

**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. Mohammed Mehboob Elahi (CPSO# 72950)
Otolaryngology - Head and Neck Surgery, Plastic Surgery
(the Respondent)

INTRODUCTION

The Complainant was referred to the Respondent for bilateral breast reduction (BBR). At the consultation, the Respondent discussed the BBR (OHIP-insured, subject to pre-approval) and the possibility of additional cosmetic liposuction of the axillary folds (not OHIP-insured). The Complainant was subsequently pre-approved for BBR and indicated that she wished to proceed with both surgeries.

COMPLAINANT'S CONCERNS

The Complainant was concerned that the Respondent conducted himself and his office in an unprofessional and disorganized manner. Specifically, that he:

- **failed to ensure complete and accurate documentation in her chart about an OHIP-funded BBR and quotes for out-of-pocket cosmetic procedures, which resulted in her receiving conflicting and confusing information every time she had contact with him and his office;**
- **promoted cosmetic procedures not covered by OHIP, and failed to provide a written quote for the cosmetic procedures he recommended despite multiple requests;**
- **offered to move her procedure to his private clinic for an added fee, and then refused to book her when she called to make the arrangements and pay her deposit; and,**
- **used her fears that the breast reduction procedure would result in breasts that were too small, and her vulnerability as a person with autism, to intimidate and confuse her into electing a fully cosmetic procedure with its associated out-of-pocket fees.**

COMMITTEE'S DECISION

The Surgical Panel of the Committee considered this matter at its meeting of June 2, 2023.

The Committee required the Respondent to appear before a Panel of the Committee to be cautioned regarding ethical, honest, and clear communication with patients and

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regarding his apparent knowledge gap of the OHIP guidelines in Ontario, which do not reference weight of breast tissue to be removed. In addition, the Committee required the Respondent to ensure that his office staff are adequately trained and that a set fee schedule and written quotes for uninsured services are available, to avoid any confusion.

COMMITTEE'S ANALYSIS

Concern that the Respondent failed to ensure complete and accurate documentation in the Complainant's chart about an OHIP-funded BBR and quotes for out-of-pocket cosmetic procedures, which resulted in her receiving conflicting and confusing information every time she had contact with him and his office and

Concern that the Respondent promoted cosmetic procedures not covered by OHIP, and failed to provide a written quote for the cosmetic procedures he recommended despite multiple requests

The Committee is of the view that the messages and documentation related to the Complainant's procedures and fees were extremely confusing. Several staff members were communicating with the Complainant, resulting in mixed messages and inconsistent information provided. While the Committee recognizes that staff turnover has been a real issue in health care, ultimately the Respondent is responsible for any erroneous information his staff provided to the Complainant. The Committee noted that the Respondent should focus on clear communication, documentation of costs and options, and ensure that his staff are adequately trained to be able to communicate correct information in an efficient manner to his patients.

Concern that the Respondent offered to move the Complainant's procedure to his private clinic for an added fee, and then refused to book her when she called to make the arrangements and pay her deposit

An axillary tail liposuction is a standard cosmetic procedure added to BBR surgery. It is not unreasonable that the fee for the liposuction would be higher if carried out in a private facility, to cover the higher cost incurred in the out-of-hospital setting.

The Committee notes that the Complainant's social media posts upset the Respondent and led him to consider whether to end the physician-patient relationship. He, instead, decided only to offer the hospital option for the Complainant's surgery. The Respondent's staff relayed this message to the Complainant; however, no reasons were

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provided; rather, staff stated that “these procedures” were not being offered in the clinic at that time.

The Respondent acknowledged that he missed an important opportunity to express his concerns to the Complainant in a transparent way. He confirmed that he is in the process of completing a conversations course, to improve his handling of “uncomfortable” conversations.

The Committee is of the view that the decision to offer only the hospital-setting procedure option was poorly handled, leaving the Complainant more confused as she was not given clearly articulated reasons. This unfortunately exacerbated the already inconsistent communication involving procedures and fees.

Concern that the Respondent used the Complainant’s fears that the breast reduction procedure would result in breasts that were too small, and her vulnerability as a person with autism, to intimidate and confuse her into electing a fully cosmetic procedure with its associated out-of-pocket fees

The Respondent adamantly denied that he treated the Complainant unfairly or differently or attempted to take advantage of her because of her autism. The Committee notes that the Complainant’s autism (and needing more medication because of it) was referenced, albeit very briefly and only once in the record, in the transcript of the telephone conversation between the Respondent and the Complainant. As such, the Committee is of the view that this particular concern is not supported and will take no further action with respect to it.

The Respondent stated that his goal was to discuss the Complainant’s surgical options with her as part of the informed consent process. He further indicated that, for an OHIP-insured BBR, a sufficient amount of breast tissue needs to be removed to provide symptom relief (e.g., back, shoulder, or neck pain, etc.). Depending on the patient’s frame and breast size, he typically uses a benchmark of 250 to 300 g of breast tissue for each breast.

Despite the Respondent’s statement that he considers the patient’s pre-operative breast size and weight/height, there was no information to show that it was done in the current case. Removal of 250 to 300 g of tissue per breast on, for example, a 5 ft 100 lb frame, is clearly not the same as on a 5'8 160 lb frame. The Committee confirms that there are weight requirements in effect in some Canadian provinces, but not in Ontario. OHIP has no weight guidelines but rather requires that a surgeon sign a form that the patient is

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experiencing associated symptoms. The Committee notes that this is not a nuanced rule; rather, it is well established and known to the profession.

The Committee has significant concerns about the misleading statements made to the Complainant referencing weight, by both the Respondent (*"the 250 g as a minimum"* in his consultation note), and his staff (*"no fee for breast reduction as long as we are removing 250 grams"*, *"For a breast reduction there is no fee regarding you allow [sic] 300 g to be removed to reduce pain"*). This information is not correct in the province of Ontario.

Additionally, the Committee is troubled by the Respondent's explanation that some patients are unhappy following the OHIP-insured BBR, giving no idea to an individual patient as to what their result might look like. The Committee finds concerning the communication from the Respondent's office suggesting that *"If you would like to conserve some breast tissue...this is fully cosmetic"* and *"if you would like to not remove the full 300 grams and control your breast size after surgery this would be considered a breast lift."* Telling patients that they may be disappointed by the BBR results (i.e., by being "too small") is very problematic. While the Respondent accurately stated that the patient's bra size is unpredictable, suggesting that a cup size "F" would come down to a cup size "A/B" is simply inaccurate. It appears that the Complainant's new plastic surgeon indicated that she could remain a cup size "D" post-operatively, which is reasonable.

Given the nature of the concerning aspects of the Respondent's management of the Complainant, the Committee determined that a caution in person as outlined above was required.