OPSDT Ontario Physicians and Surgeons Discipline Tribunal

TDMCO Tribunal de discipline des médecins et chirurgiens de l'Ontario

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Morgan,* 2026 ONPSDT 17
Date: May 11, 2026
Tribunal File No.: 25-029

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Lenna Mary Morgan

Registrant

FINDING AND PENALTY REASONS

Heard: April 7, 2026

Panel:
Raj Anand (panel chair)
Jill Cross (public)
Julie Maggi (physician)
Joanne Nicholson (physician)
Rob Payne (public)

Appearances:
Ruth Ainsworth, for the College
Colin Johnston and Christine Windsor, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

Introduction

[1] Physicians are expected to maintain appropriate professional boundaries with their patients. For a pediatrician, this expectation extends to the patient's adult family members and caregivers because the power imbalance and obligation of trust that is inherent in a physician-patient relationship applies as well between the physician and the patient's caregivers. Treating a child while engaged in a romantic relationship with a close family member of the child can cloud the physician's judgment and impair the child's entitlement to both an independent, fiduciary relationship with their physician and unbiased decision-making by a caregiver acting in the child's best interests.

[2] Dr. Lenna Mary Morgan provided care and treatment as Patient A's pediatrician for over a decade, beginning shortly after birth and extending until Patient A's early teenage years. During that time Dr. Morgan entered into a close personal relationship with Patient A's parent Person B, who was responsible for Patient A's welfare. The registrant continued in this relationship for much of Patient A's childhood years. Dr. Morgan became increasingly involved in their personal and family life.

[3] Throughout Patient A's lifetime, Dr. Morgan has been governed by College policies that warn physicians of the dangers of entering into an intimate relationship with a person closely associated with a patient, and of the risks inherent in treating family members or persons close to them.

[4] While still a minor, Patient A filed a complaint with the College regarding Dr. Morgan, which led to the allegations that were referred to hearing.

[5] Dr. Morgan admitted, and we found, that by breaching the College policies, she engaged in disgraceful, dishonourable or unprofessional conduct as well as conduct unbecoming a physician. We accepted the parties' joint submission on penalty, imposed a three-month suspension, directed her to complete individualized instruction in medical ethics and professionalism including boundary management, and imposed a reprimand.

[6] These are our reasons.

Redaction issues

[7] The evidence before the Tribunal came in the form of a brief, straightforward agreed statement of facts (ASF). The public version of the ASF was even shorter,

because the parties made significant redactions to the non-public version, including the removal of almost half of its 17 paragraphs.

[8] Under Rule 2.1.1 of the Rules of Procedure, Tribunal hearings are open to the public, and anyone may access the public record of the proceeding except as set out in the rule. Rule 2.2.2 provides for an automatic publication ban, which is in effect in this case, on the names of patients or any information that could identify them or disclose their personal health information or health records. Rule 2.2.4 lists several examples of such information that should normally be excluded from documents tendered by the parties, one of which is the patient's "date of birth (unless it must be provided, in which case only the year must appear)". Where it is necessary for such information to be put before the panel, an unredacted, not-public version is also required.

[9] In this context, restrictions on openness are justified where the circumstances meet the test in *Sherman Estate v. Donovan*, 2021 SCC 25 at para. 38 and adopted in Rule 2.2.10. The Tribunal must be satisfied that:

a. openness poses a serious risk to an important public interest;

b. reasonable alternative measures will not address this risk; and

c. the benefits of making the order outweigh its negative effects on openness.

[10] The College and Dr. Morgan accepted these principles. The difficulty here was that the two College policies under which we consider the allegations against Dr. Morgan—the first on maintaining appropriate boundaries and the second on treatment of family members or others close to the physician—are not categorical, but rather fact-specific.

[11] Indeed, the first policy contains a list of factors to be weighed by registrants and the Tribunal, while the second sets out an evidentiary standard that must be considered by the physician, the College and the Tribunal in assessing the question of professional misconduct under that policy.

[12] The boundaries policy (Maintaining Appropriate Boundaries), in its most recent formulation, defines a "person closely associated with a patient" to include a parent, such as Person B, and lists five factors that the registrant must consider before entering into a sexual relationship with that person:

> Prior to engaging in sexual relations with a person closely associated with a patient, a physician must consider the following factors: the nature of the patient's clinical problem, the type of clinical care provided by the physician, the length and intensity of the professional relationship between the physician and the patient, the degree of emotional dependence the individual associated with the patient has on the physician, and the degree to which the patient is reliant on the person closely associated with them.

[13] The second policy (Physician Treatment of Self, Family and Others Close to Them), again, in its most recent version, prohibits treatment of family members except for a minor condition or in emergency situations, and even then, only where another qualified health care professional is not readily available. The policy goes on to say that before treating a person close to them (defined as an individual who has a personal or close relationship with the physician, whether familial or not), physicians are advised to consider whether the relationship is such that it would "reasonably affect the physician's professional judgment." The policy expresses the concern that the same risks of compromised objectivity and falling below the standard care may arise in the treatment of persons close to the physician who are not family members, just as they could in the treatment of family members.

[14] The parties' redactions removed much of the evidence relating to the last three of five factors listed in the first policy. The redactions also removed much of the evidence relevant to the characterization of the relationship with a person close to the physician that is required under the second policy.

[15] At the panel's request before the hearing, the parties addressed at the outset of the hearing whether they could put forward sufficient evidence, and the Tribunal could write sufficient reasons, to support a finding of professional misconduct, based only on the public version of the ASF.

[16] The College made two main points. First, that the parties had erred on the side of redaction because the circumstances of this case were unusually sensitive. Second, that in writing its reasons, the Tribunal was not restricted to the evidence that was available to the public; the panel could rely on evidence in the not-public ASF that was redacted from the public version.

[17] It was not clear to us that this case was materially different from others involving similar boundary allegations before the Tribunal in terms of the sensitivity that resulted from personal and family relationships and their impact on medical care and treatment. It also appeared that if the panel could properly write reasons that disclosed evidence the parties had redacted from the public version of the ASF, then those redactions went beyond the minimal impairment of openness that is permitted under the third requirement of *Sherman Estate* as stated above. In our view, sufficient evidence to justify the agreed finding requested by the parties had to be restored to the public version to satisfy the open courts principle. At the same time, we accepted the need for sensitivity to the privacy interests of the parties, and of Patient A in particular. Proper redaction of the ASF was a task to be carried out, at least initially, by the parties, not the panel.

[18] We therefore decided to hear and decide the case based on the evidence in the not-public version of the ASF, while reserving our ruling on the precise redactions that would be made to the public version for the Tribunal record and the drafting of the panel's reasons. To that end, we asked the parties, having regard to the panel's questions and the parties' responses on the redaction issue, to re-draft and file for the public record a third version of the ASF. That third version would include information from the non-public ASF that the panel could disclose in our reasons, but that was also, in the view of the parties, sufficient for us to make a finding of professional misconduct. If necessary, we would then rule on the redaction issue and issue a final public version.

[19] In our view, the parties' revision meets the requirements of openness. At the same time, we have sufficient evidence on the public record to justify the finding we have made and the reasons that follow. We set out that evidence in the following section.

Professional misconduct

[20] Person B is Patient A's close family member. From Patient A's infancy through their early teenage years, Person B was responsible for Patient A's welfare, and held decision-making power over Patient A's health care.

[21] During this period of more than a decade, Dr. Morgan was Patient A's pediatrician. She provided care and billed OHIP dozens of times (nine times a year on average), and she provided intermittent prescriptions and immunizations to Patient A.

[22] While Patient A was a child, Patient A and Person B were affected by a personal tragedy. Within a year after that, Dr. Morgan commenced a close personal relationship with Person B, and at times Patient A would overhear Dr. Morgan and Person B expressing affection towards each other. The parties' original public ASF added that in messages Dr. Morgan sent to Person B during this time, she expressed feelings of love and a desire to be close to Person B. At some point after that, the relationship became romantic.

[23] From that point until Patient A's early teenage years, Dr. Morgan billed OHIP for providing care to Patient A more than 100 times (12 times a year on average).

[24] During that period, Dr. Morgan continued to maintain a close personal relationship with Person B and became increasingly integrated in Person B's personal and family life. For at least two years, Dr. Morgan was involved in Patient A's life on a daily basis. Her participation in the personal and family life of Patient A and Person B included engaging in activities together, eating meals together, socializing together, exchanging gifts and spending vacations together.

[25] At the conclusion of this period, in Patient A's early teenage years, Dr. Morgan ceased billing OHIP in relation to Patient A.

[26] At a later point in Patient A's teenage years, Dr. Morgan ceased providing intermittent prescriptions and immunizations.

[27] Some time after that, while Patient A was still a minor, Person B ceased having responsibility for Patient A's welfare or health care decisions, and Patient A ceased regular contact with Dr. Morgan.

[28] Based on this evidence, we found that Dr. Morgan breached the two policies on boundaries that we summarized earlier in these reasons.

[29] She entered into an emotional and romantic relationship with Person B, a person closely associated with Patient A, while extensively engaged in a longstanding treatment relationship as Patient A's pediatrician. Patient A was a child, heavily reliant on Person B as caregiver, as well as being emotionally close to them. Person B was responsible for Patient A's care and held decision-making power over Patient A's health care.

[30] All of these factors indicate that Dr. Morgan created circumstances involving an inherent risk of compromising the trust, unbiased and objective medical services, and standard of care that Patient A rightly expected of Dr. Morgan.

[31] Dr. Morgan was required to maintain appropriate professional boundaries with her patients. As a pediatrician, this expectation also extended to the patient's adult family members, caregivers, and others closely associated with the patient.

[32] Dr. Morgan, however, provided comprehensive medical care to Patient A, a person close to Dr. Morgan, by virtue of the registrant's integration into Person B's and Patient A's personal and family life. These were circumstances that, as stated in the College's policy on treatment of family members or others close to the physician, "would reasonably affect the physician's professional judgment."

[33] As the Tribunal stated in *College of Physicians and Surgeons of Ontario v. Dempsey*, 2007 ONCPSD 13, the registrant's relationships with the mothers of two of his pediatric patients

> …had the potential to cloud his judgment and compromise his care of the children. In addition, the children's mothers may have also been unable to make the best choices for the care of their children, given that they were having a romantic relationship with the doctor providing that care. In his position of power and trust, Dr. Dempsey had a responsibility either to terminate the doctor-patient relationship with the child and his or her decision-maker, or not start a romantic relationship with the child's mother. He did neither of these things…He took advantage of his privileged position as a pediatrician seeing young mothers and children to further his own ends, with no consideration to the potential for a detrimental effect on the vulnerable children who relied on his judgment.

[34] We therefore found that the registrant committed disgraceful, dishonourable or unprofessional conduct and conduct unbecoming a physician, as set out in paras. 33 and 34 of s. 1(1) of Ontario Regulation 856/93 made under the *Medicine Act, 1991,* SO 1991, c. 30.

Penalty and costs

[35] At the hearing, we accepted the parties' joint penalty submission, comprising a three-month suspension, an order to complete individualized instruction in medical ethics

and professionalism (including boundary management), and a reprimand. We concluded that the joint submission did not cross the high bar of bringing the administration of justice into disrepute or otherwise being contrary to the public interest test: see *R. v. Anthony-Cook*, 2016 SCC 43 at paras. 25 and 32-34, applied to the Ontario regulatory context by the Divisional Court in *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 at paras. 9-12.

[36] In our view, the proposed penalty meets the overriding objectives of maintaining public confidence in the medical profession and its self-regulation in the public interest. The joint submission promotes public protection and serves the interests of deterring Dr. Morgan and other registrants from engaging in a serious form of misconduct.

[37] Dr. Morgan's failure to maintain boundaries and her involvement in a relationship with Person B, both over several years is a serious matter, particularly for a young and vulnerable patient such as Patient A. As the Tribunal stated in *College of Physicians and Surgeons of Ontario v. Esmond*, 2016 ONCPSD 4 at p. 8:

> Few, if any, physicians can be unaware of the College policy prohibiting more than incidental or emergency treatment of family members or others with whom the physician has a close personal relationship. The provision of optimal care requires the objectivity inherent in an "arm's length" doctor/patient relationship.

[38] Dr. Esmond's case also involved other concerns, including clinical practice deficiencies. The Tribunal ordered a four month suspension, together with terms aimed at ethical instruction and rehabilitation.

[39] The penalty jointly proposed by Dr. Morgan and the College is also broadly in line with joint submissions accepted by the Tribunal in *College of Physicians and Surgeons of Ontario v. Adams*, 2021 ONCPSD 11 (four month suspension, where there was a time span of 18 years, as well as prior discipline for the same issue) and *College of Physicians and Surgeons of Ontario v. Kao*, 2023 ONPSDT 23 (five month suspension, with the misconduct stretching over 13 years).

[40] Dr. Morgan has no prior discipline history, and by admitting the misconduct allegation and tendering a joint submission on penalty and costs, she facilitated a short and less costly hearing than if it had been contested. This also reduced the inconvenience to participants, including witnesses such as Patient A.

[41] We also accepted the parties' joint submission for the standard costs order under the Tribunal's tariff for a half day hearing.

Order

[42] We therefore ordered:

Penalty

1. The Tribunal requires the registrant to appear before the panel to be reprimanded.

2. The Tribunal directs the Registrar to:

    a. suspend Dr. Morgan's certificate of registration for three (3) months commencing April 8, 2026, at 12:01 a.m.;

    b. place the following terms, conditions and limitations on Dr. Morgan's certificate of registration effective April 8, 2026, at 12:01 a.m.:

        i. Dr. Morgan shall participate in and successfully complete, at her own expense, within six (6) months of the date of this Order, individualized instruction in medical ethics and professionalism (including education in the management of boundaries), satisfactory to the College with an instructor approved by the College, who shall provide a summative report to the College including whether Dr. Morgan has successfully completed the instruction.

Costs

3. The Tribunal requires the registrant to pay the College costs of $6,000 by May 7, 2026.

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Tribunal File No.: 25-029

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Dr. Lenna Mary Morgan

Registrant

The Tribunal delivered the following Reprimand by videoconference on Tuesday, April 7, 2026

*****NOT AN OFFICIAL TRANSCRIPT*****

Dr. Morgan

As a registrant of the College of Physicians and Surgeons of Ontario you must adhere to its policies and guidelines. In your case, you have violated the College policies relating to Maintaining Appropriate Boundaries and Physician Treatment of Self, Family and Others Close to Them.

All physicians are expected to maintain appropriate professional boundaries with their patients. As a pediatrician, this expectation also extends to the patient's adult family members and caregivers, as, similar to the physician-patient relationship, there also exists a power imbalance between the pediatrician and the parent or other caregivers. Failure to maintain boundaries can cloud judgement and compromise safe and effective care.

You provided comprehensive medical care to Patient A over an extended period while also developing a close personal and subsequent romantic relationship with Patient A's close family member.

Your misconduct shows a serious lack of judgement and constitutes behavior that we find to be disgraceful, dishonorable or unprofessional.

The Tribunal finds that the penalty of a three-month suspension and the requirement to successfully complete instruction in medical ethics and professionalism is appropriate. It is expected that during your suspension you will reflect on the serious nature of your

misconduct and that, upon return to practice, you will maintain clear and appropriate boundaries with your patients and those close to them.