

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. Irene Polidoulis (CPSO #55959)
(the Respondent)

INTRODUCTION

The Respondent is a family physician in an office-based practice. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct in July 2020, where she objected during a church service to a change in their church's policy to use multiple Communion spoons in response to the COVID-19 pandemic. The Respondent subsequently wrote online articles and posts expressing her opposition to this new policy.

COMPLAINANT'S CONCERNS

The Complainant is concerned about the Respondent's conduct on July 12, 2020, when she initiated a "verbal attack" on the priest. The Respondent subsequently wrote an "extensive open letter" denouncing the implementation of multiple Communion spoons, which she referred to as a conspiracy and did not reference any medical evidence about the lethality of the COVID-19 virus. The Respondent failed in her duty as a doctor licensed to practice in Ontario when she neglected to warn people about the risks of using a single spoon and failed to assist the medical community in managing the COVID-19 pandemic.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 15, 2021. The Committee required the Respondent to appear before the Committee to be cautioned with respect to being mindful of her tone and clarity in conveying public health-related information, the impact on her audience of her status and position of trust as a physician, and the responsibility it entails.

COMMITTEE'S ANALYSIS

In June and July 2020, the Ontario Chief Medical Officer of Health and Toronto Public Health issued directives for places of worship regarding the suspension of in-person activities that increased the risk of transmission of COVID-19, including sharing communal items during rituals, such as Communion spoons.

The Greek Orthodox Archbishop of Canada subsequently issued a directive to use a separate Communion spoon for each person receiving the Holy Communion, rather than a single communal spoon. The priest shared this directive with the in-person congregation and on a livestream broadcast in July 2020. The Respondent objected

from the church balcony to using multiple Communion spoons and stated that her preference would be either to use one Communion spoon or no spoon at all. She explained in her response that she would have preferred to adhere to the public health guidelines to suspend Holy Communion altogether, rather than to innovate by using multiple spoons, against Orthodox canon. The Respondent subsequently wrote an open letter to the Archbishop that was posted online, expressing her views and theological disagreement with the Church's new policy.

The Committee's view is that the Respondent's assertions regarding the sanctification of the communal spoon incompatible with the objection she says she was trying to communicate. At the very least, it was open to misinterpretation from the other congregants and individuals watching the livestream broadcast. While much of the Respondent's communications were about church processes, the Respondent also commented about public health measures in a context in which she referred to herself as a physician and was known by others to be one. While it may have been the Respondent's intention to refer only to a religious dispute within her faith community, her statements are open to misinterpretation and could reasonably be read as being provided with the scientific or medical authority arising from her status as a physician.

The Committee was concerned that the Respondent's comments about public health measures are attached to her status as a physician and may lead a listener or a reader to believe that she was taking the position that measures to protect congregants from the transmission of COVID-19 were not warranted.

As a physician, the Respondent holds a unique position of trust in society; she must therefore recognize that her role as a physician has an authoritative impact on listeners and readers when speaking publicly on public health-related matters. Her words and conduct therefore have an impact on the reputation of the profession as a whole; in this regard she should carefully consider the tone she uses and the clarity with which she conveys any public health information to ensure she is not transmitting misinformation.