 19034.
NDA 017694	Imodium (loperamide HCl) Capsules, 2 mg	Do.
NDA 018361	Serophene (clomiphene citrate) Tablets, 50 mg	EMD Serono, Inc., 1 Technology Pl., Rockland, MA 02370.
NDA 020252	Taxol (paclitaxel) Injection, 6 mg/mL	HQ Specialty Pharma Corp., 120 Route 17 North, Paramus, NJ 07652.
NDA 020264	Megace (megestrol acetate) Oral Suspension, 40 mg/mL	Bristol-Myers Squibb Co., P.O. Box 4000, Mail Stop: D.2341, Princeton, NJ 08543-4000.

Figure 10: Food and Drug Administration documents showing that Taxol® was not authorized to be used in USA as of February 7, 2020 [9] <https://www.federalregister.gov/documents/2020/01/08/2020-00075/pharmacia-and-upjohn-co-et-al-withdrawal-of-approval-of-19-new-drug-applications>

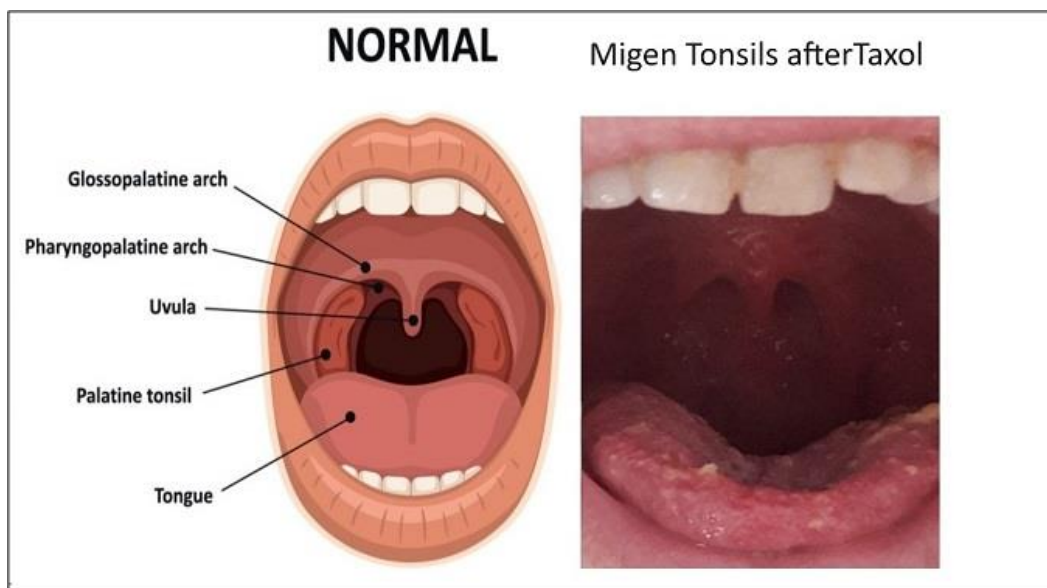


Figure 11: Dr. Migen Dibra's tonsils completely burned away after just one dose of Taxol®, leaving holes where she previously had her tonsils

Although Dr. Migen Dibra was diagnosed as having cancer, she was in good health and felt relatively well before taking the Taxol®. She was in constant pain and poor health after the Taxol® administration. It is very important to note that she only had one dose given to her and completely lost her hair as well as the burning from only one dose, immediately after the application of Taxol®.

The second drug was Paraplatin-AQ® (Figure 12 and 13) a variation of Carboplatin made by BMS (Paraplatin-AQ® is a BMS trademarked name and is thus restricted).

Paraplatin-AQ® is even harder to explain than Taxol® as they stopped producing this drug over 13 years ago according to BMS. Further, it has not been legal to dispense in Canada since 2007 as per the public Web site of Health Canada as shown in Figure 14 and 15 [10, 11]. The administration did not follow BMS initial instructions on their variant of Carboplatin which required them to do a blood transfusion immediately if the application went poorly [12]. In fact, the application went so poorly that the doctor told her husband that she had 48 hours maximum to live.

It is to be noted that there is no chance of mislabeling as mislabeling is a criminal offence in itself. Health Canada laws and regulations on labelling are very clear and follow a series of Canadian bills and codes that were written to protect patients and reduce errors. In "Food and Drug Regulations (C.R.C., c. 870) at point C.01.004 (1) it is written: "The inner and outer labels of a drug shall show" (a) on the principal display panel (i) the proper name, if any, of the drug which, if there is a brand name for the drug, shall immediately precede or follow the brand name in type not less than one-half the size of that of the brand name"[13]. Furthermore, there is a barcode in the label of the medication that is specifically designed to prevent medication errors and make sure the right medication prescribed is the medication applied. This is also corroborated and confirmed by the Medication Administration Summary of the patient file as handed over by JGH Hospital given in Figure 11 where it is clearly written as Paraplatin-AQ®.

How did this happen? Why was this drug still in the pharmacist's possession? There was a doctor that prescribed this drug, there was a pharmacist that approved it and distributed the drug to the floor where it was to be applied, there was a technician that prepared it, another doctor that oversaw its preparation and administration as well as a supervisory board that supposedly approved its use in Migen's case. How did they all allow her to be treated with this illegal and highly dangerous drug?

The pharmacist is responsible for the filling of all medications and making sure they are both legal and have not expired, been tampered with, maintained in the required temperature (usually extremely cold), lighting, etc. required by the manufacturer for the storage of the drugs. This is particularly true for the highly volatile and dangerous drugs such as the chemotherapy and other potentially lethal drugs that have extreme storage requirements.

It is very reasonable to say she was murdered due to the fact she was prescribed and administered not one, but two illegal long expired drugs. Those drugs were highly toxic. The first nearly killed her and left her in extreme pain and the second, Paraplatin-AQ®, did kill her after 11 days of agony. This discussion is on the private investigation to date, methodologies that revealed culpable homicide (murder) and outstanding questions revolving on this amazing woman's unnecessary death. Police are now involved and hopefully those responsible will be fully brought to justice, but there is no bringing Dr. Migen Dibra back. Her blessed soul has been lost to us and as such her wonderful family and all of her friends are victims too.

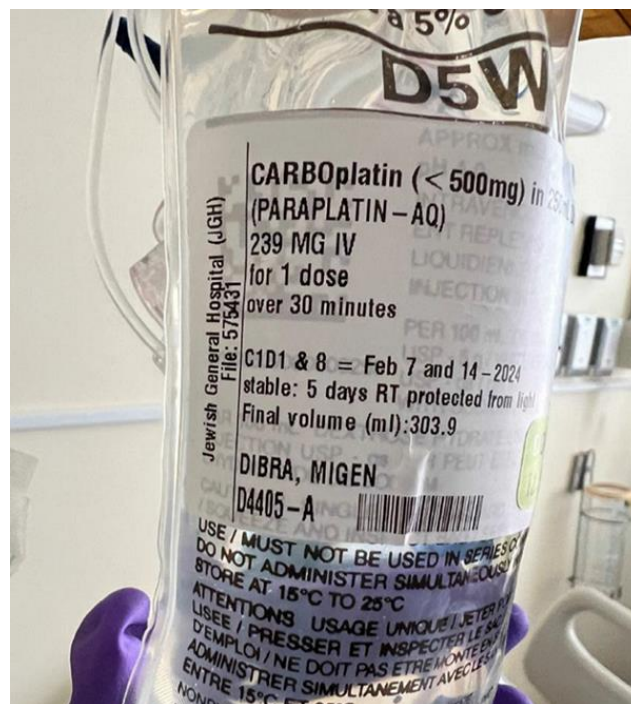


Figure 12: Photo of Paraplatin-AQ®, the illegal drug that was administered by JGH hospital to Attorney at Law, Dr. Migen Dibra





Figure 14: Health Canada official web site shows that Paraplatin-AQ® was illegal to be used in Canada since 2012-07-20 [10]: <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=9576>





lost approval or BMS voluntarily removed it [8] and Paraplatin-AQ<sup>®</sup> has been illegal to be used in Canada since 2007[10,11].

## PHARMACEUTICAL COMPANY INTERVIEWS

The process of calling and interviewing pharmaceutical company experts is possibly the most informative process, but information can be difficult to acquire.

FDA and Health Canada do not provide information that is not in their web site to the public without a FOIA (Freedom of Information Act) request and will refer you to the pharma manufacturer. The pharma manufacturer normally does not like either giving out any information. As such listening carefully, answering correctly and patience is required to get through their many lines of communication blocks to speak with someone with knowledge.

These interviews proved essential in Dr. Migen Dibra's case. After many calls and even visiting an actual laboratory to gain key contact information from a major pharmaceutical company, it was able to find out the actual production end dates and FDA approval information to the two key drugs used in her case.

In interviews with Bristol Myers Squibb (BMS) the producers of Taxol<sup>®</sup> and Paraplatin-AQ<sup>®</sup> it was found out that Taxol<sup>®</sup> was sold to HQ Specialty Pharma in 2011. Taxol<sup>®</sup> (the restricted trademarked name now owned by HQ Specialty Pharma) continued to be sold in the USA by HQ Specialty Pharma for some years. HQ Specialty Pharma voluntarily withdrew FDA approval on January 2, 2020. This information was confirmed in interviews with BMS, HQ Specialty Pharma and FDA[9]. Taxol<sup>®</sup> lost approval in Canada, or BMS voluntarily removed it, on 2012-07-20 [8]. Taxol<sup>®</sup> has a shelf life of 2 years if kept between -20 to -25 degrees Celsius below zero <sup>[10]</sup>, as the last Taxol<sup>®</sup> lots were sold in the USA was in 2019, some 4 years prior to administration, and 2011 in Canada, the lot given to Dr. Migen Dibra was either produced illegally in Canada or elsewhere and imported illegally in Canada or had expired years before the administration.

## TOXICOLOGY INFORMATION

Toxicology can prove mismedications, confirm medications were indeed applied should the doctor claim a recording error, the actual medication given when the records lie or the doctors lie after the medication is revealed to be illegal and/or expired (**both** may well prove to have been the case with Dr. Migen Dibra's wrongful death).

According to WHO data 1-in-300 patients are harmed in general doctor visits, but 1-in-10 in hospital visits with 30% being harmed in hospitals to the point of dying. In simple math terms there is a 9 times greater chance that someone will actually die from a mistake in the hospital than get just harmed in general at a doctor's office. Also, this is 30 times the rate of harm due to error (a **2,900% increase**). **Not possible mathematically to be natural**. It is data scientists' duty to look for statistical abnormalities to find where to look. It is totally unexpected to look for murder at a hospital, however, the axiom that math does not lie; people do would seem to apply here.

## AUTOPSY IN THE EVENT OF A DEATH

So much can be learned from a well-done autopsy. However critical material evidence can be easily missed if it is not planned in detail what exactly has to be looked for. As such you must proactively prepare and do all the research beforehand to know exactly what does not look right as well as all of the possibilities to have tested in biopsies and with toxicology. Once you start you may find more, but having well thought through goals prior is essential to an informative autopsy.

To be noted is the fact that often the coroner is overworked or just not interested in making a thorough examination. As such, hiring a private coroner can be worth their weight in gold. Coroners are typically not that expensive and most jurisdictions will allow a private coroner to accompany the city coroner.

The half-life of most drugs is in years. Bodies do decompose, but the materials you are often looking for will continue to exist regardless of decomposing. Biopsy information can be lost and may be essential as well. The type of coffin can make a huge difference in the rate of decomposition. Even in the case of cremation you may still be able to run a toxicology on the remains (mostly bone fragments, etc.).

Regardless of the time constraints, preparation is still the most important of all considerations and can make all the difference. So, it is not advisable to rush into the autopsy. Most of the critical evidence will be preserved for much longer than anyone would think. It cannot be stressed enough that it should be known in advance what must be looked for in addition to the standard procedures before you conduct the autopsy. Proper attention must be paid as other important material evidence may be found during the autopsy, but it is really important to know most of what you expect to find before you start.

Typically, there is only one chance for an autopsy for a multitude of reasons and you cannot afford to miss important evidence.

## **OBTAINING HOSPITAL RECORDS**

Obtaining hospital records may be much more difficult for a family member that died in a hospital; this is particularly true in Quebec, Canada. In Quebec, requesting the medical records for a family member needs first to do a request based on “A-2.1 - Act respecting Access to documents held by public bodies and the Protection of personal information”, but also fulfilling the requirements of the “R-22.1 - Act respecting health and social services information” as well as additional requirements coming from previous cases of jurisprudence requiring documentation from the Bar of Quebec (Professional Order of Lawyers) and the Order of Notaries to confirm the latest will of the person that died or the lack of it, documents of the family linked to the person that died, the certificate of death and detailed explanations of the doubts of malpractice and the corresponding dates. The lack of any of those documents may result in rejection or partial rejections. Even when you fulfill all of the requirements many of the submitted records may come redacted as displayed in Figure 2 above with the pretext that the SOAP notes contain third party information. This should not stand a legal challenge as whether or not there is a third party the law regarding our right to the information persists, but for the moment it is an excuse to hide the information. It is important to note that the name of the third party, as well as the reason they are involved, has not been divulged.

It is always advisable for any living person to maintain their full medical records in paperback from the hospital and keep them safely at home along with online files which are usually incomplete and can be inaccurate or misleading as well.

When doing a request for a medical file the following need to be specifically requested:

- **Hospital records** include SOAP Notes (Subjective, Objective, Assessment and Plan) that are generated by the hospital staff. Every nurse and doctor must record each drug applied, and any other treatment given. All nurse shift report records with their notes are also maintained and need to be requested.
- **Pharmacy records** that are generated by the hospital pharmacy. Mismedications are recorded and getting that information from the hospital may not be as difficult as you might think. Most hospitals use outside vendors to record and store hospital daily records. They often can be easily found and they can be subpoenaed directly along with the hospital forcing the hospital to authorize their release. If they do not comply you can compel them via a court order.
- **Email records** that can also prove essential. They can be obtained via subpoenas for any emails containing the patient name by anyone found in the hospital email server (incoming and outgoing emails). A specific date(s) for a backup to be checked is best to capture more recently deleted emails. Again, often the emails are maintained by a third party and they can be subpoenaed along with the hospital and eventually forced to comply with a compel order.

Note: In order to get the full story you are required to request the database / IT groups to provide the patient electronic file information (this includes scanned reports and records) from backups specifically for the time shortly after the patient's death or malpractice event(s) – need to pick a specific date - as well as current state of the patient electronic file information. This will allow you to view information that may have since been deleted and even be able in some cases to prove obstruction (destroying or altering patient records after a patient is dead or no longer being treated is likely a crime depending on intent – i.e., you destroy records after they are requested or a lawsuit is filed, etc.). It is very hard, if not downright impossible to truly destroy records given the way the backups are required to be maintained for many years by virtually all jurisdictions and they carry almost all states of the data. In the USA this period is six years <sup>[11]</sup>. You just need a data scientist who should know exactly how to request the information.

## LEGAL REQUIREMENTS

Legal requirements are often not followed; laws are broken and done so with impunity. In Dr. Migen Dibra's case over 50 acts violating Canadian law were committed. Many by multiple persons. So far, although it is still early, the police detective in charge has only recently committed to the investigation. Hopefully the Canadian and Quebec authorities will follow the law and charge these individuals.

Medical malpractice and crimes are very rarely prosecuted and even civil cases it is hard to prevail. This is for a multitude of reasons:

- Medical malpractice can often be very hard to explain to a novice jury, in those jurisdictions that require a jury, especially if the mistake made is complex. In the case of medical malpractice, a “jury of one’s peers” would need to be made up of all doctors, but that simply is not practical and as a result it can be difficult to explain beyond reasonable doubt to an entire jury to get a unanimous verdict that the doctor did something criminal. It is often all too easy for the defense to confuse the jury.
- It is extremely difficult to find law firms that can present a patient in cases of malpractice because the hospitals corruptively use the conflict-of-interest principle. They intentionally give subcontract jobs to all legal firms that deal with malpractice in order for the attorneys to be prohibited from taking clients against them since this would constitute a conflict of interest.
- The medical malpractice lawyers have generally no competence personally in medicine or science necessary to analyze the case personally without experts to explain the malpractice to them. This problem becomes more precarious when combined with the fact that few doctors will testify against, or even assist to go after, another doctor. As such, only the most obvious and flagrant cases will an attorney take.

As the police and District Attorney will rarely look to file a case due to the time and money to research and put the case together along with the poor likelihood of a successful outcome, the solution might be to file a civil suit prepared by the data scientist who can lay out the facts clearly and decidedly and request in the end that the judge makes a criminal referral. In this case a proper report prepared by a qualified data scientist will be heavily relied on in court. These reports can corner the hospital and their doctors in a space without escape and when the case is explained clearly and concisely without ambiguity a well-spoken individual can conceivably go to court against the hospital even without a lawyer if necessary. In the case of civil suits, one has to keep in mind the specific statute of time limitations that runs out on many crimes eventually, but more serious crimes are immune to those statutes. In almost all jurisdictions murder is immune to such statutes.

In Dr. Migen Dibra’s case we have ample evidence that we think shows that it is not a case of malpractice but instead of a culpable homicide (murder). The defense will argue manslaughter, but the evidence, in my opinion, will prove overwhelming that intent and malice were involved.

In the report to the Canadian constabulary, events and exhibits demonstrating material evidence of crimes committed were spelled out with exhibits displaying evidentiary documents and for each event was given the criminal codes that were violated. There were 5 separate cases of wrongdoing that we have identified, 4 of which we have material evidence that we have presented to the police. The legal aspects of this case are detailed in another article in the Law Volume of this publication by the same authors.

## **CONCLUSION**

The data from the WHO report is shocking. Given that there are “106,000 patients admitted to hospitals each day”[16] and according to WHO data thousands of those are harmed and killed daily, hospitals are among the most dangerous places to be on Earth. These numbers are both

frightening and staggering. In contrast, only 110 people died daily in car related accidents in the United States as of 2020 [17].

Further evidence of these astonishingly high numbers is the report from Medical News Today that already identified “An average of 195,000 people in the USA died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2002”[18]. According to the latest WHO study, those estimated numbers dating back to 2000 through 2002 were low. Based on the WHO data it can be inferred that over half of the deaths in hospitals from patients who are “harmed” are due to malpractice mostly in the form of mismedications.

We live in dangerous times still, but nothing we do is more dangerous than going to the hospital. That in itself is an amazing fact. In Dr. Migen Dibra’s case it was not even an accident that killed her, we believe it was an intentional act. With all of the accidental deaths occurring literally daily, how many of these deaths are intentional? This may be the biggest question this case raises.

What to learn from this case?

1. Hospitals are very dangerous places.
2. Hospital doctors cannot be trusted.
3. Always research drugs prescribed by any doctor.
4. Ask questions and insist you are satisfied by the answer or go elsewhere.
5. Get second and third opinions before major treatments.
6. Hospital deaths due to malpractice or murder are virtually never investigated or prosecuted due to their complexity.
7. Typical lawyers will not have the sophistication and training to analyze a medical malpractice case.
8. Most doctors will protect their own or get ostracized by their community. Further, many have some skeletons of their own and do not want someone helping patients to figure out what went wrong.
9. A data scientist with some medical training and / or background is ideally suited to uncovering malpractice and providing the proof for the legal case against the practitioners and institutions. Also, a data scientist is not affiliated with the medical community and as such will not be concerned with them being upset or offended.

Our wish is for this case to wake everyone up, encourage police to take a more aggressive approach to investigating hospitals and most importantly make Dr. Migen Dibra’s death meaningful. If these alleged murderers are not punished and the institutions do not properly deal with criminality, then her tragic death will be in vain and numerous other preventable deaths are occurring and will continue to occur. This should not be allowed to happen!

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