E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

EMPLOYEE RELATIONS DEPARTMENT

CC: B. W. Culpepper, M.D. - ERD
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November 10, 1980

D-R

W. E. NEELD, JR., M.D.
C&P DEPARTMENT
CHAMBERS WORKS

X-RAY INTERPRETATION

Your November 5 letter to Dr. O. S. Allen and Associates, sent in care of B. A. Brown of this office, was never delivered since the answers to the questions you posed are more appropriately answered by me.

When we first began identifying cases where there were radiological changes suggestive of an asbestos relationship, Dr. Allen's reports contained wording that indicated a stronger association with asbestos exposures than the present report. In order to make the x-ray report meaningful and convey to the plant physician the need to develop a work history on the patient, I developed the paragraph currently being used by Dr. Allen and his associates and they agreed to its use. After rereading it several times since your letter, I still believe this to be the most effective, yet least offensive, report Dr. Allen can use to describe radiologic changes compatible with an asbestos etiology.

To address your specific comments:

Paragraph 1 - ". . . is a concern that the singling out of the word "asbestos" may heighten the working community's awareness about past asbestos exposure to an unnecessary high level."

With all the mass media attention asbestos has received, most workers already are aware of the potential dangers of past exposures. Also, once Dr. Allen has identified these changes, you are obligated to develop a work history on the employee. This requires determining if past asbestos exposures could have occurred and to do so, may require talking with the employee. The Corporate policy of informing employees of abnormal findings also makes it necessary that you be able to respond to an employee's question regarding possible causes of the abnormality.

DUP 0936339

PLAINTIFF'S
EXHIBIT
DUP-946

Paragraph 2 - ". . . you are concerned with malpractice and . . .."

Dr. Allen is no more concerned with malpractice than any other physician and exposes himself daily to this risk in order to provide radiologic services to the Wilmington Medical Center where his potential for claims is greater than at Du Pont. The paragraph was not developed to, in any way, be defensive about possible malpractice claims, but to be responsive to the needs of plant physicians, Du Pont, and our employees. The paragraph was carefully considered to avoid compromising plant physicians or Dr. Allen.

Paragraph 3 - ". . . Each listens politely."

This could be because the people to whom you talk don't agree with you. So far, I have not been aware of any changes you have proposed be made to the paragraph until now.

". . . report would be just as complete if the statement excluded the words 'asbestos or other.' . . ."

I disagree. The pleural thickening that Dr. Allen describes by using this paragraph is about 8 out of 10 times due to previous asbestos exposure and seldom due to other causes. The intent of the statement in the paragraph is to make the physician aware of a possible asbestos etiology so the work history can be more carefully reviewed.

Paragraph 4 - ". . . no intention to insult your intelligence but . . . it is rather obvious that asbestos is not the only substance . . . in causing x-ray changes . . .."

The changes which are detected and for which the paragraph is used are not those typical of pneumoconiosis, but are those which are more typical of asbestos exposure-pleural thickening without detected parenchymal involvement. Therefore, mention of asbestos is again pertinent to the report of cases with these reasonably typical findings.

Please suggest a paragraph which meets your needs and concerns yet adequately considers the points I have covered in this letter. If it meets our needs and is acceptable to Dr. Allen and his associates, we will consider asking Dr. Allen to use it instead of the present paragraph.

MEDICAL DIVISION

Bruce W. Karrh, M.D.
Director

BWK:ceb

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