

SUMMARY

Dr. Siobhan Mary Muldowney (CPSO# 68702)

1. Disposition

On August 23, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Family Medicine specialist Dr. Muldowney to attend at the College to be cautioned in person with respect to unprofessional behaviour in the workplace and lack of collaboration with colleagues in the hospital environment; and to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Muldowney to:

- attend and successfully complete the next available session of the following course(s):
 - PRoBE Canada Program
 - Crucial Conversations
- engage in one-to-one instruction with Dawn Martin, and
- complete self-directed learning, including reviewing the College’s Practice Guide, the Canadian Medical Association (CMA) *Code of Ethics*, and the College’s Policy #3-16 on *Physician Behaviour in the Professional Environment*, and submit a written summary of the above.

2. Introduction

The College received information raising concerns about Dr. Muldowney’s conduct in the workplace, including a report of a vandalism incident on April 1, 2016 (in which it was alleged that Dr. Muldowney “keyed” a colleague’s vehicle in the parking lot), for which criminal charges were laid. The Committee subsequently approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Muldowney’s practice.

In her response, Dr. Muldowney acknowledged having made “a significant mistake” while she was in distress on April 1, 2016. She indicated that the charges resulting from her actions were withdrawn, and that she profoundly regretted her actions and engaged a counsellor. She disputed the hospital’s report that she bullied other physicians. She also provided a report from

the physician she engaged for counselling, which indicates that Dr. Muldowney reported to the physician that she impulsively vandalized her colleague's car without forethought, after learning that hospital Obstetricians secretly set up a parallel network to siphon obstetrical referrals from the staff family physician group. The report indicated that the vandalism incident was isolated, and was triggered by an acute stressor on top of a chronic duress, and that the risk of recurrence was very low.

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 investigation. 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.cpsso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee noted that while they appreciated that the conduct which led to this investigation arose as a result of obvious tensions within the department of Obstetrics, they were nevertheless concerned with the manner in which Dr. Muldowney chose to deal with this difficult situation.

The Committee noted that Dr. Muldowney's behaviour did not abide by the College's policy on *Physician Behaviour in the Professional Environment*, which sets out that physicians are expected to act in a respectful, courteous and civil manner towards their patients, colleagues, and others involved in the provision of health care; and that the fact that the criminal charge was withdrawn does not diminish the significance of Dr. Muldowney's actions.

The Committee was further concerned that Dr. Muldowney did not report the "keying" incident, only admitting to the act after being confronted by police, and that she tried to justify

her actions by stating that she was “left personally vulnerable by the increasingly destructive actions of [her] obstetrical colleagues” and that she was in “distress.” The Committee was of the view that the above suggested a lack of insight and true remorse for the behaviour.

The Committee also considered information obtained during the investigation indicating that Dr. Muldowney’s colleagues stated that they viewed her as unsympathetic, disrespectful (including in front of patients), rude and intimidating, and certain staff reported being afraid of her “temper outbursts.” The Committee noted that this type of behaviour is never acceptable of a physician.

Dr. Muldowney did not express willingness to undergo the remediation suggested by the hospital or by the College, stating (through her counsel) that she was already seeing a psychotherapist and that the hospital-based program was not an option, as she was no longer working there. In the Committee’s view, Dr. Muldowney’s resistance to engaging in further remediation was another example of her lack of insight into her behaviour.