

**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. James MacLean (CPSO #32654)
(the Respondent)**

INTRODUCTION

The College of Physicians and Surgeons of Ontario (the College) received information raising concerns about the Respondent's Medical Assistance in Dying (MAiD) assessment and provision. Subsequently, the Committee approved the Registrar's appointment of investigators to inquire into the Respondent's general medicine practice, including his MAiD practice.

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of March 25, 2026. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to his MAiD practice, including maintaining professionalism and appropriate boundaries, and making the necessary changes to ensure that MAiD care is provided appropriately and safely.

The Committee also accepted an undertaking from the Respondent.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review a number of the Respondent's patient charts, interview the Respondent, and submit a written report to the Committee. The Assessor concluded that the Respondent did not meet the standard of practice of the profession, displayed a lack of judgment, and that his conduct exposes or is likely to expose patients to harm or injury in five out of twenty charts reviewed.

The Assessor noted the following issues:

- Proceeding with assessments and provisions in a manner that undermines the independence of secondary assessors and risks coercion.
- Making clinical assumptions without adequate corroboration when assessing a patient for MAiD.

- Ignoring standard medication dispensing and administration protocols, and using back-up medication kits in situations perceived as urgent where waiting for a pharmacy prepared kit would have exhibited good judgement.
- Failing to maintain professional boundaries and engaging with patients and families in ways that can be perceived as coercive or unprofessional.

The Assessor also opined that some of the Respondent's documentation was not complete or comprehensive, which created gaps when others needed to understand his reasoning.

After reviewing all the information gathered in the investigation, including the Assessor's reports and the Respondent's responses, which included a report he obtained also opining on his care and conduct, the Committee agreed with the Assessor's conclusions.

MAID assessment and provision is governed by clear legislative and professional standards. These requirements set out when MAID may be provided, under what circumstances, and the steps physicians must follow. While the legal framework has changed over time, MAID remains a highly regulated area of medical practice with well-defined expectations. Physicians are expected to follow these requirements carefully and consistently in order to provide appropriate care and to maintain public trust in the profession. In reviewing this matter, the Committee was concerned that some aspects of the Respondent's care and conduct departed from these expectations.

The Committee also acknowledged that the Respondent demonstrated some appropriate reflection in his responses to this investigation and committed to implementing some changes to his practice. However, the Committee remained concerned that the Respondent did not demonstrate sufficient insight into how certain aspects of his care and conduct fell short of the required standard. The Committee therefore concluded that the Respondent would benefit from a discussion with his peers and that it was appropriate to caution the Respondent with respect to his MAID practice, as detailed above.