

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Keys*, 2026 ONPSDT 3

Date: January 19, 2026

Tribunal File No.: 25-014

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Jonathan Robert Keys

Registrant

FINDING AND PENALTY REASONS

Heard: December 10, 2025

Panel:

David A. Wright (Tribunal Chair)

Vincent Georgie (public)

Camille Lemieux (physician)

Rob Payne (public)

Susanna Yanivker (physician)

Appearances:

Kenzie Bunting, for the College

Carolyn Brandow, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

Introduction

[1] Dr. Keys treated a person with whom he had a close personal relationship, contrary to College policy. He also disclosed confidential patient health information to that person. He admits that this was disgraceful, dishonourable or unprofessional conduct. Dr. Keys and the College jointly ask that the penalty consist of a 10-month suspension, a reprimand and a requirement to complete the PROBE Ethics and Boundaries Program. Because the proposed penalty does not bring the professional discipline system into disrepute, we made the requested order at the hearing. These are our reasons.

[2] Tribunal Chair David A. Wright conducted case management conferences in this matter. He sits on the panel with the consent of both parties.

Findings

[3] While he was in a close personal relationship with her, Dr. Keys provided medical treatment to Patient A, consisting of cosmetic procedures. He performed these treatments and procedures at various locations, including personal residences and his office. Dr. Keys provided Patient A with sample packages of a prescription medication to be used “as needed” that requires careful monitoring.

[4] After about a year, Dr. Keys also arranged for Patient A to see another physician, who met with her and prescribed medication.

[5] Dr. Keys did not record most of these treatments. He only documented two, which were filler injections. He did not bill for any treatments or procedures provided to Patient A.

[6] The College’s Policy on Treatment of Self, Family Members, and Others Close to You prohibits treating family members or others close to a physician, except in limited circumstances that do not apply here. A close relationship can affect a physician’s objectivity, lead to poorer care and lead to improper influences on patient decisions. As explained in *College of Physicians and Surgeons of Ontario v. Kadlubowska*, 2025 ONPSDT 10 at paras. 10-11:

The registrant breached a straightforward public protection measure regarding medical care and treatment of persons close to the physician. To ensure that a physician’s emotional and clinical

objectivity is not compromised, and safe and effective care is not put at risk as a result, the policy severely limits treatment to persons in a close personal relationship. The only exception is for minor treatment or in an emergency situation, and even then, only where another qualified health care professional is not available.

This is well-established College policy, and has been the subject of many recent decisions of this Tribunal.

[7] Keeping records of treatments is also one of physicians' core responsibilities to their patients. The College's Advice to the Profession: Medical Records Documentation explains the purposes of medical records as follows:

Medical records serve many roles in health care. Not only does good medical record-keeping contribute to quality patient care and continuity of care but medical records can also serve a number of other purposes. For instance:

- Optimizing the use of resources, (e.g., by reducing duplication of services);
- Providing essential information for a wide variety of purposes, including:
 - billing,
 - research,
 - investigations (by the Coroner's Office, or the College),
 - legal proceedings,
 - insurance claims; and
 - Serving as a valuable tool for self-assessment by allowing physicians to reflect on and assess the care they have provided to patients (i.e., through patterns of care recorded in the EMR).

[8] When he did not keep records of cosmetic treatments or medication he provided, the registrant put Patient A's future care at risk. A careful history-taking and clinical workup were required before prescribing, along with documentation of discussions of safety, proper use and adverse effects. The medications provided were samples, which meant no pharmacist scrutiny of their safety with respect to drug interactions and proper dosage.

[9] Patient A assisted Dr. Keys with his social media associated with his cosmetics practice, including by posting photographs of patient procedures. Dr. Keys disclosed personal health information of other patients to Patient A, including discussing details of cosmetic treatments he provided those patients, without their consent. Dr. Keys acknowledges that he did not follow the College Policy on Protecting Personal Health Information and Policy on Social Media. Patients rely on physicians to keep their most private information confidential, and Dr. Keys failed in that obligation. This was significant misconduct.

[10] Dr. Keys' treatment of a person close to him, his failure to keep records of that treatment and his disclosure of other patients' health information to that person is conduct that would reasonably be regarded by registrants as disgraceful, dishonourable or unprofessional, and we made that finding of misconduct.

Penalty

[11] When a registrant admits misconduct and the parties jointly propose a penalty, the panel's role is limited. We are not determining the penalty that we would have ordered. Rather, we must implement the parties' agreement unless to do so would bring the administration of the professional discipline system into disrepute. This is a very high bar; a joint submission must be accepted unless it is "unhinged" from the circumstances. See *R. v. Anthony-Cook*, 2016 SCC 43; *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 (Div. Ct.) at paras. 9-12.

[12] This stringent standard encourages settlement by ensuring "a high degree of certainty" that the agreed penalty will be accepted, avoiding "the need for lengthy, costly, and contentious" hearings: *R. v. Nahanee*, 2022 SCC 37 at para. 2. Other benefits include more expeditious action to protect the public, avoiding an "all or nothing" situation for either party, sparing witnesses the stress of testifying, certainty of when the penalty will start, and the ability to reach "creative and meaningful terms, conditions and limitations that would be difficult to order and implement without buy-in from both parties": *College of Physicians and Surgeons of Ontario v. Matheson*, 2022 ONPSDT 27 at para. 19.

[13] Here, the joint submission consists of a reprimand, a 10-month suspension and the requirement that the registrant take the PROBE Ethics and Boundaries Program. The parties have also agreed on costs at the tariff rate.

[14] The 10-month suspension reflects the seriousness of Dr. Keys' misconduct and is in the range of penalties in similar cases. As here, all the cases relied on by the parties involve circumstances where there was treatment of a close family member combined with other serious misconduct. In *College of Physicians and Surgeons of Ontario v. Rourke*, 2021 ONPSDT 45, the registrant both treated a close family member and failed to dispose of a large quantity of prescription medication, resulting in a 10-month suspension. In *College of Physicians and Surgeons of Ontario v. Kadlubowska*, 2025 ONPSDT 10, the physician treated a person close to her over the duration of her relationship and disclosed other patients' confidential health information to that person. Both the treatment and the disclosure were more extensive than in this case. The suspension was for 14 months. In *College of Physicians and Surgeons of Ontario v. Hu*, 2021 ONCPSD 27, the registrant provided treatment to 15 members of his immediate and extended family. The suspension was 12 months, and the order limited his future practice to surgical assisting. Finally, in *College of Physicians and Surgeons of Ontario v. Kozerawski*, 2024 ONPSDT 13, the registrant treated a close family member for over a decade, failed to meet the standards of practice of the profession in his care of that family member, used prescription medications that were not prescribed to him, and did not properly store or dispose of them. The suspension was eight months.

[15] The above cases demonstrate that the proposed suspension is within the range ordered for similar misconduct. The PROBE course is appropriate remediation, and the costs comply with the Tribunal's tariff. The penalty would not bring the administration of the professional discipline system into disrepute and we made the requested order.

Order

[16] Our order provides:

Penalty

1. The Tribunal requires the registrant to appear before the panel to be reprimanded.
2. The Tribunal directs the Registrar to:
 - a. suspend the registrant's certificate of registration for ten (10) months commencing on December 11, 2025 at 12:01 a.m.
 - b. place the following terms, conditions and limitations on the registrant's certificate of registration effective immediately:

- i. Dr. Keys shall participate in and successfully complete, without condition or qualification and at his own expense, the PROBE Ethics & Boundaries Program offered by the Centre for Personalized Education for Professionals. Dr. Keys will complete the PROBE program within six (6) months of the date of this Order or, if it is not available within that timeframe, at the earliest available opportunity. Dr. Keys will provide proof of his successful completion to the College, including proof of registration and attendance and participant assessment reports, within one (1) month of completing it.

Costs

3. The Tribunal requires the registrant to pay the College costs of \$6,000.00 by January 10, 2026.

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Tribunal File No.: 25-014

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Johnathan Robert Keys

Registrant

**The Tribunal delivered the following Reprimand
by videoconference on Wednesday, December 10, 2025**

*****NOT AN OFFICIAL TRANSCRIPT*****

Dr. Keys,

As a medical doctor, you are a member of a profession which has the privilege of self-regulation and enjoys the trust of the public through the provision of high-quality care. Your actions have breached these fundamental principles and are disgraceful, dishonourable, and unprofessional.

In providing care to, Patient A, someone with whom you had a close personal relationship, you violated the CPSO Policy on "Treatment of Self, Family Members and Others Close to You". This policy is in place to ensure that people close to physicians receive the same high-quality care as the rest of the public and are protected from a physician's potential loss of objectivity when treating people close to them. There are exceptions if there is a medical emergency and no other help is available. However, this was not the case when you treated Patient A. This is a serious issue as potential loss of objectivity can lead to poor physician decision making and suboptimal care that potentially exposes people to the risk of harm.

We note also that you failed to document all but two interactions with Patient A and you provided medications to them. Poor or absent documentation exposes patients to harm, as information may be needed for future care and is not available. This is especially problematic if there are complications from treatments which need to be addressed.

When you disclosed personal health information of other patients to Patient, A, you violated the CPSO policy on “Protecting Personal Health Information”. The public has the right to expect and rely on physicians to safeguard their disclosures. The public’s trust in this regard is critical, as physicians subsequently rely on patients to disclose private information that will guide a physician’s clinical decision making. If people do not believe their physician will guard disclosed information, they may choose not to disclose it. This exposes the patient to the risk of harm. That you set aside this CPSO policy is a very serious matter. In doing so, you disregarded the trust your patients placed in you, damaged the reputation of the profession and undermined the public’s trust in the profession.

It is our duty to ensure that your penalty is in the public interest. You are suspended for 10 months and must successfully complete the PROBE Ethics and Boundaries course. This penalty sends a message to the public and the profession that conduct such as yours will not be tolerated.

That you have already acknowledged that you violated both policies provides the Tribunal with some assurance that you understand that these policies are in the interest of patients and the public. Nevertheless, we strongly urge you to take this opportunity to further consider the seriousness of the behaviour that brought you before us today, and to make the appropriate changes to your conduct.

When you return to practice after your suspension, we expect that you will have taken the necessary steps to ensure that your conduct aligns with the best interests of your patients, complies with the legal and professional expectations set out in College policies, and maintains the trust of the public. Should you fail to do so and again come before this Tribunal, the seriousness and pattern of your conduct will be considered, with careful regard to your status as a continued member of this profession.