

**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. Ernest Eugene Hajcsar (CPSO #73896)
(the Respondent)**

INTRODUCTION

The Complainant saw the Respondent (Family Medicine) for consideration of cosmetic vein treatment. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's conduct.

The Complainant is concerned that during her consultation for cosmetic vein treatment, the Respondent performed an examination in an unprofessional, improper manner which included lifting up the Complainant's dress and exposing and touching her upper thighs and buttocks unexpectedly, which left her feeling uncomfortable and uncertain if there was a medical purpose to his actions.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of June 17, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to consent for examinations and informing patients of different treatment options, and providing appropriate gowning and privacy; and to complete a specified continuing remediation and education program (SCERP) consisting of: completion of courses on medical record-keeping and ethics and boundaries; and a review of and reflection on College policies, *Boundary Violations* and *Consent to Treatment*.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in family medicine. The Assessor opined on the case, taking into account that there were two versions of events from the parties. The Assessor concluded that based on the Complainant's account, she was not adequately prepared for an examination of her legs for vein issues, including the extent to which she would be touched. The Assessor commented that based on the Respondent's account, the manner of examining the vein of concern and then proceeding to examine the Complainant's thighs met the standard, and the proposed treatment was appropriate. The Assessor found that the Respondent's notes lacked relevant documentation, including a review of treatment options, which suggested a lack of knowledge with respect to the vein history, examination and treatment options. The Assessor opined that the Respondent displayed a lack of judgement due to the lack of forewarning and

communication of the extent of the examination. The Assessor stated that anytime an examination involves exposing a part of the body not normally exposed, the patient should be offered a covering and consent verbally after an explanation of the examination. The Assessor opined that the Respondent's clinical practice, behaviour or conduct does not expose a patient to harm or injury.

The Committee concurred with the Assessor's conclusions, including that the examination as outlined by the Respondent (that is, looking at the entire leg) was medically indicated in this case. The Committee shared the Assessor's concerns about the Respondent's medical record-keeping, including there was no review of treatment options.

The Committee could not resolve on the basis of the written record what occurred, but both parties agree the Respondent lifted the Complainant's skirt and exposed sensitive and private areas of the Complainant's body. Physicians need to be cognizant of the sensitive nature of examinations such as this, including ensuring adequate consent and discussion of the precise details of the examination, and what parts of the body will be involved. While the Respondent indicated he has now changed his practice in this regard, he should have provided appropriate gowning and privacy.

The Committee looked at the totality of the information before it and determined that there was no reasonable prospect that the concerns the Complainant raised could be proven at a Discipline hearing. However, given the issues regarding the Respondent's practice that were raised in the investigation, and noting that the Respondent's College history included a Discipline finding related to boundary violations with a patient, the Committee decided to caution the Respondent and require him to complete a remediation program that the Committee specified (the SCERP), as summarized above.