

**Indexed as:                   Horonczyk (Re)**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** a Hearing directed  
by the Executive Committee of the College of Physicians  
and Surgeons of Ontario, pursuant to Section 36(2)  
of the *Health Professions Procedural Code*,  
being Schedule 2 to the  
*Regulated Health Professions Act*, 1991,  
S.O. 1991, c.18, as amended

**B E T W E E N:**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**- and –**

**DR. MICHELLE TANIA GABY HORONCZYK**

**PANEL MEMBERS:**                   DR. M. GABEL (CHAIR)  
  DR. M. DAVIE  
  P. BEECHAM  
  H. WALKER  
  DR. J. DOHERTY

**Hearing Date:**                       November 30, 2005  
**Decision/ Release Date:**       November 30, 2005

## DECISION AND REASONS FOR DECISION

The Discipline Committee of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on November 30, 2005. At the conclusion of the hearing, the Committee stated its finding that the member committed professional misconduct and delivered its penalty order with written reasons to follow.

### ALLEGATION

The Notice of Hearing alleged that Dr. Horonczyk committed professional misconduct:

1. under paragraph 1(1)33 of Ontario Regulation 856/93 of the *Medicine Act, 1991* (“O. Reg. 856/93”) in that she engaged in conduct or an act or acts relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional;
2. under paragraph 1(1)24 of O. Reg. 856/93 in that she engaged in conduct unbecoming a physician; and
3. under paragraph 51(1)(b.1) of the Health Professions Procedural Code, which is schedule 2 to the *Regulated Health Professions Act, 1991*, S.O., 1991 c.18, (the “Code”) in that she engaged in sexual abuse of a patient.

The Executive Committee of the College of Physicians and Surgeons of Ontario has also referred to the Discipline Committee of the College the allegation that Dr. Horonczyk is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, (“the Code”), in that her care of patients displayed a lack of knowledge, skill or judgment or disregard for the welfare of her patients of a nature or to an extent that demonstrates that she is unfit to continue to practise or that her practice should be restricted.

**RESPONSE TO THE ALLEGATIONS**

Dr. Horonczyk was not present at the hearing. A report from her treating psychiatrist explained why she was not present.

Dr. Horonczyk admitted to allegation 1 as set out in the Notice of Hearing. The College withdrew all other allegations.

**EVIDENCE**

The following Statement of Facts was agreed to by the parties and was filed on consent as Exhibit #2 and presented to the Committee:

**PART I - FACTS**

1. Dr. Michelle Horonczyk is a physician with a certificate of registration in Ontario, which was granted in 2002. She currently has a practice in family medicine.
2. Mr. A became Dr. Horonczyk's patient in or about June 2002. From approximately June 2002 to the end of December 2002, Dr. Horonczyk treated Mr. A at a clinic for, among other things, drug addiction or dependency. Attached at Tabs A and B [to Exhibit 2] are copies of Dr. Horonczyk's medical records and OHIP records pertaining to the medical services she provided to Mr. A.
3. In approximately December 2002, Mr. A was arrested and incarcerated at a Detention Centre.
4. While incarcerated, Mr. A received methadone treatment from the Detention Centre physician. On or about December 23, 2002, Dr. Horonczyk wrote to the Detention Centre physician, identifying herself as "Mr. A's regular methadone prescriber" and gave advice regarding appropriate doses. Attached at Tab C [to Exhibit 2] is a copy of Mr. A's medical records from the Detention Centre.

5. After writing the letter referenced in paragraph 4, while Mr. A was in prison, Dr. Horonczyk wrote over 40 letters to Mr. A describing her feelings of attraction towards him, graphically detailing anticipated sexual acts between them, explicitly describing her sexual fantasies involving him and professing her love for him. These letters continued up until his release from the Detention Centre.
6. Mr. A was released from the Detention Centre on or about May 1, 2003. Immediately following his release, he and Dr. Horonczyk stayed together at a hotel.
7. While at the hotel, Dr. Horonczyk and Mr. A commenced a physical sexual relationship. This sexual relationship continued until early 2004.
8. Dr. Horonczyk issued a methadone prescription to Mr. A dated April 28, 2003 for doses starting May 1, 2003 and ending May 4, 2003. She provided him with a further methadone prescription dated May 5, 2003 for one day. Dr. Horonczyk states that this was a bridging prescription to avoid withdrawal.
9. After his release from the Detention Centre, Dr. Horonczyk arranged for the transfer of Mr. A's methadone treatment from the a methadone clinic where he originally received methadone treatment from Dr. Horonczyk to the Health Centre where Dr. Horonczyk was then working. Mr. A did not receive his primary methadone treatment from Dr. Horonczyk at the health centre. Dr. Horonczyk provided episodic treatment to Mr. A on two occasions. Attached at Tab D [to Exhibit 2] is a copy of Mr. A's medical records from the health centre.
10. On January 10, 2004, Mr. A broke into Dr. Horonczyk's apartment, assaulted and forcibly confined her, and repeatedly stabbed her live-in boyfriend when he arrived home. Mr. A was arrested and charged with numerous criminal offences including attempted murder, criminal negligence causing bodily harm, aggravated

assault, assault with a weapon, break and enter, forcible confinement and uttering death threats.

11. In April 2005, Mr. A was convicted of a number of the charges, including aggravated assault, assault with a weapon, uttering death threats, breaking and entering, and forcible confinement. In June 2005, he was sentenced to five years in prison for these offences.
12. Dr. Horonczyk is being treated for post-traumatic stress disorder relating to the events of January 10, 2004.

## **FINDING**

The Committee accepted as true all of the facts set out in the Statement of Facts. Having regard to these facts and Dr. Horonczyk's admission, the Committee found that Dr. Horonczyk committed professional misconduct under paragraph 1(1)33 of Ontario Regulation 856/93 of the *Medicine Act, 1991* ("O. Reg. 856/93") in that she engaged in conduct or an act or acts relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

## **PENALTY DECISION AND REASONS**

A joint submission on penalty was made by the parties. The Committee considered the arguments from both the College and the defence in support of the agreed penalty submission. The arguments took into account both mitigating and aggravating circumstances. Mitigating circumstances included the fact that Dr. Horonczyk had no previous discipline record, that she admitted her misconduct and cooperated in the proceedings, that she was a young and inexperienced member of the profession and had just begun to practice, and that she was dealing with a patient who had a difficult medical profile and volatile tendencies. Among the aggravating factors that the Committee considered were that any physician should know that there is a power imbalance in the physician-patient relationship, and that the intimate and sexual relationship took place too

close to the end of the physician-patient relationship. In fact, the Committee had difficulty determining with precision when the physician-patient relationship ended since there were OHIP records dated as late as August 11, 2003, which is a date after the Statement of Facts indicated that the physician-patient relationship had ended.

The Committee also had concerns about Dr. Horonczyk transferring Mr. A. to the clinic where she worked after the supposed end of the physician-patient relationship. In the Committee's view, Dr. Horonczyk should have arranged for another physician to provide treatment to the patient and the transfer of this patient to the facility where she was working was a boundary violation. We would make it clear that this issue was not part of the allegations of professional misconduct, and it did not play any role in our decision as to penalty. We bring it forward solely for the purpose of alerting the profession to the dangers of both direct and subtle behaviour and choices that can result in serious boundary violations that lead to unforeseen outcomes.

The Committee considered the principles involved in establishing a penalty for professional misconduct. In this case, protection of the public and informing the profession that this behaviour will not be tolerated are of major significance, as well as providing general and specific deterrents, and ensuring that the physician can positively contribute to the practice of medicine in Ontario in the future.

The Committee considered that nine months' suspension was an appropriate length of penalty for Dr. Horonczyk's professional misconduct. The length of this suspension is consistent with the penalty imposed in other similar situations. This suspension also sends a clear message to the profession that such behaviour will not be tolerated. Three months of the nine-month suspension will be suspended if Dr. Horonczyk completes not only the College Boundaries Course that both the College and the Defence proposed in the joint submission, but also the College's Ethics course which the Committee considers is necessary in order to further protect the public. The Boundaries Course will assist Dr. Horonczyk with understanding the boundary issues in a physician-patient relationship, and contribute to the protection of the public. The Ethics course will provide Dr.

Horonczyk with a greater understanding of the balance of power between the physician and patient and assist her in understanding appropriate professional behaviour, also contributing to the protection of the public.

The Committee accepted the College's argument that Dr. Horonczyk's suspension should begin after the hearing, and that she should not be given a month's credit as the defence requested, as the matter was not settled until a few days prior to the hearing.

The Committee also agreed with the joint submission that a practice monitor for a period of eighteen months would assist Dr. Horonczyk in gaining confidence in her practice. The monitoring is being ordered not from a concern of incompetence, but rather to support Dr. Horonczyk by providing a mentoring situation. It will also provide further protection to the public.

The Committee was of the view that Dr. Horonczyk's lack of judgment and experience could place her in another vulnerable situation especially with methadone seeking patients, therefore, for the safety of both the public and the physician, Dr. Horonczyk should not prescribe methadone and the Committee so orders.

The Committee wishes to indicate to the public and the profession its extreme dismay and disappointment in the actions that brought Dr. Horonczyk to this hearing. The inappropriate behaviour in becoming involved in a sexual relationship with a very recently discharged patient and Dr. Horonczyk's sexually explicit correspondence with Mr. A while he was incarcerated brings disrepute to the profession. The Committee is concerned with the lack of judgment displayed by Dr. Horonczyk as a newly licensed physician in entering into a sexual relationship with Mr. A, and after his release from prison when the doctor-patient relationship had supposedly been terminated, maneuvering the transfer of Mr. A's records to the clinic in which she was working.

The Committee wishes to be satisfied about Dr. Horonczyk's ability to resume practice at the end of her suspension. For this reason, a psychiatric evaluation was also ordered.

This evaluation will protect the public and provide Dr. Horonczyk with the confidence to return to practice with a greater understanding of her role as a physician, and the balance of power between the doctor and patient.

## **ORDER**

Therefore, the Discipline Committee ordered and directed that:

1. The Registrar suspend Dr. Horonczyk's certificate of registration for a period of nine (9) months, effective December 1, 2005, three (3) months of which shall be suspended upon Dr. Horonczyk's successful completion of the College's Boundaries Course and the College's Ethics Course, at her own expense.
2. The Registrar impose the following terms, conditions and limitations on Dr. Horonczyk's certificate of registration:
  - (i) Dr. Horonczyk will have a practice monitor for a period of eighteen (18) months. The practice monitor must be another member of the College, approved by the College, and must meet with Dr. Horonczyk not less than once a month to review her records and discuss her care of patients and her professional behaviour, and must report to the College every three months, or sooner should he/she have any concerns about her professional behaviour or the care she is providing to patients;
  - (ii) Dr. Horonczyk may not prescribe methadone; and
  - (iii) Prior to Dr. Horonczyk's return to practice, her treating psychiatrist shall provide a report to the College confirming Dr. Horonczyk's readiness to return to practice.



3. The Discipline Committee further directs the results of the proceeding to be included in the register.