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Closing the Circles

A history of the governance of cancer control in Ontario

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PREFACE

This brief history was undertaken at the request and with the encouragement of Dr. Alan Hudson. It was a particularly interesting endeavour for me in that I had worked either as a trainee, medical staff member or in an administrative position at all of the Toronto hospitals and institutions mentioned in the text. I have also been privileged to know and work with most of the people (since the mid-1950s) who played such important roles in shaping the Ontario approach to caring for people with cancer. The intent is to describe the events, for the records of Cancer Care Ontario, leading to the current and still evolving system of cancer care in the province.

I wish to express my thanks to the many individuals who gave of their time in talking to me about important past events (they are acknowledged in the reference section). Special thanks go to Dr. John C. (Jack) Laidlaw for his reading of drafts and invaluable suggestions; to Dr. O. Harold Warwick for his always informative and enjoyable conversations about the early days; to Dr. Mike Rauth for providing copies of the OCI/PMH annual reports and for his helpful comments; to Dr. William Meakin for his review and discussions of past events; to Dr. Charles Godfrey for his suggestions and encouragement; and to Dr. Alan Hudson for his much appreciated support. I'm grateful to the University Health Network/Princess Margaret Hospital, the Ontario Medical Association and Cancer Care Ontario for access to Board minutes and other archival material. Finally, thank you to Christine Naugler for her time and editing expertise and Marilynne Henry for her patience going through the many drafts and formatting the document.

D. H. Cowan

CLOSING THE CIRCLES: A HISTORY OF THE GOVERNANCE OF CANCER CONTROL IN ONTARIO

INTRODUCTION

In the fall of 2003, an historic document—a collaborative agreement between Cancer Care Ontario (CCO) and University Health Network/Princess Margaret Hospital (UHN/PMH)—was signed.[1] This agreement was the final step in bringing together three organizations: i) Cancer Care Ontario (CCO), previously the Ontario Cancer Treatment & Research Foundation (OCTRF); ii) the Princess Margaret Hospital (PMH) in the Ontario Cancer Institute (OCI); and iii) the Toronto General Hospital (TGH), a component of the University Health Network (UHN). The history of the TGH is extensive and goes back to the early 19th century.[2, 3] The OCTRF was incorporated in 1943[4] and evolved to CCO in 1997.[5] The OCI/PMH was incorporated in 1952[6] and opened officially in 1958.[7] The conflicts, competition, cooperation and collaboration that have existed between these three institutions extends back over half a century and is an important part of the history of the development and shaping of cancer care in the Province of Ontario.

NEW TREATMENTS FOR CANCER AND EARLY DEVELOPMENTS AT THE TORONTO GENERAL HOSPITAL

Until the beginning of the 20th century, surgery remained the only approach to treating patients with cancer. During the last five years of the 19th century there were two remarkable discoveries: Roentgen's discovery of X-rays (1895) and Madame Curie's discovery of radium (1898). It was not long before these were used in the treatment of certain cancers.

Although X-rays and radium were used throughout Ontario, often by private practitioners outside formal institutions, an organized and academic approach to using these therapeutic modalities awaited the arrival of Gordon E. Richards in Toronto. He was recruited to head the new department of Radiology at the TGH in 1917. Subsequently, he left diagnostic radiology to others and committed his career to becoming the father of radiation therapy in Toronto and Canada. By the early 1920s he was using both X-rays and radium for the treatment of patients with cancer, and by the end of the decade Richards and his department at the TGH had developed a national and international reputation.[8,9]

THE ROYAL COMMISSION ON THE USE OF RADIUM AND X-RAYS (THE CODY COMMISSION)[10]

By 1930 it had become clear that the supply of radium for Ontario was grossly inadequate and there was no provincial plan for radiation treatment services. Pressure was put on the provincial government from a variety of sources.

Dr. Herbert A. Bruce was founder and majority owner of the Wellesley Hospital, in which he carried out an extensive surgical practice. He had strong political connections, and in 1932 became the Lieutenant Governor of Ontario.[11] He had a major interest in the treatment of cancer, and in 1928 attended the International Congress on Cancer in London, England. He became convinced of the deficiencies, compared to other jurisdictions, of cancer treatment in Ontario. In February 1929 he summarized his observations and concerns in a presentation to the Academy of Medicine in Toronto. This talk was subsequently published in the Canadian Medical Association Journal in 1929.[12] He made a number of suggestions, and in the final paragraph speculated that a fully equipped hospital dedicated to the diagnosis and treatment of patients with cancer could be built for $300,000. The following year, in a letter to Premier G. Howard Ferguson, dated 14 November 1930,[13] he made a number of recommendations including: the need for an adequate supply of radium with safety controls, therapeutic X-ray facilities, a pathology laboratory and a physics lab capable of producing radon. The most far-reaching recommendation was for the construction of a cancer treatment hospital/institute—a hospital with outpatient facilities and inpatient beds. This was probably the first formal suggestion for the development of a freestanding cancer hospital in Ontario. Further, he offered to turn over the Wellesley Hospital for the purposes of developing such a facility. Subsequently, in a letter dated 16 October 1931,[14] he withdrew this offer. Undoubtedly, Bruce played a major role in influencing government and the future of cancer control in the province.[15]

Another important influence was that of the TGH and its director of radiotherapy, Dr. Gordon Richards. In the early 1930s the TGH unit was under-resourced. Richards, who always favoured centralization of treatment facilities, pressed for an enlarged radium institute at the TGH. Indeed, he had persuaded the TGH trustees to fund additional radium and undertake plans to renovate and develop such an institute. Premier G. Howard Ferguson originally favored such a plan, but shortly thereafter resigned his position as premier and left the TGH in limbo regarding its new and enlarged cancer program.[16] Nevertheless, pressures from Richards and the TGH undoubtedly had an impact on the thinking of the government.

Finally, in February 1931 the Ontario Medical Association board passed a recommendation "that a royal commission be appointed to investigate the problem of cancer and its treatment in the Province of Ontario."[17]

In May 1931 the Commission was formed by Order in Council.[18] It was chaired by Canon Henry John Cody, who was Chair of the University of Toronto Board of Governors, and while the Commission sat, was appointed President of the University of Toronto.[19]

The Commission reported to the government in February 1932. The outcome of its recommendations[20] had far-reaching effects on cancer programs in the province, although it took some 26 years before all the major suggestions came to fruition. The Commission recommended that an adequate supply of radium be provided to the province for the treatment of patients with cancer. Further, it recommended the establishment of radiation treatment centres in the three cities with medical schools (Kingston, London and Toronto) at that time. These became known as Ontario Institutes of Radiotherapy and were incorporated by Legislative Acts.[21] Very quickly four more clinics (Windsor, Hamilton, and two in Ottawa—Ottawa Civic and Ottawa General) were established, bringing the number of radiation facilities in Ontario to seven.

Thus, in 1934, when funding was assured, the next phase of cancer treatment at the TGH was born—the Ontario Institute of Radiotherapy at the TGH, under the leadership of Gordon Richards. The institute was situated in the remodeled Dunlap building on University Avenue and was destined to continue functioning until 1958, when the OCI/PMH opened. Gordon Richards and the TGH got what they wanted and continued to lead the country in radiation therapy. In this setting Richards trained some outstanding Canadian specialists in radiation treatment, some of whom became not only well-known clinicians and investigators but also important administrative leaders.

The recommendations of the Cody Commission went well beyond the provision of radium and development of treatment facilities in Ontario. The report spoke to research and public education, and advised "that a commission or commissioner should be appointed by the government for the custody, control and distribution of its own radium; for the inauguration and supervision of active treatment centres and diagnostic clinics; and for the purpose of securing close co-operation of all services in the treatment of cancer." This recommendation ultimately led to the formation of the OCTRF in 1943. Importantly, the Commission also recommended the development of a cancer institute/hospital. Twenty-six years passed before this facility, the OCI/PMH, was formally opened in 1958.

THE FORMATION AND DEVELOPMENT OF THE ONTARIO CANCER TREATMENT & RESEARCH FOUNDATION

In April 1943 the government finally announced and incorporated the Ontario Cancer Treatment and Research Foundation by a special Act of Legislation.[4] The mandate for the new organization was broad and covered most aspects of cancer control including coordination of treatment and diagnostic centres in general hospitals, research, public and professional education, adequate recording of cases, the provision of research fellowships and the transportation of patients. One important mandate pertained to the establishment of a cancer hospital/institute.

A change in government in August 1943 delayed implementation of the OCTRF; the appointment of and a first meeting of the Board did not take place until June 1944.[22] A small office was established at 22 College Street, Toronto,[23] and Dr. Gordon Richards was appointed Managing Director.[24]

Over the first several years the initial research grants were awarded, the three established radiotherapy institutes and four cancer clinics with radiotherapy facilities were visited and reviewed, diagnostic and follow-up clinics were established in Northern Ontario (Port Arthur, Fort William, Sudbury and Timmins), and, in 1946, a major fundraising campaign was launched in association with the Ontario Division of the Canadian Cancer Society.[25]

Throughout the early years the OCTRF provided some financial assistance to the already established radiotherapy institutes and clinics across the province but did not operate any of them. Beginning in 1947 the first official Ontario Cancer Foundation (OCF) clinic, funded and operated by the OCTRF, was established in Kingston.[26] The short form, OCF, was used instead of OCTRF in naming the clinics. In 1948 the OCF Thunder Bay clinic was opened in Port Arthur[27] and ultimately all the clinics, except the Ontario Institute of Radiotherapy at the TGH, became OCF clinics. By 1954 the treatment facilities in Hamilton (1951),[28] Ottawa Civic (1952),[29] London (1954)[30] and Windsor (1954)[31] were all OCF clinics, funded and managed by the OCTRF. In 1958 the separate tumour clinic at the Ottawa General Hospital was incorporated as a division of the Ottawa OCF clinic.[32] In later years treatment centres were established in Toronto at Sunnybrook Medical Centre (1982)[33] and in Sudbury (1990).[34] In 1984 all of the treatment centres that had been referred to as OCF clinics were renamed regional cancer centres[35].

By 1993, 50 years after the establishment of the OCTRF, the organization not only delivered care—predominantly radiation therapy and chemotherapy—to patients throughout the province, but also became involved in a number of other aspects of cancer control. These included further development of research by the funding of OCTRF career investigators at the RCCs, the formation of the Ontario Clinical Oncology Group (OCOG) to promote clinical trials, and the establishment and support of a Biennial Clinical Cancer Research Conference that attracted investigators from throughout the province along with invited international experts; operation of the Ontario Cancer Registry, which registers and tracks the majority of patients with cancer in the province; formation of a Provincial Cancer Information Service in association with the Ontario Division of the Canadian Cancer Society; the development of a Breast Screening Program; the establishment of a supportive care research unit in partnership with McMaster University; and the establishment of a Division of Preventive Oncology.[36]

The development of the Ontario Cancer Registry and the man who was the principal architect of the Registry deserve special mention. The Registry now captures 97% of patients with malignant disorders in Ontario and is an extremely important surveillance tool. With the successful implementation of the Registry through the 1970s and 80s, it came to be a major driver of epidemiologic research across Ontario and Canada. More recently it has become an invaluable tool in health services research, planning of cancer facilities and programs and evaluation.[37] The history of the development of the Registry[38] extends back to 1936 when responsibility for cancer records, reporting and statistics was assumed by the Medical Statistics Branch of the Department of Health under the direction of Dr. A. H. Sellers.[39] In 1937 uniform records and record keeping were developed for all the Ontario cancer clinics and these statistics were produced annually by Dr. Sellers. It is of interest that in 1943 when the OCTRF was formed and given the responsibility for most aspects of cancer control, the Department of Health maintained control of cancer records, reporting and statistics. In 1950

Dr. Sellers was appointed consulting medical statistician to the OCTRF. With the transfer of the cancer statistics unit from the Ministry of Health to the OCTRF in 1970 Dr. Sellers joined the full-time staff of the Foundation as medical statistician. For many years he was Chair of the Records and Statistics Committee. In these roles he guided the collection and organization of cancer data which resulted ultimately in the Ontario Cancer Registry. Cancer registries in Ontario started with hospital registries, which were initiated and funded by the OCTRF. In 1953 a pilot tumour registry was established at the Toronto General Hospital. This included all patients with cancer who received radiation, medical or surgical treatment at the Toronto General Hospital. Subsequently hospital registries were extended to a number of other institutions across the province. These were, of course, institutional registries and did not cover the population of the province. In the meantime, under the guidance of Dr. Sellers, a province-wide cancer incidence survey, based on manual linkage of routine submitted reports from various sources for the years 1964-66, was completed in 1972. From this information provincial incidence rates by age, sex and primary cancer site were derived. This laid the ground for a population-based cancer registry and in 1972 The Cancer Act was amended to facilitate operation of the Ontario Cancer Registry.

EVOLUTION FROM THE ONTARIO CANCER TREATMENT & RESEARCH FOUNDATION TO CANCER CARE ONTARIO

FORMATION OF CANCER CARE ONTARIO

Further organizational changes were under way for the OCTRF. In the mid-1990s the government of the day carried out a widespread consultation regarding cancer control in the province. This resulted in a series of consumer recommendations.[40] Subsequently, in 1995, a widely representative committee—the Provincial Cancer Network—developed a Cancer Action Plan, [41] which was instrumental in the OCTRF evolving to Cancer Care Ontario (CCO).

The decision to choose the name *Cancer Care Ontario* for the newly organized cancer agency is an interesting sidelight. Several names received serious consideration; the final choice was the *Ontario Cancer Commission*. The event to announce the change in the cancer system and the new name took place at Toronto-Sunnybrook Regional Cancer Centre on 24 April 1995.[42] The principals on the platform were Premier Bob Rae; Minister of Health Ruth Grier; the Board Chair of the OCTRF, Mr. Jack Shapiro; and the President and CEO of the OCTRF, Dr. Charles Hollenberg. During the few minutes before the group went on stage for the ceremony, the Premier asked about the chosen name. He immediately responded that the *Ontario Cancer Commission* was "a terrible name" and asked if there was any other suggestion. Shapiro had heard from Hollenberg that one of the cancer centre CEOs, Dr. William Evans, had suggested *Cancer Care Ontario*. "That's great," the Premier responded. A message was sent to the government and the OCTRF officials to change the press release, the group proceeded to the stage, and Cancer Care Ontario was born.[43]

A transition team, [44] chaired by Mr. Graham Scott, developed a plan of action, and finally, two years after the initial announcement, the Premier of the new Conservative government,

Mike Harris, re-announced the launch of the new agency, *Cancer Care Ontario*, on 29 April 1997.[45] The official name change from the OCTRF to CCO came in May 1997.[46]

Through the leadership of Dr. Charles Hollenberg (President and CEO 1991–99), steps were taken that laid some of the groundwork for the coming changes in the early 2000s. These included attempts to develop a more regional and "seamless" cancer control system with greater emphasis on prevention and screening. Individuals were appointed to lead in the development of surgical oncology, supportive care and evidence-based medicine/treatment guidelines. In addition, the first proposal to merge the oncology programs of a regional cancer centre and a host hospital was made in 1993—*Proposal to Merge the Oncology Programs of Toronto-Bayview Regional Cancer Centre and Sunnybrook Health Science Centre*.[47] This agreement was later formalized between the OCTRF and the hospital. A subsequent revision of the partnership between Sunnybrook and Women's College Health Sciences Centre and CCO was signed in early 2001.[48] This was the precursor to the more completely integrated cancer programs (see next section).

FURTHER CHANGES IN CANCER CARE ONTARIO

In 2001 the government was clearly unhappy with progress (critics would point out that insufficient funding was provided for the regional programs) and announced its intention to repatriate the regional cancer centres to host hospitals. There were widespread and likely legitimate concerns that the intention was to sunset CCO. This resulted in a new look at cancer services through the Cancer Services Implementation Committee (CSIC), chaired by Dr. Alan Hudson. Hudson had recently retired as President and CEO of the University Health Network and was quite familiar with governance and management issues regarding cancer care organizations. The CSIC tabled its report at the end of December 2001.[49] This report proved to be one of the most influential of the various commissions and reports on cancer services that had been produced through the years, saving CCO from extinction and leading to an extensive structural and cultural change in the organization.

Thus CCO was again reshaped. Hudson became the new CEO. The regional cancer centres, as of 1 January 2004, were integrated with and managed by their respective host hospitals.[50] These clinics were no longer referred to as regional cancer centres but became known as Integrated Cancer Programs (ICPs) in their respective host hospitals. The intention was that they would become the hubs of regional cancer programs.[51] The integration between CCO and each of the 11 host hospitals were quite remarkable in that they were entirely voluntary and took place over such a short period of time—only 14 months. The provincial office of CCO took on a "new look." It became the organization to plan and advise the Ministry of Health and Long-Term Care on *all* cancer–related activities in the province (not limited to the 50% of patients with cancer who had been cared for at the regional cancer centres and PMH), to emphasize quality, to develop standards, to put a greater emphasis on the evidence-based medicine and guideline program (which had developed over the previous decade and led Canada in evidence-based guideline development) and to evaluate outcomes. The intent was to cover all aspects of cancer control, from prevention to palliation along with research and education. The integration of surgery, which is necessary for 80% of patients with cancer, into a cancer control system became a major objective.

THE ONTARIO CANCER INSTITUTE / THE PRINCESS MARGARET HOSPITAL

LOCATION AND GOVERNANCE

The idea of an institute/hospital in Ontario dedicated to cancer care extends back at least to Herbert Bruce's suggestion to the Premier in 1930.[13] Two years later the Cody Commission recommended the development of a cancer institute/hospital that would involve not only patient care but also research, teaching and "public health measures" against cancer. The recommendation left open the choice between "a separate institute and a separate unit in a general hospital."[20] This issue remained a matter of debate and ultimately had a major impact on the TGH cancer program through the last half of the 20th century. The government was slow to act on the recommendations, but when the OCTRF was incorporated in 1943, one of its mandates was to establish a cancer institute/hospital; and, indeed, once its board was organized it nominated three of its members to meet with the TGH trustees to discuss preliminary plans for the Toronto cancer treatment facility.[52]

There appeared to be no doubt that this new entity would be in Toronto. The questions of the precise location and the body that would control it remained the issues, although many assumed that the Institute of Radiotherapy at the TGH would become the Cancer Institute/Hospital of Ontario and thus remain under the control of the TGH.[53]

In 1942, when the TGH was looking for renewed funding for its Institute of Radiotherapy, the first hint that the government was thinking of an independent institution came to light when it was suggested to the Chair of the Board of Trustees of the TGH that the Department of Health was considering a free-standing cancer institute/hospital independent of a general hospital. The trustees of the TGH felt that their Institute of Radiotherapy had developed at the TGH, with the cooperation of surgeons, and it would make no sense to break that association.[54] The view of the Chair of the TGH trustees in 1944 was that the proposed facility should be "physically adjacent to the TGH and that the operations be closely allied to ours."[55] The OCTRF appeared to agree with the TGH view, and indeed, Arthur Ford, Chair of the OCTRF, told Mr. E. C. Fox, Chair of the Board of Trustees of the TGH, that the hospital "will likely be called on at an early date to make plans for the building and maintenance of a cancer unit."[56] The OCTRF and the TGH appeared to agree on the location, and there was no suggestion that the new facility would be independent of the TGH.

In August of 1948 the Wellesley Hospital amalgamated with the TGH to become the Wellesley Division of the TGH.[57] Very soon thereafter the Chair of the TGH Trustees, along with Dr. Gordon Richards, met with the Minister of Health to discuss the possibility of making the Wellesley Division of the TGH an institute/hospital for the treatment of cancer.[58] The TGH trustees were quite clear in their view that the new institute/hospital should be an integral part of the hospital (TGH) and operated in conjunction with all services necessary for diagnosis and treatment.[59] Up to this point, the views of the OCTRF and the TGH relating to the proposed new institute/hospital were not divergent. The fact that Gordon Richards was simultaneously Head of the Institute of Radiotherapy at the TGH and Director of the OCTRF explains in part the similarity of views between the two organizations. Unfortunately he died early in 1949.

In 1949 discussions with regard to the proposed new institute/hospital took place among representatives of the OCTRF, the University of Toronto and the four teaching hospitals.[60] These discussions resulted in a recommendation that the new institute/hospital be situated at the TGH.[61]

The OCTRF, however, having been given the mandate to develop a cancer hospital in the 1943 Act of Incorporation, [4] continued to press the government of the day on its own. Indeed, the OCTRF appeared to alter its view that the TGH should have full control of the new institute/hospital. The Board of the OCTRF also had concerns regarding the lack of progress related to getting a financial commitment from the government to support the venture. In late 1950 the Board of the OCTRF demonstrated its commitment to the project by inviting the Minister of Health, Dr. McKinnon Phillips, to a meeting in order to express its concern. The Board then formed a committee, chaired by Dr. Stratford and to include President Sidney Smith of the University of Toronto, to approach government with regard to obtaining funds and proceeding with the project.[62] This group appeared to have an influence in that at the January 1951 meeting of the OCTRF Board, [63] the proceedings were adjourned while Dr. Stratford, Dr. Cosbie and others from the OCTRF, the University of Toronto President Sidney Smith, and the Dean of the medical school Dr. J. Macfarlane, "waited upon the Premier and the Minister of Health" regarding the proposed new facility. The report of this meeting and the brief that was presented were accepted by the OCTRF Board, although there appears to be no record of the actual wording of the brief.[63] Immediately thereafter Premier Leslie Frost suggested to the representatives of the OCTRF and the University of Toronto that a facility incorporating treatment and research facilities be constructed on the grounds of the Wellesley Division of Toronto General Hospital.[64] A formal announcement came in February 1951, when the Premier announced in the legislature that funds would be provided that would permit construction of a central cancer treatment and research centre for the province on the grounds of the Wellesley Division of the Toronto General Hospital.[65]

The location of the new cancer hospital was now settled but there was still considerable debate with regard to governance and management. The boards of the OCTRF and the TGH continued to debate over who would actually run the new facility. At a March 1951 meeting of the OCTRF Board, it was reported that the TGH trustees insisted that day-to-day management should be in the hands of the TGH. The OCTRF Board members argued that the new entity should be a cancer clinic of the OCTRF.[66] The TGH trustees clearly understood that the new cancer institute/hospital would be operated by the Board of Trustees and the administration of the TGH.[67]

Later that year the OCTRF was buoyed by the statement made by the Deputy Minister of Health to Mr. A. R. Ford, Chair of the OCTRF, that the OCTRF should be the "top body in the organization" of the new institute. At the same meeting the OCTRF view was clearly stated: "Inasmuch as the institute will be a research centre, it is more logical for the OCTRF to be in control of the institute, in conjunction with the University (of Toronto), rather than handing control over to the TGH."[68]

In mid-1951 Premier Leslie Frost served notice to the OCTRF and the TGH that neither would control the new institute/hospital but that it would have an independent board, albeit with representatives from all interested parties. The TGH was appeased to a degree in that the

Chair of their Board of Trustees was to be Chair of the new Board.[69] The Premier, in a follow-up letter to the Boards of the TGH and the OCTRF, requested that Mr. N. C. Urquhart, Chair of the TGH Trustees, and Mr. A. R. Ford, Chair of the OCTRF, convene the new Board as soon as possible. This new Board, chaired by Mr. Urquhart, at its first meeting named the new cancer institute/hospital "The Ontario Cancer Institute."[70] This was later validated by the OCTRF Board.[71] The name "Princess Margaret Hospital" was added in 1958.[72] The name was chosen, with the consent of Her Majesty Queen Elizabeth and Princess Margaret, to honour the 1958 visit of the Princess to Toronto.[73]

There were continued discussions, concerns and recommendations at the OCTRF Board meetings about the relationship of the OCTRF to the new Board of the OCI, and the inability of the OCTRF to have an influence over the Ontario Cancer Institute.[74,75,76]

Shortly thereafter, in 1952, a legislative act incorporated The Ontario Cancer Institute[6] and formally established its Board with members from the University of Toronto, the TGH, the other teaching hospitals in Toronto and the OCTRF. Mr. A. R. Ford, Board Chair, and Dr. W. G. Cosbie represented the OCTRF. Mr. N. C. Urquhart, Chair of the TGH Trustees, was named the first Chair of the new OCI Board, which was given a mandate to *plan and construct* the new building; but of interest, there was no mention of which organization would be responsible for *operating* the OCI. However, the money for the capital construction would continue to flow through the OCTRF.

The primacy of the OCI Board, in the opinion of the OCI Trustees, in dealing with its own affairs was stated in a discussion at the OCI Board[77] and subsequently reported to the OCTRF Board.[78] This reaffirmed the view of the OCI Trustees that they should be responsible for both the *building* and *operating* of the OCI, and that the two members of the OCTRF sitting on the Board of the institute would be all the interest the OCTRF could expect to take in the current operation of the OCI. As another measure of independence the OCI decided to set up a temporary administrative office on St. George Street, which was separate from both the TGH and the OCTRF.[79]

These events might have ended the governance and "control" debate. Such was not the case. As pointed out above, this was in part due to the fact that the 1952 Act[6] stated that the OCI Board was responsible for the *construction* of the building and did not mention *operating* the institute.

Through the next six years the planning and construction proceeded for the OCI/PMH at 500 Sherbourne Street. Although the money to build the building was coming from the government through the OCTRF, that organization had little influence, and to a considerable extent, was left in the dark with regard to discussions between government representatives, the OCI and its architect. There were new concerns because the government was cutting back on the amount of money for the project, which meant that there would be fewer research facilities and beds. The OCTRF's continued support for the project was reflected in its concern about these planned reductions, and through a letter to the Minister of Health, the OCTRF attempted to get clarification as to the extent of its responsibilities.[80]

In 1956[81] the OCTRF Board outlined a proposal that the OCTRF would establish a board of management for the institute and that the further responsibility of the OCI Board would end with the completion of construction of the building; this was considered to be in keeping with the wording of the OCI Act of 1952.[6]

This lack of clarity was resolved on 1 July 1957, when the Ontario Cancer Act, 1957,[82] became effective. This was a two-part act. Part I referred to the OCTRF while Part II related to the OCI. The Act gave the Board of the OCI full authority to operate the OCI. The Board consisted of 12 persons, five including the Chairman representing the OCTRF, two from the University of Toronto, and one from each of the teaching hospitals of the University of Toronto. This Act was the final statement on governance and management responsibility. It is also of interest that the number of Board representatives from the TGH was reduced to one, while the number from the OCTRF increased to five, one of who would be the Chair of the OCI. The influence of the TGH on the OCI was further decreased in 1959 when Premier Leslie Frost announced that the Wellesley Hospital would separate from the TGH and again become an independent facility at the beginning of 1960.[83,84]

THE SHERBOURNE STREET DAYS

Finally, in May 1958 the building was completed and ready for patients at 500 Sherbourne Street, adjacent and physically connected to the Wellesley Hospital. Some research space had been occupied in 1957. The official opening of the Ontario Cancer Institute incorporating the Princess Margaret Hospital (OCI/PMH) took place on 25 September 1958.[7] This was some 26 years after the initial recommendation of the Cody Commission that a cancer institute/hospital be constructed.[20]

Although Gordon Richards had died in 1949, the opening of the OCI/PMH was really the culmination of his dreams for a large centralized cancer treatment facility closely linked with a large general hospital.[85] Moreover, Dr. Clifford Ash, who became Director of the OCI/PMH and head of the medical staff, and Dr. Vera Peters, who was to develop an international reputation in radiation therapy for her work in Hodgkin's Disease and breast cancer, were original members of the medical staff.[86] Both were trained by Richards.[87] The radiation oncology staff was filled out by fully trained recruits Drs. William Allt and William Rider from Great Britain, both of whom started their work in Canada at the TGH, and Dr. Nathan Leath, who finished his radiation oncology training at the TGH. The OCI/PMH clearly had its roots in, and represented a transplant from the Ontario Institute of Radiotherapy at the TGH. Dr. Tom Brown, who was Pathologist-in-Chief at the Wellesley Hospital, became head of Pathology. The chief physician and only internist on staff was Dr. O. Harold Warwick. He also transferred to Sherbourne Street from the TGH. He was Canada's first medical oncologist, although the term wasn't coined until many years later. He had done work in Britain on nitrogen mustard in the immediate post-war years, and later at the OCI/PMH did the early clinical studies on another important anti-cancer drug, vinblastine. After three years at the OCI/PMH, Warwick left to become Dean of Medicine at the University of Western Ontario.[88] He did however begin recruiting to what would later become a strong medical department in the OCI/PMH. One of Warwick's recruits was Dr. J. W. Meakin, a medical oncologist/endocrinologist who not only made some important

clinical/scientific contributions, but also, in 1979, became Executive Director of the OCTRF.[89] Another of Dr. Warwick's recruits was Dr. Ruth Allison, who practised at the OCI/PMH throughout her entire career and had a major influence not only on many patients but also on students and trainees who were exposed to her excellent and compassionate care of people with cancer. With the move to Sherbourne Street the ties with the TGH were cut, aside from a radiotherapy consultation service provided by Dr. Ash and others. A cesium treatment unit and an ortho-voltage machine were maintained on site at the TGH for some years.

A discussion of the development of the OCI/PMH would be incomplete without reference to pediatrics. The Hospital for Sick Children (HSC) had had an active treatment program for children with cancer for a number of years. In fact, hospital researchers were receiving research grants to study new anti-leukemic agents in children as early as 1948.[90] With the full support of the HSC a pediatric unit became part of the new OCI/PMH. This was supervised by an extraordinary individual, Dr. John Darte, large in both physique and influence. He was trained in pediatrics, hematology and radiation therapy, and was also one of the original medical staff—in 1958—at the Sherbourne Street site.[86] Darte subsequently went to Memorial University of Newfoundland as Chair of Pediatrics and returned as Director of the OCI/PMH in 1975.[91] Unfortunately he died suddenly less than a year after his return.

The research component of the institute was led by two outstanding individuals, Dr. A. W. Ham (Division of Biological Research) and Dr. H. E. Johns (Division of Physics). The other original appointments to the Division of Biologic Research included: A. A. Axelrad, MD; B. Cinader, DSc; E. S. Goranson, PhD; C. W. Helleiner, PhD; A. F. Howatson, PhD; E. A. McCulloch, MD and L. Siminovitch, PhD. The scientific staff of the Division of Physics was made up of R. G. Baker, MA; J. Sutherland, Fil.Lic; J. R. Cunningham, PhD; J. W. Hunt, PhD; J. E. Till, PhD and G. F. Whitmore, PhD[86] This remarkable scientific staff became internationally recognized and respected. E. A. McCulloch's book on the OCI/PMH provides an excellent account of the many scientific contributions of that institution.[92]

With these beginnings the OCI/PMH proceeded to develop outstanding research and patient care programs that resulted in a national and international reputation for excellence. As might be expected, these successful clinical and scientific programs attracted more patients, more medical staff and more scientists. Consequently, space became a problem. There were some additions and alterations to the building in 1962 and 1969,[93] and another expansion completed in 1977.[94] However, space constraints continued and the situation became very serious by the mid-1980s. In 1985 a Provincial Role Study[95] recommended redevelopment of the OCI/PMH, and in 1986 the Minister of Health approved funding for redevelopment.[96]

MOVE TO UNIVERSITY AVENUE AND BACK HOME WITH TORONTO GENERAL HOSPITAL — THE CIRCLE CLOSES

The Move. Once funding was approved, planning for redevelopment began in earnest. Four site options for the redeveloped centre were considered: the first of these sites was the east side of Sherbourne, across the street from the original OCI/PMH and the Wellesley Hospital.

There is an interesting footnote to the relationship of the OCI/PMH with the Wellesley Hospital. The two institutions were joined at almost every floor and indeed there had been a good deal of cooperation and interactions at various levels, including the provision of extensive consultation services and intensive care facilities for OCI/PMH patients. There was, however, a great but missed opportunity to develop a truly comprehensive cancer centre with emphasis on surgical oncology at the Wellesley to complement the radiation and systemic therapy at the OCI/PMH. This never occurred for a variety of reasons. The OCI/PMH began as a very independent-thinking institute not keen to come under the umbrella of any other hospital—perhaps especially the TGH, which at that time ran the Wellesley as one of its divisions. Through the years the Wellesley and the OCI/PMH had different cultures which never seemed to mesh. The OCI/PMH regarded itself, as indeed it was, a highly specialized hospital with a great emphasis on research. The Wellesley valued its role as a general hospital and a location where many physicians cared for their private patients. Later, the Wellesley developed its own research directions, predominantly immunology and rheumatology, and did not want to devote itself exclusively to oncology. The hospital did develop a gynecologic oncology program, and in 1987, during discussions regarding the relocation of OCI/PMH, suggested it would reorient its mission toward oncology. It put forth a proposal for the development of "a comprehensive academic oncology prevention, treatment and research complex" in association with the OCI/PMH if it were to redevelop on the Sherbourne Street site.[97] This option was not chosen. If the union had taken place, the initial suggestion of Herbert Bruce, in 1930,[13] that the Wellesley Hospital become a cancer institute, would have been realized. This circle never closed.

The other three suggested sites for redevelopment were the campus of Sunnybrook Medical Centre, the Ontario Hydro site adjacent to the Mount Sinai Hospital (MSH) on University Avenue, and a site on the grounds of the Toronto General Hospital.[98] After lengthy discussion and debate, the decision was finally made to rebuild at the Ontario Hydro site on University Avenue. As enunciated in the OCI/PMH annual report of 1991, "It was the vision for improvements to interdisciplinary and interinstitutional cooperation in serving patients and optimizing research resources that inspired our plans to relocate on University Avenue."[99] The actual site was on the west side of University Avenue, immediately next door to the MSH and across the street from the TGH. Cancer programs in all the surrounding hospitals had undergone remarkable development in the previous couple of decades. The TGH had developed significant patient care and clinical research programs in surgical oncology and medical oncology, while similar programs were underway at the MSH, [100] which also had its outstanding research institute with an emphasis on themes, many of which were related to cancer. The Hospital for Sick Children (HSC), with its pediatric oncology program and research institute, and the research carried out in the Medical Sciences Building, were also steps away. After 38 years of relative geographic isolation from the University campus and the major downtown teaching hospitals, the OCI/PMH was now in the midst of major surgical and medical oncology activity and very competitive research institutes. The move also meant that independence would be short-lived.

The Merger.[101] *In* retrospect, a merger—or at least a special relationship—with one of the surrounding hospitals seemed inevitable. In the early days it appeared that this relationship would be with the Mount Sinai Hospital. The Mount Sinai Hospital had several oncology programs that would fit well with the OCI/PMH programs. Phase I of the relocation process

was completed in April 1991, when a satellite facility on the lower level of the Mount Sinai Hospital was opened. This provided four radiation therapy bunkers and machines, and some OCI/PMH patients were treated at that site four years before the new building was completed. In addition, the new OCI/PMH was to be linked to the Mount Sinai Hospital on several levels to ensure quick access to critical care and other services.[102] In spite of these geographic links and an expression of interest from both parties, an amalgamation or a special arrangement between the Mount Sinai Hospital and the OCI/PMH was not to be.

In the meantime discussion and subsequent negotiations between The Toronto Hospital* (TTH), with its new CEO Dr. Alan Hudson, and the OCI/PMH started in the early 1990s, well before the actual move of the OCI/PMH to the Hydro site in November 1995. Although protracted, these discussions led first to a joint oncology program in 1996[103] and then to a merger, with a single board. [104] The two institutions were amalgamated by statute in 1997.[105] Concurrently, in 1997 Part II of The Cancer Act, which had mandated the responsibilities of the OCI/PMH, was repealed.[106]

Others had thought of bringing the TGH and the OCI/PMH closer together. For example, in 1987 a proposal was made to integrate certain departments and programs of the TGH and the OCI/PMH in the event that the OCI/PMH relocated on TGH property.[107] However, there is no question that Dr. Alan Hudson, CEO of the TTH, was the major visionary and architect of this merger. According to Hudson, his purpose was to develop a strong comprehensive program involving all aspects of cancer care. By his own admission he was unaware of the past history of the old Ontario Institute of Radiotherapy at the TGH and the desire of many clinicians at the TTH to restore radiation treatment to their cancer program.

The Chair of the TTH Board of Trustees, when Hudson brought up the idea of a merger, was Mr. Peter Crossgrove. Crossgrove understood the advantages and potential pitfalls of hospital mergers in that he was a veteran of and carried a few scars from the merger of the Toronto Western Hospital (TWH) and the TGH in 1986. He had been Chair of the TWH Board and became convinced of the advantages of coming together with the TGH. There was considerable opposition from both medical staff and Board members but he managed to bring his TWH Board on side. He then became Chair of the merged TTH Board. When Hudson, as CEO of the TTH, put forward the suggestion that the TTH and the OCI/PMH unite to form a strong and prominent comprehensive cancer program, Crossgrove immediately saw financial savings that could go into improving patient care. Crossgrove also stated that he was "in favour of seamless care" and "felt that bringing the two institutions together would help accomplish this objective." From that point on Hudson and Crossgrove worked as a team in both institutions. None of the events over the next several years could have taken place without Crossgrove's unwavering support. Early in the discussions Mr. Crossgrove gave up the Chair of the TTH Board of Trustees, and, after a gap, in 1995 accepted the government's invitation to become Chair of the OCI/PMH Board. The leadership of the TTH Board of Trustees and the continued support of the merger with the OCI/PMH fell to Mr. Fraser Fell, and subsequently to Mr. Fred Eaton, who held the Chair of

* The Toronto Hospital (TTH) was constituted by the merger of Toronto General Hospital and the Toronto Western Hospital in 1986.

the TTH Trustees in sequence after Crossgrove finished his term and subsequently "crossed the street."

The arrival of Peter Crossgrove as Board Chair caused a good deal of initial concern and discomfort amongst the Board and staff of the OCI/PMH, as they had not as yet come to accept the concept of a union with the TTH. Crossgrove acquired a few more "merger scars." However, he was able to bring about changes in the thinking of the OCI/PMH Board members. He did this in a subtle manner as he managed the various players. There are those who, perhaps, have not recognized his central role, along with Hudson, in the process. One of his important moves was the recognition of Mr. David Brown, a member of the OCI/PMH Board, as an important player in the discussions. If Hudson was the visionary and architect and Crossgrove the leader of his Board, then Brown might be looked upon as the engineer and a major implementer. He was initially very much opposed to the merger but gradually changed his mind, and, "with a voice of reason," was very influential in persuading others on the OCI/PMH Board and medical staff to support the coming together of the two institutions under a single Board. Brown was also instrumental in developing an agreement that protected the oncology budget of the two merging institutions.[108] This financial agreement was very important in persuading members of the OCI/PMH Board to support the merger. Some had been concerned that portions of the oncology budget would be lost to other programs at the TTH. He became a member of the new TTH Board and the Chair of the influential Oncology Committee, a subcommittee of the Board. In the view of many, the formation of this Oncology Committee was an important factor in persuading members of the OCI/PMH that oncology would have a hearing and remain a major program in the merged organization. In the spring of 1997, just weeks before the OCI/PMH Board voted in favour of the merger, Mr. Crossgrove was again called upon by the government of Ontario, this time to chair the new Board of CCO. Mr. Anthony Fell, a strong supporter of the merger, took over the chair of the OCI/PMH Board. The "merger table had been set by Crossgrove and Hudson," and Fell moved quickly to get the assent of the OCI/PMH Board.

There were, of course, many opponents to the merger at the OCI/PMH. To begin with there were some very dedicated OCI/PMH Board members who expressed their opposition both orally and by letter. The separate Board of the PMH Foundation (fundraising) actually hired a lawyer but was later appeased when it was decided the Foundation would remain independent. At the medical staff level there was initially concern and resistance at both institutions. Some of the TTH staff worried about their identity, were against what they considered to be a takeover of their program by the OCI/PMH, and didn't want to move their offices and activities across University Avenue to the OCI/PMH building. Others were enthusiastic about combining the programs. The majority of the OCI/PMH staff was initially against what they saw as a "takeover" by the TTH and the loss of their independence. A decrease in the quality of patient care was often expressed as a reason to oppose the merger. When Dr. Simon Sutcliffe, who had been CEO of the OCI/PMH, resigned and moved to British Columbia (where he ultimately became President and CEO of the British Columbia Cancer Agency), the dissatisfaction of the staff was particularly apparent.

By that time the two hospitals had developed a joint oncology program[103] but maintained institutional independence with two Boards. Alan Hudson took on the role of CEO of the OCI/PMH while maintaining his position as CEO of the TTH. He essentially became a single CEO reporting to two Boards. Perhaps the greatest risk to the proceedings was that Hudson would be struck down by traffic while crossing University Avenue several times a day. With Sutcliffe's resignation, a medical head was required. Dr. Michael Baker, a practising hematologist/oncologist at the TTH, was persuaded to become head of the combined oncology program. He carried an extremely heavy load because he also continued as head of the Department of Medicine and VP Medicine at the TTH. This was an interesting move in that he came from what was apparently the "enemy camp" but he was the choice of the OCI/PMH staff. Baker had extremely good interpersonal skills and, as put by one member of the PMH Board, "Michael's blend of humour and common sense" put people at ease, and gradually the medical staffs came together. David Brown, as pointed out above, had become a strong proponent of the merger, and was also influential with the medical staff as a person that they could trust. Mention should also be made of Drs. Ron Feld, Chairman of the PMH Medical Advisory Board, and Tom McGowan, Chair of the Medical Staff Association at PMH. These two individuals worked hard to bring about concensus amongst the medical staff. Dr. Arnie Aberman, Dean of the University of Toronto Faculty of Medicine, carried the banner of the University. He worked very hard on the issue, became a strong proponent of the merger, and, in the eyes of several OCI/PMH Board members, was important in their decision making as they recognized the importance of the support of the university.

Although there was intense discussion and concern on the part of the participants in this union, it should be emphasized, in the final analysis, that it was a voluntary merger on the part of both parties. Perhaps the specter of the Health Services Restructuring Commission (HSRC), [109] under the leadership of Dr. Duncan Sinclair, helped speed the process. Sinclair was kept abreast of the University Avenue activities by Hudson. The HSRC directed the merger of a number of institutions across the province. The Toronto Hospital and the OCI/PMH would not have been immune to such directions. A voluntary, planned merger was, perhaps, preferable.

Two years later, in 1999, the TTH completed a re-branding process and was renamed the University Health Network (UHN). The TGH and the TWH were "given back their names," which they had lost when the TTH was formed by merging these two institutions in 1986. The OCI/PMH name had been preserved in the 1997 amalgamation. These were popular changes. In essence the three components of the UHN (TGH, TWH and OCI/PMH) were left with their original names, their fundraising foundations and their functions. Thus, in 1997, the OCI/PMH, which had developed from the old Institute of Radiotherapy in the TGH, had returned home. This circle had closed.

COMING TOGETHER: COLLABORATIVE AGREEMENT BETWEEN CANCER CARE ONTARIO AND UNIVERSITY HEALTH NETWORK / ONTARIO CANCER INSTITUTE / PRINCESS MARGARET HOSPITAL

The two-part Cancer Act 1957[82] recognized the OCTRF and the OCI as two separate provincial cancer organizations with separate boards, but both with provincial responsibilities. Through the years this arrangement generated both amazement and concern amongst observers and those interested in provincial cancer control systems—why two organizations for one province?

Conversely, there were proponents of the dual system, especially those associated with the OCI/PMH, who felt that the independence allowed for the development of excellence in their institute. A senior PMH clinician expressed the view that since the OCTRF (later CCO) was responsible for providing cancer treatment services to the whole province, a merger might compromise resources available to the PMH and bring it down to the lowest common denominator of services in the province.[110] This view was expressed to this author through the years by many others on the clinical and scientific staff of the OCI/PMH. The separate status for the PMH eliminated the concern of providing routine cancer care, primarily radiotherapy, for the whole province, and allowed for independent development of the research and clinical programs. From the research point of view, a prominent and respected scientist stated, "I can't over-emphasize the importance of the administrative framework in which we worked. Our basic funding (salaries, equipment and so on) did not come from the university, but as pass through funds from the OCTRF…. we had a direct link to our funding agency. We had an independent board and an institute director, Dr. Cliff Ash, who was both very supportive and permissive in terms of strategies."[111] Another important individual who favoured independence was Mr. Wallace McCutcheon, who replaced Mr. Urquhart as Board Chair of the OCI/PMH in 1957. McCulloch in his book expressed the view of many: "Mr. McCutcheon was to have a profound and positive influence as the new institute started its life."[112] This could not have happened without independence.

Through the years there were many differences and disagreements between the two organizations (e.g. handling of patient waiting lists, methods of reporting clinical activity, lack of integrated planning for the Greater Toronto Area, and often the inability to collaborate at the committee level). There were also, of course, positive features, including cross-representation on the Boards and collaborative conferences. For many years a very successful semi-annual clinical research conference, which took place at Lake Couchiching and became known as the "Couchiching Conference," was a collaborative effort between the OCTRF (later CCO) and the OCI/PMH. There was cross-representation on the research and education committees of the two institutions. There was collaboration in the training of medical and radiation oncologists in Toronto, and participation of OCI/PMH individuals on some important CCO initiatives such as the Evidence-based Care/Treatment Guideline Program and a special New Drug Funding Program.

The separation between the two agencies/organizations lasted for almost half a century. There were many informal suggestions that they should "get their act together." There were also more formal recommendations. In 1973 a review of cancer services stated, "The Princess Margaret Hospital should be more closely coordinated with other provincial activities by the Foundation (OCTRF) in order to facilitate an integrated province-wide cancer program. In our view, it is essential that the institute and foundation operate in unison." The report went on to recommend the establishment of a liaison committee.[113] It stopped short of recommending a single board. In a 1985 role study commissioned by the OCTRF and the OCI, the fundamental structural recommendation was: "The OCTRF and the OCI should be merged into a single Board, which would be established by appropriate changes to The Cancer Act."[114] In the fall of 1986 the two groups did initiate a process to merge the two organizations under one board and form a unified provincial agency—The Ontario Cancer Agency[115]—and in a 1988 report a statement was made, "A single Ontario Cancer Control Agency is being created."[116] In spite of these recommendations and statements, according to the OCTRF Executive Director at that time, little productive discussion took place.[117]

In September 1991 Dr. Charles Hollenberg, then CEO of the OCTRF, concluded from a conversation with the Deputy Minister of Health that the formation of this single agency would again be delayed. In a letter to the deputy, which showed considerable insight, he urged formation of a single provincial cancer agency, particularly as the PMH would be moving to University Avenue and forming strong alliances with neighboring teaching hospitals. He thought that such alliances would be unlikely to concern themselves with the delivery of cancer care elsewhere in the province, and consequently the two-cancer-system model would become irreversibly solidified. He suggested that a realignment of PMH with the downtown teaching hospitals should occur within the environment of the unified provincial approach to cancer control, which would assure the necessary links within Toronto and between Toronto and other cancer centres in the province.[118] Organizational and governance changes very similar to these suggestions ultimately occurred, but not in the order envisaged by Hollenberg.

The next decade brought little progress toward any sort of major collaboration between the two agencies. The OCI/PMH, of course, was concerned with matters relating to their relocation to the University Avenue site and issues surrounding the merger with the TTH. CCO was busy planning expansions to existing regional cancer centres and developing new centres in an attempt to keep up with the ever-increasing burden of cancer in the province. Both organizations had to contend with a major mismatch between available resources and escalating health care costs that affected the entire health care system and certainly did not exclude oncology. Bed cuts, hospital closures, reduction in undergraduate medical student and other health care student class sizes, cuts in medical postgraduate training programs, and ultimately, a shortage of a wide range of health care professionals including radiation and medical oncologists, radiation therapists, nurses, family physicians and many other specialties, had a huge impact on the cancer "system." Waiting times for patients who were to receive radiation treatment became unacceptably long, necessitating referral of some patients to the United States. Many patients could not find a family physician, and consequently some routine care fell to the cancer centre physicians, especially in the smaller centres. There was competition between the OCI/PMH, the CCO centres and community

hospitals to recruit the few young oncologists that were available. The escalating cost of drugs, especially new agents, caused large budgetary problems. The lack of cooperation and collaboration between the so-called "formal" cancer system (CCO and the OCI/PMH) and the "informal" system (i.e. the hospitals and health care professionals who cared for the 50% of patients never seen in the cancer centres) was also an important issue.

In 2003 major changes in the structure and operations of CCO (see previous section) made a closer collaboration with the OCI/PMH a greater possibility. Whereas CCO had previously operated all the regional cancer centres (RCCs) in the province, under Alan Hudson's leadership the RCCs were integrated with and managed by their respective host hospitals. CCO was no longer in the business of running cancer centers but rather purchased cancer services from various hospitals/providers. Consequently, a liaison with the OCI/PMH no longer posed the threat of CCO running that hospital. An arrangement, similar but not identical to that between CCO and the 11 host hospitals across the province to form the Integrated Cancer Programs (see previous section), became a possibility.

As is so often the case, personalities can be very important when two parties negotiate a collaborative agreement. OCI/PMH was a component of the UHN, and therefore that institution played a major role. Alan Hudson, who had been CEO of the UHN, was now CEO of CCO. Peter Crossgrove, Chair of the CCO Board, had been Chair of the OCI/PMH Board and prior to that Chair of the TTH Board of Trustees. Tom Closson, the CEO of the UHN, had previously been CEO of Sunnybrook Health Sciences Centre, the host hospital for one of CCO's largest regional cancer centres, Toronto-Sunnybrook Regional Cancer Centre. In addition, the Chief Operating Officer of the OCI/PMH, Dr. Bob Bell, brought fresh views to that institution. Bell, similar to Hudson, was a surgeon, and the two had interacted closely in the past; Bell had been an important member of Hudson's Cancer Services Implementation Committee. The time was clearly ripe, and in October 2003, a collaborative agreement between Cancer Care Ontario and the University Health Network was signed.[I] This agreement spelled out the responsibilities of both organizations without compromising the important and unique functions of the partners. The purpose was to define the roles of CCO, the UHN and the PMH in cancer clinical care, education and research provincially; to strengthen provincial leadership in these areas; to better coordinate with CCO and the ICP hospitals the roles of the UHN and the PMH in providing cancer care to patients throughout the province and beyond; to enhance advice to the government on system planning; and to directly involve the UHN and the PMH in working with CCO and its ICP hospitals to develop common policies, standards and guidelines for cancer care and control. In order to achieve these objectives, members of the UHN and the PMH became part of the senior management structure of CCO, similar to members from the ICP hospitals, and therefore began to play a full role in all matters relating to planning, cancer control services and research, and the development of policy, standards and guidelines.

The intersecting circles were now completely closed. The old TGH, as part of UHN, the current OCI/PMH, also part of UHN, and CCO, with its integrated cancer programs across the entire province, were now united and prepared, with a single voice, to face the challenges of overseeing a new era of cancer control in Ontario. As this account is being completed, serious discussions leading to the creation of a relationship between the Hospital for Sick Children (HSC) and CCO are under way. Personnel from HSC were a part of the original

OCI/PMH, and thus this proposed new relationship would close yet another component of the circle. CCO also anticipates forging formal working relationships with all agencies and hospitals in Ontario devoting a significant portion of their budget to the care of patients with cancer.[119]

Only time will tell if these changes lead to a superior "system" of cancer control. However, an examination of the changes does pose a number of pertinent questions that could lead to some lessons for the future. Should these mergers, integrations and collaborative agreements have taken place many years ago? Should the mergers have been even more extensive and perhaps, in the case of Toronto, included more of the teaching hospitals? This of course is not an out-of-the-way thought, as in almost all the provinces—except for Ontario—single boards govern all the hospitals in a region. What is the role of a separate and highly specialized disease-oriented institute such as the original OCI/PMH? Whereas there is no question that it attained an international reputation in cancer research, radiation therapy and medical oncology—in part because of the outstanding initial appointments to the scientific and medical staff—it can be argued that the OCI/PMH was not a complete cancer hospital. Would it have been less parochial, with more seamless and interdisciplinary programs, if it had developed as part of the old Radiotherapy Institute and stayed at the TGH, with the incorporation of surgical oncology from the beginning? Alternatively, what if the OCI/PMH and the Wellesley Hospital had collaborated to become a comprehensive cancer centre with the recruitment of the appropriate surgical oncology sub-specialists? One could visualize a comprehensive cancer centre equal to any on the continent. Would the contributions of the OCI/PMH have been affected if it had been part of the main provincial cancer agency, the OCTRF, from the beginning?

The answers to these and many other questions are, of course, controversial and can never be answered with certainty. However, it seems clear we have entered an era in which health care has evolved from independent freestanding institutions and hospitals to multiple institutions coming together under single governance. One must also examine CCO, an organization that no longer delivers care, but plans, measures activities and outcomes, evaluates, and acts as chief advisor to the Ministry of Health and Long-Term Care on all cancer-related issues. Perhaps a similar approach to other chronic disorders, such as heart disease, stroke, diabetes, musculo-skeletal disease and so on might be beneficial; many of the problems and issues are similar to those confronting people with cancer. These include prevention, screening, appropriate and timely diagnostic facilities, waiting times, navigation through the system, the application of evidence-based treatment regimens, appropriate rehabilitation, supportive and palliative care. It is just possible that the evolution of the cancer system in Ontario might provide a paradigm, or at least some guidance, for other sectors of the health care system.

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99. OCI/PMH Annual Report 1990-91, p 7.

100. Personal communication Dr. Bernard L. Langer, past Chair, Department of Surgery, University of Toronto.

101. For this section, rather than attributing each statement to individuals I have listed all those, with positions held during the merger and merger discussions, who were interviewed and provided information:
- Dr. Arnie Aberman, Dean, Faculty of Medicine, University of Toronto
- Dr. Michael Baker, Head, Department of Medicine TTH, VP Medicine TTH, Head combined Oncology program TTH and OCI/PMH
- Ms. Jinnie Bradshaw, Board member, OCI/PMH
- Mr. David Brown, Board member, OCI/PMH
- Mr. Peter Crossgrove, Board Chair, TTH; Board Chair, OCI/PMH; Board Chair, CCO
- Dr. Bernard Cummings, Head, Dept. Radiation Oncology, OCI/PMH
- Dr. Ron Feld, Chair Medical Advisory Board and Board member OCI/PMH
- Dr. William Francombe, member Dept. Medicine, TTH
- Ms. Esther Green, Chief of Oncology Nursing, OCI/PMH
- Dr. Alan Hudson, President and CEO, TTH
- Dr. Bernard L. Langer, surgical oncologist, past Chair, Dept. Surgery, University of Toronto and prior member of Board OCI/PMH
- Dr. E. A. McCulloch, Senior Scientist OCI

- Dr. Tom McGowan, Chair Medical Staff Association and Board member OCI/PMH
- Mr. Michael McKenzie, Board member OCTRF/CCO and OCI/PMH
- Dr. Bill Meakin, prior Executive Director OCTRF
- Dr. Rick Miller, Senior scientist OCI
- Dr. Mike Rauth, Senior scientist OCI
- Mr. Jack Shapiro, Board member TTH, Chair Board CCO and Board member OCI/PMH
- Dr. Jeremy Sturgeon, member Dept. Medicine, OCI/PMH
- Dr. David Sutton, member Dept. Medicine TTH
- Dr. James Till, Senior scientist OCI

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103. Joint Oncology Program – 1996. In: A Resolution Concerning the Governance of the Princess Margaret Hospital Comprehensive Cancer Centre. Copy in CCO Archives.

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107. Letter from Mr. W. Vickery Stoughton, President of The Toronto Hospital to Dr. R. Bush, Director of the OCI/PMH. January 8, 1987. Copy in CCO Archives.

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110. Personal communication Dr. Bernie Cummings, Radiation Oncologist and previous Head of Department of Radiation Oncology, OCI/PMH.

111. Siminovitch, Lou. *Reflections on a Life in Science.* ISBN 0-9733615-0-6. Printed in Canada. 2003, p 51.

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113. A Review of Cancer Diagnosis and Treatment Services, Education and Research in Ontario 1973. Cates, Peat, Marwick and Company. January 1973, Chapter 10, p 6.

114. Provincial Role Study of Cancer Services in Ontario for the OCTRF and the OCI. Currie, Coopers & Lybrand and Resources Management Consultants Ltd. August 1985, p 199. Copy in CCO Archives.

115. OCI/PMH Annual Report 1986/87, p 2.

116. Committee to Review Impact of Relocation of PMH, Interim Report 1988, vol. 1, p 5. Copy in CCO Archives.

117. Personal communication Dr. J. W. Meakin. Executive Director of OCTRF 1979-1991.

118. Letter from Charles Hollenberg, President and CEO of OCTRF, to Mr. Michael Decter, Deputy Minister of Health, Ontario. 23 Sept. 1991 – Copy in CCO Archives, Hollenberg file.

119. Personal communication Dr. Alan Hudson.

ABBREVIATIONS

CCO	Cancer Care Ontario
CSIC	Cancer Services Implementation Committee
HSC	Hospital for Sick Children
ICP	Integrated Cancer Program
MSH	Mount Sinai Hospital
OCF	Ontario Cancer Foundation
OCI	Ontario Cancer Institute
OCI/PMH	Ontario Cancer Institute/Princess Margaret Hospital
OCOG	Ontario Clinical Oncology Group
OCTRF	Ontario Cancer Treatment & Research Foundation
PMH	Princess Margaret Hospital
RCCs	Regional Cancer Centres
TGH	Toronto General Hospital
TTH	The Toronto Hospital
TWH	Toronto Western Hospital
UHN	University Health Network

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