

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Crozier, this is notice that the Discipline Committee ordered that there shall be a ban on publication of the name and any information that could disclose the identity of Patient C referred to orally or in the exhibits filed at the hearing under subsection 45(3) of the *Health Professions Procedural Code* (the *Code*), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. The Committee also ordered that there shall be a ban on the publication, including broadcasting, of the names of the sexual abuse complainants Patients A and B, or any information that could identify Patient A and B, pursuant to s. 47(1) of the *Code*.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

(a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or

(b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Crozier, 2016 ONCPSD 43

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

IN THE MATTER OF a Hearing directed by the Inquiries, Complaints and Reports Committee of the
College of Physicians and Surgeons of Ontario pursuant to Section 26(1) of the **Health Professions
Procedural Code** being Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as
amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. ROBERT SAMUEL CROZIER

PANEL MEMBERS:

**DR. E. STANTON (CHAIR)
MR. S. BERI
DR. M. DAVIE
MR. P. GIROUX
DR. J. WATTERS**

**COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF
ONTARIO:**

MS. A. CRANKER

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MR. J. KOZIEBROCKI

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MR. R. COSMAN

PUBLICATION BAN

Hearing Date: October 17, 2016

Decision Date: October 17, 2016

Release of Written Reasons: December 12, 2016

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on October 17, 2016. At the conclusion of the hearing, the Committee stated its finding in a written order that Dr. Robert Samuel Crozier committed an act of professional misconduct and made an order as to penalty and costs with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Crozier committed an act of professional misconduct:

1. under clause 51(1)(b.1) of the Health Professions Procedural Code which is schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”), in that he engaged in sexual abuse of a patient;
2. under paragraph 1(1)33 of O. Reg. 856/93, in that he has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and
3. under clause 51(1)(a) of the Code, in that he has been found guilty of an offence that is relevant to his suitability to practise.

RESPONSE TO THE ALLEGATIONS

Dr. Crozier admitted the allegations in the Notice of Hearing, that he committed an act of professional misconduct in that: he engaged in sexual abuse of patients; engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable,

or unprofessional; and, has been found guilty of an offence that is relevant to his suitability to practise.

THE FACTS

The following facts are set out in an Agreed Statement of Facts and Admission, which was filed as an exhibit and presented to the Committee:

PART 1 – FACTS

Background

1. Dr. Robert Samuel Crozier (“Dr. Crozier”) is a physician who received his certificate of registration authorizing independent practice in 1986, with a specialty in psychiatry. Dr. Crozier was practicing in London, Ontario. Dr. Crozier was born in October of 1955.

Patient A

2. Patient A began seeing Dr. Crozier for psychiatric care in January of 2007 and attended appointments with him regularly until December of 2013. Attached at Tab A of the Agreed Statement of Facts and Admission is a copy of Patient A’s chart and her OHIP records.
3. Dr. Crozier’s primary diagnosis for Patient A was major depression.
4. On a date in early December 2013, Patient A attended Dr. Crozier’s office for a scheduled appointment. At the end of the appointment Dr. Crozier and Patient A hugged while sitting on the couch within the office. Dr. Crozier then fondled Patient A’s breast. Dr. Crozier stopped for a short time. He then moved his hands up inside of Patient A’s shirt and began fondling her breasts and nipple. He asked her if she liked this, to which she stated “No”. Dr. Crozier then asked if she had experienced an orgasm before, advising that it relieved stress.

5. Patient A then left the couch, stood up and put her coat on. As Patient A was leaving the office she advised Dr. Crozier she was uncomfortable about what had occurred, at which time he apologized and stated that he had made a huge mistake. Patient A then left the office.
6. Patient A returned home and subsequently reported the incident to the police who investigated the matter.
7. Subsequently Dr. Crozier was interviewed on a later date in December 2013 wherein he admitted to police to several aspects of this incident and was arrested accordingly for sexual assault. Dr. Crozier was released with conditions including that he not contact Patient A.
8. Later that day, Patient A was in her home and at approximately 6:46 p.m. she received a phone call from a number that Patient A recognized as being the number of Dr. Crozier's work place. Patient A did not answer this call and Dr. Crozier's voice was subsequently heard to be leaving a message for her.
9. Over the next two hours Dr. Crozier proceeded to contact Patient A ten more times leaving five more voice messages for her begging for forgiveness, in violation of his release conditions.
10. On October 9, 2014 Dr. Crozier pled guilty to the sexual assault of Patient A. He was sentenced to four months in custody and probation for two years. Dr. Crozier was further required to comply with the Sexual Offender Registry for a period of ten years. Attached at Tab B of the Agreed Statement of Facts and Admission is a transcript of the proceedings on plea on October 9, 2014.

Patient B

11. Patient B began seeing Dr. Crozier for psychiatric care in February of 2005 and attended appointments with him regularly until November of 2013. Attached at

Tab C of the Agreed Statement of Facts and Admission is a copy of Patient B's chart and her OHIP records.

12. In September of 2013, Dr. Crozier, in communication to Patient B's insurer, provided the following diagnoses of Patient B: Axis 1: Generalized Anxiety Disorder (severe), Depressive Disorder; Axis 2: obsessive compulsive disorder and Axis 4: unable to work or to care for her family or herself at home.
13. On a date in November 2013, Patient B attended Dr. Crozier's office for a scheduled appointment.
14. During the appointment Dr. Crozier asked Patient B if she wanted a hug. Dr. Crozier came over to Patient B and sat down on the couch next to her. Dr. Crozier hugged Patient B and touched her breast with his hand. Dr. Crozier then hugged Patient B again and touched her breast with his hand again. Patient B attempted to brush away Dr. Crozier's hand.
15. Dr. Crozier told Patient B that she had been through so much and that he wanted to give her another hug. Dr. Crozier indicated that he was thinking that Patient B could take off her top. Patient B replied that she felt this was highly inappropriate.
16. Patient B told Dr. Crozier that she needed to get going as she had a pot roast on for dinner but that she needed a new prescription.
17. Dr. Crozier told Patient B that he hoped she could forgive him if he had been inappropriate.
18. Patient B returned home and told her husband, Mr. X, what had transpired. Mr. X called Dr. Crozier's office asking for a call back. Dr. Crozier returned Mr. X's call and admitted to "crossing the line" with Patient B. Dr. Crozier called back shortly thereafter on two occasions, apologizing and inquiring if Patient B would return to see him.

19. Dr. Crozier subsequently left two voice messages at Patient B's home, apologizing and attempting to explain his behaviour.

Patient C

20. Patient C first met Dr. Crozier on a date in November 1993 further to a referral from her family physician. Dr. Crozier saw Patient C for regular appointments until May 2000. He took over from her family physician the prescribing of medications to Patient C to address her anxiety.
21. In March of 1997 Dr. Crozier's daughter was born with serious health problems. In or about this time period, Patient C offered comfort to Dr. Crozier and he accepted, holding her hand and sitting beside her on the couch during her sessions. Dr. Crozier also accepted comforting touches on the shoulder from Patient C on at least one occasion.
22. Dr. Crozier accepted Patient C's offer to speak about his stress and he did so, discussing his daughter's health, the impact upon him (including his use of alcohol) and other aspects of his personal life including his marital difficulties. During these discussions Dr. Crozier sat beside Patient C and held her hand while they talked. This occurred at several appointments in 1997.
23. Over the course of the next two years, Patient C advised Dr. Crozier that she had developed feelings for him. Patient C attended unannounced at Dr. Crozier's home on two occasions.
24. Dr. Crozier did not take steps to discharge Patient C from his practice until September of 2006.
25. Dr. Crozier ceased practicing in 2000 for approximately two years due to alcohol abuse. Prior to the completion of treatment for his substance abuse disorder, Patient C asked Dr. Crozier for money. Patient C told Dr. Crozier that she needed money because her family was not doing well financially. She

threatened to report Dr. Crozier to the College for his boundary crossings with her in 1997 and for his alcohol use if Dr. Crozier did not provide her with money.

26. Dr. Crozier provided Patient C with several thousand dollars in 1997. Thereafter Patient C continued to threaten Dr. Crozier and ask him for money. He continued to pay her with the exception of two years until the fall of 2013.
27. Dr. Crozier received residential treatment for alcohol abuse (substance abuse disorder) in 2000 and 2001. He returned to the practice of medicine in the middle of 2002. Upon his return to practice, Dr. Crozier saw Patient C for appointments from July 2002 to September 2006.
28. Dr. Crozier estimates having paid Patient C a total of approximately \$150,000.
29. Attached at Tab D of the Agreed Statement of Facts and Admission is a copy of Patient C's Medical Records.
30. The allegations with respect to Patient C came to the College's attention in July of 2014 through a third party.

ADMISSION

31. Dr. Crozier admits the facts stated above and acknowledges that he engaged in professional misconduct, specifically:
 - (a) that he has been found guilty of an offence that is relevant to his suitability to practise with respect to Patient A, under clause 51(1)(a) of the Health Professions Procedural Code which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;

- (b) that he engaged in sexual abuse of patients A and B, pursuant to clause 51(1)(b.1) of the Health Professions Procedural Code which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18; and
- (c) that he engaged in conduct that is disgraceful, dishonourable or unprofessional, pursuant to paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”) with respect to Patients A, B and C.

FINDINGS

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee found that Dr. Crozier committed an act of professional misconduct in that: he engaged in sexual abuse of patients; he engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional; and, he has been found guilty of an offence that is relevant to his suitability to practise.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order.

The proposed order, which the Committee accepted, consists of the following:

1. Dr. Crozier’s certificate of registration is to be immediately revoked.
2. Dr. Crozier is to appear before the Committee to be reprimanded.

3. Dr. Crozier is to reimburse the College in the amount of \$32,120.00 for funding provided under section 85.7 of the Code for therapy for Patients A and B by posting an irrevocable letter of credit or other security acceptable to the College by November 17, 2016.
4. Dr. Crozier is to pay costs to the College in the tariff amount of \$5,000.00 for the partial costs of the one day of hearing.

The law is clear that when adversarial parties propose a joint submission on penalty: the Committee must accept it unless to do so would bring the administration of justice into disrepute or is otherwise contrary to the public interest. It is the Committee's duty to ensure that the jointly proposed penalty will satisfy the penalty criteria established by the courts. These include protection of the public, specific and general deterrence, denunciation of the misconduct, maintenance of the public confidence in the medical profession and its capability to regulate in the public interest and, in so far as possible, rehabilitation of the member.

Revocation of Dr. Crozier's certificate of registration will protect the public. Although the specific act of sexual abuse, fondling of the breast, does not fall under the present legislative criteria of specific sexual acts that require mandatory revocation, it is within the discretion of this Committee to accept such a proposed order given the deplorable actions and egregious breach of trust by Dr. Crozier with long standing, vulnerable patients in his care. There is no place in the medical profession for physicians who sexually abuse their patients. The Committee believes that the penalty of revocation is the

only penalty that will fully express the public's and the profession's disapproval of Dr. Crozier's misconduct.

The victim impact statements clearly indicate that Dr. Crozier's grossly self-indulgent actions have had long-lasting and devastating effects on Patients A and B and their relationships with others, and have undermined their trust in the medical profession as a whole. These two victims were highly vulnerable patients who sought the help of Dr. Crozier and wholly trusted him because they had very longstanding therapeutic relationships, which he betrayed. The public must be confident that when they seek the help of a member of the profession, they will not be abused, and that when a patient is abused, the College will act to ensure no others are harmed. Dr. Crozier has not been practicing since the 2013 complaints of Patients A and B, and he voluntarily entered a cease to practice undertaking in February 2014.

Dr. Crozier's misconduct with Patient C astounded the Committee. His misconduct with Patient C displays extremely poor judgement involving repeated boundaries transgressions. Dr. Crozier made payments of large sums of money to her to prevent her from reporting his behaviour to the College. Such misconduct cannot be tolerated.

A public reprimand will serve to denounce Dr. Crozier's reprehensible misconduct and serve as a general deterrent to the membership of the profession.

When determining an appropriate penalty, it is important for the Committee to take into consideration any mitigating factors. Dr. Crozier has accepted responsibility in both the criminal and professional proceedings against him. Admitting to the allegations against him has spared the victims the added trauma of having to appear at the hearing. However,

these patients may require continued therapy to recover from the sexual abuse they endured, and so it is reasonable and just that Dr. Crozier reimburse the College for the funding of therapy they may need.

Dr. Crozier's admission and cooperation has spared the College the added time and costs of a contested hearing. However, it is fair and reasonable that Dr. Crozier cover some of the costs of the proceeding, by way of paying the tariff amount of \$5,000.00 for one day of hearing to the College, as jointly requested.

ORDER

The Committee stated its findings in paragraph 1 of its written order of October 17, 2016. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. The Registrar revoke Dr. Crozier' certificate of registration, effective immediately.
3. Dr. Crozier appear before the panel to be reprimanded.
4. Dr. Crozier reimburse the College for funding provided to Patient A and B under the program required under section 85.7 of the Code, by posting an irrevocable letter of credit or other security acceptable to the College, by November 17, 2016, in the amount of \$32,120.00.
5. Dr. Crozier pay costs to the College in the amount of \$5,000.00 by November 17, 2016.

At the conclusion of the hearing, Dr. Crozier waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.