

**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. Martin Jugenburg (CPSO #86140)
(the Respondent)**

INTRODUCTION

The Respondent performed a Brazilian butt lift procedure on the Complainant in January 2020. In February 2021, the Respondent performed a second BBL and liposuction on the Complainant. The Complainant lives out of province and returned home to Alberta following the surgical procedures.

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 is concerned about the care and treatment she received from the Respondent in January 2020 and about his conduct. Specifically:

- **The Respondent did not do his best to help her during her first surgery in January 2020 and during her post-operative care at his clinic in Toronto, including his management of her cellulitis.**
- **The Complainant is concerned about the way the Respondent touched her buttocks when she was in the emergency department (ED) at Humber River Hospital, recovering from cellulitis.**

The Complainant is concerned about the care and treatment she received from the Respondent in February 2021 and about his conduct. Specifically:

- **The Respondent charged her for VASER treatment that he did not carry out.**
- **The Respondent discussed her with other patients.**

COMMITTEE'S DECISION

The Surgical Panel of the Committee considered this matter at its meeting of April 28, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to following up on out-of-province patients who experience difficulties and being mindful of patient privacy when engaging in social media use. The Committee also advised the Respondent to keep a log of after-hours interventions and to document prescriptions clearly in the medical record.

Lastly, the Committee stated its expectation that physicians explain to patients the reason for and technique of intimate examinations.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in plastic surgery.

Regarding the care in January 2020

The Assessor opined that the Respondent provided the Complainant with appropriate care in regard to her January 2020 surgery; however, he was unable to find any documentation of the calls the Complainant made to the nursing line when she was experiencing worse than expected post-operative pain and was consuming significant amounts of Percocet.

The Committee agreed that there was opportunity for improvement in this aspect of the Respondent's practice. The Committee decided to advise the Respondent to keep a log of after-hours interventions with patients and to document prescriptions clearly in the medical record.

Regarding the Respondent's assessment of the Complainant's buttocks

The Respondent described his care of the Complainant when he assessed her for signs of infection. He indicated that, with his hands on the Complainant's hips, he gently shook her body back and forth to see if the motion created any pain. The Respondent stated that it was his regular practice to explain to patients what the physical examination entailed and the reasons for the examination. He indicated that he believed he did so in this case.

The Assessor expressed the opinion that the Respondent failed to adequately explain the shake test to the Complainant and thereby caused her unnecessary anxiety. He stated that although the test did no physical harm to the Complainant, this did not meet the standard of care.

The Committee took no action on this area of concern but stated that it expected physicians to explain to patients the reason for, and the technique of, intimate examinations.

Regarding the Respondent's social media use

The Committee found it concerning that, in his communication with an unknown user on social media, the Respondent ran the risk of disclosing the Complainant's identity and thereby breaching her right to privacy. The Respondent's conduct in this regard was unacceptable, and it was particularly troubling to the Committee in light of his history with the College, which is fairly extensive. The Respondent should not be responding to patients' negative comments on social media platforms or speaking about his patients with other social media users.

The Committee decided to require the Respondent to appear before a panel of the Committee to be cautioned in regard to this aspect of his care, as set out above.

Regarding the Respondent's communication with the Complainant

In text messages to the Complainant after she returned to her home province, the Respondent advised her to exaggerate her symptoms to convince ED physicians to assess her for a post-surgical complication. The Respondent maintained that he would not direct a patient to make up symptoms that did not exist, but he acknowledged that he should always use a professional tone in his communication with patients and physicians.

The text message exchange was concerning to the Committee because it highlighted the Respondent's lack of management plan for out-of-province patients who develop a complication after returning home. The Respondent's plan should not be to counsel patients to exaggerate their symptoms to health care providers, but should involve contacting colleagues to engage their assistance in assessing the patient, which the Respondent eventually did in this case.

The Committee decided to add this issue to the caution that would be administered to the Respondent.