

**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. Atputhanathan Richard Jeyaranjan (CPSO# 66131)  
Internal Medicine  
(the Respondent)**

## **INTRODUCTION**

The Complainant and a family member were both patients of the Respondent. Following an appointment in February 2022 for the Complainant's family member, which the Complainant also attended, the Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

## **COMPLAINANT'S CONCERNS**

**The Complainant was concerned that the Respondent:**

- **failed to appropriately address her family member's health care needs or appropriately treat her pain, despite her raising this concern on multiple occasions;**
- **exhibited rudeness, arrogance and spoke to the Complainant and her family member in a condescending manner;**
- **inappropriately reported the Complainant to the Ministry of Transportation (MTO), without any basis and for clinical reasons that were not congruent with her health history; and**
- **breached the Complainant's privacy and confidentiality by speaking to other patients about her health history.**

## **COMMITTEE'S DECISION**

The Internal Medicine Panel of the Committee considered this matter at its meeting of March 6, 2023.

The Committee required the Respondent to complete a specified continuing education or remediation program, to include professional education related to professionalism and ethics.

The Committee also required the Respondent to appear before a Panel of the Committee to be cautioned with respect to professional behaviour and maintaining patient confidentiality.

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**COMMITTEE'S ANALYSIS**

*Concern that the Respondent failed to appropriately address the Complainant's family member's health care needs or appropriately treat her pain, despite her raising this concern on multiple occasions*

Notwithstanding the Complainant's family member's continued concerns about her hand pain, the Committee took no further action on this aspect of the complaint, as the medical record supports that she was under care and treatment of a rheumatologist at the time.

*Concern that the Respondent exhibited rudeness, arrogance and spoke to the Complainant and her family member in a condescending manner*

The Committee is limited to a review of relevant documentation only and was unable to reach a definite conclusion, including what was said during any particular appointment. As a result, the Committee did not take any action on this concern but stated its expectation that physicians always communicate and conduct themselves in a professional manner.

*Concern that the Respondent inappropriately reported the Complainant to the MTO, without any basis and for clinical reasons that were not congruent with her health history*

The Complainant's medical record contains documentation of the interaction as: "Was uncontrollably violent on the way [out] after the visit." The MTO form includes sparse details, specifying only "violent outbursts of emotional instability", notably listed under the heading "Psychiatric Illness - Other". The Complainant's medical record shows no psychiatric history or concerns. The Respondent acknowledged that was the case but concluded that "one learns about it after the fact". He maintained that the MTO report was made to "prevent potential problems in the future" and was an inevitable consequence of the Complainant's actions.

The Respondent's rationale was artificial and unsupportable as he did not base his MTO report on any objective medical evidence, but rather on an argument with the Complainant. The Committee noted that this could be interpreted as an abuse of power granted to physicians to ensure safety of the public on the road. Additionally, there is no support in the record that the Respondent informed the Complainant that he was making such a report as he was required to do. He also provided no supporting

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documentation to the MTO, nor did he document his decision and the rationale for it in the Complainant's medical record.

The Respondent provided a copy of a letter he had drafted (but did not send) to the Complainant's place of employment, where the Complainant's family member is also employed. In the letter, the Respondent described the Complainant as "violent", and also referred to the Complainant's family member because she "stood by and watched". Notwithstanding the fact that the Respondent did not send the letter, the Committee noted that such a letter had a high probability of adversely affecting his patients' employment and was unjust and vindictive. The Committee opined that this reflected the Respondent's concerning attitude and views about his role as a physician.

*Concern that the Respondent breached the Complainant's privacy and confidentiality by speaking to other patients (another family member) about her health history*

The Respondent acknowledged contacting another family member of the Complainant, who was also his patient, and discussing the situation to "defuse" it; he claimed that no "specific personal details" were disclosed. The Committee was very concerned by this breach of patient confidentiality.

As a result of this investigation, the Committee had significant concerns about the Respondent's conduct and its potential impact on patient safety and the public interest. In the Committee's opinion, the Respondent required specific, focused remediation and professional education to achieve the following educational goals:

- diffusing tense situations in an appropriate, professional manner;
- understanding and ensuring he maintains patient confidentiality; and
- providing comprehensive documentation, including rationale, discussions, and any advice in relation to decisions to inform the MTO.

When the Committee originally considered this complaint, it believed that an undertaking and a caution in person would be the appropriate disposition. However, the Respondent disagreed and declined to provide such an undertaking to the College. Therefore, the Committee required the Respondent to undergo a specified continuing education or remediation program involving successful completion of one-to-one instruction in professionalism and ethics, self-study related to challenging communications, medical records documentation, protecting personal health information, and determining medical fitness to operate a motor vehicle.

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In addition, following successful completion of the program, the Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to professional behaviour and maintaining patient confidentiality.