

LEGAL ASPECTS OF MEDICAL MALPRACTICE AND DATA SCIENCE: THE CASE OF THE TRAGIC DEATH OF ATTORNEY AT LAW, DR. MIGEN DIBRA

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¹Legal Data Science, USA

Keywords: Medical Malpractice, Laws, Data Science Methodology

ABSTRACT

Based on WHO and NIH published reports, it is widely known that in the world of medical practices, and especially in hospitals globally, patient best practices and treatment is outweighed by greed and best practices are typically not followed; laws are broken and done so with impunity. Yet paradoxically medical malpractice is rarely punished civilly, and medical crimes are very rarely prosecuted. This is for a multitude of reasons such as the massive amount of money that doctors have available to them for legal defenses through their insurance, the complexity of medical malpractice and medical crimes, the availability of a lawyer willing to take them on, medical competency of lawyers, the legal costs to fight doctors civilly, the difficulty to convince a jury criminally given the complexities, and the length and stress of legal processes. Although the situation looks bleak there are solutions offered by data scientists and artificial intelligence that help overcome these difficulties. In this paper the legal data science solutions will be described based on analysis of the tragic death of the Attorney at Law, Dr. Migen Dibra who was treated at the Oncology Department of JGH Public Hospital in Montreal, QC, Canada. In this case we have found over 50 acts violating Canadian laws that were committed by multiple persons.

INTRODUCTION

The number of malpractice cases that have been decided in favor of the patient has decreased considerably over time in Canada. In the period 2014 - 2019 only one in five cases of malpractice that went to court was decided in favour of the patient. This is a drastic decrease compared to the late 1970s when one in three cases was decided in court in favor of the patient [1]. In the period 2013 - 2017, 52.5% of the malpractice cases were dismissed, discontinued or abandoned, 36.7% settled, 6.5% are decided in court in favor of the doctor and only 1.6% have been decided in court in favor of the patient [1].

The rate of patients suing hospitals for malpractice in Canada has dropped in the past 40 years shows although the number of doctors increased as did the population and the total visits, surgeries,

hospital admissions, etc. the law has shifted favouring the doctors to a large degree. For the cases that do make their way to court, the number of patients who have won has also gone down [1].

In the USA there is no statistical information available on the court decisions and the associated percentages of cases that were decided in court in favor of the patient. According to National Institutes of Health (NIH), 96.9% of successful medical malpractice claims in the USA are settled out of court [2].

According to the NIH and WHO studies and statistics, in the medical practice and especially in hospitals the medical best practices are sacrificed for profit and laws are broken and often done so with impunity. In Dr. Migen Dibra's case for example, we believe the evidence demonstrates that over 50 acts violating Canadian laws were committed, several by multiple persons.

And yet paradoxically medical malpractices and medical crimes are very rarely prosecuted. This is for a multitude of reasons and some of them are given below:

- **Legal costs:** Medical doctors in Canada are covered by insurance given to them by the CMPA (Canadian Medical Protective Association) and it provides liability coverage and legal support to physicians since 1901 [1]. The CMPA holds \$5.7 billion in assets as per the annual report of 2023 [3]. Practically medical doctors do not pay lawyers that defend them from their pocket. It is the association that funds them. The irony is that about 75% of the CMPA's funding comes from taxpayers through provincial and territorial governments [1]. This means that the victims of malpractice must pay double. First, they pay 100% their own lawyer which is very expensive for an average of 350 CAD per hour and secondly, they have already paid with their very own taxpayer's money the majority of the fees of the adversary's attorney that defends the doctors they are pursuing.
- **Complexity for a jury to understand:** In those jurisdictions where medical malpractice requires a jury, it can often be very hard to explain to a novice 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.
- **Medical competency of lawyers:** 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.
- **The availability of a lawyer:** 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.
- **Length of legal processes:** The malpractices cases last too long, most of them for years and this serves as a deterrent for patients opening legal cases against the doctors and hospitals as well as a reason for the patients to drop the cases before going to court. CMPA has been accused of dragging cases for years using their "deep pockets" causing frustration

to the patients and obliging them to give up and this serves as a deterrent for others to sue the doctors and hospitals [1]. Statistically about 50% of the lawsuits started by the patients are dropped before going to court [1].

- **The choice of the legal arguments:** The lawyers usually base their process on the choice of medical treatment and whether or not their choice was justified. However, the medical doctors have a great escape door in this aspect to justify any treatment. They usually claim that they are the professionals and took into consideration and balanced advantages with disadvantages of any given treatment and decided the one they used for this specific patient is correct. As such, you must have a clear case in order to proceed. Additionally, they have also found another escape door: They make approval of their action by a board of specialty doctors to escape personal medical responsibilities. In the case of Dr. Migen Dibra, this will not work as they used illegal drugs that have long expired, but as a general rule this technique has proven very effective.

Although the situation looks bleak there are solutions to solve these complex situations. One of them is using a combination of criminal and civil legal cases if you can make a strong enough case with the police for them to pursue an investigation. In the first case the police, its investigators and prosecutors work on a criminal track while you pursue a civil lawsuit. Also, if the police and prosecutors will not pursue an investigation you may be able to persuade a judge that the elements are there and request a criminal referral. In the case of civil suits, it must be kept in mind that the statute of time limitations can run out on both civil and criminal charges. More serious crimes are immune to those statutes for criminal charges and in possibly all jurisdictions murder is immune to such statutes. In most jurisdictions the statute of limitations initiates not when the crime was committed, but when the authorities became aware. This will be an edge in many of these long running civil cases when pursuing the judge for a criminal referral.

The cost and time can be managed if a proper report is prepared by a qualified data scientist that can be effectively used in court. These data-based reports cost much less, take less time and replace the non-qualified work of lawyers that have no data science qualifications. Because of their technical sophistication and thoroughness these reports tend to make complex problems clear to the reader and as such can often corner the hospitals and their doctors into a space without escape doors. When the case is explained so clearly and without ambiguity the patients have a chance even when no attorney will represent them to go to court representing themselves against the doctor and/or hospital if no other option is available to them.

In the case of the Attorney at Law, Dr. Migen Dibra shown in Figure 1, it was this legal data science methodology that was used to find enough proof to make viable a criminal investigation and make possible charges for a culpable homicide and even murder.

In a previous paper, by the same authors, many important data science aspects and methods in evaluating the documents and facts to determine if medical professional practices were violated, evidence of malpractice and/or laws broken were presented, analyzed and were illustrated with aspects of concrete work done in the case of the tragic death of the Attorney at Law, Dr. Migen Dibra ^[4].

In this paper, the events and exhibits demonstrating material evidence that makes viable charges for culpable homicide and murder are spelled out along with the Canadian criminal codes violated for each event. This is carried out using data science methodologies that produce crystal clear irrefutable facts. At the time this article was being written, 5 cases of criminal wrongdoing had been identified. For 4 of the 5 cases much of the material evidence will be presented in this article.

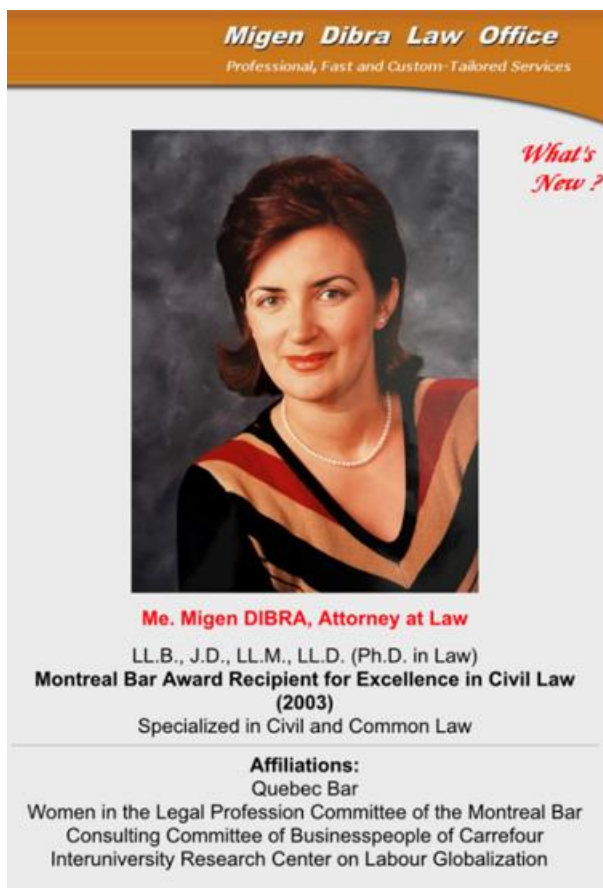


Figure 1: Attorney at Law, Dr. Migen Dibra

ADMINISTRATION OF ILLEGAL DRUGS

Dr. Migen Dibra, LL.B., J.D., LL.M., LL.D., Ph.D. in Law (hereafter “**Dr. Migen Dibra**”), a devoted wife and mother as well as a highly accomplished attorney died in February of 2024 after having two different illegal chemotherapy drugs administered to her. Her death was very painful, and we believe due to an abundance of evidence that her death was indeed intentional. The two drugs were Taxol® administered on the 9th of October of 2023 and Paraplatin-AQ® administered on the 7th February of 2024. Both were administered at the Oncology Department of the JGH Public Hospital located at 3755 Chem. de la Côte-Sainte-Catherine, Montréal, QC H3T 1E2, Canada.

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 both verbally and in writing for the doctor and hospital to make the required reports to Health Canada.


TAXOL® is an Illegal Chemotherapy Drug in Canada and in the USA

The hospital has clearly defined the first drug Taxol® by the literature (Figure 2) they gave her on the drug itself with required warning information as well as in correspondences with the patient (Figure 3a, 3b and 4). Recently, we were able to acquire a large amount of the hospital internal records via filing a FOIA request. Although they did not want to follow FOIA, and when they did they heavily redacted much of the documentation, they did display the trademarked name of Taxol® in over 100 documents along with the correct Taxol® specific dosage by the treating physician and the Tumor Board as shown in Figures 5 and 6. No other names are used in any of the documents given.

Taxol® was first legally marketed in Canada by Bristol Myers Squibb (BMS) on 1993-12-31. Taxol® lost approval in Canada, or BMS voluntarily removed it, on 2012-07-20 as shown in Figure 7 and reference [5]. Taxol® was sold to HQ Specialty Pharma in 2011 (Figure 8) who now owns the restricted trademarked name. Taxol® continued to be sold in the US by HQ Specialty Pharma for some years. HQ Specialty Pharma voluntarily withdrew FDA approval on January 2, 2020 which took effect on February 7, 2020 as shown in Figure 9 and reference [6]. The authors have confirmed these facts with BMS, HQ Specialty Pharma and the FDA. Taxol® has a shelf life of 2 years if kept between -20 to -25 degrees Celsius below zero [7]. As the last Taxol® lots that were sold in the US was in 2019, some 4 years prior to administration, and 2011 in Canada, the lot given to Dr. Migen Dibra was either produced illegally and used in Canada or had expired years before the administration of the drug. Some drugs like Ibuprofen become less potent over time; other drugs that are far more dangerous usually become unstable making them toxic after expiration and thus highly dangerous and even potentially lethal.

It is very important to note that the pamphlet in Figure 2 below that was given to Dr. Migen Dibra was last revised on 1 January 2020 (seen at the very bottom of this pamphlet) just one day before HQ Specialty Pharma voluntarily withdrew approval from the FDA. So, this was the very last document printed that they could give patients – seems unlikely to be a coincidence, especially with everything we now know.

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
Allergic reactions 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 immediately if this happens after you leave the clinic.
Paclitaxel burns if it leaks under the skin.	Tell your nurse or doctor immediately 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

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Paclitaxel

Figure 2: Pamphlet of the now illegal drug Taxol® handed over to the patient Attorney at Law, Dr. Migen Dibra



Figure 3 (a): Confirmation by the doctor of the illegal drug Taxol® being prescribed to the patient Attorney at Law, Dr. Migen Dibra

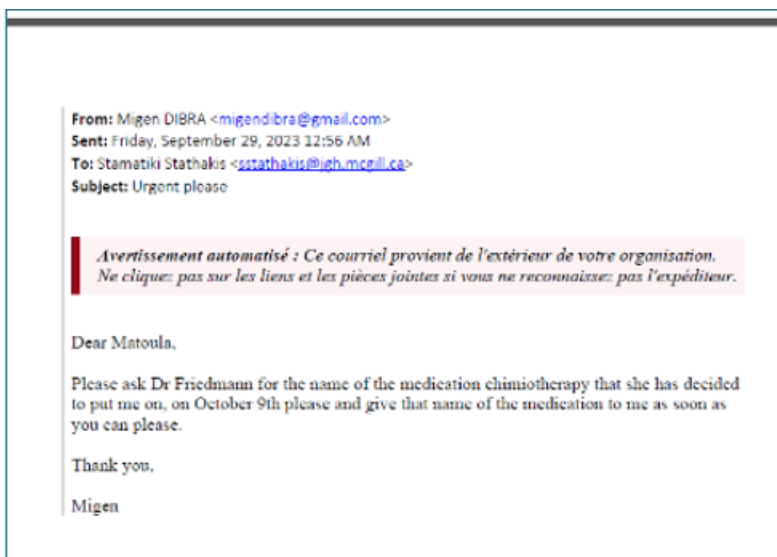


Figure 3 (b): Confirmation by the doctor of the illegal drug Taxol® being prescribed to the patient Attorney at Law, Dr. Migen Dibra

----- Forwarded message -----

From: Mark Basik, Dr. <mark.basik@mcgill.ca>
Date: Fri, Sep 29, 2023 at 1:27 PM
Subject: Re: Bonjour
To: Migen DIBRA <migendibra@gmail.com>

Hello Migen;

so we had a discussion and the consensus is that you should receive taxol chemotherapy. This is not a particularly heavy chemo, and it should be effective. I told Dr Friedman and we are finding you another oncologist, either Dr Cohen or another one for next week

Best

Mark B

From: Migen DIBRA <migendibra@gmail.com>
Sent: Friday, September 29, 2023 8:15 AM
To: Mark Basik, Dr. <mark.basik@mcgill.ca>
Subject: Bonjour

Dear Dr Basik,

Can you tell me yourself please what the tumor board decides today regarding my treatment, because I do not want to meet or see Dr Friedman again. I am traumatised by what she did.

It was me that told her yesterday not to make a bad decision herself like she has done so far, but to ask the tumor board first. And she agreed.

Best regards,

Migen

Figure 4: Confirmation by the Tumor Board of the illegal drug Taxol® being recommended for treatment 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



Date/Time of Encounter: 2023-09-29 10:02 AM

MRN: 575431 RAMQ: DIBM73530217

BMI: 0 SC/BSA: 0

Name: MIGEN DIBRA

Provider: 444

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

Referring Phy:

Type of Visit:

Tumor Board Note

Discussion

This is a 50 yr old female who underwent total left mastectomy in 2005 for DCIS. She then had an ER+ Her2 negative local recurrence, which was excised in Jan 2014. She had radiation therapy and tamoxifen. In 2018, she presented with ER+ HER2 negative bone and liver metastases. She had spinal surgery to stabilize the spine. She then developed left retinal metastases in 2018, which were treated with radiation therapy. She had received Zoladex and tamoxifen since 2018. She had only 3 cycles of combined Tesetaxel and Xeloda in 2019 on the Contessa trial, which were stopped for mucositis and neutropenia. She was started on Faslodex and Ibrance, but Ibrance was stopped due to side effect of shortness of breath. She had stopped all therapy in June 2022 after consultation in Japan where she was told she was cured. In Jan 2023 repeat imaging demonstrated progressive liver disease. She was restarted on Faslodex + Zoladex. She now has progressive liver disease, with abnormal liver enzymes and increasing tumor markers. **The tumor board recommends chemotherapy, weekly taxol, as she has never received taxol in the past. One can consider T-DxD as second line therapy. One can also consider a liver biopsy to verify receptor status, although this would not change the tumor board recommendation for taxol chemotherapy at this time.**

Allergies:

Allergic To	Allergy Type	Status
RATIO-MORPHINE	SOB, tachycardia, tingling legs	Active
CODEINE 30MG TAB	SOB, tachycardia, tingling legs	Active
HYDROMORPHONE	SOB, tachycardia, tingling legs	Active

This note was electronically signed on 2023-09-29 10:03:00.Provider Mark Basik M.D



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Figure 5: Tumor Board confirmation at the patient record file confirming using Taxol®



Hôpital général juif
Jewish General Hospital

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



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

MRN: 575431 RAMQ: DIBM73530217

BMI: 34.9 SC/BSA: 2

Name: MIGEN DIBRA

Provider: Cristiano Ferrario

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

Referring Phy:

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-sized 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/ Tsetaxel 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/u/p

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 inhibito)

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 missinformation)

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Jewish General Hospital - Confidential Documents - 575431, DIBRA, MIGEN
Physician's Notes - Oncology - Page 3/4 Job 144676 (2024/12/04 07:57) - Page 328 Doc# 138

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Figure 6: Confirmation by the doctor of the illegal drug Taxol® and its dosage administered to Attorney at Law Dr Migen Dibra

From Health Canada

[New search](#)

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 Date: 2010-02-22

Labelling:  [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	10:00.00
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Service (AHFS): 3

Anatomical Therapeutic Chemical L01CD01 PACLITAXEL

(ATC): 4

Active ingredient group (AIG) 0124214001

number: 5

List of active ingredient(s)

Active Ingredient(s)	Strength
PACLITAXEL	6 MG / ML

Figure 7: Health Canada official web site shows that Taxol® was illegal to be used in Canada since 2012-07-20 [5]: <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=14248>



Figure 8: Correspondence from Bristol Myers Squibb confirming that they have divested Taxol® to HQ Speciality Pharma in 2011

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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

PDF

Document Details

Document Dates

Table of Contents

Public Comments

Regulations.gov Data

Sharing

Print

Document Statistics

Other Formats

Public Inspection

PUBLISHED DOCUMENT: 2020-06675 (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 Lehigh, 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	Isoniazid (isoniazid 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 020262	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: 0.2341, Princeton, NJ 08543-4000.

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

TAXOL® Damage and Hospital Reaction

The damage from Taxol® was extreme. 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 (Figure 10) and confirmed by the doctor as displayed in Figure 6. 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 severe burning damage immediately after applying only one dose.

The patient had extreme reactions to both drugs and yet none 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 (Figure 11).

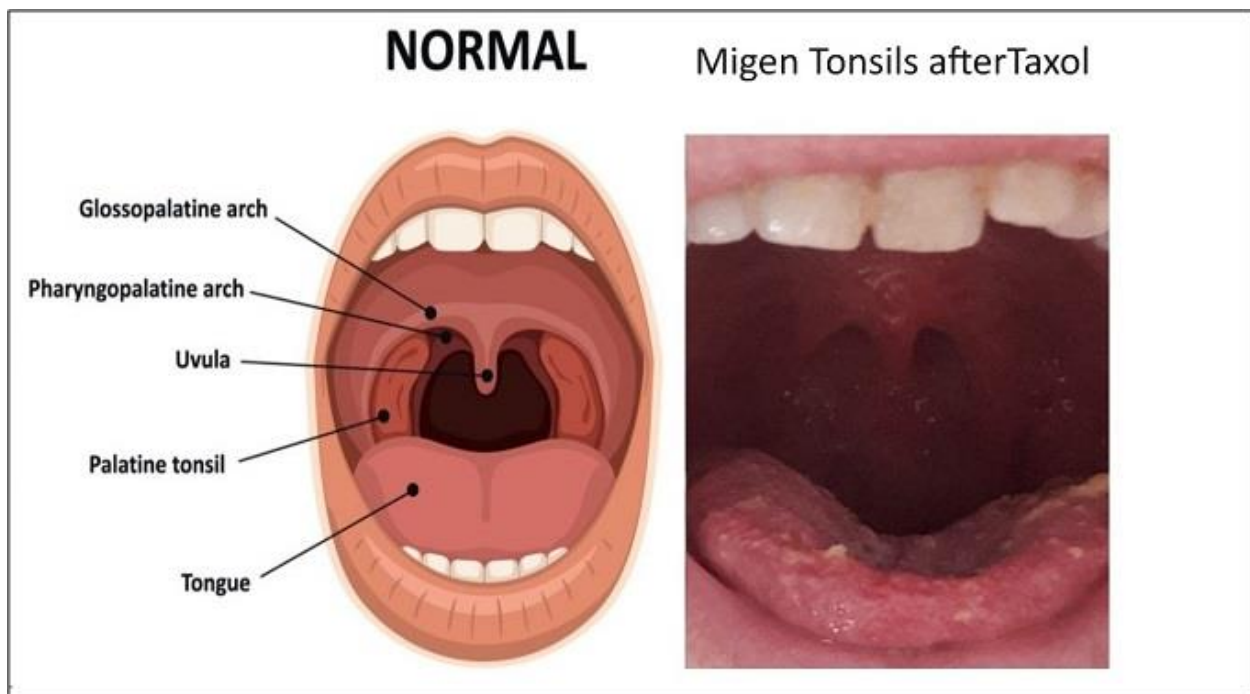


Figure 10: Dr. Migen Dibra's tonsils completely burned away after just one dose of Taxol®, leaving holes where she previously had her tonsils

----- Forwarded message -----

From: Migen Dibra <migen.dibra@umontreal.ca>

Date: Tue, Oct 31, 2023 at 9:28 AM

Subject: RAMQ

To: cristiano.ferrario@mcgill.ca <cristiano.ferrario@mcgill.ca>

Cc: Mark Basik, Dr. <mark.basik@mcgill.ca>

Dear Dr Ferrario,

Please ask the RAMQ to approve the cousin of the Ibrance for me, as you promised to do, because in my case that is necessary and my only way of survival.

Please explain to them that after I was burned and almost died by the Taxol mixture injection that I received on October 9, I have felt very weak, I have had difficulty breathing, I had a total and full hair loss. It clearly feels to me that if I will be given any other injection of Chemotherapy, of any kind, that will be a sure and certain death sentence for me.

If you want me to help, I can call the RAMQ myself and explain the situation as well as explain to them that in my case that I almost died from the Taxol mixture that I received on October 9th, my body is shaken and burned and it is not the same anymore. My good cells are burned to the ground from that mixture of Taxol, I am hardly recuperating from an extreme weakness and extreme fatigue and shortness of breath that I felt after I received that Taxol mixture injection. The total hairloss that I had after that dose showed it's massive destruction effect in my body.

I was feeling very very well before being injected the Taxol mixture on October 9th, as you saw me.

I have spoken to Mr Sullivan at the pharmacy of the hospital and he said that after he had investigated, he had found that what happened to me by this Taxol mixture had never happened before to any other patient in the hospital. No one had ever been burned like me inside their bodies and no one suffered a total and full hair loss and no one had severe shortness of breath for after Taxol. That makes it even more important to know, since he is investigating further the matter even with Health Canada now he said.

I am glad that you gave the order to stop giving Taxol right after you saw what it did to me.

Thank you for trying your best for me,

Migen

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Figure 11: Request from the patient (Dr. Migen Dibra, Attorney at Law) to her doctor and to the hospital to report the Extreme reactions to Health Canada, as required by Law. Neither the doctor nor the hospital reported the reactions to Health Canada in direct violation of the law.

Paraplatin-AQ® - Illegal Chemotherapy Drug in Canada and USA

The second drug was Paraplatin-AQ® (Figure 12 and 13) a variation of Carboplatin made by BMS (Paraplatin-AQ® is 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 [8, 9].

Figure 12 proves that the drug used was indeed Paraplatin-AQ®. This fact is also corroborated and confirmed by the Medication Administration Summary of the patient file that has been handed over by JGH Hospital given in Figure 13 where it is clearly written as Paraplatin-AQ® leaving no question that it was the drug that they administered to Dr. Migen Dibra.

There is zero chance that these drugs were mislabelled because in all documents the labelling of all drugs listed respects the federal law and Health Canada rules and regulations on labelling that like in USA are binding for all states, in Canada are binding for all provinces and, also like the USA, have federal supremacy to their laws. In the Canadian 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” [10]. Furthermore, there is a barcode used in the label of each medication, which is a process that is specifically designed to prevent medication errors and make sure the medication prescribed is the one given.

Paraplatin AQ® and Taxol® are both trademarked names of specific drug chemical combinations and they are NOT listed in the RAMQ provincial government insurance establishment, confirming that they are not available for medical use. Neither are they legal to be used in Canada or the USA. Also, they are not available at all. Neither of these two drugs has been available for a very long time in Canada. It has been over 15 years since Paraplatin AQ® was last produced. Taxol® went out of production for public consumption back in 2019. As they only have a two-year shelf life under extreme storage conditions there is no way at all that they are safe for standard medical use.

Paraplatin AQ® and Taxol® are indeed available in generic versions in Canada: they are generically referred to by their primary active ingredient Carboplatin and Paclitaxel respectively. It is important to note that the vast majority of Carboplatin and Paclitaxel generic drugs have been removed from the approved list in Canada. When they are administered Canadian law requires that the labels, drug warning handouts to the patients, hospital administration records, doctor communications with the patients regarding the drug to be administered, etc. all state the correct trademarked name for the specific generic drug to be used. All of the hospital records, all communication records with the patient Dr. Migen Dibra, all of the drug warning material and even the labels on the drug containers themselves stated the trademarked names of Paraplatin AQ® and Taxol®, as such there is no doubt what Dr. Migen Dibra was actually given.

It should also be noted though that mislabelling a drug in Canada, the USA and almost all countries in the entire world is a criminal offence in itself. In this case they would have had to commit that offense well over 100 times for these two potentially lethal drugs, but did not do so in any case prior where generic drugs were utilized.

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, there is a security process in

place to take Paraplatin-AQ[®] from the hospital inventory as it is a highly dangerous drug, there is a technician that prepared it, and another that administered it as well as a supervisory board that supposedly approved its use in Dr. Migen Dibra's case. How did they all allow her to be treated with this drug? Furthermore, how this drug was claimed to be financially covered by RAMQ, the public government insurance agency? Paraplatin-AQ[®] would not have been covered since it was illegal. Was another name used by falsifying the documentation? Will the barcode lead us to a programmed method of keeping inventory of illegal drugs and converting their names at the point of sending the bill to RAMQ? There are so many questions that are driven by inexplicable evidentiary information that require thorough investigation.

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



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IMG_0126

Apple iPhone 13 Pro

HEIF

Ultra Wide Camera — 13 mm f1.8

12 MP • 4032 × 3024 • 1.2 MB

ISO 250

26 mm

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f1.8

1/60 s



[Jewish General Hospital](#)

[Adjust](#)



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

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Quest
de l'île de Montréal

Québec

HÔPITAL GÉNÉRAL JUVÉ

Allergy(s): Narcotic Analgesics

Intolerance(s):

MRC1171

ACC2023112171

MRNS75431

Administration summary

FADM/MAR 24h

From : 2024-02-14 00:00:00

To : 2024-02-14 23:59:00

Ro: D4405-A D41 605614

575431

DIBRA MIGEN

B/D: 1973-03-02 Age : 50 years Sex: F

Drug

"MEDICATION HISTORY done : NO HOME MEDS"

note

No regular medication prior to admission

History done with pt "DSQ refusal"

Administrations

012

N/A

Start: 2024-02-07 09:45 End: 2051-06-24 09:44

CARBOplatin (<500mg) in 250mL D5W (P)

PARAPLATIN-AQ

239 MG IV

for 1 dose

over 30 minutes

C1D1 & 8 = Feb 7 and 14-2024

stable: 5 days RT protected from light

Final volume (mL):303.9

Start: 2024-02-07 00:01 End: 2024-02-28 00:00

CHOLESTYRAMINE 4 g/sachet

QUESTRAN

4 G = 1 sachet PO

4 times a day pm if pruritus

Dilute in 100mL of water - May be given per tube

Take other meds 1 hr before or 4-6 after Cholestyramine.

Start: 2024-02-14 11:55 End: 2051-07-01 11:54

DEXAMETHASONE 10 mg/ 10mL NS syr IV ONCO (P)

DECADRON

10 MG = 10 ML IV

for 1 dose

No further dilution required

Run over 15 minutes / SMART pump at 40mL per hour

Refrigerate / Protect from light / Stable 1 month

Start: 2024-02-07 00:01 End: 2024-02-28 00:00

DEXAMETHASONE 20 mg/5 mL Inj.

DECADRON

4 MG = 1 ML IV

Twice daily before breakfast and mid-afternoon

dil. with 10mL d5w or ns/ administer over 15 min

stable for 14 days at room temp when protected from light

In ER: May IV PUSH over 1 min ; final dilution volume 10mL.

Start: 2024-02-08 00:00 End: 2024-02-14 12:38Ward stock

009

IV

SUSPENDED

020

SACHET PO

008

IV

SUSPENDED

010

IV

09:00 - 4 MG - 09:01

(09:01) Given 4 MG by Katheryn Ronquillo

Administration summary printed on: 2024-02-15 22:57:43

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Page: 1 of 4


Jewish General Hospital - Confidential Documents - 575431, DIBRA, MIGEN

Medication Administration Record (MARe) - Page 1/4

Job 144676 (2024/12/04 07:57) - Page 222 Doc# 91

Figure 13: Photo of Paraplatin-AQ®, the illegal drug in the medication administrative summary of the patient Attorney at Law, Dr. Migen Dibra at JGH hospital

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Product information

From [Health Canada](#)

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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:

2007-07-30

Original market date: 1

1989-12-31

Product name:


PARAPLATIN-AQ INJ 10MG/ML

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:

00788759

Product Monograph/Veterinary Labelling:

Date: 2004-10-25
 [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):

Liquid

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

L01XA02 CARBOPLATIN

Active ingredient group (AIG) number: 5


0117892002

List of active ingredient(s)

Active ingredient(s) 8	Strength
CARBOPLATIN	10 MG / ML

[New search](#)
[Same active ingredient group number](#)

Figure 14: Health Canada official web site shows that Paraplatin-AQ® was illegal to be used in Canada since 2012-07-20 [8]: <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=9576>



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MENU

[Canada.ca](#) > [Health Canada](#) > [Drugs & Health Products](#) > [Drug Products](#) > [Drug Product Database](#) > Drug Product Database online query

Search results summary

From [Health Canada](#)

[New search](#)

Search criteria

- Status: Select all
- Product name: paraplatin
- Class(es): Select all
- Route(s) of administration: Select all
- Dosage form(s): Select all
- Schedule(s): Select all
- Species: Select all

Search results

List of returned drug products

Status	DIN	Company	Product	Class	PM 1	Schedule	# 2	A.I. name 3	Strength
Cancelled Post Market	00680060	BRISTOL LABS DIVISION OF BRISTOL-MYERS SQUIBB	PARAPLATIN INJ 150MG/VIAL	Human	No	Prescription	1	CARBOPLATIN	150 MG / VIAL
Cancelled Post Market	00788759	BRISTOL-MYERS SQUIBB CANADA	PARAPLATIN-AQ INJ 10MG/ML	Human	Yes	Prescription	1	CARBOPLATIN	10 MG / ML

Figure 15: Health Canada official web site shows that Paraplatin-AQ® was illegal to be used in Canada since 2012-07-20 [9]: <https://health-products.canada.ca/dpd-bdpp/dispatch-repartition>

Paraplatin-AQ® Damage and Hospital Reaction

The administration did not follow BMS initial instructions on their variant of Carboplatin which required them to be prepared to do a blood transfusion immediately if the application went poorly [11]. The application went so poorly that the doctor told her husband that she had 48 hours maximum to live shortly after the administration was concluded.

When she did not die (she lived for another 11 days) as they thought she would, two additional doctors tried to convince her daily to commit suicide through euthanasia telling her that she is hopeless and going to die in a horrific manor. That made three doctors telling her that she has no hope and that she should just kill herself. They continued even after being asked multiple times to stop both verbally and in writing by Dr. Migen Dibra's family as displayed in part in Figure 16.

This email was sent to the doctor and to the department chair. They never responded to it, nor did the behaviour from the doctors stop. As you may be aware, it is legal in Canada for a physician to assist a patient to end their life, but it is illegal for a doctor to encourage a patient to commit suicide or make them afraid – criminal code 241 (1) “Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years who, whether suicide ensues or not, (a) counsels a person to die by suicide or abets a person in dying by suicide”. Doctors are exempt from assisting, but **not** from counselling a person to commit suicide. We believe they did so to try to protect themselves against a wrongful death suit or an investigation as suicide would become the official cause of death.

They did not stop there. Dr. Cristiano Ferrario, her primary oncologist of the JGH Oncology Department decided not to give her any intravenous nutrients from the first day she was admitted to the hospital to have Paraplatin-AQ® administered until the last day of her life. Dr. Cristiano Ferrario justified this saying that any sugar given intravenously will make her go into a comma. Dr. Haruhiko Inufusa, Professor of Gifu University, Japan with 40 years of experience as a cancer surgeon specializing in cancer metastasis at Kindai University Hospital and previous Director of Advanced Medical Technology and Medical Economics at Kindai University School of Medicine, was so astonished that he openly doubted that it was a doctor that gave this advice since he said this is kinder garden knowledge in medicine. They also ordered her IV solutions and intravenous water was stopped by the primary physician’s direct order. Diuretics, critical to keeping her kidneys functioning and lowering her water buildup, were stopped by order as well shortly after a minimum dose was administered initially. Dr. Fallah, the JGH Pavilion IV doctor, justified this by saying that diuretics makes the “good” water go out with urine and the “bad” water stays inside. This was also classified by Dr Inufusa as nonsense and against the public recommendation doses of the FDA. Her husband argued and pleaded to no avail. Even when her heartbeat stopped, they refused to come into her room for over an hour. The family was frantically trying to get a doctor or a nurse to respond and no one would bother. Is this effectively killing her just as surely as if they put a gun to her head and pulled the trigger? How can this happen in a “civilized” society? A host of laws were again severely broken.

Of important note, in 2022 Dr. Migen Dibra’s husband took her twice to Japan to see some of their finest doctors for a second opinion. They had many unusual findings contrary to the findings of the JGH Hospital in Montreal. This included Dr. Shinichi Hori, Director of IGT (Image Guided Therapy) Institute in Osaka, Japan and 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. In February of 2023, another Japanese doctor, Dr. Inufusa was advised that the Hospital was planning to administer a variant of Carboplatin, the primary ingredient in Paraplatin-AQ®, he emphatically warned that if she is treated with Carboplatin she will die rapidly. Dr. Fallah the JGH Pavilion IV doctor who graduated in Iran University of Medical Sciences, openly ignored Dr. Inufusa’s warning making derogatory remarks calling all Japanese doctors “charlatans”, but what happened was exactly what Dr. Inufusa had warned and predicted. 2 days after administering it, Dr. Cristiano Ferrario of the Oncology Department of JGH who graduated at the University of Milan, her following oncologist told Migen at her bed that carboplatin had caused irreversible damage. Dr. Inufusa had written that treating

her with Carboplatin would be nothing short of murder, but he was not aware that the variant was Paraplatin-AQ[®], which would have instantly raised additional serious red flags as they knew that Paraplatin-AQ[®] was no longer produced and/or sold anywhere on Earth.

From: Davis Joseph
Sent: Sunday, February 18, 2024 1:14 PM
To: Cristiano Ferrario, Dr <cristiano.ferrario@mcgill.ca>
Cc: Gerald Batist, Dr. <gerald.batist@McGill.Ca>; Nahum Sonenberg, Dr. <nahum.sonenberg@McGill.Ca>
Subject: My mother

Dear Dr. Ferrario,

I hope you are doing well.

My mother and family have been complaining that Dr. Fallah keeps repeating, over and over again, that my mother is going to die very soon, and this is tormenting her.

According to my father, Dr. Fallah told my mother "If I were you, I would end my life".

He told me that Dr. Ma also offered her assisted suicide, even though all her vital signs were normal (blood pressure, oxygen rate, heartbeat, sharp mind, etc.).

Can you please tell the doctors involved with my mother's file to stop doing this? It is abusive for the doctor to repeatedly demoralize the patient.

There is such a thing called the nocebo effect, as I am sure you are aware of. If they keep unnecessarily repeating bad news to her non-stop, she is going to suffer even more and die sooner.

I saw her yesterday and she was very saddened by Dr. Fallah's unprofessional and inappropriate behavior.

Best regards,

Davis

Figure 16: Email asking the doctor and to the department chair to stop insisting to the patient that she should kill herself. This letter by Dr. Migen's Dibra's son was completely ignored as was several other such pleas from her family.

QUESTIONS AS PER CANADIAN CRIMINAL CODE

Canadian Criminal Code (R.S.C., 1985, c. C-46) [12] gives the following definitions:

Culpable homicide

222 (5) A person commits **culpable homicide** when he causes the death of a human being,

- (a) by means of an unlawful act;
- (b) by criminal negligence;
- (c) by causing that human being, by threats or fear of violence or by deception, to do anything that causes his death; or
- (d) by wilfully frightening that human being, in the case of a child or sick person.

Murder

229 Culpable homicide is murder

- (a) where the person who causes the death of a human being
 - (i) means to cause his death, or
 - (ii) means to cause him bodily harm that he knows is likely to cause his death, and is reckless whether death ensues or not;
- (b) where a person, meaning to cause death to a human being or meaning to cause him bodily harm that he knows is likely to cause his death, and being reckless whether death ensues or not, by accident or mistake causes death to another human being, notwithstanding that he does not mean to cause death or bodily harm to that human being; or
- (c) if a person, for an unlawful object, does anything that they know is likely to cause death, and by doing so causes the death of a human being, even if they desire to effect their object without causing death or bodily harm to any human being.

Acceleration of death

226 Where a person causes to a human being a bodily injury that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or disorder arising from some other cause.

As per the above definitions the questions that arise are:

- Did the hospital murder Dr. Migen Dibra due to the fact she was prescribed and administered not one, but two illegal drugs? Is intentionally prescribing and administering illegal drugs that cause fatal damage murder in itself? Those drugs were highly toxic. The first nearly killed her extremely painfully and the second, Paraplatin-AQ®, did kill her after 11 days of agony.
- Is intentionally giving two illegal drugs an unlawful act or criminal negligence?
- Did the hospital mean to cause death or cause bodily harm knowing that that is likely to cause death, which is reckless whether death ensues or not even if by accident or mistake?

- Did the hospital doctors' use of illegal drugs and lack of care and treatment after the Paraplatin-AQ® cause Dr. Migen Dibra a bodily injury that resulted in her death, or at the very least accelerated her death?

It is safe to say that since Taxol® and Paraplatin-AQ® were well known drugs that were heavily used in the early days of chemotherapy that it is simply inconceivable that anyone with a medical degree specializing in cancer treatment would not know that these drugs are no longer legal or manufactured. It would be like a traffic police officer not knowing how to write a ticket or a professional basketball player not knowing how to dribble the ball. This is their profession, and these two drugs were founding fathers of the chemotherapy industry. There is no possibility that these drugs could have passed all of the professionals that approved, reviewed and administered them.

Questions related to availability of illegal drugs:

1. Since both drugs were last legally manufactured and sold in the United States years ago, and in the case of Paraplatin-AQ® well over a decade ago, is the hospital working with a drug cartel to move expired, or synthesized in illegal labs, high-end drugs possibly crossing the border from the United States, India or other nations and selling them through their oncology department?
2. Is the hospital using home baked drugs from illegal labs in Canada owned by the doctors themselves and charging full rates for these high-priced chemotherapy drugs, instead of purchasing from expensive pharmaceutical companies, and pocketing the profits?
3. Is the hospital using imported illegal drugs in Canada that are illegally produced in other countries to use on their patients?
4. According to eyewitnesses, previous patients in the early 2000s, chemotherapy procedures used to be done in the basement of the old building of the hospital where there were only about 20 chemotherapy special beds and chairs. In 2024 there are hundreds of chemotherapy chairs and beds on roughly 8 floors or more and on top of that chemotherapy is also carried out in private clinics of the doctors that are affiliated with the hospital. Is the huge increase of the size of the Oncology Department in the JGH Public Hospital in Montreal somehow related to the dispensing of illegal drugs?
5. The previous oncologists back in the 80's and 90's made normal incomes and lived in modest homes. Today some of the new oncology doctors have purchased multi-million-dollar homes some at the beginning of their career even though they still have supposedly modest incomes. Is the luxury lifestyle of some of the oncologists in the JGH Public Hospital in Montreal related to these illegal drugs?

It is up to the competent authorities and police to find the answers to these burning questions by fully investigating and act appropriately whenever necessary to bring those responsible to justice and to make sure that the justice is served. This is also a matter of urgency since many more may have already died and still others are right now at grave risk of losing their lives. 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.

RESUME OF VIOLATIONS OF THE CRIMINAL CODES OF CANADA

This section cites the articles of the criminal codes of Canada that have been violated. Some of the codes are overlapping for each event. The author's comments describing relevancy are given in italics after each code is cited.

Canadian Criminal Code (R.S.C., 1985, c. C-46) ^[12] gives the following definitions:

PART VIII - Offences Against the Person and Reputation

Taxol® administration

The relevant criminal codes of Criminal Code (R.S.C., 1985, c. C-46) ^[12] that are violated are the following:

Duties Tending to Preservation of Life

Duty of persons undertaking acts dangerous to life

216 Every one who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.

Clearly all doctors involved (i.e., the prescribing doctor, the administering doctor, the pharmacologist and all those that reviewed Dr. Migen Dibra's case and recommended Taxol®) are accountable since they did not use reasonable knowledge, skill and care and to our opinion should be charged accordingly.

Duty of persons undertaking acts

217 Every one who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.

All those mentioned in 216 above had a legal obligation to check to see if the drug was legal to administer in Canada and to check to see if it was expired.

Duty of persons directing work

217.1 Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

All those mentioned in 216 above had a legal obligation to check to see if the drug was legal to administer in Canada and to check to see if it was expired before recommending or ordering others to administer.

Criminal Negligence

Criminal negligence

219 (1) Every one is criminally negligent who

- (a) in doing anything, or
- (b) in omitting to do anything that it is his duty to do,

shows wanton or reckless disregard for the lives or safety of other persons.

All those mentioned in 216 above had a legal obligation to check to see if the drug was legal to administer in Canada and to check to see if it was expired.

Causing death by criminal negligence

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable

- (b) in any other case, to imprisonment for life.

It can be reasonably argued that the Taxol[®] administration with its extreme reactions significantly lowered her life expectancy. This is particularly true, of course, if either she did not have the original cancer, or if the tumors were unnatural in origin as the Japanese doctors observed.

Causing bodily harm by criminal negligence

221 Every person who by criminal negligence causes bodily harm to another person is guilty of

- (a) an indictable offence and liable to imprisonment for a term of not more than 10 years; or
- (b) an offence punishable on summary conviction.

Not stopping the Taxol[®] administration when it was well known that Taxol[®] was no longer legal in Canada for over a decade makes each and every practitioner who approved of its usage guilty of violating this code.

Homicide

Homicide

222 (1) A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being.

It can be reasonably argued that the Taxol[®] administration with its extreme reactions significantly lowered her life expectancy and thus led to her eventual premature death.

Idem

222 (5) A person commits culpable homicide when he causes the death of a human being,

- (a) by means of an unlawful act;
- (b) by criminal negligence;
- (c) by causing that human being, by threats or fear of violence or by deception, to do anything that causes his death; or

Clearly giving Dr. Migen Dibra Taxol[®] was an illegal act and at the very least criminal negligence. If the drugs were also manufactured in an illegal lab, very possible, then the doctors are also guilty of deception as well leading to death.

Death that might have been prevented

224 Where a person, by an act or omission, does any thing that results in the death of a human being, he causes the death of that human being notwithstanding that death from that cause might have been prevented by resorting to proper means.

All those mentioned in 216 above had a legal obligation to check to see if the drug was legal to administer in Canada and to check to see if it was expired. It can be reasonably argued that the Taxol[®] administration with its extreme reactions significantly lowered her life expectancy and thus lead to her eventual premature death.

Death from treatment of injury

225 Where a person causes to a human being a bodily injury that is of itself of a dangerous nature and from which death results, he causes the death of that human being notwithstanding that the immediate cause of death is proper or improper treatment that is applied in good faith.

Hard to find any good faith in this case, but it is expected that they will argue it and as such, our opinion, this charge should probably be filed.

Acceleration of death

226 Where a person causes to a human being a bodily injury that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or disorder arising from some other cause.

Clearly the Paraplatin-AQ[®] administration was the primary cause of her death. The total lack of medical attention to follow certainly speeded up her death and made any other outcome impossible.

Classification of murder

231 (1) Murder is first degree murder or second degree murder.

Planned and deliberate murder

231 (2) Murder is first degree murder when it is planned and deliberate.

Aside of powerful motives we have uncovered for the specific murder of Dr. Migen Dibra, we think that it can be successfully argued that intentionally using illegal drugs on any patient, for any reason (profit or otherwise), that cause the death of a patient is in fact murder in the first degree.

Paraplatin-AQ[®] Administration

The relevant criminal codes of Criminal Code (R.S.C., 1985, c. C-46) [12] that are violated are the following:

Duties Tending to Preservation of Life

Duty of persons undertaking acts dangerous to life

216 Every one who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.

As with Taxol[®] the same is true essentially with Paraplatin-AQ[®] with the exception that it is much clearer and worse since she died imminently after the administration. Clearly all doctors involved (i.e., the prescribing doctor, the administering doctor, the pharmacologist and all those that reviewed Dr. Migen Dibra's case and recommended Taxol[®]) are accountable since they did not use reasonable knowledge, skill and care and should be charged accordingly.

Duty of persons directing work

217.1 Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

All those mentioned in 216 above had a legal obligation to check to see if Paraplatin-AQ[®] was legal to administer in Canada and to check to see if it was expired. They did not take reasonable steps to prevent bodily harm.

Criminal Negligence

Criminal negligence

219 (1) Every one is criminally negligent who

- (a) in doing anything, or
- (b) in omitting to do anything that it is his duty to do,

shows wanton or reckless disregard for the lives or safety of other persons.

Clearly all doctors involved (i.e., the prescribing doctor, the administering doctor, the pharmacologist and all those that reviewed Dr. Migen Dibra's case and recommended Paraplatin-AQ®) have shown wanton or reckless disregard for the life of Dr. Migen Dibra and as such are accountable and should be charged accordingly.

Causing death by criminal negligence

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable

- (b) in any other case, to imprisonment for life.

Paraplatin-AQ® proved lethal; as such we think that all that were involved should be charged – From the doctor to the pharmacist to the administering physician to even the nurse who had to have seen the expiration date and still helped to prepare and administer the drug.

Causing bodily harm by criminal negligence

221 Every person who by criminal negligence causes bodily harm to another person is guilty of

- (a) an indictable offence and liable to imprisonment for a term of not more than 10 years; or
- (b) an offence punishable on summary conviction.

Paraplatin-AQ® ended Dr. Migen Dibra's life prematurely because of criminal negligence or worse.

Homicide

Homicide

222 (1) A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being.

Paraplatin-AQ® proved lethal; as such, we think that all that were involved should be charged – From the doctor to the pharmacist to the administering physician to even the nurse who had to have seen the expiration date and still helped to prepare and administer the drug.

Culpable homicide

222 (4) Culpable homicide is murder or manslaughter or infanticide.

Idem

222 (5) A person commits culpable homicide when he causes the death of a human being,

- (a) by means of an unlawful act;
- (b) by criminal negligence;
- (c) by causing that human being, by threats or fear of violence or by deception, to do anything that causes his death; or

Dr. Migen Dibra died from the illegal drug Paraplatin-AQ® as such all doctors that were involved knew it was illegal and as such committed an unlawful act. Anyone that did not know, but were responsible to know at the very least committed criminal negligence. The fact that she was not informed that the drug was illegal and was miss informed that she needed the illegal drug and that the illegal drug would help her was indeed deception.

Death that might have been prevented

224 Where a person, by an act or omission, does any thing that results in the death of a human being, he causes the death of that human being notwithstanding that death from that cause might have been prevented by resorting to proper means.

All those mentioned above had a legal obligation to check to see if the drug was legal to administer in Canada and to check to see if it was expired. The Paraplatin-AQ® administration led to her rapid death in just 11 days.

Death from treatment of injury

225 Where a person causes to a human being a bodily injury that is of itself of a dangerous nature and from which death results, he causes the death of that human being notwithstanding that the immediate cause of death is proper or improper treatment that is applied in good faith.

Although no good faith was evident, we think this charge applies if they somehow escape the obvious more serious charges as no matter what they gave her illegal expired drugs that killed her and failed to report it as they are required by law specifically due to the fact they knew what they did.

Acceleration of death

226 Where a person causes to a human being a bodily injury that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or disorder arising from some other cause.

They may claim she was terminal anyways, but clearly her death was accelerated. Also, it is far from being certain that she had bone cancer in the first place, the original reason for treatment, as they prescribed Tamoxifen, a drug well known to cause severe bone damage in pre-menopausal women. This case very well may have initiated with the cover up of medical malpractice prescribing initially the wrong medication when she had no symptoms at all. This medication is intended as a proactive treatment to prevent cancer from coming back in breast removal cases, but only for older women who have gone through menopause (Dr. Migen Dipra never went through menopause).

Murder, Manslaughter and Infanticide

Murder

229 Culpable homicide is murder

- (a) where the person who causes the death of a human being
 - (i) means to cause his death, or
 - (ii) means to cause him bodily harm that he knows is likely to cause his death, and is reckless whether death ensues or not;
- (b) where a person, meaning to cause death to a human being or meaning to cause him bodily harm that he knows is likely to cause his death, and being reckless whether death ensues or not, by accident or mistake causes death to another human being, notwithstanding that he does not mean to cause death or bodily harm to that human being; or

As with Taxol[®] there is no possibility that the pharmacist, prescribing physician and the administrating physician ALL did not know Paraplatin-AQ[®] was an illegal and expired drug. Further, that would have to be two instances in a row of such unbelievable incompetence and malpractice on the same patient just months apart. No medical institution can be that inconceivably incompetent and negligent by accident. It is beyond reasonable doubt that they knew what they were doing and knew the outcome could be horrific and fatal. To add to these facts is that they were warned by the Japanese doctors that this would be nothing less than homicide to give her any form of Carboplatin.

Classification of murder

231 (1) Murder is first degree murder or second degree murder.

Planned and deliberate murder

231 (2) Murder is first degree murder when it is planned and deliberate.

As mentioned in 229 above, it is completely unreasonable to believe that their using illegal expired drugs were accidental. Intentionally using illegal drugs that are highly dangerous on any patient, for any reason (profit or otherwise), that cause the death of a patient is in fact murder in the first degree

Failing to try to save life by cutting all standard treatments that could have prolonged her life

The relevant criminal codes of Criminal Code (R.S.C., 1985, c. C-46)[12] that are violated are the following:

Duties Tending to Preservation of Life

Duty of persons to provide necessities

215 (1) Every one is under a legal duty

(c) to provide necessities of life to a person under his charge if that person

(i) is unable, by reason of detention, age, illness, mental disorder or other cause, to withdraw himself from that charge, and

(ii) is unable to provide himself with necessities of life.

This usually applies to children or the elderly; however, we think the charge as written clearly applies in this case. They clearly had no interest in trying to help her live at all. Even when her heart stopped, they ignored her. Just shameful to the entire medical community and the oaths they take seemingly in gest.

215 (2) Every person commits an offence who, being under a legal duty within the meaning of subsection

(b) with respect to a duty imposed by paragraph (1)(c), the failure to perform the duty endangers the life of the person to whom the duty is owed or causes or is likely to cause the health of that person to be injured permanently.

Whether or not she would have lived if they made best effort will never been known, however, we do know her life was shortened by the total lack of medical treatment. Again, their behavior should be properly investigated and treated by the legal system.

Duty of persons undertaking acts dangerous to life

216 Every one who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.

They had an obligation to treat her kidney, give her intravenous nutrients and most likely a blood transfusion and possibly a kidney dialysis. They did nothing and denied her standard treatments such as diuretics and IV fluids or even come when her heart stopped.

Duty of persons undertaking acts

217 Every one who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.

Not treating a patient who wants to fight to live is not only unethical, it is criminal.

Criminal Negligence

Criminal negligence

219 (1) Every one is criminally negligent who

- (a) in doing anything, or
 - (b) in omitting to do anything that it is his duty to do,
- shows wanton or reckless disregard for the lives or safety of other persons.

As with 217 above, not treating a patient who wants to fight to live is not only unethical, it is criminal.

Causing death by criminal negligence

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable

- (b) in any other case, to imprisonment for life.

She was feeling healthy, and her vitals were good before the treatment of Taxol® then Paraplatin-AQ® and lastly the complete lack of making any effort of what-so-ever to save her after the administration of Paraplatin-AQ®, as such they were all criminally negligent to the very end.

Causing bodily harm by criminal negligence

221 Every person who by criminal negligence causes bodily harm to another person is guilty of

(a) an indictable offence and liable to imprisonment for a term of not more than 10 years;
or

(b) an offence punishable on summary conviction.

Homicide

Homicide

222 (1) A person commits homicide when, directly or indirectly, by any means, he causes the death of a human being.

Not treating her may not have caused her death, but we will never know. At the very least, though, we do know they accelerated her death when she wanted to fight to live.

Culpable homicide

222 (4) Culpable homicide is murder or manslaughter or infanticide.

Idem

222 (5) A person commits culpable homicide when he causes the death of a human being,

- (a) by means of an unlawful act;
- (b) by criminal negligence;

Clearly both (a) and (b) are applicable as they had a legal responsibility to treat her till her death and they were negligent in every respect of the word. Not giving her diuretics alone was gross negligence and insured the failure of her kidneys.

Death that might have been prevented

224 Where a person, by an act or omission, does any thing that results in the death of a human being, he causes the death of that human being notwithstanding that death from that cause might have been prevented by resorting to proper means.

Again, arguably she was going to die due to the reactions to the illegal expired drugs, however, they were still required to give best care possible till the end of her life and they refused to do so.

Death from treatment of injury

225 Where a person causes to a human being a bodily injury that is of itself of a dangerous nature and from which death results, he causes the death of that human being notwithstanding that the immediate cause of death is proper or improper treatment that is applied in good faith.

Not good faith found here at all. They chose to not treat a patient in critical need of care that was already in their charge. The fact that she was already in their charge is a critical point.

Acceleration of death

226 Where a person causes to a human being a bodily injury that results in death, he causes the death of that human being notwithstanding that the effect of the bodily injury is only to accelerate his death from a disease or disorder arising from some other cause.

Refusing treatment caused additional pain, suffering and undeniably accelerated her death.

229 Culpable homicide is murder

(a) where the person who causes the death of a human being

(i) means to cause his death, or

(ii) means to cause him bodily harm that he knows is likely to cause his death, and is reckless whether death ensues or not;

(b) where a person, meaning to cause death to a human being or meaning to cause him bodily harm that he knows is likely to cause his death, and being reckless whether death ensues or not, by accident or mistake causes death to another human being, notwithstanding that he does not mean to cause death or bodily harm to that human being; or

By refusing treatment they forced the outcome of death taking away any and all hope of survival.

Classification of murder

231 (1) Murder is first degree murder or second degree murder.

Planned and deliberate murder

231 (2) Murder is first degree murder when it is planned and deliberate.

They knew by refusing to treat her in any way, including standard IV nutrients, they were forcing death and robbed her of her chance to fight for life.

Inciting repeatedly the patient to commit suicide

The relevant criminal codes of Criminal Code (R.S.C., 1985, c. C-46) [12] that are violated are the following:

Homicide

Idem

222 (5) A person commits culpable homicide when he causes the death of a human being,

(d) by wilfully frightening that human being, in the case of a child or sick person.

Her death was certainly influenced by all of their outrageous statements telling her that she was going to die horribly and that she should just end it. No doubt that affected her will to fight.

241 (1) Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years who, whether suicide ensues or not,

(a) counsels a person to die by suicide or abets a person in dying by suicide;

Doctors may have a right now to assist those that want to die, but they do not have the right to try to convince them to commit suicide as these three did, two on a daily basis, no matter how many times they were begged and even ordered to stop by the victim and her family.

Proper Labeling for both the Taxol® and the Paraplatin-AQ®

The relevant criminal codes of the **Food and Drugs Act (R.S.C., 1985, c. F-27)** [13] that are violated:

Foods, Drugs, Cosmetics and Devices

Drugs

Deception, etc., regarding drugs

9 (1) No person shall label, package, treat, process, sell or advertise any drug in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.

If they claim the drugs were mislabelled or misidentified that would be rather inconceivable to the extent they discussed Taxol® in writing and given the Paraplatin-AQ® clear labeling, but if so, that is still an important crime as the patient has a right to know the drug that is being administered and the potential hazards, side effects and allergic reactions that may ensue.

Drugs labelled or packaged in contravention of regulations

9 (2) A drug that is not labelled or packaged as required by, or is labelled or packaged contrary to, the regulations shall be deemed to be labelled or packaged contrary to subsection (1).

Where standard prescribed for drug

10 (1) Where a standard has been prescribed for a drug, no person shall label, package, sell or advertise any substance in such a manner that it is likely to be mistaken for that drug, unless the substance complies with the prescribed standard.

These drugs were no longer allowed to be manufactured in Canada, nor brought into the country and all legal lots of these drugs had long expired. As such, what these drugs were and where they were manufactured if they were not the drug labeled that long expired is completely unknown.

Drugs not to be sold unless safe manufacture indicated

12 No person shall sell any drug described in Schedule C or D unless the Minister has, in prescribed form and manner, indicated that the premises in which the drug was manufactured and the process and conditions of manufacture therein are suitable to ensure that the drug will not be unsafe for use.

As with 10(1) above, these drugs were no longer allowed to be manufactured in Canada, nor brought into the country and all legal lots of these drugs had long expired. As such, what these drugs were and where they were manufactured if they were not the drug labeled that long expired is completely unknown.

Drugs not to be sold unless safe batch indicated

13 No person shall sell any drug described in Schedule E unless the Minister has, in prescribed form and manner, indicated that the batch from which the drug was taken is not unsafe for use.

As with 10(1) above, these drugs were no longer allowed to be manufactured in Canada, nor brought into the country and all legal lots of these drugs had long expired. As such, what these drugs were and where they were manufactured if they were not the drug labeled that long expired is completely unknown.

Unsanitary conditions

18 No person shall manufacture, prepare, preserve, package or store for sale any cosmetic under unsanitary conditions.

If these drugs are manufactured in a criminal lab of some kind then we can only assume that it is unsanitary as no one is inspecting these labs. As there is only three possibilities of how these drugs are being used:

- a. Drug is as labeled or advertised in documentation and as such is an illegal drug that has also long expired.*
- b. Drug was mislabelled and is actually produced in an illegal criminal lab that has not been inspected for sanitary conditions and the ingredients are unknown and unapproved for human consumption.*

For some inexplicable reason they are treating their patients with other drugs with different potential hazards, lethal possibilities, allergic reactions, manufactures with poor records, and severe side-affects and decided it was easier to get patients comfortable by mislabelling the drugs intentionally.

2.1.1 Principal Display Panel

The principal display panel (that is (i.e.) main panel) is the main product display surface visible to the user under normal or customary conditions of display or use. Pursuant to sections C.01.004 and C.01.005 of the Regulations, the principal display panel of an inner and outer label must normally show the following information:

1. The brand name of the drug product or if no brand name exists the proper or common name of the drug product, if applicable;
2. The proper or common name of the drug product, if applicable;
3. The standard for the drug product, if any;
4. The notation "sterile (stérile)," if required by the Regulations;
5. The symbol corresponding to the appropriate schedule or to a drug containing an ingredient listed in the Prescription Drug List (if applicable); and
6. The Drug Identification Number (DIN).

2.1.2 Any Panel

Pursuant to section C.01.004 of the Regulations, the following information must normally be displayed on any panel of the inner and outer labels:

1. The name and address of the manufacturer/sponsor and of the distributor if the manufacturer/sponsor is not Canadian;
2. The lot number;
3. The expiration date;
4. Adequate directions for use of the drug product; and
5. A quantitative list of the medicinal ingredients of the drug product.

Based on this Act a series of federal regulations was created to support the legal enforcement of this Act. Those specific regulations can be found in the Food and Drug Regulations (C.R.C., c. 870) ^[10]. Several key regulations include:

C.01.001 - PART C - Drugs

C.01.001 - DIVISION 1

General

C.01.004 (1) 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,

- (c) on any panel
 - (i) the name and address of the manufacturer of the drug,
 - (ii) the lot number of the drug,
 - (iii) adequate directions for use of the drug, except in the case of a drug to which section C.01.004.02 applies,
 - (iv) a quantitative list of the medicinal ingredients of the drug by their proper names or, if they have no proper names, by their common names, except in the case of a drug to which section C.01.004.02 applies,
 - (v) the expiration date of the drug

Prescription Drugs

C.01.040.3 In deciding whether to amend the Prescription Drug List in respect of a drug, including by adding the drug to it or removing the drug from it, the Minister shall consider whether any of the following criteria apply with respect to the drug:

- (a) supervision by a practitioner is necessary
 - (i) for the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in respect of which the drug is recommended for use, or

These drugs are not on the Prescription Drug List.

C.01.041 (1) No person shall sell a prescription drug unless

- (a) they are entitled under the laws of a province to dispense a prescription drug and they sell it in that province under a verbal or written prescription that they received; or
- (b) they sell it under section C.01.043.

These drugs are not legal to be sold or dispensed.

C.01.041 (3) The person referred to in paragraph (1)(a) shall retain the written prescription referred to in subsection (1) or the record referred to in subsection (2) for at least two years after the day on which the prescription is filled.

They are required by law to maintain full records of the drug and its administration for at least 2 years. Both drugs in question were prescribed, filled and administered less than 1 year ago and yet several key documents are not available.

Information — Serious Risk of Injury to Human Health

There is no point in going through these one by one as all of them were broken due to the fact that this drug did cause serious damage and thus presented a serious risk and this drug was either mislabelled or illegal and expired leaving the patient with grossly inaccurate information regarding her risk of health, permanent injury and death.

Patients' Bill of Rights

The Act and regulations are further fortified from the Quebec Law “Chapter S-4.2 Act respecting health services and social services”[15] that contains 12 rights of the user of the health system in Quebec (the province in Canada where the JGH Hospital is located) and precisely: the Fundamental human rights, the right to information (article 4), the right to choose a professional or a facility (articles 6 et 13), the right to receive the care that one’s condition requires (article 7), the right to consent to or refuse medical care (articles 8, 9 et 12), the right to participate in decision-making (article 10), the right to be accompanied, assisted, and represented (articles 11 et 12), the right to accommodation (article 14), the right to receive services in English (article 15), the right to access your user file (articles 17 à 28), the right to confidentiality of user files (article 19), and the right to complain (article 19). All these rights take special importance in Dr. Migen Dibra’s particular case.

There is no question of what-so-ever that putting a label on a drug that is a trademark for another drug made by another manufacturer with different ingredients and different lab studies with different allergic reactions and side effects is a very clear violations of the Food and Drug Regulations (C.R.C., c. 870) ^[10], Drug Regulations (Labelling, Packaging and Brand Names of Drugs for Human Use) which came into force on June 13, 2015 and the BILL C-261 (Patients' Bill of Rights) that are designed to protect each and every citizen of Canada.

These bills are of critical importance for the following reasons:

1. Patients have the right to know what drug they are taking to determine if the risks of that specific drug are acceptable to the patient (i.e., the mortality rate for that specific drug can be significantly different of another drug using the same base molecule due to the different “cocktail” of unique ingredients, etc.).
2. Patients are entitled to get additional opinions from other doctors regarding a specific drug’s efficacy and risks. This opinion can differ substantially depending on the exact brand.
3. Patients are entitled to be able to research the drug manufacturer to find out their standards and if they have been in compliance with rules and regulations (i.e., if they have failed any health inspections, had an inordinate amount of complaints, lawsuits, poor ratings, etc.).
4. Patients have the right to research the drug to find out if it is legal to be used. This sounds pretty basic, but the fact is the two drugs in question, that did massive damage and killed Dr. Migen Dibra, are not legal.
5. Patients have the right to know the ingredients for each drug in order to determine if they may have an allergic reaction. Many patients are allergic to the point of having a fatal

reaction. So, one drug of the same family may have no reaction whereas another may prove lethal.

6. Different combinations of drugs may have radically different effects when combined then they do individually (e.g., a sleep drug mixed with alcohol, etc.). The patient has the right to know exactly what is being given to know if they cannot be mixed together. Different generic drugs can have significantly different reactions to the same drug being mixed together.

It is critical to keep noting that the side effects were extreme with Taxol® from only 1 dosage. We could not find any record of any like reaction (i.e., all hair falling out after only one dosage, tonsils being burned completely off, severe and permanent damage to her internal organs, etc.). The second drug in question killed her.

Labeling laws were broken or illegal drugs were used; patient was harmed extensively from the Taxol® injection and died with the Paraplatin AQ® injection. There were many, many more laws broken as well. It is important to emphasise that all documents, over 100, plus the picture taken during administration (Figure 7) demonstrate that Taxol® and Paraplatin AQ® were indeed the drugs administered. There are no documents at all provided by the hospital that state any other trademark names. It is also important to note that none of the other drugs given to Dr. Migen Dibra over the many years of treatment were miss labeled or illegal. If they were a generic drug, which often was the case, the trademarked name of the generic drug was used. **So, just to be clear, the label is only wrong on the two lethal drugs they administered. Clearly, the label was correct and the drugs were illegal.**

For a pharmacist not to know the importance of getting the label correct is also inconceivable. Back to our previous analogy, it is like the police officer not knowing that speeding is a crime, or like a professional basketball player not knowing what the hoop is for. It is basic beyond any reasonable doubt. Ignorance is a lie, not an excuse in this case. They knew what they were doing when they made the labels. The labeling was intentional.

Other Violations:

Access to Information Act (R.S.C., 1985, c. A-1)

PART 1

Access to Government Records

Right to access to records

- 4 (1)** Subject to this Part, but notwithstanding any other Act of Parliament, every person who is
 - (a) a Canadian citizen, or
 - (b) a permanent resident within the meaning of subsection 2(1) of the Immigration and Refugee Protection Act,

has a right to and shall, on request, be given access to any record under the control of a government institution.

Responsibility of government institutions

4 (2.1) The head of a government institution shall, without regard to the identity of a person making a request for access to a record under the control of the institution, make every reasonable effort to assist the person in connection with the request, respond to the request accurately and completely and, subject to the regulations, provide timely access to the record in the format requested.

Local Quebec Law:

A-2.1 - Act respecting Access to documents held by public bodies and the Protection of personal information

CHAPTER II

ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES

DIVISION I

RIGHT OF ACCESS

9. Every person has a right of access, on request, to the documents held by a public body.

Dr. Kongoli contacted an attorney who made the request to Dr. Ferrario for an explanation of the application of a Carboplatin based drug. Dr. Ferrario and the hospital denied the request. Dr. Kongoli first requested in person her medical records shortly after her death with no reply from the hospital. He then filed a request as per the Act respecting Access to documents held by public bodies and the Protection of personal information. The hospital refused for a long time and has done everything not to comply even by referring to Quebec provincial laws that are not enforced (R-22.1).

Dr. Kongoli believes this is in close connection with the doctors' refusal to submit Dr. Migen Dibra's reactions to Health Canada as they are required to do so by law. And, as aforementioned, Dr. Migen Dibra personally requested both verbally and in a written email to her doctor (Figure 16) for the doctors to make a report of her reactions to Health Canada, which they outright blatantly refused to do.

Amazingly, we have not covered many additional laws that have been broken. Just hard to believe what a total disregard for human life and the law that this hospital and its staff has displayed. We wish for God's speed in bringing law and order to these institutions and bringing those that have harmed and killed for profit to justice.

CONCLUSION

Although in medical practice, and especially in hospitals, the legal requirements are often not followed and laws are broken with impunity, medical malpractice and crimes, medical and even non-medical, are paradoxically very rarely prosecuted.

We have demonstrated in this article that although the situation looks bleak there are solutions offered by data scientists and artificial intelligence that can often overcome these difficulties. The cost and time can be managed if a proper report is prepared by a qualified data scientist that can be effectively used in court. These data-based reports cost much less, take less time and replace the non-qualified work of lawyers that have no data science qualifications. Because of their ability to clarify and the thoroughness of their reports it is possible to corner the hospitals and their doctors in a space without escape.

In the case of the Attorney at Law, Dr. Migen Dibra, it is the legal data science methodologies that were used to find enough proof to make viable a criminal investigation and a charge for a culpable homicide or murder charges for doctors of the Oncology Department of JGH Public Hospital in Montreal, QC, Canada possible. Over 50 acts violating Canadian laws were discovered to be committed by multiple persons. Ample evidence was shown that requires an investigation for culpable homicide that was committed. The defense will argue manslaughter, but the evidence will prove overwhelmingly that a culpable homicide did indeed occur.

We hope that the perpetrators are investigated, brought to justice and are punished to the fullest extent of the law. This will not bring back Attorney at Law, Dr. Migen Dibra or take away the horror she experienced in her treatment at JGH Public Hospital in Montreal, but it will bring solace to her family and help protect the JGH Public Hospital's next victim. What Dr. Migen Dibra went through is also covered in part by a video of her husband, Dr. Florian Kongoli which was previously published and can be found on X (formally Twitter) [14].

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 the illegal acts are not punished and the institutions do not properly deal with criminally then her tragic death will be in vain and countless other deaths are occurring and will occur. This should not be allowed to happen!

REFERENCES

- [1] Nosheen H, Culbert A, CBC News, As fewer patients sue their doctor, the rate of winning malpractice suits is dropping too. When a doctor makes a mistake, data obtained by CBC shows seeking compensation can be an uphill battle, CBC News · Posted: Apr 18, 2019 4:00 AM EDT | Last Updated: April 18, 2019; <https://www.cbc.ca/news/health/medical-malpractice-doctors-lawsuits-canada-1.4913960>, Retrieved, 10 December 2024
- [2] Rubin JB, Bishop TF. Characteristics of paid malpractice claims settled in and out of court in the USA: a retrospective analysis. *BMJ Open*. 2013 Jun 20;3(6):e002985. doi: 10.1136/bmjopen-2013-002985. PMID: 23794584; PMCID: PMC3686171.
- [3] The Canadian Medical Protective Association Consolidated Financial Statements And Independent Auditors' Report thereon December 31, 2023, <https://www.cmpa-acpm.ca/static-assets/pdf/about/annual-report/2023/financial-statements-e.pdf> , Retrieved, 10 December 2024

- [4] Berger S, Kongoli F, Exposing Medical Malpractice by Utilizing Data Science Methodologies: the Case of the Tragic Death of Attorney at Law, Dr. Migen Dibra, SIPS 2024, Sustainability Through Science and Technology Summit 2024, Summit Plenary, in print, Montreal, Quebec FLOGEN 2024
- [5] Health Canada, Canada, Product information, <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=14248>, Retrieved, 10 December 2024
- [6] Food and Drug Administration, USA, Department of Health and Human Services <https://public-inspection.federalregister.gov/2020-00075.pdf>, Retrieved on 10 December 2024
- [7] Hospira UK, Paclitaxel 6 mg/ml concentrate for solution for infusion, 6.0 Pharmaceutical particulars/ 6.3 Shelf life: <https://www.medicines.org.uk/emc/product/3891/smpc> Retrieved on 10 December 2024
- [8] Health Canada, Canada, Product information, <https://health-products.canada.ca/dpd-bdpp/info?lang=eng&code=9576> Retrieved on 10 December 2024
- [9] Health Canada, Canada, Product information, <https://health-products.canada.ca/dpd-bdpp/dispatch-repartition>, Retrieved on 10 December 2024
- [10] Food and Drug Regulations (C.R.C., c. 870), Canada: https://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/page-62.html#docCont
- [11] Food and Drug Administration, USA, Department of Health and Human Services https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020452s005lbl.pdf
- [12] Government of Canada, Justice law Web Site, Criminal Code (R.S.C., 1985, c. C-46); <https://laws-lois.justice.gc.ca/eng/acts/c-46/section-222.html> , Retrieved on 10 December 2024
- [13] Government of Canada, Justice law Web Site, Food and Drugs Act (R.S.C., 1985, c. F-27) <https://laws-lois.justice.gc.ca/eng/acts/f-27/page-2.html#h-234115>
- [14] TV Onda Azul, Interview, "It was a Horror Show" <https://x.com/tvondaazul/status/1779313543487369365> , Retrieved on 15 January 2025
- [15] Government of Quebec, chapter S-4.2, Act respecting health services and social services, <https://www.legisquebec.gouv.qc.ca/en/document/cs/s-4.2>, Retrieved on 15 January 2025

