

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee  
(the Committee)**  
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Allan Samuel Kanee (CPSO #62543)  
(the Respondent)**

## **INTRODUCTION**

The Patient was admitted to hospital for an elective second trimester termination of pregnancy. The Respondent managed the Patient's retained placenta. The Patient contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

## **COMMITTEE'S DECISION**

The Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of December 12, 2025. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to his decision to recommend curettage in the labour room. The Committee also accepted an undertaking from the Respondent that is posted on the public register.

## **COMMITTEE'S ANALYSIS**

*The Patient expressed concern that the Respondent returned to her room with a male colleague (the anesthesiologist) with the intention of performing a dilation and curettage (D&C) in her labour room, causing her to fear for her life and future reproductive consequences*

In his response to the complaint, the Respondent clarified that he did not suggest a D&C in the birthing suite, rather he suggested a curettage, without dilation, as documented in his note. He apologized for the misunderstanding and for the fear the Patient experienced due to this misunderstanding. The Respondent indicated that he had completed curettage in the labour room on several occasions, as had his colleagues.

The Patient had a history of previous caesarean section and myomectomy, which meant that she was at higher risk for a placental accreta spectrum disorder. The Committee found no mention of this in the Respondent's documentation, nor was there indication in the notes that the Respondent discussed the potential management options with the Patient. The Respondent did not document that he discussed the risks and benefits of curettage with the Patient. The Respondent's note lacked documentation of the location of the Patient's placenta.

It was concerning to the Committee that the Respondent recommended performing curettage in the low-risk setting of the labour and delivery room. This was not an

appropriate management plan given the risks to the Patient of hemorrhage, infection and possible hysterectomy. The Committee decided that the appropriate disposition of this aspect of the complaint was to require the Respondent to appear before a panel of the Committee to be cautioned regarding his decision to recommend curettage in the labour room.

This is a summary of the Committee's decision as it relates to the Caution disposition.