

**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. Mory Mayer Gutman (CPSO #28253)**  
**General Practice**  
**(the Respondent)**

## **INTRODUCTION**

The Respondent is the Patient's physician. He has never met the Complainant.

The Respondent wrote a letter stating, among other things, that, "the behaviours [the Patient] described in [the Complainant] were of a borderline personality disorder" and that he had "grave concerns" about the well-being of their child.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct.

## **COMPLAINANT'S CONCERNS**

<p><b>The Complainant is concerned that the Respondent wrote that he suspects that she has borderline personality disorder in a medical note even though she has never met the Respondent.</b></p>
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## **COMMITTEE'S DECISION**

A Mental Health Panel of the Committee considered this matter at its meeting of March 10, 2020. The Committee required the Respondent to attend at the College to be cautioned in person on writing third party reports with objectivity, neutrality and professionalism, and to provide a written report reviewing the role of advocacy and why it is important not to attribute a person's behaviours to a mental health diagnosis when he has not assessed the person himself.

## **COMMITTEE'S ANALYSIS**

The Committee was of the view that the tone of the Respondent's letter was unprofessional and inflammatory (for example, stating he had "grave concerns" for the well-being of the child). The Respondent also failed to provide any details in support of his conclusions (i.e., he did not provide any facts to base his statements on), and lacked insight into the reality that a patient's report of someone else's behaviour is highly subjective.

The Committee was also of the view that the Respondent could have presented a supportive account of why he felt the Patient was an effective parent and should have access to the child (instead of focusing on the Complainant). The Respondent also should have refrained from attributing behaviour to a mental health diagnosis and from accepting at face value the report of the Patient without observing anything himself.

The Committee observed that the College's investigator provided the Respondent with a copy of the third party reports policy and an invitation to respond. The Respondent failed to provide any comments. While the Respondent was not obligated to respond, the Committee found that it would have been helpful if he had demonstrated insight into his failure to maintain objectivity in his letter.

Finally, the Committee noted that the Respondent had a history of complaints with the College involving conduct and boundaries issues, including two Discipline Committee hearings, one of which resulted in the Respondent being prohibited from engaging in professional encounters with any female patients and from prescribing narcotics and controlled drugs. The Respondent's history demonstrated gaps in both professionalism and maintaining appropriate boundaries, as well as a lack of insight. This information served to heighten the Committee's concerns in this case.

The Committee was therefore of the view that it would be appropriate to caution the Respondent in person, as outlined above.