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. Colleen Sharon Flynn (CPSO #68915)
(the Respondent)

INTRODUCTION

The Respondent provided therapy to the Complainant for approximately 17 years. During this time, the Complainant married a partner, Patient B. The Respondent began to provide the Complainant and Patient B with couple's counselling. The Respondent also started seeing Patient B in individual therapy. 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 about the following:

- **"[Her] needs not considered after long term access";**
- **"Patient confidentiality questions and unethical behaviour in recent time"; and**
- **"Discharged from care at most vulnerable period."**

COMMITTEE'S DECISION

A Mental Health Panel of the Committee considered this matter at its meeting of August 13, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to the management of a patient with a personality disorder and failing to maintain confidentiality and professional boundaries, including conducting multi-person therapy. The Committee also decided to accept an undertaking from the Respondent

COMMITTEE'S ANALYSIS

Concern that the Complainant's needs were not met

- The Committee was of the view that the Respondent's therapeutic plan was bound to fail. Although the Respondent referred frequently to "boundaries" and "limits," her decision to see both Patient B and the Complainant in individual and couple's therapy became a tangled mess and undermined patient care. Not surprisingly, the Complainant ended up feeling abandoned and betrayed by the Respondent. Indeed, it appeared to the Committee that the Complainant's needs were not met.

Concern regarding patient confidentiality

- The Committee concluded that it would be almost impossible to keep strict confidentiality in such a many-sided therapy, as the Respondent saw both the Complainant and Patient B in separate sessions and then in couple's sessions as well.

Concern regarding unethical behaviour

- Using what the Respondent described as a "complex model of care" became what the Complainant saw as a betrayal of trust and a discarding of her needs in favour of the "new" patient, Patient B. While the Respondent may not have intended for it to happen, the therapy for the Complainant fell apart and she felt abandoned.

- It is significant that the Respondent never asked for help in what she acknowledged was a difficult situation. In the Committee's view, the Respondent lacked insight in failing to ask for consultation from a colleague or transfer care of either the Complainant or Patient B to someone else.

Concern that the Respondent discharged the Complainant from care at a vulnerable period

- The record demonstrated that the therapeutic relationship broke down with distrust.

- The Committee was of the view that given the inappropriate boundary crossings and blending of therapy sessions, it was inevitable that the physician-patient relationship would deteriorate at some point. It was just most unfortunate that the breakdown occurred at such a vulnerable time for the Complainant.

Concluding remarks

- Overall, based on a review of the record, the Committee was of the opinion that the Respondent repeatedly crossed professional boundaries, and that there were obvious lapses in judgment in her management of the Complainant and Patient B. As a result of these deficiencies, the Committee was of the view that it was appropriate to accept an undertaking from the Respondent and caution the Respondent, as outlined above.