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Shannon Lee Nickerson

May 14, 2018

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May 14, 2018

Dr. Fiona McGrath  
Saint Mary's University  
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923 Robie St  
Halifax, N.S.  
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Re: Shannon Lee Nickerson

Dear Dr. McGrath,

Ms. Nickerson was seen in consultation on 10 May 2018. As you know, I had previously assessed Ms. Nickerson in June 2014 and February 2015 at the request of her legal counsel. She was diagnosed on both occasions as suffering with Major Depressive Disorder, recurrent, of moderate severity, with anxious distress (296.32 - DSM-5).

At the time of both previous assessments, Ms. Nickerson was involved in a dispute with her employer, Saint Mary's University, as well as with her union (C.U.P.E.) regarding her dismissal from her employment due to alleged infractions of University policy. It was later determined that she had not committed infractions of University policy. Subsequently, Ms. Nickerson was involved in a somewhat protracted labor arbitration/legal process wherein she was not explicitly vindicated for the allegations made against her; nor was she offered an apology from her employer. Ms. Nickerson was offered her work position reinstated, as well as a monetary payment, both of which she felt were meaningless without vindication.

Ms. Nickerson also expressed concern that as the grievor in the labor arbitration process, she did not "own the grievance – the union did," and that her input in the process was minimal.

Ms. Nickerson is presently a forty-seven year old (DOB 11 June 1971) Caucasian female, presently living by herself, with a male partner whom she describes as being supportive. She has not worked at her chosen profession of psychology in some years, and was supported by social assistance for a period of time, but is presently earning some funds by selling her own self-produced art (sculpture and paintings).

Ms. Nickerson is contemplating a hunger strike in August 2018 to protest what she views as unfairness in current labor legislation in the province of Nova Scotia, as well as the failure of current legislation to protect workers' human rights. It is her intention to present two leaflets to the press and public outlining the failures of legislation as well as her own personal story in dealing with her university employer.

It remains Ms. Nickerson's hope that ultimately, her vindication from the unsubstantiated allegations of wrong doing presented by the University, as well as a formal apology from both employer and union will be offered, in addition to a reworking of labor legislation in order to more adequately protect workers human rights.

Although Ms. Nickerson had been diagnosed as suffering with Major Depressive Disorder when previously assessed, at this assessment, her depression had eased considerably, and is undergoing remission. Ms. Nickerson is prescribed Venlafaxine, an SNRI anti-depressant, in a presently reduced dosage of 75 mg AM. As well, she occasionally uses Naltrexone, a medication prescribed for alcohol or opioid dependence. (Ms. Nickerson noted that she had considerably reduced her intake of alcohol over the past year, consuming a glass or two of wine socially, on an irregular basis. Previously, she had consumed wine on a daily basis.)

Ms. Nickerson spends her time "uneventfully," sculpting and/or painting. She walks her two pet dogs. She reads fiction.

She has recently spent time with her aging mother in Yarmouth, and visits her frequently.

On mental status examination, Ms. Nickerson was seen to be a casually dressed Caucasian female, short, of slight build, looking younger than her stated age of forty-seven years. There were no abnormalities of motor behavior or speech noted during the interview. Facial expression and affect were appropriate for the interview situation, without episodes of tearfulness. Ms. Nickerson described lessening mood depression and uneasiness, without suggestion of diurnal variation or cyclothymia. As well, Ms. Nickerson described lessening symptomatology of anxiety, without regular occurrence of palpitations or tremulousness.

No disorders of thought process were elicited during the interview. Thought content disclosed a positive view of the future ("It's better and better"), without thoughts of death or suicide, with the possible exception of the possible outcome of a hunger strike. Yet, with regards to the hunger strike, Ms. Nickerson stated, "I'm prepared to go the distance." No disorders of perception were elicited.

Ms. Nickerson described a current sleep pattern wherein she goes to bed at ten PM, reading until she feels tired for fifteen to twenty minutes, and then sleeping until seven or eight AM, with restlessness on two or three occasions during the night to urinate. She dreams toward wakening, occasionally of an anxious nature, with thoughts of racing against time, and of "not being ready to leave" should she need too. There is no napping behavior.

Ms. Nickerson described increasing energy and motivation. She is able to concentrate on her artwork, but is less able to concentrate when reading. Her memory for distant events is good, but is less for recent events.

Ms. Nickerson noted that her appetite is good without weight change. She does not experience crying spells. Her level of irritability is normal. Sexual interest is decreased. She estimated that she is presently functioning at a level seventy-five percent of her normal. On the basis of verbal ability and educational attainment, her intelligence was estimated to be above average.

Ms. Nickerson is a forty-seven year old former University psychology instructor who has suffered with depressive illness in the past. Presently, it is my opinion that she is in sustained remission from previous depressive symptomatology and that she is euthymic (of normal mood).

As noted previously, Ms. Nickerson intends to undertake a hunger strike to bring to the government's and general public's awareness what she views as the inadequacies of present labor legislation regarding the human rights of workers and to present her own personal history with particular reference to her ongoing dispute with her University employer and union. Her thinking in this regard is, in my opinion, rational, and is not dominated by delusional thought processes. Ms. Nickerson is aware of the physical effects of deprivation of sustenance, but is, nonetheless, determined to present her concerns in a determined manner. Her mental capacity is such that she is able to make an informed health care decision regarding her participation in a hunger strike.

It is my intention to reassess Ms. Nickerson at a time closer to the proposed hunger strike.

I hope you find this information helpful.

Sincerely yours,



E. M. Rosenberg, M.D.

✓ cc: Barry Mason, Q.C.