

**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. Craig Erskine Campbell (CPSO #30679)
(the Respondent)**

INTRODUCTION

The Complainant's family doctor referred her to the Respondent, an obstetrician/gynaecologist, for a possible diagnosis related to pelvic concerns. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent conducted himself in an unprofessional manner and failed to adequately assess, investigate, and diagnose her pelvic concerns, potentially contributing to a delay in her receipt of a diagnosis and treatment. Specifically, the Respondent:

- **failed to obtain an adequate health history and made assumptions based on his perception of her religious affiliations;**
- **conducted himself in an unprofessional manner by not providing adequate privacy, hugging her twice and calling her "my dear" and "sweetie";**
- **failed to perform an adequate physical examination (including issues of consent, explanation, and adequacy and manner of the examination); and**
- **made numerous unprofessional comments.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of October 23, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to boundaries (in the physician-patient relationship); and the importance of respect in relation to communication and cultural sensitivity. The Committee also sought and obtained an undertaking from the Respondent with respect to record-keeping, boundaries and professionalism, consisting of coursework and one-on-one instruction.

COMMITTEE'S ANALYSIS

Adequacy of health history, and assumptions based on perception of religious affiliations

The Committee was not in a position to know if the history the Respondent gathered was coloured by presuppositions, but acknowledged it appeared this way to the Complainant, and noted the issue of cultural sensitivity was one of the topics for the caution in person.

The Respondent's notes from the clinical encounter were not sufficiently comprehensive. Noting that the Respondent acknowledged ways his records could be expanded in the future, the Committee nonetheless pointed to the College policy, *Medical Records*, and that the undertaking with the Respondent would include the topic of medical record-keeping.

Unprofessional manner

The Respondent acknowledged not providing the Complainant with a drape or gown or offering to leave the room while asking her to unbutton part of her pants so he could examine her abdomen. While the Respondent did not recall if he hugged the Complainant or called her "sweetie" or "dear", he says he sometimes does so with patients. The Respondent indicated he has pursued self-education and practice changes in these areas. Nonetheless, and noting the College policy, *Maintaining Appropriate Boundaries and Preventing Sexual Abuse*, the Committee stated that it is important that the Respondent fully understands and maintains professional boundaries in the physician-patient relationship (both in his physical actions and comments) and hence these topics would be addressed through the Respondent's undertaking and caution in person.

Adequacy of physical examination

The Respondent's rationale for not performing a pelvic examination in this clinical instance was acceptable, and he did make a diagnosis. However, due to a lack of documentation it was difficult for the Committee to know exactly what he did, both in terms of examination and history-gathering, hence the Respondent's undertaking included the topic of medical record-keeping.

The Committee noted that it is always imperative that physicians communicate to patients what they are doing and why, as a matter of respectful and professional clinical interaction. Issues regarding the Respondent's professionalism and communication will be addressed with the Respondent through elements of his undertaking and the caution in person.

Unprofessional comments

The Committee noted that certain comments the Respondent acknowledged making showed a lack of sensitivity, judgement, respect and cultural awareness. Acknowledging that the Respondent has described self-education and practice changes related to this concern, the

Committee nonetheless concluded that education around professionalism (through the Respondent's undertaking) and a caution in person on the importance of respect in relation to communication and sensitivity were both warranted.