

**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 Complainant was previously a patient of the Respondent. She obtained her patient chart through her lawyer as part of a class action lawsuit against the Respondent. Upon reviewing her chart, the Complainant found that her signature had been forged on a waiver form for a medical device. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's care and conduct.

## **COMPLAINANT'S CONCERNS**

<p><b>The Complainant is concerned that her signature was forged on a form entitled "Product Claim Form and ConfidencePlus® Warranty Release" that is part of her patient chart with the Respondent.</b></p>
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## **COMMITTEE'S DECISION**

A General Panel of the Committee considered this matter at its meeting of February 3, 2021. The Committee required the Respondent to appear at the College to be cautioned in person with respect to office management and in particular his responsibility to supervise employees to ensure informed consent and accuracy and integrity of records in the patient chart.

## **COMMITTEE'S ANALYSIS**

According to the Respondent, the signature on the form was forged by an employee. The Respondent said this occurred without his knowledge or involvement. The Committee did not have any direct confirmation from the Respondent's former employee that this is what occurred.

The Respondent acknowledged his responsibility for the actions of his staff, however, and indicated that he has reinforced with them the expectation that patients personally sign or authorize the signing of any form requiring their signature.

The Committee noted that under Ontario Regulation 856/93 made under the *Medicine Act, 1991*, signing or issuing, in a professional capacity, a document that the physician knows or ought to know is false or misleading is considered an act of professional

misconduct. The Committee remarked that, given the Respondent's responsibility for the actions of his employees, one could extrapolate that the Respondent had issued the document which he ought to have known was false, which would constitute professional misconduct under the above-noted legislation.

The Committee noted that if what occurred in the Complainant's case were an isolated incident, a lower level disposition might be appropriate. The Committee pointed out, however, that the Respondent has a significant history with the College, including one previous and one current referral to the Discipline Committee. In the previous referral, the Discipline Committee found the Respondent to have committed an act of professional misconduct related to privacy breaches, improper use/posting of photographic images on social media without patient consent, and inappropriate use of video surveillance devices.

The Committee determined that the Respondent's history suggested a more widespread lack of insight and lack of regard for patient privacy and consent issues and decided that it would be appropriate to caution the Respondent in this matter.