

**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. Lawrence Onochie
(CPSO# 55148)
(the Respondent)**

INTRODUCTION

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

The Patient was seen on one occasion by the Respondent to conduct a routine Pap test.

COMMITTEE'S DECISION

A Panel of the Committee considered this matter at its meeting of October 18, 2024. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned to communicate effectively and professionally when conducting internal examinations and to follow the College's *Boundary Violations* policy.

COMMITTEE'S ANALYSIS

According to the Patient, the Respondent's conduct violated behavioural standards. Specifically, the Respondent:

- Touched the Patient without permission or explanation by failing to communicate his intention to conduct an internal examination;
- Made inappropriate and offensive comments;
- Pushed the Patient down on the examination table; and
- Caused the Patient excruciating pain during the Pap test.

The Respondent told the College that it is his practice to obtain the patient's history and informed consent prior to administering a Pap test or pelvic examination. He stated that he informs patients that there will be a physical component to the examination. At all times during the Patient's appointment, he maintained, he comported himself with care, compassion, and professionalism, and never made inappropriate comments. He asserted that he always looks for visual and verbal cues to ensure the patient is comfortable.

The Committee was concerned by the Patient's allegations. The Committee noted that the Respondent's routine explanation prior to intimate examinations did not constitute fulsome communication to patients and lacked sufficient information to prepare patients for the examination. Furthermore, information in the medical record provided some support for aspects of the Patient's recollection of the Respondent's comments during the examination. During sensitive examinations, physicians should always communicate with patients effectively and compassionately. It appeared to the Committee that the Respondent was unable to communicate with the Patient in a manner that provided sufficient information to the Patient regarding the pelvic examination.

In reviewing the investigative record, the Committee noted that the Respondent's College complaints history showed a pattern of communication challenges with patients particularly during intimate examinations, related to explanations provided and communications issues. The Respondent's history, including the present complaint, suggested a concerning pattern of behaviour that the Committee felt compelled to address.

On this basis of the above, the Committee decided to caution the Respondent.