

**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. Oleg Tugalev (CPSO# 78078)  
Physical Medicine  
(the Respondent)**

## **INTRODUCTION**

The Respondent saw the Complainant once regarding post-concussion syndrome and headache management options.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct, as follows:

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned that during a physical examination, the Respondent made inappropriate comments and touched her breasts, buttocks and thighs in an inappropriate manner that she interpreted as sexual in nature.**

## **COMMITTEE'S DECISION**

A General Panel of the Committee considered this matter at its meeting of July 15, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to maintaining professional behaviour and communication and avoiding boundary crossings in the physician-patient relationship.

The Respondent also provided an undertaking to the College, which included, among other things, that the Respondent: complete three months of clinical supervision; review and provide written reports on the College policies *Boundary Violations*, and *Physician Behaviour in the Professional Environment*, and complete individualized instruction in communication and professionalism satisfactory to the College, with an instructor selected by the College.

## **COMMITTEE'S ANALYSIS**

As part of this investigation, the Committee retained an independent Assessor who specializes in physical medicine to review the Complainant's chart, interview the Respondent, and submit a written report to the Committee.

The Assessor noted that the Respondent's physical examination and history were appropriate for the Complainant's presenting complaints. However, the Assessor

concluded that the Respondent's unsolicited and repetitive commentary around sexual function fell below the standard, and he ought to have documented his discussion around sexual function in his consultation letter. In addition, the Assessor opined that if the visit proceeded as the Complainant described, the Respondent should have better explained the nature of the physical examination and the reason for it, and to give the patient the opportunity to decline the examination.

The Committee accepted that the alleged touching in this case occurred during a clinically indicated examination and as a result it would be difficult to prove sexual intent for the touching (which the Respondent denied) at a Discipline Hearing.

The Respondent denied making any inappropriate sexual comments to the Complainant, but the Committee was satisfied that there was a lack of clear and thorough communication with the Complainant about the nature of the physical examination and the reason for it. In addition, if the Respondent includes sexual function as part of the medical history, this should be documented in the chart.

The Committee looked at the totality of the evidence before it and determined that this matter should not be referred to Discipline. The Committee concluded that the educational value of a verbal caution before the Committee in conjunction with extensive remediation as set out in the undertaking would sufficiently address its concerns with the Respondent's communications and boundaries.