

**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. Jai Jayaraman (CPSO #78814)
(the Respondent)**

INTRODUCTION

The Respondent provided care to the Patient who was airlifted to the hospital for assessment of facial and eye injuries after a physical assault. The Respondent saw and discharged the Patient, an Indigenous person, without instructions for follow-up care. The Complainant, a family member of the Patient, contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's care and conduct.

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of December 4, 2024. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to his unprofessional approach to patients, and the importance of providing trauma informed care and dealing with Indigenous patients in a culturally sensitive way.

COMMITTEE'S ANALYSIS

As part of the College's investigation, the Committee retained an independent Assessor who specializes in family and emergency medicine. The Assessor opined that the Respondent did not meet the standard of practice of the profession in his treatment of the Patient particularly with respect to his documentation of the patient encounter, which was incomplete and did not contain pertinent information about the assessment or adequate discharge instructions. The Assessor also opined that the Respondent displayed a lack of judgement by failing to document a pertinent history, physical examination, and discharge instructions. Finally, the Assessor opined that the Respondent's clinical practice may expose his patients to harm if the Respondent is not routinely assessing and documenting pertinent positive and negative findings of a patient's history and/or physical examination, and/or appropriate discharge instructions.

The Complainant identified concerns about the Respondent's conduct, including that the Respondent behaved in an unprofessional manner in that he:

- *dismissed the concerns of another caregiver regarding the care required for the treatment of the Patient's injuries*

- *exhibited bizarre behaviour, with a highly unprofessional bedside manner*
- *did not perform his due diligence regarding his care related to patient care*
- *used profane language when he spoke to the Patient during the patient encounter*
- *used a hospital prescription pad to provide non-medical instructions*
- *provided a lower standard of care given the Patient's Indigenous background*

The Committee found the allegations about the Respondent's behaviour troubling, and was further concerned given the Respondent's acknowledgment that he engaged in some of the behaviours which concerned the Complainant, and given some confirmation from nursing staff about aspects of the Respondent's behaviour.

The Committee was concerned that in his interaction with the Patient, the Respondent behaved inappropriately and failed to take a trauma-informed care approach, especially towards a patient who clearly had recently undergone a traumatic experience. Trauma-informed care includes practices that promote a culture of safety, empowerment, and healing.

The Committee was also concerned that, whether intentionally or not, the Respondent's interactions with the Patient, who is Indigenous, demonstrated anti-Indigenous bias or discrimination. It is well documented that anti-Indigenous racism exists in the health care sector. The Committee recognizes that colonization is one of the major social determinants of health for many Indigenous people.

Regarding the Respondent's clinical care of the Patient, the Committee agreed with the Assessor's conclusion that the Respondent's care of the Patient failed to meet the standard of practice of the profession as outlined by the Assessor.

The Committee determined that it would be appropriate to caution the Respondent based on the identified shortcomings in his professional behaviour and clinical care.