

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Thirlwell*, 2026 ONPSDT 5

Date: February 11, 2026

Tribunal File No.: 23-017

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Celeste Jean Thirlwell

Registrant

FINDING AND PENALTY REASONS

Heard: December 12, 2025

Panel:

Sophie Martel (panel chair)

Vincent Georgie (public)

Joanne Nicholson (physician)

Katina Tzanetos (physician)

Linda Robbins (public)

Appearances:

Sayran Sulevani, for the College

No appearance or submissions by Dr. Thirlwell

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. Celeste Jean Thirlwell wrote approximately 1,425 exemption letters for COVID-19 related vaccination, masking and testing requirements in a three-month period, from August to October 2021. She did so for profit and without adhering to medical standards and guidelines. Furthermore, she did not appropriately store the patient information she collected and she had loud patient telephone conversations in a public space. Her conduct does not meet the standard of practice of the profession and is disgraceful, dishonourable or unprofessional. Dr. Thirlwell compounded the misconduct by not replying appropriately and in a reasonable time to a written inquiry from the College.

[2] Relying on deemed admissions pursuant to a request to admit, we concluded that Dr. Thirlwell failed to maintain the standard of practice of the profession, failed to respond appropriately or within a reasonable time to a written inquiry from the College and engaged in conduct that is disgraceful, dishonourable or unprofessional. We also concluded that Dr. Thirlwell is incompetent.

[3] We have decided to revoke Dr. Thirlwell's certificate of registration based on the seriousness of the misconduct, the finding that she is incompetent and the absence of any evidence that she would engage in meaningful remediation. We also order costs of \$10,370.

Proceeding in Dr. Thirlwell's absence

[4] Dr. Thirlwell, through her then-counsel, initially participated in the case management conferences held in this matter in 2024. A hearing was scheduled for September 24, 2024, but adjourned for medical reasons, at Dr. Thirlwell's request. In a case management direction of July 10, 2025, Dr. Thirlwell was advised that the Tribunal was not prepared to allow further delay of the hearing based only on the medical information received so far. Dr. Thirlwell was directed to provide more detailed information regarding her health condition and how it restricted her ability to participate in a hearing.

[5] A hearing was subsequently scheduled for September 18, 2025, but again adjourned once Dr. Thirlwell's counsel advised that he was no longer representing her. Dr. Thirlwell failed to respond to correspondence from the Tribunal and College counsel

and failed to attend a case management conference held on September 10, 2025. College counsel advised the Tribunal at this case management conference that Dr. Thirlwell had not filed her annual renewal such that her certificate of registration had expired.

[6] The case management direction of September 11, 2025, emphasized that the hearing could proceed without Dr. Thirlwell, and permitted the College to deliver a request to admit to the registrant under Rule 12.3 of the Tribunal Rules of Procedure. It reiterated that under the Rules, if Dr. Thirlwell did not respond to the request to admit within 30 days of receiving it, she would be deemed to admit the truth of the facts and authenticity of the documents contained in it.

[7] On September 15, 2025, Dr. Thirlwell wrote to College counsel advising that she remained on sick leave and that her symptoms had escalated. She enclosed a medical note dated September 9, 2025, which simply stated: "This patient was assessed in clinic today and remains off work for medical reasons."

[8] Dr. Thirlwell did not respond to subsequent communications from the College nor to its requests to admit. She also did not provide the medical information specified in the case management direction of July 10, 2025. Further to a case management conference held on October 28, 2025, which Dr. Thirlwell did not attend, the Tribunal Chair granted the College's request to schedule the hearing.

[9] The hearing was scheduled for December 12, 2025. Dr. Thirlwell did not attend the hearing. She also did not provide the College or the Tribunal with additional medical information as required by previous case management directions.

[10] We were satisfied that Dr. Thirlwell received notice of the proceeding. On November 5, 2025, the Tribunal notified Dr. Thirlwell of the hearing at the email address on file with the College. On November 28, 2025, the Tribunal provided a further notice of hearing with the electronic login information for the hearing. In these circumstances, we proceeded without Dr. Thirlwell's participation.

Request to admit

[11] Rule 12.3 provides for requests to admit. It states that a party may deliver to the other party a request to admit, asking the other party to admit the truth of facts or the authenticity of documents for the purposes of the Tribunal proceeding (Rule 12.3.1). It

may not be delivered less than 30 days before the hearing (Rule 12.3.8). A party who fails to respond to the request to admit within 30 days after delivery is deemed for the purposes of the Tribunal proceeding to admit the truth of the facts or the authenticity of the documents (Rule 12.3.3). A party who received a request to admit and who does not attend the hearing, is also deemed to admit the facts or the authenticity of the documents (Rule 12.3.4). A request to admit may only be delivered where the other party, after receiving notice, has not indicated any intention to participate in the proceeding or the Tribunal has given permission (Rule 12.3.7).

[12] A request to admit generally enhances the efficiency of proceedings by narrowing the factual and legal issues in dispute. It can be particularly useful when, as in this case, a registrant is non-responsive. By requesting a non-responsive registrant to admit facts and documents, the College avoids having to prepare for a fully contested hearing, which includes securing the attendance of witnesses. This in turn avoids the time and costs of scheduling and convening a lengthy hearing.

[13] The Rules of Procedure provide clear direction to the parties regarding the use of requests to admit, the timeframe by which the receiver must respond, the effect of a failure to respond, and the Tribunal's ability to withdraw an admission or deemed admission. Furthermore, it states that a request to admit the truth of facts may only be delivered where the other party, after receiving notice, has not indicated any intention to participate, or the Tribunal has given permission. In this case, the Tribunal specifically gave its permission in the case management direction of September 11, 2025.

[14] In accordance with the case management direction, the College served its request to admit (liability) and request to admit (penalty) on September 18, 2025, at Dr. Thirlwell's email address on file with the College. On October 20, 2025, the College re-sent the two requests to admit to the same email address on file and to an alternate email address, which had previously been copied on emails by Dr. Thirlwell's previous counsel. Out of an abundance of caution, on October 21, 2025, the College also left a hard copy of the request to admit documents in an envelope with the concierge of the building where Dr. Thirlwell resides.

[15] Dr. Thirlwell did not respond to the requests to admit and failed to attend the hearing. In these circumstances, we accept that the registrant is deemed to admit the

truth of the statements and the authenticity of the documents contained in the requests to admit for the purposes of this proceeding.

The COVID-19 exemption letters

[16] Dr. Thirlwell received her certificate of registration in 2013, with a specialty certification in psychiatry. At the relevant time, she practised primarily in sleep medicine working at sleep clinics in Ontario. She has no specific training in immunology, public health or infectious diseases.

[17] Between approximately August 27, 2021 and October 30, 2021, Dr. Thirlwell wrote 1,425 exemption letters for patients regarding various COVID-19 requirements. Of these exemption letters, 999 were for vaccinations, 230 were for masking and 196 were for testing. Effective November 5, 2021, the Inquiries, Complaints and Reports Committee (ICRC) imposed terms, conditions and limitations on Dr. Thirlwell's certificate, which restricted her from providing medical exemptions in relation to vaccines, mask requirements and testing for COVID-19.

[18] Dr. Thirlwell advertised her services by word of mouth. After contacting her, patients were sent an email setting out the process for obtaining exemption letters and the associated costs. Patients were asked to complete a request for medical consultation in which they were asked to describe the medical concern they had relating to either masking, a nasal swab or vaccines. They were given examples of what to describe: "e.g. I have one of the following conditions: severe anxiety, inflammation, autoimmune condition, blood clotting or other blood-related disorder, heart condition, difficulty breathing, ... a fear of anaphylactic (allergic) reaction to vaccines or a family member who received a vaccine recently had a severe allergic reaction, etc."

[19] The information sent to patients set out the costs for the letters and included discount pricing for multiple letters and multiple family members:

	1 st Person	2 nd Person	3 rd Person	4 th Person
1 st Letter	\$300	\$200	\$100	\$100
2 nd Letter	\$100	\$125	\$75	\$75
3 rd Letter	\$75	\$50	\$50	\$50

[20] Dr. Thirlwell assessed all the patients over the telephone except one who was assessed over a videoconferencing platform. She saw multiple patients in one day. For example, she had 107 patient encounters on October 28, 2021, and 116 patient encounters on October 30, 2021. Dr. Thirlwell did not obtain any information from her patients’ primary care physicians and did not provide any of the information she collected to the patients’ primary care physicians. She also did not copy the patients’ primary care physicians on her exemption letters.

[21] Dr. Thirlwell charged patients directly. She did not bill the Ontario Health Insurance Plan for her assessments or the exemption letters.

[22] As part of its investigation, the College retained Dr. Neal Belluzzo, a family medicine physician practising in family medicine and addiction medicine, to provide an opinion on Dr. Thirlwell’s standard of practice.

[23] Dr. Belluzzo’s report of June 18, 2023, indicates that as part of his review, he interviewed Dr. Thirlwell on December 5, 2022, in the presence of her counsel. Dr. Belluzzo reported that Dr. Thirlwell’s justifications for providing vaccine, masking and testing exemption letters included patients’ emotional distress, sense of coercion, lack of autonomy and/or whether patients felt that the risk outweighed the benefits. Dr. Thirlwell indicated that she did not provide exemptions based on the College’s guidelines but rather, focused on patients’ emotional and psychiatric distress highlighting that she was a psychiatrist, not a medical doctor. Dr. Thirlwell did not provide counselling regarding COVID-19 vaccines, polymerase chain reaction (PCR) tests or masks to patients, including risks of harm to the patients and the public if unvaccinated, untested or

unmasked. She was unable to recall if she refused to write an exemption letter for any patient after having reviewed the intake form.

[24] Dr. Belluzzo was provided with the entire charts for 112 of the patients seen by Dr. Thirlwell (about 11% of the total patient charts). He reported that in all 112 cases, documentation was not in keeping with the College's documentation standards. Medical documentation, if available, was brief and did not consistently include (among other things) a proper history (medical, family and vaccine history), medications, allergies, and potential medical contraindications to receiving a COVID-19 vaccine. Clinical justification for the exemptions and counselling, if provided, was not documented. Potential risks associated with remaining unvaccinated, untested and/or unmasked during the COVID-19 pandemic were not documented.

[25] In all but two patients reviewed, the noted underlying medical conditions did not warrant an exemption as outlined by the College guidelines. Rather, the more common medical reasons cited by patients in support of their exemption requests included fear that the vaccine contained aborted fetal cells, risk of infertility, risk in pregnancy and breastfeeding, belief that the vaccine was unsafe and experimental and belief that the vaccine contributed to coronary artery disease.

[26] At the time that Dr. Thirlwell was providing exemptions, the College had provided guidelines to physicians regarding COVID-19 exemptions to patients. These included a September 1, 2021 message from the College Registrar and a September 21, 2021 eDialogue on September 21, 2021. The College's communications noted that the Ministry of Health had provided guidance for medical exemptions to COVID-19 vaccination, which were essentially limited to an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components and a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine. Furthermore, the College's communications stressed the importance of physicians working with their patients to manage anxieties relating to the vaccine and not to enable avoidance behaviour.

[27] As noted by Dr. Belluzzo, Dr. Thirlwell, in her role as a registered physician and psychiatrist, contributed to the dangers of misinformation during the COVID-19 pandemic by providing exemptions for reasons that were not in keeping with the standards set out by the College.

[28] Dr. Thirlwell's pricing strategy, in which she provided discounts for additional letters for the same patient and for family members, encouraged patients and their family members to request additional exemptions. Dr. Thirlwell was not providing exemptions based on medical contraindications but rather, for profit, given that she offered discount pricing for multiple letters. As submitted by the College, Dr. Thirlwell profited from these exemption letters. In a period of about three months, she earned between \$71,250 and \$427,500 depending on whether she charged \$50 (the lowest possible price in her family pricing chart) or \$300 (the price for the first letter of the first family member). Given that she charged \$300 for the first letter, Dr. Thirlwell likely earned closer to \$427,500 for these exemption letters during the three-month period.

[29] We rely on Dr. Belluzzo's opinion and conclude that Dr. Thirlwell failed to meet the standard of practice of the profession by: providing medical exemptions based on patients' stated fears instead of recognized medical contraindications; not documenting the basis for the exemptions; not challenging patients' fears; and not counselling patients regarding the risks of remaining unvaccinated, untested and/or unmasked. Dr. Thirlwell provided exemption letters for profit rather than based on medical contraindications. Such conduct would generally be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Patient privacy

[30] Dr. Thirlwell initially resisted providing the information requested by the College investigator as part of his investigation. She eventually provided some documentation on December 10, 2021. However, during a College interview with Dr. Thirlwell's assistant on May 20, 2022, it became clear that the documentation provided on December 10, 2021, was incomplete. The College then asked Dr. Thirlwell to provide further records. On July 25, 2022, Dr. Thirlwell provided the College with a complete copy of the contents of the Dropbox account where she kept her documents and records regarding exemptions.

[31] Dr. Thirlwell did not keep one complete chart for each patient. Instead, the individual components of the patient charts (intake documents, Dr. Thirlwell's notes, invoices and exemption letters, etc.) were stored in different places and in different formats. Dr. Thirlwell also used Excel spreadsheets to document patient information and clinical encounters. She stored all this patient information on a personal computer.

[32] In doing so, she violated the provisions of the *Personal Health Information Protection Act, 2004*, SO 2004, c. 3, Sched. A, which require that a health information custodian take reasonable steps to ensure that personal health information is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal (s.12).

[33] On September 9, 2021, a fellow passenger on a VIA rail train between Ottawa and Kingston overheard Dr. Thirlwell talking on the phone about COVID-19 exemptions. Dr. Thirlwell took a series of phone calls and spoke loudly in approximately six to ten telephone conversations over the course of approximately two hours. She identified herself by her full name and said that she was a registered psychiatrist with the College.

[34] Dr. Thirlwell's unprotected storage of patient information and loud patient telephone conversations in a public space do not meet the standard of practice of the profession and is conduct that is disgraceful, dishonourable or unprofessional.

Incompetence

[35] The College also alleges that Dr. Thirlwell is incompetent. To make a finding of incompetence under s. 52(1) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c. 18 (Code), a panel must be satisfied that the registrant's professional care of a patient displayed a lack of knowledge, skill, or judgment of a nature or to an extent that demonstrates that the registrant is unfit to practise or that the registrant's practice should be restricted.

[36] Many of the same facts that lead us to our finding of professional misconduct also support our finding of incompetence.

[37] Relying on the opinion of Dr. Belluzo, we conclude that Dr. Thirlwell displayed a lack of knowledge, skill and judgment in the issuance of over 1,400 exemptions during a three-month period. She issued exemptions without considering the College and Ministry of Health-issued guidelines, and she did not adequately document her patient visits. She provided exemptions based on patients' emotional distress, misinformation, unsupported claims of side effects, fears and unverified family medical histories. She failed to counsel patients on the risk of remaining unvaccinated, unmasked and untested. As a result, patients were exposed to harm.

[38] Dr. Thirlwell's lack of knowledge, skill and judgment is of such an extent that at the very least her practice should be restricted, especially considering her substantial deficits in professional judgment.

Failing to respond appropriately and within a reasonable time

[39] On October 8, 2021, a College investigator wrote to Dr. Thirlwell and requested a complete list of patients for whom she had completed a COVID-19 exemption, and the completed medical records for each patient. The College investigator requested this information by October 15, 2021. On October 15, 2021, the College investigator received an email from Michael Alexander, Dr. Thirlwell's then counsel, stating that the College lacked the jurisdiction to police medical exemptions, and that Dr. Thirlwell opposed any search of her office. He also added that a search would be "resisted physically, by private security, if necessary":

Regarding the prospect of search and seizure by College investigators at Dr. Thirlwell's office, I take the position on her behalf that this would be an illegitimate exercise of authority and it will be resisted physically, by private security, if necessary.

[40] On October 18, 2021, the College filed a notice of application with the Ontario Superior Court of Justice seeking an order that Dr. Thirlwell comply with the Code and cooperate with her regulator. Dr. Thirlwell subsequently retained different counsel and on November 4, 2021, consented to an order granting the relief sought by the College in its court application. On December 10, 2021, she provided a list of patients to whom she provided exemption letters, as well as her patient charts. As noted earlier, however, it became clear that the documentation of December 5, 2021, was incomplete. Dr. Thirlwell was asked to provide further records, which she did on July 25, 2022.

[41] While the communication of October 15, 2021, was sent by Dr. Thirlwell's then counsel, she is considered to have authorized her counsel to represent her and was bound by his actions (*Ismael v. Canada (Citizenship and Immigration)*, 2018 FC 1191 at paras. 42-43). We agree with the College's submission that the correspondence of October 15, 2021, contains the threat of an aggressive response. Such a response is an inappropriate response to a written inquiry from the College.

[42] Furthermore, while Dr. Thirlwell subsequently cooperated with the College and provided it with some documents, these were incomplete and necessitated additional

inquiries to obtain complete documentation, which was provided in July 2022, many months after the College's initial written request for the documentation in October 2021. This was an unreasonable amount of time to provide the requested information.

Penalty

Principles

[43] The most important goal of a penalty order is the protection of the public. Protection of the public has two components: the public must be protected from further misconduct by the physician; and the public must have confidence in the ability of the College, and the Tribunal, to govern the profession effectively and maintain public trust. Other penalty purposes include specific and general deterrence and rehabilitation where a safe return to practice is appropriate.

[44] The Tribunal summarized the factors to consider when deciding penalty: the seriousness of the misconduct, the physician's discipline history, the physician's actions since the misconduct, and the physician's personal circumstances. See *College of Physicians and Surgeons of Ontario v. Fagbemigun*, 2022 ONPSDT 22 at paras. 12-18 (affirmed *Fagbemigun v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 2642).

[45] The seriousness of the misconduct is usually the most significant factor to consider. The Tribunal will examine what the physician did, the physician's motivation, the number of times the misconduct happened, how long the misconduct lasted and the effects or potential effects of the misconduct on others. See *Fagbemigun* at para. 13.

Application to this case

[46] The College seeks revocation of Dr. Thirlwell's certificate of registration, as well as a reprimand.

[47] The misconduct in this case was serious and multi-faceted. Dr. Thirlwell issued 1,475 exemptions letters that did not meet medical standards and did so for personal financial gain. She failed to meet the standard of practice in the issuance of these exemption letters and in her documentation about these patient encounters. She failed to store sensitive patient information securely. Her misconduct then continued when the College requested information from her as part of its investigation. Rather than

cooperate with the investigation, she responded aggressively to the College's request. Dr. Thirlwell's conduct had a negative impact on the patients she saw as well as the public. She contributed to the propagation of health misinformation. As the College submitted, she enriched herself based on her patients' fears.

[48] The context during which Dr. Thirlwell's misconduct occurred is also relevant. As stated in *College of Physicians and Surgeons of Ontario v. Trozzi*, 2024 ONPSDT 2 at para. 34 (affirmed *Trozzi v. College of Physicians and Surgeons of Ontario*, 2024 ONSC 6096), the misconduct occurred during the COVID-19 pandemic, an event unprecedented in most of our lifetimes. Enabling individuals to avoid public health measure by feeding into health and science misinformation during a pandemic merits a serious penalty.

[49] Finally, we note that we also found Dr. Thirlwell to be incompetent, which by its definition indicates that her lack of knowledge, skill, or judgment is of such a nature or extent that she is unfit to practise, or at a minimum, that her practice should be restricted.

[50] Dr. Thirlwell does not have a discipline history. She does, however, have a history of appearing before the ICRC. There are three ICRC decisions that predate the misconduct in the current matter.

[51] In a decision dated October 16, 2019, the ICRC disposed of two investigations in Dr. Thirlwell's practice. Dr. Thirlwell was cautioned with respect to prescribing opioids as treatment for sleep disorders, for not recognizing substance use disorder, for practising out of scope with respect to chronic pain management, and for lack of professionalism in not responding to the College and other health care providers. Dr Thirlwell undertook not to prescribe narcotics and to take professional education in medical record-keeping and narcotic prescribing.

[52] In a decision dated April 14, 2020, the ICRC considered a patient complaint regarding Dr. Thirlwell's care and treatment. The ICRC accepted a remedial agreement from Dr. Thirlwell in disposing of this complaint, which included self-study education on (1) professional obligations and adherence to complementary medicine practice and, (2) the potential impact on patients regarding informed consent for complementary medicine.

[53] In a decision dated July 13, 2021, the ICRC disposed of an investigation into Dr. Thirlwell's provision of third-party reports. The ICRC noted concerns regarding the writing of third-party reports as well as deficiencies in Dr. Thirlwell's documentation, record keeping, boundaries with patients and third parties, and professionalism and communication including in her responses to the College. She was required to complete a specified continuing education or remediation program, which included completing a clinical communication course and self-directed learning on various topics, such as professionalism and documentation. Dr. Thirlwell unsuccessfully appealed this decision to the Health Professions Appeal and Review Board (*Thirlwell v. Fick*, 2023 CanLII 24020 (ON HPARB)).

[54] Prior ICRC dispositions do not constitute a prior discipline history. The ICRC decisions, however, demonstrate that Dr. Thirlwell has previously been cautioned about the need to communicate promptly and professionally, including with the College. The fact that she responded inappropriately to a College communication in the present matter, after having been previously cautioned against such, is concerning. Additionally, we note that Dr. Thirlwell has been directed and has undertaken to engage in multiple courses and self-study regarding her professional obligations, which do not appear to have resulted in any significant change to her practice.

[55] Dr. Thirlwell did not participate in the hearing. We therefore have no evidence of any personal circumstances or other mitigation factors that might be considered in respect of an appropriate penalty. We also have no evidence of a meaningful plan for change or evidence that Dr. Thirlwell is a suitable candidate for remediation. On the contrary, the evidence we have suggests that despite previous remedial orders and undertakings, Dr. Thirlwell engaged in the unprofessional conduct described in these reasons.

[56] The College compared Dr. Thirlwell's taking of money from patients for ill-considered COVID-19 exemptions to intentional improper billing, which often attracts the penalty of revocation. It is not necessary for us to decide whether this is an appropriate analogy. We accept that Dr. Thirlwell's actions were not impulsive, given that they continued for a three-month period, and that she put thought into her pricing strategy as reflected in her costing chart, which provided discounts for multiple letters and to family members.

[57] As stated in *College of Physicians and Surgeons of Ontario v. Gill*, 2021 ONCPSD 16 at para. 12, revocation is the most severe penalty which we can impose, yet it may be an appropriate penalty even when the misconduct has not been among the most serious.

[58] Ultimately, we find that the seriousness of the misconduct and the absence of any mitigating factors or meaningful plan for change are such that revocation is necessary for the protection of the public. As submitted by the College, it would be speculative to expect Dr. Thirlwell to make meaningful changes to her practice. Such speculation is furthermore likely misguided given that Dr. Thirlwell undertook rehabilitative action in the past without any apparent benefit.

[59] We also accept the College's submission that a reprimand be ordered. While it is unlikely that Dr. Thirlwell would attend an oral reprimand, the delivery of a written reprimand, which is public and posted on the College's website, will further denounce her misconduct.

Costs

[60] We accept the College's request that Dr. Thirlwell pay costs to the College of \$10,370. This represents the tariff for a one-day hearing as found in the Rules of Procedure. In our view, this is a very reasonable amount given the prior last-minute adjournments and Dr. Thirlwell's unresponsiveness, which resulted in the College proceeding by way of a request to admit.

Order

[61] We order:

Penalty

1. The Tribunal requires Dr. Thirlwell to be reprimanded. The reprimand will be delivered in writing with the fact and text of the reprimand to appear on the College's public register.

[62] The Tribunal directs the Registrar to revoke Dr. Thirlwell's certificate of registration effective February 12, 2026 at 12:01 a.m.

Costs

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2. The Tribunal requires the registrant to pay the College costs in the amount of \$10,370 by March 13, 2026.

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Tribunal File No.: 23-017

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Celeste Jean Thirlwell

Registrant

**The Tribunal delivered the following Reprimand
in writing on Wednesday, February 11, 2026**

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

Dr. Thirlwell,

You committed professional misconduct in both your care of patients and your interactions with the College and its investigative process. We found that you failed to maintain the standard of practice of the profession, failed to respond appropriately or within a reasonable time to a written inquiry from the College, and engaged in disgraceful, dishonourable, and unprofessional conduct. We also found that you are incompetent.

Central to our findings was your scheme to profit by writing COVID-19 vaccine, masking, and testing exemption letters for over fourteen hundred patients. Your patient assessments and documentation of these assessments prior to granting exemptions were incomplete, inappropriate and did not follow the College's guidelines. In addition, no counselling was provided to patients seeking exemptions regarding COVID-19 vaccination, testing, or masking, nor were they counselled on the risks of harm to themselves or to the public if unvaccinated, untested, or unmasked. Patients were directly billed inordinately high amounts, and family discounts were inappropriately offered for your services.

Your actions were undertaken with full awareness of established Public Health and College guidelines. In doing so, you demonstrated a serious lack of judgment and exposed patients and the public to harm.

Further, during the College's investigation, your communications were inappropriately aggressive, and your provision of requested documents was inadequate and incomplete, resulting in unnecessary and avoidable delays. This conduct showed a lack of respect for, and disregard of, the College as your regulator. You also failed to properly store patient information.

Prior appearances before the Inquiries, Complaints and Reports Committee had already made clear the importance of communicating professionally and promptly with the College. You were required to complete coursework and engage in self-directed study regarding your professional obligations. Despite these measures, concerns about your professionalism persist.

Your demonstrated lack of knowledge, skill, and judgment led us to conclude that you are incompetent. Your actions undermined the integrity of the profession, jeopardized public health measures during a global pandemic, and risked the trust the public places in physicians.

Given the seriousness of your misconduct, and in the absence of any evidence that rehabilitation would be effective, we have determined that revocation of your certificate of registration is the appropriate outcome.