



Amended pursuant to Supreme Court Rule 24 (1) (a)
Original filed July 25, 2001

No. S014221
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

**ELSIE BURNETT,
Executrix of the Estate of EARL BURNETT**

PLAINTIFF

AND:

**ST. JUDE MEDICAL, INC. and
ST. JUDE MEDICAL CANADA, INC.**

DEFENDANTS

Brought under the *Class Proceedings Act*

AMENDED STATEMENT OF CLAIM

THE PARTIES

1. The plaintiff is the executrix of the estate of Earl Burnett, resides on Gambier Island in the Province of British Columbia, and has a mailing address at R.R.#3, Gibsons, British Columbia, V0N 1V0.
2. The defendant, St. Jude Medical, Inc. (hereinafter "SJM"), is a body corporate duly incorporated under the laws of the State of Minnesota, USA, and has its registered office at One Lillehei Plaza, in the city of St. Paul, in the State of Minnesota, USA.
3. The defendant, St. Jude Medical Canada, Inc. (hereinafter "SJM Canada"), is a body corporate duly incorporated under the laws of Canada and has its registered office at 6695 Millcreek Drive, Unit 8, Mississauga, in the province of Ontario.

THE PLAINTIFFS

4. This action is brought by the executrix of the estate of Earl Burnett for the benefit of the following persons:

(a) Elsie Burnett, retired and resident on Gambier Island, British Columbia, with a mailing address at R.R.#3, Gibsons, British Columbia, V0N 1V0; and

(b) Debra Rogers is a systems analyst and resides at Suite 103, 2250 James White Boulevard, Sidney, British Columbia, V8L 1Z4.

5. Elsie Burnett, who was born on November 14th, 1932, married Earl Burnett (hereinafter "Earl") on April 2nd, 1953 and remained living with him as his wife until he died on September 29th, 2000. They had one child, namely, the said Debra Rogers who was born on November 13th, 1953 and is 47 years old.

6. Earl was employed for most of his adult life by Transport Canada, first as an aircraft engineer in Ontario and later in British Columbia as an airworthiness inspector, eventually holding the title of Superintendent of Airworthiness. When he died he was retired.

THE DEFENDANTS

7. SJM manufactures and distributes mechanical heart valve products on a worldwide basis, including mechanical heart valves with sewing cuffs coated with a substance for which one Spire Corporation has registered the proprietary name "Silzone" and tissue valve and repair products with Silzone coating (hereinafter "devices").

8. SJM has its head office in St. Paul, Minnesota, USA, and from this US base, SJM controlled the course of all research relating to Silzone-coated devices, made representations to the US and Canadian regulatory authorities regarding the safety and efficacy of these devices, made the decision to sell them in the US and Canadian marketplaces while clinical trials were ongoing, monitored the performance of these devices both within and outside of the clinical trial, and generally made all business and ethical decisions relating to the sale, distribution and post-market monitoring of the Silzone-coated devices.

9. SJM Canada is a wholly owned subsidiary of SJM. It is incorporated under the laws of Canada, and carries on business throughout Canada manufacturing, marketing and distributing SJM products, including Silzone-coated devices.

BACKGROUND

10. During the late 1990's, Earl experienced increasing difficulty with his breathing and his capacity to perform his usual physical activities. Prior to this he had had no other significant health problems.

11. By April of 1996, Earl's family physician suspected he had problems with his heart and referred him to a cardiologist, Dr. Ken Gin.

12. In May 1996, Dr. Gin diagnosed Earl as having suffered **severe biventricular congestive failure**. He adjusted his medications and advised him to avoid strenuous activity.

13. Further studies over the next few months indicated that Earl was also suffering from **severe aortic stenosis, biventricular dysfunction, moderate mitral and severe tricuspid regurgitation**. Dr. Gin was in favour of proceeding with surgery.

14. By October 1996, Earl's condition had dramatically improved and he was no longer considered to be in clinical heart failure. A decision was made to defer surgery for the time being.

15. For approximately the next 32 months, Earl's condition was monitored and he was able to function fairly well at a normal level. However, on June 15th, 1999, while painting his house he collapsed. He was taken to St. Mary's Hospital in Sechelt, B.C. and, on the same day, was transferred to Vancouver Hospital and Health Sciences Centre ("Vancouver Hospital") in Vancouver, B.C.

16. On admission to Vancouver Hospital, Earl's **Most Responsible Diagnosis** was that of **critical aortic stenosis**. On June 22nd, 1999, **aortic valve replacement surgery** was performed and on June 30th, 1999 he was discharged from hospital.

17. The surgery which Earl underwent involved the removal of a severely calcified, critically narrowed aortic valve and its replacement with a **#25 St. Jude mechanical valve** which had a sewing cuff coated with Silzone, a device designed, manufactured, marketed and distributed by the Defendants and each of them.

18. For several months following surgery, Earl's condition seemed to improve; however, by March 2000, he again began to experience shortness of breath and his condition gradually worsened.

19. By letter dated March 20th, 2000, Earl learned for the first time that the mechanical valve which had been implanted in his heart was a **St. Jude Medical heart valve product with Silzone coating on the sewing cuff**. He was further advised that **St. Jude Medical recently voluntarily recalled these heart valves**.

20. Earl's physician suspected that he had a **paravalvular leak** on his mechanical heart valve and on September 13th further testing confirmed that there was a **large paravalvular leak and significant paravalvular aortic regurgitation** and it was felt that repeat surgery may be required.

21. Earl's condition worsened and he died at home on September 29th, 2000.

THE DEVICE

22. SJM and other companies manufacture mechanical heart valves. Each device, regardless of manufacturer, has a sewing cuff attached to the mechanical valve. The purpose of the sewing cuff is to allow the device to be affixed to the heart muscle.

23. A known complication of open heart surgery and implantation of a mechanical heart valve is the incidence of endocarditis in the area of the implant, typically where the implant is affixed to the heart muscle.

24. In the mid-1990's, Spire Corporation, a Massachusetts company, developed a substance containing elemental silver for which it registered the proprietary name Silzone. Spire Corporation licensed the use of Silzone to SJM. SJM's theory was that

Silzone would have an antibacterial effect. The concept was to coat the sewing cuffs with Silzone to inhibit the incidence of endocarditis at the implant site.

25. Prior to July of 1998, SJM had not engaged in any clinical testing of the device in humans in order to satisfy itself and its regulators of the device's safety, efficacy and fitness for its intended purpose. Further, SJM conducted no clinical trial to verify that its theory that the valve would have an antibacterial effect was supportable.

26. Based on its representations to the regulators, including the US Food and Drug Administration (FDA), the Health Protection Branch (HPB) of the Canadian Department of Health, the English Medical Devices Agency, as well as their Australian and European Community counterparts (collectively, the "regulators"), SJM and SJM Canada received permission not only to conduct clinical trials of the device on humans, but also to release the device into the marketplaces of the United States, Canada, the United Kingdom, Australia and Europe. SJM commenced the sale of the device worldwide in late 1997.

27. SJM conducted a multi-year, multi-centre randomized clinical trial, known as AVERT (Artificial Valve Endocarditis Reduction Trial), (hereinafter "AVERT"). AVERT was conducted for the purpose of studying the safety and efficacy of SJM's devices with Silzone coating. SJM conducted AVERT from mid-1998 to January 2000, at the very same time it was representing to the regulators, health care professionals and the public that the device was safe and efficacious.

THE FAILURE OF THE DEVICE

28. Early reports both within AVERT and as a result of the general marketplace distribution revealed an early, high incidence of endocarditis, thrombosis and paravalvular leaking in the Silzone-coated device when compared to the conventional device without Silzone coating. Nevertheless, SJM and SJM Canada continued to sell and distribute the device in their worldwide marketplaces, until such time as the results of AVERT showed that performance of the device in relation to the incidence of

paravalvular leak was eight times worse than the performance of the conventional device.

29. Early reports from independent research agencies and scientists also revealed that the Silzone products did not have the antibacterial properties claimed and that there was a high incidence of thrombus formation and thromboembolism. SJM knew or ought to have known of these reports. Nevertheless, SJM and SJM Canada continued to sell and distribute the devices in the worldwide marketplace.

30. The defendants failed to conduct appropriate in vitro, animal and clinical research, either prior to the release of the devices into the marketplace or subsequent to its recall. Had they done so, such studies and trials would have revealed that the Silzone coating was cytotoxic. The cytotoxicity caused poor tissue ingrowth into the sewing cuff ("endothelialization"), it is likely that in the future the sutures affixing the valve's sewing cuff to the heart muscle will eventually come apart ("dehiscence"), leading to hemodynamic hemolysis, thrombus formation, transient ischemic attacks, thromboembolic stroke, hemosiderosis, valve destabilization and sudden death.

31. Prophylactic medication will be required by all implant recipients in order to protect them from the device-related problems. These drug levels will have to be monitored continuously; many have harmful side effects such as hemorrhagic strokes and damage to vital organs. Many recipients are also likely to require pacemakers.

32. Medical monitoring is required, and will be required in the future to permit health care professionals to detect when the device is starting to fail. Inadequate monitoring will lead to undetected device failure, and additional device recipients will die.

THE NATURE OF THIS ACTION

33. This action concerns the defendants' negligent conduct in the areas of pre-market research and development, design, testing, manufacture, release of the device into the marketplace, post-market monitoring, recall, and warning to regulators, health care professionals and the public.

CLASS DESCRIPTION

34. There are three classes of British Columbians for whose benefit this action is brought. They are as follows:

(a) The *Family Compensation Act* (FCA) Class

All British Columbians, who would otherwise be entitled to damages pursuant to the provisions of the *Family Compensation Act* as a result of the death of a family member related to the implant of an SJM Silzone-coated device.

(b) The Patient Class

All British Columbians who have been implanted with SJM Silzone-coated devices.

(c) The Family Class

All British Columbians who have suffered loss and expense in the provision of care, rehabilitation and other services to a family member who has been implanted with an SJM Silzone-coated device.

(d) Such other class members as the court recognizes or directs.

NUMBER OF PERSONS IN THE CLASS

35. Approximately 2500 persons resident in Canada had implanted one or more devices with Silzone coating prior to SJM's voluntary worldwide recall of January 22, 2000. In addition, approximately 400 persons worldwide had implanted one or more devices with Silzone coating as part of AVERT. The number of British Columbian device recipients within AVERT is known to the defendants.

STRICT LIABILITY OF THE DEFENDANTS

36. The defendants released the mechanical heart valves with Silzone coating into the US and British Columbia marketplaces before and during AVERT, and before they had sufficient knowledge on which they could base a reasonable belief regarding the

safety and efficacy of these devices. They did so in order to make a substantial profit from the sale of these devices, without regard to the health and safety of those British Columbians who would have these devices implanted. As such, the defendants should be held strictly liable for the consequences of their reckless early release of these dangerous devices into the marketplace.

37. Earl and other British Columbians implanted with the defendants' Silzone-coated devices were being used, unbeknownst to them, as subjects for research into the safety and efficacy of these devices, outside of AVERT. As such, the defendants are legally and ethically bound to make good the harm in the same manner as a researcher owes a legal and ethical duty to make good the harm suffered by those involved as research subjects.

38. On January 22nd, 2000, the defendants initiated a worldwide recall of all Silzone-coated devices, and thereby admitted that these devices were defective, unsafe, and not fit for the purpose intended.

THE DEFENDANTS WRONGFUL ACTS

39. The defendants and their servants and agents were negligent in pre-market research and development, design, testing, manufacture, representations to their regulators, distribution and sale, post-market monitoring, recall and warning relating to the Silzone-coated devices.

Negligent Pre-market Research and Development, Design and Testing

40. Prior to releasing the Silzone-coated devices for implantation, the defendants negligently conducted pre-market research, development, design and testing. Particulars of this negligence are as follows:

- (a) They failed to conduct adequate research to establish that the Silzone-coated sewing cuff would inhibit the incidence of endocarditis;

- (b) They failed to conduct adequate research to ensure that the Silzone-coated sewing cuff would not develop holes upon implantation, and would allow for healthy tissue ingrowth;
- (c) They failed to conduct adequate research to ensure that the Silzone-coated sewing cuff would not encourage the formation of thrombus or other adverse effects, particulars of which are known to the defendants who are in possession of the relevant records but are not now known to the plaintiff;
- (d) They failed to consider the impact of the actual surgical procedures required to implant the device, including the suturing of the sewing cuff, when researching and testing the efficacy of the device;
- (e) They failed to consider the effect of surgical attachment of the Silzone-coated sewing cuff to the heart muscle on the cuff's resistance to leakage;
- (f) They failed to consider the effect of the Silzone substance on the elasticity and porosity of the cuff fabric;
- (g) They failed to consider the relationship between the development of holes at the edge of the cuff and the incidence of endocarditis and thrombus;
- (h) They failed to perform adequate animal testing prior to the release of the device into the marketplace or the conducting of clinical testing on humans either through AVERT or through the release of the device into the marketplace;
- (i) They released Silzone-coated devices into the marketplace prior to the start and completion of adequate clinical trials;
- (j) They designed the Silzone-coated cuff when they knew, or should have known, that its basis in elemental silver was, either alone or in combination with other substances in the sewing cuff, cytotoxic, and would increase the risk to recipients of serious latent problems including, but not limited to, poor tissue ingrowth, local necrosis, hemodynamic hemolysis, hemosiderosis, second stage dehiscence and valve destabilization;

(k) They designed the Silzone-coated cuff when they knew, or should have known, that the Silzone coating would increase the risk of the cuff developing holes, leaks, thrombus and other adverse effects; and

(l) They knew or ought to have known that the Silzone coating would enhance the development of leaks which they knew, or ought to have known, would increase the potential for endocarditis and the development of thrombus.

41. As a result of their negligent pre-market research, development, design and testing as described, the defendants wrongfully and intentionally accepted the foreseeable risk of injury to an implanted person as a result of the Silzone-coated cuff developing leaks, endocarditis, thrombus and other adverse effects.

Negligent Manufacture

42. The Silzone-coated devices were negligently manufactured by the defendants. Particulars of that negligence are as follows:

(a) They used a manufacturing process to make the Silzone-coated cuffs which they knew, or should have known, would increase the risk of the cuff developing leaks, thrombus, endocarditis and other adverse effects;

(b) They failed to control or monitor the manufacturing process to ensure that the Silzone-coated cuffs would not develop leaks, or promote the development of endocarditis, thrombus and other adverse effects;

(c) They applied the Silzone coating to the cuff in a manner which they knew, or should have known, would enhance the likelihood of the cuff leaking, developing endocarditis, thrombus or other adverse effects;

(d) They failed to design and effect the manufacturing process so that the Silzone-coated cuffs would have the performance characteristics indicated in pre-market research and testing;

(e) They used a coating on the sewing cuff—Silzone—that they knew, or ought to have known, was cytotoxic and which would which significantly increase future risks of such serious latent problems as poor endothelialization, local necrosis, hemodynamic hemolysis, siderosis, second stage dehiscence and valve destabilization; and

(f) They failed to modify the manufacturing process in a reasonable and timely manner once they became aware of poor initial performance of the Silzone-coated cuff, both within AVERT and in the general market distribution.

Negligent Distribution and Sale

43. The defendants negligently distributed and sold the devices when they knew, or ought to have know, that there was insufficient information relating to safety and efficacy.

44. The defendants negligently continued to distribute and sell the device after early results from both AVERT and the general distribution of the products revealed a high incidence of endocarditis and thrombus formation than was present in the use of conventional valves.

45. The defendants' negligent distribution and sale of the devices was effected to maximize the defendants' profits without regard to the safety of the recipients of the devices.

Negligent Misrepresentation to Regulators

46. The defendants negligently misrepresented the safety and efficacy of the Silzone-coated cuff to their regulators, including the FDA, the HPB, the Medical Devices Agency (U.K) as well as their Australian and European Union counterparts. Particulars of that negligence are as follows:

(a) They made representations to their regulators regarding the safety and efficacy of the Silzone-coated cuff when they knew, or should have known, that the representations were false, unsupported and unsupportable;

(b) They made representations to their regulators without sufficient knowledge to support an honest and reasonable belief that the Silzone-coated cuff was effective and safe; and

(c) They made representations to their regulators regarding the safety and efficacy of Silzone-coated cuffs when they knew, or should have known, that the representations were overstated, overblown or exaggerated.

47. The defendants made the negligent or fraudulent representations as described knowing that they would be reasonably relied upon by the regulators in order to obtain approval for AVERT, and for the release of the devices into the general marketplace before AVERT was started, knowing that doctors, hospitals and device recipients would rely on regulatory approval of the device as an indication of its safety and efficacy.

48. When the poor results of the Silzone-coated cuff became apparent to the defendants, they failed to advise and warn their regulators of these results despite their legal and ethical duty to do so.

Negligent Post-Market Monitoring/Failure to Warn/Failure to Recall

49. The defendants owed duties to monitor the safety and effectiveness of the devices once they were released into the marketplace, through AVERT or otherwise, to warn their regulators, hospitals, medical practitioners and the public that the devices were untested and that early results revealed problems with the devices, to effect a timely recall of the devices upon becoming aware of such problems, and to continue to study the performance of the Silzone valves and all implant recipients worldwide, so that the defendants could properly advise the recipients and their health care providers and the regulators. The defendants breached these duties as follows:

(a) They failed to monitor, adequately or at all, the performance results of the general market distribution;

(b) They failed to advise the independent agency monitoring AVERT of the poor performance results in the general market distribution;

(c) They failed to train, instruct and supervise their agents in rigorous monitoring of the results of AVERT and the general market distribution;

(d) They failed to respond adequately, or at all, once they became aware of statistical evidence of poor performance of the device by warning the regulators, hospitals, medical practitioners and the public of the risk of such poor performance; and

(e) They failed to initiate a voluntary recall as soon as they knew or should have known that the Silzone-coated cuff was dangerous, developed leaks, and actually promoted the incidence of endocarditis, thrombus and other adverse events.

50. Had the defendants properly monitored the safety and efficacy of the devices, provided warnings of problems arising with the devices and effected a timely recall of the devices, Earl would not have received the defective Silzone-coated device which he had implanted.

PUNITIVE/AGGRAVATED/EXEMPLARY DAMAGES

51. In addition to the various specific claims pleaded above, the defendants made representations to their regulators that the Silzone-coated devices were substantially equivalent to its conventional devices which had previously received regulatory approval. At the time the defendants made these representations, they were reckless or wilfully blind to whether or not these representations were true. They made these exaggerated claims regarding the safety and efficacy of these new devices so that they could introduce them into the stream of commerce prior to establishing proof of the safety and efficacy of the device through clinical trials, in order to make considerable profit. In so doing, the defendants were reckless about the health and safety of Canadian recipients. In preferring their own profit motive to a prudent concern for the health and safety of others, the defendants have conducted themselves in an arrogant and high-handed manner, which merits an award of punitive, aggravated and exemplary

damages commensurate with the defendants' profit from the sale of all Silzone-coated devices in Canada, the US and elsewhere.

52. Since the time of SJM's worldwide recall of the device on January 22, 2000, SJM has failed or refused to admit its responsibility to Earl and others similarly situated, nor has it provided any offer of financial assistance to compensate them for harm suffered, or for incurred or future medical costs, including monitoring.

53. Further, the defendants have worked to suppress the medical and scientific information regarding the mechanism of failure of the Silzone device, improperly motivated to protect their corporate reputation as opposed to being primarily concerned with the welfare of Silzone device recipients.

DAMAGES

54. The plaintiff as executrix of the estate of Earl Burnett pleads and will rely on the provisions of the *Family Compensation Act* in her claim for damages on her own behalf and on behalf of Debra Rogers, for the following:

- (a) Reasonable expenses of the funeral and the disposal of the remains of the deceased person;
- (b) Loss of dependency/support for both past and future;
- (c) Loss of household services; and
- (d) Loss of love, guidance and affection.

DAMAGES OF CLASS MEMBERS

FCA Class

55. The plaintiff claims damages on behalf of all those British Columbians who would otherwise be entitled to damages pursuant to the provisions of the *Family Compensation Act* as a result of the death of a family member caused by the negligence of the defendants or each of them as hereinbefore set out.

Patient Class

56. The plaintiff claims damages on behalf of all British Columbians who have been similarly implanted with SJM Silzone-coated devices. Damages claimed relate to, but are not limited to, the following:

- (a) As a consequence of the surgery, the heart suffers damage making further open heart surgery with a high risk of mortality and with further resultant heart damage, a likelihood;
- (b) The implanting of Silzone-coated devices often results in paravalvular leaking resulting in a significantly higher risk of the development of thrombi and thrombosis leading to transient eschemic attacks or stroke due to thromboembolism;
- (c) The implant of a Silzone-coated device will often consign the patient to a lifetime of feeling unwell and with his or her functional abilities impaired. The patient's ability to work will have been compromised and he/she will be left in a state of depression and anxiety;
- (d) The continuous application of required potent medications causes a risk of damage to the patient's kidneys and liver, the functions of which must be continuously monitored;
- (e) The patient requires extensive ongoing medications, home care, therapy and follow-up medical attention;
- (f) In most cases the patient is left in a condition where he/she is unable to work and there are substantial resulting losses of income; and
- (g) These patients require ongoing medical monitoring and drug therapy beyond that which is normally required by a heart valve implant recipient. The monitoring includes certain invasive procedures that pose their own risk such as TEE's. Monitoring is required for the rest of the patient's life while retaining the

defective Silzone-coated device, in order to be able to predict when the device may be failing and replacement is required.

Family Class

57. During Earl's extended hospital stays, Elsie and Debra visited him daily. Debra lost a considerable period of time from work as a result and consequently has suffered an income loss.

58. Following Earl's release from hospital, both Elsie and Debra looked after him and assisted him in his rehabilitation. As a result, Debra again lost time from work and as a consequence, sustained loss of income.

59. Both Elsie and Debra will lose in the future, care, guidance and companionship that they would normally have received from Earl. In addition, they have both provided considerable assistance to Earl in the nature of attendant care, nursing, housekeeping and other services, for which they claim payment on a *quantum meruit* basis.

60. Both Elsie and Debra have incurred out-of-pocket expenses on Earl's behalf or for his benefit.

61. The plaintiff claims damages on behalf of all British Columbians who have sustained similar losses as described in paragraphs 57 to 60.

RELEVANT STATUTES AND AUTHORITIES

62. The plaintiff pleads and relies upon the *Sale of Goods Act*, RCBC 1996, the *Class Proceedings Act*, RSBC 1996, the *Negligence Act*, RSBC 1996, the *Trade Practice Act*, RSBC 1996 and the *Food and Drugs Act*, RSC 1985 c. F-27, as amended, and the Regulations made pursuant thereto, the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (Ottawa 1998), and *Ethical Guidelines for the Conduct of Biomedical Research Involving Human Subjects* (Geneva, C 10MS, 1993).

PRAYER FOR RELIEF

WHEREFORE the plaintiff claims on her own behalf, on behalf of Debra Rogers and on behalf of the members of each of the classes against the defendants and each of them for the following:

- (a) An order certifying this proceeding as a class proceeding and appointing Elsie Burnett and her counsel to represent the class and any appropriate subclass thereof;
- (b) An order requiring the defendants to continue to monitor recipients of Silzone-coated heart products in the manner prescribed by the protocol for their clinical trial known as AVERT;
- (c) A declaration that the defendants were negligent in the pre-market research and development, design, testing, manufacture, representations to their regulators, distribution and sale, post-market monitoring recall and warning, as hereinafter described and are liable for the damages described hereunder or the damages to be assessed;
- (d) A declaration that the defendants are strictly liable to the plaintiff and the other class members for damages caused by the implantation of the device;
- (e) Damages suffered by the plaintiff and other class members as a result of the implantation of the silzone-coated devices, excluding medical and hospital expenses covered or paid for, directly or indirectly, by the Province of British Columbia;
- (f) Damages for innocent misrepresentation;
- (g) Damages for fraudulent misrepresentation;
- (h) Damages for breach of warranty;
- (i) Damages for negligence;

- (j) Damages for negligent misstatements;
- (k) Punitive damages;
- (l) Exemplary damages;
- (m) Prejudgment interest pursuant to the *Court Order Interest Act*;
- (n) Special costs; and
- (o) Such further and other relief as to this Honourable Court may seem meet;

PLACE OF TRIAL: Vancouver, British Columbia.

DATED: July 24th, 2001



Solicitor for the Plaintiff

THIS AMENDED STATEMENT OF CLAIM is filed by **JAMES M. POYNER**, of the firm of **POYNER BAXTER LLP**, Barristers & Solicitors, whose place of business and address for delivery is 408-145 Chadwick Court, North Vancouver, B.C. V7M 3K1 (Telephone: 988-6321, Fax: 988-3632).

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as Executrix of the Estate of EARL BURNETT**

PLAINTIFF

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DEFENDANTS

Brought under the Class Proceedings Act

AMENDED STATEMENT OF CLAIM

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