SUMMARY

DR. HARLEY SMYTH (CPSO# 25499)

1. Disposition

On July 20, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") required neurosurgeon Dr. Smyth to appear before a panel of the Committee to be cautioned with respect to 1) inappropriate commentary about religion; 2) premature diagnosis of a psychiatric condition [post-traumatic stress disorder, "PTSD"] without any input or data from experts in that field; and 3) the importance of broader differential diagnoses for a patient sustaining a head injury and experiencing vision problems.

2. Introduction

A member of the public ("the complainant") complained to the College that, during a Workplace Safety and Insurance Board ("WSIB")-ordered assessment, Dr. Smyth made unprofessional and insulting comments about his (the complainant's) religious faith and seemed to have an agenda to diagnose him with a psychological problem rather than addressing his actual injury resulting from a high-speed motor vehicle accident.

Dr. Smyth acknowledged making comments when the complainant disclosed his faith. Dr. Smyth stated that he intended his comments to be consistent with the complainant's religious beliefs, and had no intent to be disrespectful. He expressed regret that his comments were not perceived as intended.

Regarding his assessment of the complainant, Dr. Smyth pointed out that he obtained a comprehensive history, documented the complainant's current concerns and symptoms, and performed a physical examination. He noted that all imaging studies were normal, as were his findings on physical examination. He felt, on the basis of his assessment and review of history and other information, that the complainant had a soft tissue injury nearing full recovery and that he had no evidence of neurologic damage or brain injury. He recommended that the complainant be treated by a psychologist or psychotherapist, because of his conclusion that the complainant was suffering from PTSD.

3. Committee Process

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

4. Committee's Analysis

The Committee felt it was imprudent for Dr. Smyth to comment on religion in the setting of a third party assessment where he was not well acquainted with the person he was assessing.

The Committee was troubled by Dr. Smyth's evaluation of the complainant with respect to his assessment and conclusions, as well as his documentation of the examination. The Committee noted that Dr. Smyth's findings that the complainant's vision was normal were contradicted by findings of other physicians who saw the complainant both before and after Dr. Smyth's assessment. The Committee viewed Dr. Smyth's definitive diagnosis of PTSD as premature in that it failed to note any differential diagnoses, was based on a single assessment, and seemed to ignore the self-evident diagnosis of concussion from a high-speed crash involving a head injury. The Committee also felt that Dr. Smyth's documentation of the assessment was extremely brief, given the diagnosis he arrived at. The Committee pointed to CPSO policy statement #2-12, *Third Party Reports*, which emphasizes comprehensiveness by physicians conducting independent medical examinations. The Committee felt that Dr. Smyth was not duly comprehensive in his assessment of the complainant.

The Committee's concern about Dr. Smyth's assessment of the complainant was compounded by Dr. Smyth's history of a prior public complaint in which Dr. Smyth's management of a person with a work-related head injury was at issue.