

**Indexed as: Cooper (Re)**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** an Application to  
Reinstate a Certificate of Registration,  
Revoked by order of the Discipline Committee of  
the College of Physicians and Surgeons of Ontario in a  
Decision dated August 1, 1991, and  
enacted June 7, 1993.

**BETWEEN:**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**-and-**

**DR. ALFRED JOSEPH COOPER**

**PANEL MEMBERS:** DR. L. ROBINSON (CHAIR)  
DR. J. CURTIS  
DR. A. RAPOPORT  
F. HOSHIZAKI

**HEARING DATE:** MAY 26, 1995  
APRIL 15, 1996

**DECISION/RELEASED DATE:**

NOVEMBER 15, 1996

## **DECISION AND REASONS FOR DECISION**

An Application for an order to reinstate the certificate of registration of Dr. Alfred J. Cooper was heard before the Discipline Committee of the College of Physicians and Surgeons of Ontario at Toronto on May 26, 1995, and continued on April 15, 1996.

At the outset of the hearing, an order was made at the request of the College that the identity of the patient involved in the case not be made public.

### **The Background**

Dr. Cooper's licence to practise medicine was revoked by the Discipline Committee in August 1991. He was found guilty of professional misconduct arising from a 1989 criminal conviction for trafficking in a narcotic; sexual misconduct with a patient; and conduct relevant to the practice of medicine that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Dr. Cooper subsequently appealed the decision of the Discipline Committee in the courts, but the revocation of his licence was upheld.

### **The Issue**

The application for reinstatement comes to the Discipline Committee pursuant to sections 72 and 73 of the Health Professions Procedural Code. Although these provisions grant authority to the

Discipline Committee to make an order that a certificate of registration should be issued (with or without specified terms, conditions and limitations) where it has previously been revoked for professional misconduct, no criteria are specified. In previous cases this Committee has held that the decision to reinstate a certificate of registration must be governed by whether or not it would serve the public interest so to do. This Committee agrees with that principle and acknowledges that it is the responsibility of the Committee to determine whether Dr. Cooper's certificate should be restored.

#### **The factors considered by the Committee**

The Committee reviewed the reasons for the decision of the Discipline Committee in 1991, and considered all the evidence in assessing Dr. Cooper's application for reinstatement. In coming to its decision whether to grant or refuse Dr. Cooper's application, the Committee has particular regard for the following facts:

1. The background of the case and the severity of the offences;
2. Letters in support of Dr. Cooper's application from the medical community and members of the public, including the mayor and a member and former Chair of the Hospital TNG Board, together with a lengthy petition to that effect containing some 600 signatures;

3. A colleague who is not a family physician, but has practised General Pathology, Pediatrics and F.P. dermatology in Timmins for the past 17 years, has undertaken to monitor Dr. Cooper's practice and continuing medical education. However, no specific outline or plan for such monitoring has been developed;
4. Dr. Cooper presented some possible options but no detailed proposal as to the basis upon which he would resume practice. He hopes to obtain a position as full-time medical director of a Community Health Centre but, if this is not forthcoming, he will attempt to establish his own private practice. Dr. Cooper told the Committee that he does not intend to practise anaesthesia again, and accepts that he will be restricted from prescribing narcotics.
5. Dr. Cooper provided a description of his educational efforts to date and his plans for the future. He has taken courses in Diabetes Education and is employed as a Diabetic Educator for the Community Health Centre; he is working towards becoming a Certified Diabetes Educator. He reads medical journals for a minimum of 2 hours a week, and has been studying regularly a current Handbook of Clinical Medicine. He stated that he will make arrangements for a more formal refresher course, following which he may consider a medical directorship of the above named Health Centre, which was previously offered to him predicated on reinstatement of his certificate of registration, if it is available;
6. The psychiatric and psychological reports pertaining to Dr. Cooper:

**Dr. BAF, psychologist at the Clarke Institute, concluded:** *"To sum up, Dr. Cooper is functioning in the superior range of intelligence, with no indications of impairment. There is no evidence of serious psychiatric disorder. Underlying conflicts and characterological traits remain, but defences and controls are highly effective at present. Consequently there is no tendency towards acting out or experience of psychological disturbance."*

**Dr. CFE, forensic psychiatrist at the Clarke Institute, concluded:** *"In my opinion, however, I feel he does have a mixed personality disorder with an odd combination of narcissistic and inadequate features....Although I feel the likelihood of Dr. Cooper ending up in a situation similar to the one which resulted in revocation of his licence is somewhat remote, nonetheless, I am concerned by his overall perception of events and the attribution of blame. Dr. Cooper could do with some counselling in this area"; and*

7. Dr. Cooper had neither arranged, nor attended for, counselling, as recommended by Dr. CFE, and had made no plans to do so.

## **The Conclusion**

It is apparent that Dr. Cooper enjoys widespread support within the Timmins community, notwithstanding his past transgressions. His return to medical practice has the potential to

benefit his fellow citizens.

The Committee accepts the opinion of Dr. CFE and Dr. BAF that there is no evidence that Dr. Cooper has serious psychiatric disorder and that he is unlikely to reoffend; however, it is troubled by the description of Dr. Cooper's continued rationalizations and justifications for his behaviour, suggesting a lack of insight as part of a mixed personality disorder. Every effort must be made to ensure that the public interest is secure. Dr. Cooper's need for structure that is controllable, as described in the psychological report, could be met by his practising in a group practice or clinic setting. Regular interaction with a mentor/monitor would provide him with a supportive environment in which to practise in an ethical manner and to maintain his medical skills. While there is no evidence that Dr. Cooper's clinical ability falls below the accepted standard, his absence from practice since 1993 and his lack of routine over the years in pursuing continuing medical education activities is a cause for concern.

It is agreed by all parties that Dr. Cooper should be prohibited from prescribing narcotics and from practising anaesthesia. There is, however, no evidence before the Committee that he has misused the separate category of 'controlled drugs' (benzodiazapines, berbituates and anabolic steroids) and thus no justification to preclude him from so prescribing.

Having considered all the circumstances, the Committee decided that the public interest would be served by granting Dr. Cooper's request for reinstatement of his certificate of registration, subject to certain terms and conditions and limitations.

## **The Decision**

The Discipline Committee directs the Registrar to issue a certificate of registration to Dr. Alfred Joseph Cooper and to impose the following terms, conditions and limitations on the certificate of registration:

### **Assessment and Treatment**

1. (1) Prior to the issuance of the certificate of registration, Dr. Cooper shall undergo an assessment by a psychotherapist acceptable to the Registrar in order to develop a treatment plan for Dr. Cooper.
- (2) Prior to the issuance of the certificate of registration, Dr. Cooper shall commence treatment under the plan developed for him. Dr. Cooper shall then follow this treatment plan developed for him under subsection (1) above.

### **Therapist**

2. (1) Prior to the issuance of a certificate of registration, a therapist acceptable to the Registrar shall give an undertaking in writing to the Registrar.

- (2) In the undertaking, the therapist shall agree to administer the treatment plan for two years from the date the certificate of registration is issued and to submit written reports to the Registrar, in a form satisfactory to the Registrar, every 6 months for two years from the date the certificate is issued, the first of such reports to be submitted prior to the issuance of the certificate of registration. The reports are to indicate whether:
- (a) Dr. Cooper is adhering to the treatment plan, and
  - (b) the therapist has observed anything suggesting that Dr. Cooper is unsuited to practise medicine.
- (3) The following exceptions apply to the therapy and shall be contained in the therapist's undertaking:
1. If Dr. Cooper is adhering to the treatment plan, and the therapist has not observed anything suggesting that Dr. Cooper is unsuited to the practice of medicine, but has observed something which suggests that Dr. Cooper may benefit from further therapy, the therapy and reports shall continue beyond two years for such longer period as the Registrar considers indicated in light of the therapist's report.
  2. Even if the therapist is of the opinion that therapy is not required, or is no longer required, Dr. Cooper shall continue to present himself to the therapist

for further assessment every six months for the two year period.

### **Mentor/Monitor**

3. (1) Prior to the issuance of the certificate of registration, Dr. Cooper shall retain a member of the College of Physicians and Surgeons of Ontario acceptable to the Registrar as a mentor/monitor, preferably a member who is a certificant of the College of Family Physicians of Canada.
- (2) Before the certificate of registration is issued, the Registrar shall be satisfied that the mentor/monitor understands correctly the purpose of his or her duties and responsibilities, including the information required in the reports described in subsections 3(5) and 3(6) below and the forms the reports should take.
- (3) For the period of three years, Dr. Cooper and the mentor/monitor shall meet for a minimum of 90 minutes a session to review charts chosen by Dr. Cooper and to discuss the clinical and ethical issues arising from the charts.
- (4) There shall be a session during each month for the first 12 months after Dr. Cooper commences practice and there shall be a session every three months for the following two years.

- (5) Before the certificate of registration is issued, the mentor/monitor shall undertake to the College in writing: (i) to be a mentor/monitor for Dr. Cooper in accordance with this order, and (ii) to submit written reports to the Registrar as required by this order, in a form satisfactory to the Registrar, indicating whether:
- (a) Dr. Cooper is attending the meetings required by this order, and
  - (b) the mentor/monitor has observed anything suggesting that Dr. Cooper is not practising in an acceptable and ethical manner.
- (6) The mentor/monitor shall submit one such report within 120 days after Dr. Cooper commences practice and one such report every three months until there have been four reports and, thereafter, the mentor/monitor shall submit one such report every six months until three years of mentoring/monitoring have passed in total.

### **Narcotics**

4. Dr. Cooper shall not prescribe narcotics and, before the certificate of registration is issued, he shall provide a written undertaking to the Registrar not to prescribe narcotics and a written confirmation to the Bureau of Drug Surveillance that he is not entitled to prescribe narcotics.

## **Anaesthesia**

Dr. Cooper shall not practise anaesthesia.

## **College of Family Physicians of Canada**

6. (1) Within 60 days of the issuance of the certificate of registration, Dr. Cooper shall join the College of Family Physicians of Canada and provide evidence to the Registrar that he has done so.
  
- (2) Dr. Cooper shall thereafter maintain his membership in, and adhere to the annual continuing medical education requirements of, the College of Family Physicians of Canada.
  
- (3) Each year, within 30 days of renewing his membership, Dr. Cooper shall provide written evidence to the Registrar of his renewal of membership in, and adherence to the annual continuing medical education requirements of, the College of Family Physicians of Canada.