

## **SUMMARY**

### **DR. J. LESSARD (CPSO# 56030)**

#### 1. Disposition

On January 20, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered geriatric and internal medicine specialist Dr. Lessard to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Lessard to complete on-to-one instruction in communications; and to review and provide a summary of the College’s Practice Guide relating to professional behaviour.

In addition to the SCERP, the Committee advised Dr. Lessard on complying with the College’s request for information, including requests for patient medical records.

#### 2. Introduction

A family member of a patient brought a complaint against Dr. Lessard, alleging that she behaved in a rude and unprofessional manner when she assessed the patient, as part of an Integrated Psychogeriatric Outreach Program (IPOP). Specifically, she was concerned that Dr. Lessard questioned the patient’s diagnosis, criticized the patient’s other health care providers, made inappropriate comments about the patient’s finances, and said that the patient “would die” if she did not stop eating bread.

As part of the investigation, the College requested Dr. Lessard’s response to the complaint, including relevant medical records, by September 2015. When Dr. Lessard did not respond, the College sent two reminder letters in November 2015. The College received the requested medical records from Dr. Lessard on January 18, 2016 (two days before the Committee met to review this complaint), and received Dr. Lessard’s response on January 19. Dr. Lessard explained that she procrastinated with her response because it was disheartening to receive the complaint, and because she was dealing with issues at that time that made it difficult for her to keep up with her professional and personal obligations. Dr. Lessard stated that she was not aware that she had been rude during the patient’s consultation and apologized to the patient’s family member for her

experience, although she indicated that the family member may have misinterpreted some of her attempts to be helpful (such as her recommendations about lifestyle changes) as rudeness.

The Committee had information from Ms Y, a nurse who accompanied Dr. Lessard on her second visit to see the patient, who stated that Dr. Lessard was not rude during the visit.

### 3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

### 4. Committee's Analysis

While the Committee found Dr. Lessard's assessment of the patient to have been reasonable, and had no reason to believe that Dr. Lessard did not have the patient's best interests at heart in making the recommendations and suggestions that she did, it was concerned that Dr. Lessard failed to demonstrate sufficient sensitivity in the way she communicated this information, and therefore was perceived as rude.

The Committee's concern about the quality of Dr. Lessard's interactions in this case was heightened by the fact that Dr. Lessard has a history of complaints with the College raising issues of professionalism and communications. Overall, the Committee concluded that Dr. Lessard would benefit from some guidance pertaining to her communications style.

The Committee was also troubled by Dr. Lessard's repeated failure to respond to the College and to provide requested medical records. Although it was open to Dr. Lessard to choose not to provide a written response to the complaint, she had a legal obligation to provide the College with the patient's medical records as part of this investigation.

The Committee noted that Dr. Lessard's history with the College includes complaints that she failed to respond to patient telephone calls and requests for meetings. This, along with Dr. Lessard's delay in providing information in this case, raised concerns for the Committee regarding Dr. Lessard's governability. The College relies on physicians' cooperation in

performing thorough investigations of complaints and concerns brought to its attention, and in meeting its mandate to protect the public.