

SUMMARY

DR. RICHARD HENRY (CPSO# 63132)

1. Disposition

On July 11, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered anesthesiologist Dr. Henry to attend at the College to be cautioned with respect to not maintaining boundaries with a patient (including by making inappropriate comments and sharing personal information), and not ending the physician-patient relationship when he recognized the patient's transference issues. The Committee also ordered Dr. Henry to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Henry to:

- attend and successfully complete the next available session of the PROBE Canada course; and
- review the College policy on *Maintaining Appropriate Boundaries and Preventing Sexual Abuse*, the *Medicine Act* 1991 Section IV on accepting gifts from patients, and the College's Practice Guide.

2. Introduction

A patient complained to the College that during the course of treatment, Dr. Henry failed to refer her to another physician when the patient declared an attraction towards him. The patient was also concerned that Dr. Henry encouraged affection towards him, including by flirting, sharing personal information, directing the patient to a family member to buy a product, accepting gifts, touching the patient inappropriately, and attending an activity the patient participated in.

Dr. Henry denied any impropriety or boundary issues with the patient, or any flirtatious behaviour. He admitted that he advised the patient to contact his family member with regard

to buying a cream which was unavailable commercially. He denies inappropriate touching/contact, accepting gifts or attending the patient's social activities.

3. Committee Process

A General 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.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee noted that the patient was vulnerable and relied on Dr. Henry for pain management, and appeared to have developed transference issues with respect to Dr. Henry. Given this transference reaction, in the Committee's view, Dr. Henry should have advised the patient that the e-mails sent to him (which there is no indication he responded to) were unwelcome and inappropriate, should have immediately noted in the chart/reported the issues he was experiencing with the patient (including any emails received), and should have referred the patient to another physician as soon as the transference issues became clear. Furthermore, while the Committee appreciated that Dr. Henry did not open the letter that the patient gave to him, it noted that he should not have accepted the letter in the first place.

Although Dr. Henry suggested that he did not believe the patient would be able to receive the care required from another physician, the Committee was not convinced that this would have been the case, and did not consider this reason to be a justification for continuing the physician-patient relationship once the patient admitted having feelings for him. In the Committee's view, Dr. Henry did not have an appreciation of what it meant to maintain appropriate boundaries with the patient, even though he himself noted in the record that the patient was "troubled." It is clear that Dr. Henry's behaviour (i.e. revealing personal

information) only served to nurture the patient's perception (whether accurate or not) that he had feelings for the patient. Furthermore, while Dr. Henry states he did not keep gifts, it does not appear that he communicated this to the patient, as the patient was left with a different impression. Overall, the Committee was concerned that Dr. Henry allowed the patient to continue the infatuation with him, without ending the physician-patient relationship and referring the patient to another physician, and without taking any proactive steps to discourage the patient's advances. As such, the Committee felt that Dr. Henry needed to be cautioned, as outlined above, and to undergo remediation with respect to maintaining appropriate boundaries.