

## NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Ghabbour, this is notice that the Discipline Committee ordered that no person shall publish the names and identifying information of the former patient, her ex-husband, their two children, her mother and father, the first and second wives of Dr. Ghabbour, and the three children of Dr. Ghabbour referred to orally or in the exhibits filed at the hearing. There shall also be a ban on the publication of the names of patients and parents of patients referred to in Exhibit 9 filed at the hearing, under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47...  
is guilty of an offence and on conviction is liable,

(a) in the case of an individual to a fine of not more than \$25,000  
for a first offence and not more than \$50,000 for a second or  
subsequent offence; or

(b) in the case of a corporation to a fine of not more than \$50,000  
for a first offence and not more than \$200,000 for a second or  
subsequent offence.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Ghabbour,  
2017 ONCPSD 38**

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

**IN THE MATTER OF** a Hearing directed the Inquiries, Complaints and Reports Committee of the  
College of Physicians and Surgeons of Ontario pursuant to Section 26(1) Of the **Health Professions  
Procedural Code** being Schedule 2 of 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. NAGI NAZMI RIAD GHABBOUR**

**PANEL MEMBERS:**

**DR. PEETER POLDRE  
MS DEBBIE GIAMPIETRI  
DR. MELINDA DAVIE  
MR. ARTHUR RONALD  
DR. PAMELA CHART**

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**INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:**

**MR. ROBERT W. COSMAN**

<b>Hearing Dates:</b>	February 21, 22, 2017
<b>Finding Decision Date:</b>	February 21, 2017
<b>Penalty Decision Date:</b>	August 22, 2017
<b>Release of Written Reasons:</b>	August 22, 2017

## **DECISION AND REASONS FOR DECISION**

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on February 21 and 22, 2017. On February 21, 2017, the Committee stated its finding that Dr. Ghabbour committed an act of professional misconduct. The Committee then heard evidence and submissions regarding penalty. Further written submissions on penalty were received by the Committee from counsel dated April 3 and 6, 2017. The Committee reserved its penalty decision.

### **THE ALLEGATIONS**

The Notice of Hearing alleged that Dr. Nagi Nazmi Riad Ghabbour committed an act of professional misconduct:

1. under clause 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 he engaged in sexual abuse of a patient; and
2. under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### **RESPONSE TO THE ALLEGATIONS**

Dr. Ghabbour admitted to the second allegation in the Notice of Hearing, that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Counsel for the College withdrew the first allegation in the Notice of Hearing.

## **THE FACTS**

The following facts were set out in an Agreed Statement of Facts on Liability which was filed as an exhibit and presented to the Committee:

## **BACKGROUND**

1. Dr. Nagi Nazmi Riad Ghabbour (“Dr. Ghabbour”) is a 55 year old psychiatrist practicing medicine in Toronto, Ontario. Dr. Ghabbour received his medical degree in Egypt in 1984. He received his certificate of registration authorizing independent practice in Ontario in 1996 and his specialist qualification in psychiatry in 1996.
2. At all relevant times, Dr. Ghabbour was on staff as a psychiatrist in the Child and Adolescent Mental Health Program, St. Joseph’s Health Centre in Toronto, where he held the position of Medical Director from April 1999 to May 2016.

## **OVERVIEW OF THE CASE**

3. Beginning in July of Year 1, Dr. Ghabbour was the treating psychiatrist for Patient A. At the time she began treatment with Dr. Ghabbour, Patient A was a married woman with young children. Attached as Appendix A to the Agreed Statement of Facts on Liability is a copy of Dr. Ghabbour’s patient chart for Patient A.
4. Over the course of her therapy appointments with Dr. Ghabbour, Patient A developed romantic feelings for him. In a final appointment in early June of Year 2, as recorded in the patient chart, Patient A confirmed that she wished to terminate the doctor-patient relationship.
5. According to Patient A and Dr. Ghabbour, following the termination of the doctor-patient relationship, they began to date in late June of Year 2. Their relationship became sexually intimate in mid-July of Year 2, according to Patient A and late July of Year 2, according to Dr. Ghabbour. They have lived together since February of Year 3, and they plan to marry.

## **THE COLLEGE INVESTIGATION**

6. The College investigation began after Patient A's mother, Mrs. Y, complained to the College in May of Year 2, alleging that Dr. Ghabbour was involved in a romantic relationship with Patient A.

## **RELATIONSHIP BETWEEN DR. GHABBOUR AND PATIENT A**

7. In the summer of Year 1, Patient A was experiencing stress and anxiety arising out of issues in her employment.

8. Patient A was also experiencing marital difficulties with her husband, with whom she has young children.

9. As a result of the above difficulties, arrangements were made through her family for Patient A to see Dr. Ghabbour for treatment of her anxiety and depression.

10. According to Dr. Ghabbour's patient notes for Patient A, his initial diagnosis was Adjustment Disorder, with depressed mood and anxiety, and a high likelihood of Depressive Disorder as well as Relational Difficulties. In later sessions, he concluded that she also suffered from Dependent traits and Borderline traits. He documented her suicidal ideation at several sessions, noting at times that he viewed it as being of serious concern.

11. In the course of providing treatment to Patient A, Dr. Ghabbour wrote letters and filled out reports on her behalf to her employer in support of a leave of absence and short-term disability benefits. Patient A returned to work in January of Year 2.

12. In the course of providing treatment to Patient A, Dr. Ghabbour provided prescriptions to Patient A to help her deal with anxiety and depression, including prescriptions for Abilify, Seroquel and Cymbalta.

13. In September of Year 1, Dr. Ghabbour noted that Patient A said that, "...she is lucky that we have met and there must be hope as she was quite suicidal... she was encouraged by the fact that this writer was recommended by her uncle feeling that it was meant by God that our pass (sic) cross".

14. During the fall of Year 1 and early Year 2, Patient A and her husband were trying to have another child together and their marriage briefly improved. On one occasion in

September Year 1, Dr. Ghabbour met with Patient A and her husband for a joint session.

15. However, by early Year 2, Patient A began experiencing and expressing strong romantic feelings towards Dr. Ghabbour, as reflected in his notes.

16. In a note dated in January Year 2, Dr. Ghabbour recorded that Patient A kissed him on the cheek. According to the note, Patient A referred to the kiss as one a daughter gives her father on Christmas.

17. By late January Year 2, Patient A's relationship with her husband had deteriorated and she was having panic attacks.

18. In February Year 2, according to Dr. Ghabbour's notes, Patient A told her husband she was thinking of divorce and wanted a separation.

19. In a note dated in February Year 2, Dr. Ghabbour recorded that, as she was leaving an appointment in tears, Patient A hugged him. His hospital badge and lanyard became entangled with her necklace. He was going to mention the issue of boundaries to her in respect of the hug but elected not to, given her emotional state.

20. In a note dated on another date in February Year 2, Dr. Ghabbour recorded that his patient is regressing in therapy, that she is idealizing him and is seeking a real/physical bond with him. This note appears in most charted therapy visits as of this date.

21. In March of Year 2, Dr. Ghabbour explicitly charted the transference issues and his attempts to make clear to his patient that he was her therapist and psychiatrist. He noted in the patient chart that he had discussed the issues with other colleagues.

22. April Year 2 was a particularly difficult time for Patient A. She spoke of suicide and fought with her mother who was questioning the nature of her relationship with Dr. Ghabbour.

23. On a date in April Year 2, Dr. Ghabbour moved the location of their meeting to a staff room where they could be observed by other staff. He noted in Patient A's chart that he insisted on proper patient-physician boundaries with his patient. He recorded that Patient A felt abandoned by him and asked him not to talk about "countertransference stuff".

24. On a date in May Year 2, Dr. Ghabbour noted that Patient A stated she needed love and affection, not medication or therapy, and that she commented that her feelings

were one-sided. He further noted that it appeared that Patient A was accepting his “firm and consistent position of not being involved personally with her in a nonprofessional relationship”.

25. In his note of another date in May Year 2, Dr. Ghabbour charted that he had reassured his patient that he was not concerned about any College investigation because he is doing his job properly and that he would continue to support her as long as he was able to keep doing so in a professional manner.

26. The next and last chart note is dated in July Year 2 and refers to an email Dr. Ghabbour sent to his secretary in response to her query as to whether to close Patient A’s file “since she is not coming anymore”. Dr. Ghabbour replied to his secretary that he needed to write a note confirming that Patient A was not coming again so that the file could be closed.

27. Dr. Ghabbour’s note of July Year 2 also states that Dr. Ghabbour met with Patient A on a date in June Year 2, that she announced she no longer wanted to be his patient due to her personal feelings for him and “wished to immediately revoke the status of our professional relationship”. She kissed Dr. Ghabbour. Dr. Ghabbour did not bill OHIP for the session.

28. According to Dr. Ghabbour’s note of July Year 2, Patient A had also met with Dr. Ghabbour on another date in June Year 2, and again confirmed that she wished to terminate the professional relationship. Dr. Ghabbour did not bill OHIP for this session either.

29. Dr. Ghabbour’s claims submitted to OHIP in respect of Patient A are attached as Appendix B to the Agreed Statement of Facts on Liability.

30. Patient A has advised the College that she ceased being Dr. Ghabbour’s patient in May of Year 2 and that they began dating in June of Year 2. Patient A has also advised the College that she and Dr. Ghabbour did not have sexual relations until July of Year 2, and did not have a sexual relationship prior to the termination of the doctor-patient relationship. Patient A has told the College that she and Dr. Ghabbour intend to get married to each other once her divorce is finalized.

## **ADMISSION**

31. Dr. Ghabbour admits the facts specified above, and admits that, based on these facts, he engaged in professional misconduct, in that:

He engaged in an act or omission relevant to the practise of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, under paragraph 1(1)33 of O. Reg. 856/93, made under the *Medicine Act, 1991* (“O/Reg. 856/93”).

## **FINDING**

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts on Liability. Having regard to these facts, the Committee accepted Dr. Ghabbour’s admission and found that he committed an act of professional misconduct in that he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

## **EVIDENCE AND SUBMISSIONS ON PENALTY**

In arriving at its penalty decision, the Committee considered the documentary evidence provided by the parties, including the expert forensic psychiatry opinion report of Dr. Gojer; the May 1992 CPSO guidelines on Physician-Patient Dating; the December 2008 Policy Statement #4-08 Maintaining Appropriate Boundaries and Preventing Sexual Abuse; Bill 87, *Protecting Patients Act, 2016*; Dr. Ghabbour’s office chart for Patient A; notes from Dr. Ghabbour’s treating psychiatrist, Dr. Ruskin; and a brief of letters of reference in support of Dr. Ghabbour from former patients and from colleagues. In addition, in the penalty portion of the hearing, the Committee heard vive voce evidence from Dr. Ghabbour and Dr. Gojer.



For the Committee's consideration, a number of prior discipline cases involving sexual relationships between former patients and doctors were filed and the Committee took into account the principle that like cases should be treated alike. However, the Committee is very aware that each case is unique with a truly unique set of facts, and unique mitigating and aggravating facts, and that an appropriate penalty that is fair and just must take into account these specific facts. No case of similar misconduct where the penalty was the revocation of the member's certificate of registration was presented at the time of the hearing.

The parties are in agreement that it would be appropriate for the Committee to order a reprimand and the costs of two days of hearing. The parties disagree on the balance of the penalty. The College seeks immediate revocation of Dr. Ghabbour's certificate of registration. Dr. Ghabbour submits that a suspension of nine to twelve months and the imposition of terms, conditions and limitations are appropriate. Dr. Ghabbour offers to seek counselling from a College-approved therapist indefinitely as a condition on his certificate of registration.

### **PENALTY DECISION AND DECISION ON COSTS**

For the reasons that follow, the Committee orders the immediate revocation of Dr. Ghabbour's certificate of registration. In addition, the Committee orders Dr. Ghabbour to appear before the panel to be reprimanded and to pay costs for two days of hearing in the tariff amount of \$5,500.00 per day, for a total of \$11,000.00, within 30 days of this Order.

### **REASONS FOR DECISION**

The appropriate penalty requires a balancing of various factors, with the protection of the public being the paramount guiding principle. Other factors to consider are maintenance of public confidence in the integrity and reputation of the profession and its governance by the College in the public interest, general deterrence to the membership of the profession as a whole and specific deterrence to the member. Also to be considered is

rehabilitation of the member, when appropriate. Aggravating and mitigating factors must also be taken into account to determine a just penalty.

### **Aggravating Factors**

#### ***Seriousness of the Misconduct***

The Committee found that Dr. Ghabbour began a sexual relationship with Patient A too soon after the termination of the doctor-patient relationship. It was clear from the evidence submitted – the Agreed Statement of Facts on Liability, Dr. Ghabbour’s entries in Patient A’s chart and his testimony – that he was aware of the boundary violations which were occurring in the doctor-patient appointments with Patient A. These boundary violations included kisses and hugs during appointments. Dr. Ghabbour was told by Patient A that she did not want therapy and medication, but rather a relationship with a soul-mate; she was lucky to have met Dr. Ghabbour; and that “it was meant by God that our pass (sic) cross”. Dr. Ghabbour testified that he tried to manage the transference issues that were happening by mentioning it to two colleagues and by meeting in a different professional space than his office, but he did not seem to be aware of the existence of, or the best way to manage, his countertransference.

Patient A came to Dr. Ghabbour’s practice as a referral from his person who asked him to see his niece. Dr. Ghabbour testified that at Patient A’s first appointment, he was surprised to find she was an adult. He testified that as a Child and Adolescent Psychiatrist, he has always done general psychiatric on-call work, but that his own day-to-day practice for 20 plus years has been in child and adolescent psychiatry. In these circumstances, the Committee found it surprising that he chose to start ongoing therapy with Patient A. He stated that he did continue to see some patients into adulthood whom he had seen first in their adolescence.

After accepting Patient A for treatment for significant psychiatric issues, the Committee is perplexed as to why he failed to refer her to another psychiatrist when the transference issues became challenging and again why there was no referral after she wanted to

terminate their doctor-patient relationship to allow for a romantic relationship to occur. Dr. Ghabbour testified that during his last appointment with Patient A in May of Year 2, he shared his concern with Patient A that perhaps her depression was returning, and yet he made no arrangements to have her treated by another psychiatrist.

Dr. Ghabbour's last note in Patient A's chart, dated in July Year 2, refers to two previous office encounters in June of Year 2, for which he did not bill OHIP. He stated that Patient A told him at those meetings that she did not want him to be her doctor, and he noted the patient "chart is closed". His May Year 2 office visit note indicated, as did his previous notes during her treatment, that Patient A had a major depressive illness, including suicidal ideation, adjustment disorder with depressed mood, and dependent and border line traits, amongst other diagnoses. Dr. Ghabbour confirmed during his testimony that these diagnoses for Patient A, in his opinion were accurate, indicating that this was a very vulnerable patient in need of appropriate psychiatric treatment.

The Committee is of the opinion that the July Year 2 termination note by Dr. Ghabbour is self-serving and disingenuous. The Committee is not persuaded that a psychotherapeutic relationship can be adequately severed merely by a note being written in a chart many weeks later. When there is a deep intimate one-sided exchange of personal information as occurs in ongoing psychotherapy, this inherently sets up a deep trust in the doctor by the patient. This trust causes a great vulnerability in the patient and an exceptional power imbalance of lasting and enduring impact. The public must be able to completely trust that a doctor will not take advantage of this power for his or her own benefit. The public must be assured that doctors will maintain clear boundaries to help patients. If a doctor is unable to maintain clear boundaries, patients must be able to trust that their doctor will transfer care to another doctor who can help them. This trust must be respected for the individual patient and also for the public to feel safe in seeking psychiatric care.

***Lack of Insight***

The Committee was disappointed that through his own testimony, Dr. Ghabbour demonstrated little insight into the concern the public and the Committee would have with the extent of his boundary violations with Patient A.

Patient A and Dr. Ghabbour were in an intense psychotherapeutic relationship that endured for many months and as late as her last scheduled encounter at his office in June Year 2. According to the Agreed Statement of Facts on Liability, they began dating in June, Year 2 and sexual relations began in July, Year 2.

Dr. Ghabbour's entries in Patient A's chart indicate that he was aware of boundary crossings but he acknowledged only the behavior of Patient A as a problem; she hugged him; she kissed his cheek; she had a nickname, Pappi, for him; and ultimately, she did not want to be his patient any longer because she wanted love and affection, not medication or therapy. He did acknowledge that he had difficulty staying on time during her appointments. In order to limit the sessions to an hour, he asked a colleague to knock on the door when the time was up, seemingly because he was not capable of maintaining even the basic professional boundary of a time limit for this patient. When questioned about not referring Patient A to another psychiatrist for appropriate psychiatric care when the transference became evident, he testified that he felt that if he transferred her care to a colleague, she would feel abandoned by him. He said that he was worried about suicide and he wanted to help her. Again, this indicates to the Committee that he did not have insight into how his misconduct might harm this vulnerable and clearly dependent patient.

There were appointment billings for which there were no notes but in the last few patient chart notes there was mention of Patient A's husband and mother threatening to make a complaint to the College about Dr. Ghabbour and Patient A's relationship. Patient A's chart indicates that she had told her family members of the special relationship she and Dr. Ghabbour had. In addition, Dr. Ghabbour was aware that Patient A idolized him. Dr. Ghabbour failed to act on this escalating transference and clearly did not recognize

his own part in it. He testified, and had charted, that he did not feel he had anything to worry about should her family members complain about him as he was doing nothing wrong. He told his chief of staff about the personal relationship only after the Notice of Hearing was posted on the public register of the College. By this time, he was already residing with his former patient and planning to marry when he started a leave of absence from his duties at the hospital.

### **Expert Evidence**

Dr. Gojer's expert report and testimony were accepted by and very helpful to the Committee. He gave his opinion with respect to the risk for recurrence, the presence or absence of mental illness, sexual deviance and whether they contributed to the misconduct. Dr. Gojer's opinion is that there is no sexual deviance, but rather the misconduct is a boundary violation and the risk of recurrence is on the low end of the spectrum. He suggested that significant psychotherapy would be required and that such therapy would be very complex, given that the relationship that led to the misconduct continues.

Dr. Ghabbour said that he would agree to indefinite therapy as part of his penalty; however, there are no specific treatment plans or proposal in place and Dr. Ghabbour has not been in therapy since Year 1. The Committee is not persuaded that his stated intention to undergo therapy or therapy as a term or condition on his certificate of registration is enough to protect the public. After many years of ongoing psychoanalysis, Dr. Ghabbour stopped his therapy, against his therapist's advice, and when he started to need his therapist's assistance, he chose not to seek it. There is no evidence of an independent, self-directed effort to get treatment, based on any real insight.

### **Character References**

The Committee was provided with a brief of character references for Dr. Ghabbour. These included references from past and present patients and past psychiatry, social work

and nursing colleagues, all of whom made positive and even glowing statements regarding Dr. Ghabbour's past contribution to the department of Child and Adolescent Psychiatry at St Joseph's Health Centre and the Centre for Addiction and Mental Health. The Committee appreciates these individuals' views, but is of the view that character references have little relevance to the determination of an appropriate penalty in the circumstances of the egregious sexual misconduct engaged in by Dr. Ghabbour with Patient A.

### **Mitigating Factors**

Dr. Ghabbour has no prior discipline findings with the College and he admitted his misconduct, which ultimately obviated the need for a lengthy hearing and spared additional witnesses from having to appear to testify. These mitigating factors are of little consequence, in the view of the panel, given the seriousness of the misconduct and the aggravating factors in this case.

### **Case Law**

Revocation is not the typical outcome when looking at the prior jurisprudence on the cases of sexual relationships started too soon after the termination of the doctor-patient relationship. Of the several cases presented to the Committee, there were three recent similar cases presented of patients who had undergone psychotherapy with their doctors, who went on to have sexual relationships soon after termination of the doctor-patient relationship: *Powell (2014)*; *Doyle (2009)*; and, *Redhead (2013) and (2014)*. Two of these cases proceeded by way of joint submissions on penalty, which included suspensions of nine months (*Powell*) and twelve months (*Doyle*). The suspensions in those cases were within the range of penalty imposed in previous similar cases and accepted by the Committee as appropriate in those cases. The hearing panels in those cases were cognizant of the well-established principle that panels must accept joint submissions on penalty, unless to do so would bring the administration of justice into dispute or would otherwise be contrary to the public interest.

Having reviewed and considered these decisions, the Committee concluded that those cases involved less egregious misconduct than Dr. Ghabbour's. The *Doyle* case is also distinguishable from Dr. Ghabbour's case due to significant mitigating behaviours, including ongoing personal psychotherapy, a display of remorse and insight, and as well, an agreement to post money to finance therapy for the patient, should it be required in the future, indicating an understanding of the harm such a gross boundary violation can cause to a patient.

The third case, *Redhead*, in which the Committee ordered a five-month suspension, while not a joint submission regarding the length of suspension, was not a case of ongoing psychotherapy with a patient, but rather brief, episodic emergency room treatment which included some counseling. Episodic counseling is very different from the ongoing psychiatric treatment which Dr. Ghabbour provided for Patient A. The Committee understands that it is not bound by prior panel decisions, and in any event, concluded that the misconduct of Dr. Ghabbour following an intense psychotherapeutic relationship, was more egregious.

Furthermore, it is the view of the Committee that a lengthy suspension rather than revocation of certificate of registration would not address the public's, or the Committee's concerns regarding this type of physician misconduct.

The public expects and deserves professionalism and integrity from Ontario doctors and that the College will regulate the profession in the public interest. The Committee is very aware of the shift in societal values that is highlighted by the Ontario government's amendments to the *Regulated Health Professions Act* (Bill 87), which came out of recommendations of the recent *2016 Minister's Task Force on the Prevention of Sexual Abuse*. It is noteworthy that Bill 87's definition of patient, although not yet in effect, includes an individual who was a member's patient within the last year. Those amendments reflect a view of public protection that the Committee has previously accepted. The current College guidelines in *Policy Statement #4-08 Maintaining*

*Appropriate Boundaries and Preventing Sexual Abuse* established in 2008 indicate that “when the physician-patient relationship involves a significant component of psychoanalysis or psychotherapy, sexual involvement with the patient is likely inappropriate at any time after termination”.

The parties put before the panel, on consent during the deliberation phase, a newly released decision of the Committee; *CPSO and Dr. Horri (2017)* and made submissions in writing. The Committee carefully reviewed this case. Contrary to the original submissions stating that there was no precedent for the revocation of a certificate of registration when a physician had been found to have engaged in an intimate, sexual relationship with a patient too soon after termination of the doctor-patient relationship, the *Horri* penalty did include revocation for such a finding. The specifics of the *Horri* case are quite different from the intense psychotherapeutic relationship of Dr. Ghabbour and Patient A. However, their reasons reference changing societal values, that penalties should reflect those changing values and that penalties may fall outside a particular range, quoting from *CPSO v Li (2002)* where the Committee stated that:

“The Committee has a responsibility to respond to the values and needs of society and it is clear that the wider society today finds the sexual abuse of vulnerable persons by those who are in positions of trust and authority abhorrent.”

While Dr. Ghabbour’s case is not a case of sexual abuse of a patient, rather, professional misconduct in that he started a sexual relationship too soon after termination, the very nature of the relationship, the profound vulnerability of this specific patient and Dr. Ghabbour’s lack of insight into the egregiousness of the misconduct, led the Committee to decide that revocation is the only suitable penalty to fully protect the public in the circumstances of this case.



## Summary

Dr. Ghabbour, as an experienced psychiatrist, knew or ought to have known how to manage transference and countertransference. Instead, he chose to end the therapeutic relationship and pursue his own romantic needs. Indeed the dynamics of that relationship continue today. The onus is always on the physician to resist his or her personal feelings, and to protect patients, especially vulnerable psychiatric patients, from harm.

Dr. Ghabbour only admitted the misconduct when faced with the College investigation and he has continued to defer the responsibility for the relationship to Patient A. He has failed to demonstrate to the Committee that he has any insight into how to move forward to prevent this misconduct from recurring. Revocation, which does allow for application for reinstatement after one year, will provide an opportunity for Dr. Ghabbour to demonstrate that he has learned, and the public is safeguarded against further transgressions of this sort until he demonstrates that he has learned. Revocation is necessary in this case to protect the public, in the view of the Committee.

Dr. Ghabbour testified that he was concerned about abandoning Patient A if he referred her for appropriate therapy once the transference was evident. It is atrocious that he chose to terminate treatment and made no attempt to transfer her to another psychiatrist, despite his conclusion that she was suffering from serious psychiatric conditions that included suicidal ideation. His misconduct in pursuit of his own needs has led, in the result, to many patients being abandoned. Indeed, in his brief of character reference letters, there are a few from long-term patients and their families who, after 20 plus years with Dr. Ghabbour, will now find themselves without a psychiatrist.

The Committee also finds that a reprimand is appropriate in this case. It will provide the opportunity to denounce Dr. Ghabbour's unacceptable misconduct. Sexual relationships with prior psychotherapeutic patients are likely never advisable, nor likely ever in the best interest of the patient. Public trust and protection must be the guiding principle for the profession to do no harm.

**Costs**

The Committee has the discretion to award costs in an appropriate case. Given that Dr. Ghabbour admitted the allegation, he should bear the cost of the contested penalty hearing. The tariff amount of \$5,500.00 per day has been agreed to by the parties and the Committee concurs.

**ORDER**

Therefore, on the matter of penalty and costs, the Committee orders and directs that:

1. The Registrar revoke Dr. Ghabbour's certificate of registration, effective immediately.
2. Dr. Ghabbour appear before the panel to be reprimanded within three (3) months of this Order becoming final.
3. Dr. Ghabbour pay costs to the College in the amount of \$11,000.00 within thirty (30) days of the date of this Order becoming final.