

**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 Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct while assessing the Patient for and providing Medical Assistance in Dying (MAID) to the Patient.

The Patient's medical history is significant for an inflammatory bowel disease, associated surgeries, and mental health concerns. After applying for MAID, the Patient underwent assessments of his eligibility, completed by the Respondent and then a Nurse Practitioner. The Respondent conducted his assessment of the Patient outside a coffee shop. Both assessors found the Patient eligible for MAID under Track 2, which is designed for people whose death is not reasonably foreseeable, but who suffer intolerably from a grievous and irremediable medical condition.

The Respondent, at the Patient's request, drove the Patient to the MAID provision location before providing MAID to the Patient.

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

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 was concerned with the Respondent's approach to the assessment process, specifically discussing sensitive MAID-related matters in an informal public setting. Based on the Respondent's own account, other locations were not meaningfully explored at the time. In the Committee's view, this reflected a lack of the level of formality and care expected when assessing requests for MAID.

The Committee was also troubled by the Respondent's communications and degree of personal involvement with the Patient. The quantity and nature of the Respondent's text messaging with the Patient went beyond what was reasonably required to support the MAID assessment and arrange MAID provision, and included commentary on the Patient's family's views. In addition, the Respondent's decision to personally transport the Patient to the MAID provision location further raised concerns about professional boundaries. Taken together, these actions created a risk that the Respondent's involvement could be perceived as influencing the Patient.

The Committee noted that these boundary concerns were particularly significant given the inherent power imbalance in the physician-patient relationship. This risk is further heightened where a patient has mental health or substance use issues, as actions intended to be supportive may be experienced or perceived differently.

The Committee also acknowledged that the Respondent demonstrated some appropriate reflection in his responses to this complaint and committed to implementing certain changes. However, the Committee remained concerned that the Respondent did not demonstrate sufficient insight into how certain aspects of his care and conduct required further improvement. 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.

This is a summary of the Committee's decision as it relates to the Caution disposition.