

SUMMARY

DR. PHILIP ROLAND SOLOMON (CPSO# 68107)

1. Disposition

On February 17, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required otolaryngologist (head and neck surgeon) Dr. Solomon to appear before a panel of the Committee to be cautioned with respect to maintaining professional communications and boundaries with patients.

The Committee also issued advice to Dr. Solomon regarding his record-keeping, particularly regarding the importance of legibility, completeness, and comprehensiveness of his handwritten notes, and appropriate history-taking.

In addition, the Committee ordered Dr. Solomon to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Solomon to:

- complete the PROBE Ethics and Boundaries Program; and
- engage in self-directed learning by reviewing the College’s policies on *Consent to Treatment, Physician Behaviour in the Professional Environment, and Maintaining Appropriate Boundaries and Preventing Sexual Abuse* and submitting written summaries of his review to the College.

2. Introduction

The College received a complaint about Dr. Solomon’s cosmetic medical care of, and conduct towards, a patient who expressed concern about the cosmetic procedures (injection of fillers) that Dr. Solomon had performed, and about his medical records, as well as about his conduct towards her, which involved a high volume of text messages and e-mail correspondence, and included an altercation that took place in the parking lot of the hospital where Dr. Solomon works.

Dr. Solomon responded that his care was appropriate and that he did have the patient sign consents and did provide the filler documented in the consents. He denied that he and the patient ever had any interactions indicative of friendship other than his trying to provide her medical

care. Upon reflection, he realizes that their communication was excessive and ought to have been funnelled to more formal routes (i.e., office visits). He recalled the patient turning up at unscheduled times to see him, and that her behaviour was often threatening and uncooperative. He has no recollection of yelling at the patient in the hospital parking lot but he may have expressed his concerns and frustrations regarding her behaviour. Ultimately, Dr. Solomon noted, the patient was given a “no trespassing” order from the hospital given her agitated and threatening behaviour and profane language towards him and hospital staff.

3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College’s professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College’s website at www.cpsso.on.ca, under the heading “Policies & Publications.”

4. Committee’s Analysis

The Committee found that, while generally Dr. Solomon’s medical care was appropriate, and did not bear out the patient’s concerns (about the type of filler used, the negative outcome the patient experienced, lack of consent, lack of follow-up), his record-keeping could be improved in a number of ways and that it would be appropriate to provide advice to him in this regard.

The Committee was concerned that, while it was not in a position to make a credibility finding with respect to the differing accounts as to what occurred in the parking lot, it was nevertheless clear that Dr. Solomon failed to maintain appropriate professional boundaries in his communications with the patient, and thus it was appropriate to caution Dr. Solomon on this aspect of the complaint.

The Committee was also concerned that Dr. Solomon failed to maintain appropriate boundaries in the physician-patient relationship with the patient, and noted that there is objective evidence in the record (texts and emails) of communications from Dr. Solomon to the patient that he told her that she was a friend and that he cared about her. Dr. Solomon indicates in his response that his

reassurances to the patient were meant to be therapeutic in nature. The Committee found no information to suggest, nor did the patient allege, that Dr. Solomon's statements were indicative of an abuse of power, or sexual abuse. Nevertheless, the Committee believed that Dr. Solomon's remarks were imprudent, especially when one considers the sheer volume of the communications between Dr. Solomon and the patient, and the extent to which Dr. Solomon made himself available to the patient outside office hours. The Committee believed that Dr. Solomon would benefit from remediation to ensure he understands and maintains appropriate boundaries with patients in future.