

SUMMARY

DR. ANDREW WILLIAM STEELE (CPSO# 64056)

1. Disposition

On February 22, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required nephrologist Dr. Steele to appear before a panel of the Committee to be cautioned with respect to breaching boundaries in prescribing and ordering laboratory tests for a person close to him.

Further, the Committee ordered Dr. Steele to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Steele to complete a course in Understanding Boundaries and Managing the Risks Inherent in the Doctor-Patient Relationship.

2. Introduction

Ms A complained to the College that Dr. Steele had coerced her to engage in a sexual relationship with him; provided her with a prescription for antibiotics and a laboratory requisition for blood work; and accessed her health record.

Dr. Steel acknowledged that he entered into a sexual relationship but stated that it was consensual, not coerced. He informed the College that their interactions were always entirely consensual based on a strong mutual attraction between two consenting adults. Dr. Steele acknowledged providing a prescription for antibiotics and a laboratory requisition for Ms A. He acknowledged that he accessed Ms A’s health record, but explained that he did so at her urging.

3. Committee Process

An Internal Medicine panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College’s professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College’s website at www.cpsa.on.ca, under the heading “Policies & Publications.”

4. Committee's Analysis

Ms A and Dr. Steele were colleagues in a professional environment who worked in different departments and Dr. Steele had no supervisory function in relation to Ms A. Upon review of the record, the Committee felt there was insufficient information to prove there was a power differential between the parties to demonstrate coercion on the part of Dr. Steele. Ms A was of legal age and the record did not indicate any barrier to her consenting to sexual activity. The record indicates that both Ms A and Dr. Steele shared messages, videos, and pictures with one another indicating that both parties were consensual participants in the relationship.

The Committee determined that the parties were not in a physician-patient relationship, but were in a consensual sexual relationship. Both parties acknowledge that, on one occasion, Dr. Steele provided Ms A with a prescription for antibiotics, the College's Policy Statement #2-16, *Physician Treatment of Self, Family Members, or Others Close to Them* currently governs the issue of physicians providing treatment to those in their immediate social or family circle.

The Committee determined that Dr. Steele acted unprofessionally in agreeing to provide antibiotics and a laboratory requisition for Ms A given the close nature of their relationship. Personal relationships can compromise a physician's emotional and clinical objectivity as they could affect the quality of the treatment provided to a person close to the physician.

The Committee further determined that Dr. Steele had shown poor judgment and a poor understanding of boundaries in agreeing to access Ms A's health record to determine the results of the laboratory testing which he had ordered for her, along with lapses in judgment in pursuing sexual activities in the workplace, and in transmitting a video of his intimate activities via cell phone.

The Committee noted that Dr. Steele has no prior substantiated complaints with the College, in more than 20 years of practice. The Committee has determined that the appropriate disposition is twofold: to require Dr. Steele to attend at the College to be cautioned, and to require him to undertake a specified continuing education or remediation program.