

**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. Marjan Dolatshahi (CPSO# 114874)**  
**Neurology**  
**(the Respondent)**

## **INTRODUCTION**

The Respondent diagnosed the Complainant with epilepsy and continued to see her in follow-up. The Complainant did not agree with the diagnosis and there was a subsequent breakdown in communication with the Respondent. The Complainant filed a College complaint.

The Complainant sought care from another neurologist, who recommended a referral to an Epilepsy Monitoring Unit (EMU). Two months following the filing of the complaint, the Respondent offered to facilitate this referral and asked the Complainant's family physician to canvass the Complainant's willingness to withdraw the complaint against her.

## **COMPLAINANT'S CONCERNS**

<p><b>The Complainant is concerned that the Respondent incorrectly diagnosed her with epilepsy, medicated her excessively, communicated in an unprofessional manner, and failed to communicate with the Ontario Ministry of Transportation (MTO) regarding the Complainant's driver's license status.</b></p>
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## **DISPOSITION**

The Committee considered this matter at its meeting of April 19, 2023. The Committee decided to require the Respondent to appear before a Panel of the Committee to be cautioned with respect to professional ethics and responsibilities, in particular, not to engage in conduct that would reasonably be interpreted to be interference with the College investigation.

The Committee also stated its expectation of physicians to always keep the clinical encounters and communication professional.

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**COMMITTEE'S ANALYSIS**

Both the Complainant's family physician and the Respondent agree that the Respondent requested that the family physician inquire of the Complainant whether she would withdraw the complaint and that the family physician, in turn, conveyed this request to the Complainant. The Respondent indicated that her intention was to advocate for the Complainant and facilitate the referral; however, she also acknowledged that this was an error in judgement and apologized for it.

The Committee finds the Respondent's actions to be very concerning. These actions were not only unprofessional and inappropriate but also intimidating to the Complainant, who indicated that it was her understanding that, if she did not withdraw the complaint, she would not get assistance with her care at that time.

The Committee takes this conduct very seriously and is deeply troubled by the Respondent's suggestion that the complaint could be withdrawn in exchange for facilitating and expediting further care the Complainant needed. Notwithstanding the Respondent's expression of insight and remorse, the fact that she followed up with the family physician a second time to make sure that he had had the conversation with the Complainant about the complaint is particularly egregious. Considering the information before it, the Committee concludes that it is reasonable to view the Respondent's actions as an attempt to interfere with the College investigation. Therefore, the Committee determined that it was appropriate to caution the Respondent in this regard.

The Committee concluded that the Complainant's documented history and clinical presentation support the presumptive diagnosis of epilepsy, and thus, the Respondent's diagnosis was reasonable. While the EMU referral could have been made earlier based on the myriad of the symptoms, the Respondent's overall management plan appears to be acceptable and supported by the information documented in the medical record.

Given the Complainant's condition, it was appropriate for the Respondent to make a report to the MTO. The Committee did not find any documentation in the record to suggest that the Respondent's communication with the MTO regarding the Complainant was lacking.

With regard to the concern about the Respondent's communication, the Committee is limited to a review of documentation only and was unable to reach a definite conclusion regarding what was said during any particular encounter. As a result, the Committee did

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not take any action on this concern but did note its expectation of physicians to always keep clinical encounters and communication professional.