

SUMMARY

Dr. Stephen Leslie Connell (CPSO# 32579)

1. Disposition

On July 10, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Connell, a psychiatrist, to appear before a panel of the Committee to be cautioned with respect to appropriate professional behaviour and specifically understanding boundary violations and boundary crossing and diffusion. The Committee also ordered Dr. Connell to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Connell to:

- Complete one-to-one instruction on professional boundaries to the College’s satisfaction
- Engage in focused educational sessions with a Clinical Supervisor acceptable to the College for a period of six months to address the following deficiencies in his practice:
 - Maintaining appropriate professional boundaries; and
 - Appropriate advocacy and preventing intrusion into patients’ personal lives.

2. Introduction

In June 2016, a family member of a patient wrote the College with concerns about Dr. Connell. Specifically, she expressed concern that Dr. Connell behaved in an unprofessional manner towards her by trying to facilitate a family reconciliation, including sending her letters after she asked him not to contact her again and by offering her a diagnosis after a 15-minute meeting with her despite the fact that the two of them never had a formal physician-patient relationship. The family member was also concerned Dr. Connell failed to maintain appropriate boundaries with the patient by making himself available 24/7 and going to the patient’s social functions.

Dr. Connell responded that he began treating the patient after not seeing her for several years. He indicated that since the patient made no headway in reconnecting with her family on her own, she asked him whether he might consider attempting to bring them together for a family meeting. He agreed and sent letters to the patient’s family member, inviting her to solve the breakdown. The patient’s family member attended and after the meeting she and the patient reconnected.

When communication broke down again, he sent the patient's family member two further letters, in which he offered her the chance to attend a second family meeting with him and the patient. Dr. Connell stated that he sent out the second letter when he received no response to the first one. He indicated that he was not aware the patient's family member found the letters to be intrusive.

Dr. Connell acknowledged that he did make himself available to the patient 24/7 as alleged; however, he indicated that he does this for all patients in the interest of providing the best care. He indicated that he also provides all patients in his practice with after-hours contact information and that this has been his routine practice throughout the entire course of his psychiatric career. He strongly emphasized that he did not provide the patient with special treatment in this regard. Dr. Connell also indicated that he never met or interacted with the patient outside of his office, with the exception of going to a social event that the patient's publisher invited him to attend. He had understood that the patient's publisher had invited everyone on the patient's e-mail list. He attended the social event for approximately 30 minutes and never interacted with the patient.

3. Committee Process

A Mental Health Panel of the Committee, consisting of both public and physician members, met in order to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with the policies that the College has developed, which reflect the College's professional expectations for physicians who are practising medicine in Ontario. Current versions of these documents can be found on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The patient's family member provided copies of the three letters that Dr. Connell wrote to her. Although the letters that Dr. Connell wrote appeared to be brief and "business-like" in their tone, in the Committee's view writing letters to a patient's estranged family member is inappropriate. The Committee found the letters to be highly intrusive and therefore unprofessional in nature. They reflected too much advocacy on the patient's behalf and constituted a boundary violation. While physicians should advocate for patients they must do so within appropriate boundaries.

The patient's family member also provided a copy of a letter that the patient had written to her, in which the patient stated that the family member suffers from "parental alienation syndrome". From the Committee's perspective, parental alienation syndrome is not technically a diagnosis. Moreover, it does not appear that Dr. Connell ever really diagnosed the family member with this, though the topic likely arose in discussion with the patient during one of their therapy sessions.

Regarding the type of relationship that Dr. Connell had with the patient herself, it appeared to the Committee that the patient regarded Dr. Connell as a friend, rather than as her psychiatrist. She wrote e-mails to him stating that she felt great kinship in the way that she related to him. She also wrote other e-mails that were overly familiar, in terms of being quite lengthy and chatty. For example, she clearly makes reference to his personal life in the e-mails that she wrote him. She seems to have had unfettered access to Dr. Connell, which Dr. Connell did not discourage. In the Committee's view, while physicians can accept e-mails from patients in crisis situations, this patient's e-mails do not reflect either crisis episodes or emergent situations or circumstances. On the contrary, they reflect a boundary crossing or a diffusion of professional boundaries. Moreover, while Dr. Connell indicates that the patient's publisher invited him to a social event, an e-mail from the patient clearly indicates that she was hopeful that Dr. Connell would attend. She wrote that she was excited, hoped he would come, and would have to call him "Steven". Again, this exchange does not reflect what the Committee views as professional correspondence. The fact that Dr. Connell attended this social event suggests special treatment toward the patient. Based on her e-mails, his attendance at the social event was evidently quite meaningful to her. The Committee regarded this too as a boundary crossing or diffusion of professional boundaries.

Dr. Connell has a relevant history of complaints; he has received complaints in the past regarding inappropriate advocacy on behalf of his patients and failing to maintain appropriate boundaries. This current complaint suggests that Dr. Connell has little insight into the nature of his conduct. He has engaged in remediation in the past; yet, it does not seem that this education was effective. The Committee is hopeful that the current education program will be more helpful to Dr. Connell.