

Westmead Hospital and Community Health Services



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Intensive Care Unit

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Our Ref: H:\detox\Perel

Professor Perel
Fax No: 972 3 5351565

Dear Professor Perel,

It was a pleasure to make contact with you by telephone in Tel Aviv and this letter is a follow-up to that conversation. Please find enclosed the copy of the submission made by Dr. Jon Currie and myself to the Arbitrator Advocate Ercyalrozobzky in Tel Aviv. I would be pleased to receive your submission to see if there are similarities or differences.

We believe, that in Australia it would be important for this technique of Rapid Opioid Receptor Blockade (RIORB) under Sedation or Anaesthesia to be performed by Anaesthetists/Intensivists with the expertise to work within the guidelines of our Royal Australian College of Anaesthetists for the minimum standards of care during the administration of sedation or anaesthetic agents. This would include the use of Propofol in the manner proposed for the variety of "rapid opiate detoxification" programs.

Dr. Jon Currie and I, together with an Anaesthetist, Research Psychologist and three nurses spent a week with Andre Waismann at the MEGAMA Institute in Tel Aviv last year to learn and understand the details of the procedure undertaken in his clinic. We have subsequently been to London to the Stapleford Centre and have seen the technique performed by Colin Brewer and his team, and also by Dr. L. Partecke in the Judisches Hospital in Berlin. From our observations we believe that the technique as performed by Andre Waismann is the best that we have seen and is of the highest possible clinical standards. Technically, only the procedure performed by Dr. Partecke in Berlin comes close to matching that of Dr. Waismann. Certainly Andre Waismann has by far the greatest experience in the world in this procedure.

For equity of access, we believe that it is important to establish this program within the Australian public hospital system and our program will incorporate:

1. Rapid Induction of Opioid Receptor Blockade with Naltrexone during non surgical anaesthesia, followed by
2. Naltrexone maintenance and psycho-social counselling.

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Patients will be maintained on Naltrexone for at least 12 months, during which time, psycho-social assessments will be made and patient care and rehabilitation will be shared with local general practitioners through the Division of General Practice.

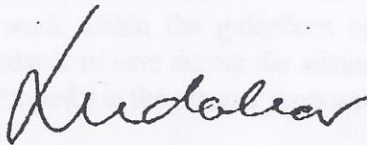
We will be conducting a randomised clinical trial, comparing sedation Vs non-surgical anaesthesia for the rapid induction of opioid receptor blockade with Nalrexone, followed by Naltrexone maintenance treatment and psycho-social counselling, over a period of 12 months.

We will be inviting Andre Waismann to act as an Honorary Consultant during the clinical trial, and to come to Westmead Hospital to assist us in the initial stages of establishing our program, since we believe he has the best experience worldwide for the anaesthetic technique to establish Naltrexone neuro receptor blockade.

From my conversation with you, in Tel Aviv, I understand you will be establishing a similar program in your hospital. Perhaps you may also wish to collaborate with Andre Waismann and we would be only pleased to collaborate with your group in establishing a world class public hospital program, for this therapeutic modality.

I look forward to further communications with you and it is likely that we may meet in Frankfurt for the European Society Meeting later this year.

With kind regards,



YUGAN MUDALIAR

Director

Intensive Care