

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. John Leslie Dimock, this is notice that pursuant to subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended, the Discipline Committee ordered that no person shall publish or broadcast the name, or of any information that could disclose the identity of, (a) any patient referred to orally or in the exhibits filed at the hearing, or (b) the professional colleagues of Dr. Dimock referred to in the public Reasons for Decision of the Committee as ‘Colleague X’ and ‘Colleague Y’.

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. Dimock,
2018 ONCPSD 10**

**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. JOHN LESLIE DIMOCK

PANEL MEMBERS:
DR. J. WATTS (CHAIR)
MAJOR A.H. KHALIFA
DR. J. RAPIN
MR. J. LANGS
DR. P. CASOLA

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

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COUNSEL FOR DR. DIMOCK:
MR. J. MUTTER
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INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MR. D. ROSENBAUM

Hearing Date: January 10, 2018
Decision Date: January 10, 2018
Release of Written Reasons: March 9, 2018

PUBLICATION BAN

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 January 10, 2018. At the conclusion of the hearing, the Committee released a written order stating its finding that the member committed an act of professional misconduct. In that order, the Committee set out its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. John Leslie Dimock committed an act of professional misconduct:

1. under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act*, 1991 (“O. Reg. 856/93”), in that he has engaged in conduct or an act or acts 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
2. under paragraph 1(1)34 of O/Reg. 856/93, in that he has engaged in conduct unbecoming a physician.

RESPONSE TO THE ALLEGATIONS

Dr. Dimock admitted to allegation 1 in the Notice of Hearing, that he has engaged in conduct or an act or acts relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Counsel for the College withdrew allegation 2, that Dr. Dimock had engaged in conduct unbecoming a physician.

THE FACTS

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

PART I – FACTS

1. Dr. John Dimock is a 66-year-old psychiatrist practising in Ottawa, Ontario and Virginia, USA. He received his certificate of registration authorizing independent practice from the CPSO in 1980.

THE PATIENT A MATTER

2. On June 26, 2014, the College received a complaint about Dr. Dimock from Patient A, as attached at Tab A [to the Agreed Statement of Facts and Admission]. The complaint related to two appointments Patient A had had with Dr. Dimock in May 2013, and a report Dr. Dimock had written about Patient A to Patient A's family doctor, in June, 2013. A letter confirming Patient A's concerns is attached at Tab B [to the Agreed Statement of Facts and Admission].
3. Patient A's concerns were that Dr. Dimock failed to conduct an adequate psychiatric assessment of Patient A, failed to provide an adequate report regarding Patient A, failed to provide adequate care in the management of Patient A, and that Dr. Dimock behaved in an unprofessional manner toward Patient A and that Dr. Dimock's behaviour and attitude were rude and arrogant, including that Dr. Dimock:
 - (a) made inappropriate comments regarding his secretary to Patient A, including "She's in Vegas right now... she's really cute, I would love to go to Vegas with her";
 - (b) made inappropriate comments regarding Palestinians and Jews, including asking "How can a Jew be helping a Palestinian?" in response to Patient A's telling him a story about how a Jewish colleague of Patient A's had helped him;

- (c) spent a good portion of the first 30-minute appointment talking about irrelevant personal matters of his own, such as a bad experience Dr. Dimock had had with a colleague who had plagiarized or stolen his work; and
 - (d) used the word “apparently” seven times in his written report, including referring to Patient A as “apparently Canadian”, which indicated some form of racism or discrimination or bias towards Patient A.
4. After having been notified that Patient A had complained about him, Dr. Dimock telephoned the College investigator and left her a voicemail message as follows:

[I]t’s Dr. Dimock. You called me yesterday about a gentleman who made apparently laid a complaint. [...]

I looked up this guy’s chart and frankly if the College proceeds with this complaint, then I will have no option but to launch a complaint under the harassment and the civil liberties and the various civil rights organizations here. This gentleman threatened to kill a certain person. I refused to see him as a result of that situation and one assumes that his complaint now is because that threatened to kill is in my notes and involves people at work and therefore he is unable to return to his place of his employment or has considerable problems with his place of employment. That in my opinion is a matter that should not, be proceeded with at the College and as I said a civil rights complaint will follow if such a complaint does proceed. Please do not take that as a threat, but in view of my history of harassment from the College and my complaints to the College which included a refused request to meet with the Registrar and the fact that I have an upcoming College appearance, I believe that proceeding with the complaint is just another example of College harassment.

Thank you. Bye.

A copy of Dr. Dimock’s transcribed voicemail of July 24, 2014 is attached at Tab C [to the

Agreed Statement of Facts and Admission].

5. In his written response to Patient A's complaint, attached at Tab D [to the Agreed Statement of Facts and Admission], Dr. Dimock stated that he:

categorically denies that he ever made any of the inappropriate comments set out above, as alleged by [Patient A] in his complaint. Dr. Dimock categorically denies that he was at any time, implicitly or explicitly exhibiting racism, discrimination or bias towards [Patient A]. These allegations have been extremely distressing to Dr. Dimock, who at all times during his two appointments with [Patient A] was professional, respectful and provided appropriate medical care, free from any form of racism, discrimination or bias. [...]

Dr. Dimock categorically denies making any comments or references, be they explicit or implicit, with respect to the Jewish people.

6. The Inquiries, Complaints, and Reports Committee ("ICRC") considered and disposed of A.B.'s complaint on October 5, 2015. In its decision, attached at Tab E [to the Agreed Statement of Facts and Admission], the ICRC noted that:
 - (a) It was aware that Dr. Dimock had a history of complaints with the College, including previous complaints upon which the College had taken action, with respect to Dr. Dimock's care and professionalism. It noted a similarity between Patient A's concerns and concerns raised in previous complaints;
 - (b) The Committee found Dr. Dimock's voice mail message to the College very troubling. The Committee was concerned that Dr. Dimock inferred that the CPSO was harassing him. Dr. Dimock seemed to have little insight into why he has had so many encounters with the College;
 - (c) The ICRC suggested that if Dr. Dimock does not want the attention of the College, he could reflect on ways to avoid that attention, including:

- (i) respecting patients by being courteous and professional and behaving with decorum; and
- (ii) reviewing his own attitudes and his personal style to gain insight into what is causing patients to complain.

7. Taking into account Dr. Dimock's history, the ICRC was:

of the view that Dr. Dimock would benefit from education to ensure improvements in his practice with respect to: assessment of patients, documentation, and preparation of consultation reports that meet the standard of practice of psychiatrists in Ontario; understanding of general principles in effective communication, and the specific issues that led to the current complaint; communication with patients and others that is respectful and professional; ensuring appropriate consent before releasing documentation to third parties; and understanding acceptable professional behaviour by a physician in Ontario.

8. The ICRC ordered Dr. Dimock to complete a Specified Continuing Education and Remediation Program ("SCERP"), consisting of:

- (a) a period of clinical supervision focusing on both medical care, as well as communication, including general principles in effective communication and the specific issues that led to the complaint in this matter, and including communication with patients and others that is respectful and professional;
- (b) one-on-one instruction in professionalism and communication; and
- (c) a reassessment.

9. In January 2016, Dr. Dimock requested that the Health Professions Appeal and Review Board ("HPARB") review the ICRC's decision ordering him to complete the above-described SCERP.

10. The HPARB convened a pre-review Case Conference by teleconference on August 17, 2016. The purpose of pre-review Case Conferences is to provide the parties with information about the Board's process, mandate and powers. During the call, and as attached at Tabs F and G [to the Agreed Statement of Facts and Admission], Dr. Dimock:
 - (a) stated that he was in Virginia at the time of the call due to concerns he had for his safety in regard to Patient A;
 - (b) stated that information about Patient A had come to his attention about which the CPSO, Homeland Security, and the RCMP should be concerned; and
 - (c) suggested that Patient A was a terrorist.

11. The HPARB review hearing was conducted on October 5, 2016. All HPARB reviews are open to the public. During the hearing, as attached at Tab H [to the Agreed Statement of Facts and Admission], Dr. Dimock stated that:
 - (a) Patient A's website misrepresented that he worked for a certain company when in fact he worked for the terrorist organization ISIS, and that the matter should be referred to the RCMP and Homeland Security;
 - (b) Dr. Dimock's concerns about Patient A were "doubled" because Dr. Dimock had previously worked for the Canadian Armed Forces;
 - (c) Patient A had been arrested in another country for the abduction of his own children;
 - (d) Patient A was committing insurance fraud because he was benefiting from insurance in Ontario but was living in another country with the child whom he had abducted;
 - (e) Patient A had accused Dr. Dimock of being a "Palestinian hater";
 - (f) Patient A was a sociopath, and his actions were those of a sociopath;
 - (g) Even though Patient A was a dangerous psychopath and should be locked up, Dr. Dimock had "toned down" his assessment of Patient A so that Patient A could prove how sick he was and qualify for insurance in Ontario; and
 - (h) Dr. Dimock had previously "diagnosed" the former pediatric forensic pathologist Charles Smith as "incompetent" while doing research on Dr. Smith at

Birmingham University (where Dr. Dimock had studied in the 1970s), and that the CPSO was biased against Dr. Dimock because it had failed to act in a timely manner on this information.

12. Dr. Dimock's assertions to the HPARB, as set out at paragraphs 10 and 11 above, were false and unfounded.
13. With respect to the comments he made at the HPARB, attached at Tab I [to the Agreed Statement of Facts and Admission], Dr. Dimock stated:

I acknowledge that I was angry during the HPARB proceedings. The HPARB proceedings are completely unfamiliar to me and I was not represented by counsel. I found it difficult and frustrating. At the hearing the three panel members were francophone. While I am sure they can all speak English, I was concerned there was a language barrier and was worried I was not being heard. I did not articulate this well and I regret that.

I was not at my best during the HPARB proceedings. I want to assure the College that this is not representative of the manner in which I communicate with colleagues and patients (emphasis added).

THE PATIENT B MATTER

14. On November 4, 2016, the College received a written complaint about Dr. Dimock from Patient B, attached at Tab J [to the Agreed Statement of Facts and Admission]. Patient B saw Dr. Dimock for an Independent Medical Examination ("IME") at the request of her insurance company in July 2016. The "Claimant/Employee Authorization Form" signed by Patient B in advance of the IME, attached at Tab K [to the Agreed Statement of Facts and Admission], stated that:

"I, [Patient B], hereby consent to an Independent Medical

Assessment that will be performed by a specialist at the request of _____ [print Insurer's or Employer's name].

I understand that the specialist acts as an independent expert, which means that he/she has no professional or personal associations with the Insurer, Employer, or myself.

I understand that this assessment will be performed on behalf of my Insurer or Employer for medical legal purposes, and not at the request of my attending physician, and as such the evaluation report cannot be discussed with or released to me. It will be my responsibility, if I so wish, to request from my Insurer or Employer a copy of the report to be forwarded to my attending physician.”

15. Dr. Dimock's IME report, attached at Tab L [to the Agreed Statement of Facts and Admission], contained all of the details Patient B related to him during their session, as well as his conclusion that “there are no restrictions to immediately beginning a slow reintroduction to [Patient B]'s old workplace”.
16. Patient B complained to the College Dr. Dimock had promised that the detailed information she told him during the course of the IME would remain confidential as between the two of them, and that Dr. Dimock would only tell the insurance company what his conclusion or diagnosis was.
17. Before complaining to the CPSO, Patient B addressed her concern directly with Dr. Dimock in a series of emails in September 2016, attached at Tab M [to the Agreed Statement of Facts and Admission].
18. In September, 2016 Patient B and Dr. Dimock exchanged the following emails, as attached at Tab M [to the Agreed Statement of Facts and Admission] above:

Sender/Recipient/Time	Email content
Patient B to Dr. Dimock 8:22 pm	“I have read the form I signed (below), no where does it say that the doctor/patient confidentiality is waved (sic.)?”
Dr. Dimock to Patient B 9:50 pm	“By the way it is on the consent. No professional relationship.”
Patient B to Dr. Dimock 9:54 pm	“The confidentiality clause is not on this form! There was no waiver of it. We will let the medical association decide.”
Dr. Dimock to Patient B 9:57 pm	“If your intent is to harass or scare you are badly out of your scope. But you are doing remarkably well for a totally disabled individual. Congratulations”
Patient B to Dr. Dimock 10:03 pm	“Totally disabled individual, are you saying you didn’t diagnose me properly??? Should I send this email to the Insurer?”
Dr. Dimock to Patient B 10:13 pm:	“You made an application for long term disability. Or do you forget? It seems whatever is convenient goes for you. Why are your emails securely sent. Don’t attempt to alter mine. This Discussion is ended. Do not harass me further. My diagnosis is correct.”

19. In November, 2016, Dr. Dimock sent Patient B a request via the social media site LinkedIn to join her LinkedIn network, attached at Tab N [to the Agreed Statement of Facts and Admission]. Dr. Dimock’s request to join her LinkedIn network confused and scared her, as attached at Tab O [to the Agreed Statement of Facts and Admission].
20. The College retained Dr. Joel Jeffries to provide an independent opinion with respect to the IME Dr. Dimock performed of Patient B, including whether his care displayed a lack of judgment. In his report, attached at Tab P [to the Agreed Statement of Facts and Admission], Dr. Jeffries opined as follows:

The only concern I have in this area is the lack of judgment he showed in his responses to [Patient B]’s emails. At first his

responses were reasonable and measured but eventually became antagonistic and peevish. The request in regards to LinkedIn is extremely puzzling and somewhat concerning, as Dr. Dimock did not provide an explanation.

SECTION 75 INVESTIGATION – BEHAVIOUR TOWARDS PROFESSIONAL COLLEAGUES

21. In 2014, Dr. Dimock was practising psychiatry in a shared office setting with two other health care professionals: Colleague X, and Colleague Y.
22. On November 3, 2014, Colleague X telephoned the CPSO as attached Tab Q [to the Agreed Statement of Facts and Admission] to raise concerns about matters Colleague Y had discussed with Colleague X about Dr. Dimock’s behaviour. Colleague X stated that:
 - (a) Dr. Dimock had told Colleague X he was suicidal;
 - (b) Colleague Y had showed Colleague X a video that depicted Dr. Dimock rolling around on the ground crying and yelling “I’m nobody”;
 - (c) Dr. Dimock had been leaving voicemail messages for Colleague Y wherein Dr. Dimock called Colleague Y profane names, threatened to “destroy” Colleague Y, and to report Colleague Y to Colleague Y’s own professional regulator; and
 - (d) the police had recently been called to the home Dr. Dimock because of Dr. Dimock’s behaviour.
23. Colleague X’s call to the CPSO resulted in, among other things, Dr. Dimock’s having to undergo a psychiatric assessment to assess his fitness to practice. The assessor who performed the psychiatric assessment concluded that Dr. Dimock was not suffering from a mental condition that would expose or was likely to expose patients to risk of harm.
24. On December 15, 2014, as attached at Tab R [to the Agreed Statement of Facts and Admission], Dr. Dimock telephoned the CPSO in response to Colleague X’s complaint, demanding to know the identity of the “spreader of vicious allegations against [him], which he claimed were “clearly aimed at discrediting [him] and to close down [his] very

successful psychiatry practice” because they were “jealous” of him as he was “the best psychiatrist probably in the province of Ontario”.

25. On December 18, 2014, Dr. Dimock:

- (e) left threatening and accusatory messages for Colleague Y on Colleague Y’s voicemail at work, accusing Colleague Y of being responsible for a complaint against him to the CPSO; and
- (f) left two messages for Colleague X on Colleague X’s voicemail at work, attached at Tab S [to the Agreed Statement of Facts and Admission], stating that Colleague X should not have expressed concerns about his behaviour to the CPSO, that the information related to his behaviour was confidential, and that he was going to report Colleague X to Colleague X’s own professional regulator for having done so. In his voicemails, Dr. Dimock stated “I also believe your long-term goal is that you and Colleague Y steal my practice, share my patients between you and go on into perpetuity as fat and happy people. Well, unfortunately your great plan for the future is shattered to pieces. [...] I am well aware that you and Colleague Y have plotted together to discredit me and report me”.

26. On December 19, 2014, when Colleague X arrived at their shared office, Dr. Dimock was already there. Colleague Y had not yet arrived. Notwithstanding the voicemail Dr. Dimock had left Colleague X the day before, Dr. Dimock approached Colleague X to say hello. When Colleague X ignored him, he repeated himself more loudly. Colleague X went into Colleague X’s office and shut the door.

27. When Colleague Y arrived at the office, Dr. Dimock approached Colleague Y in Colleague Y’s office. Colleague Y asked Dr. Dimock to leave Colleague Y’s office and not to speak to either Colleague Y or Colleague X so that they could see their patients throughout the day. In response, he said “Fuck you” to Colleague Y. He became agitated and yelled at Colleague Y that Colleague Y and Colleague X were both just angry because they had been “found out”. Colleague Y again asked Dr. Dimock to leave Colleague Y’s office and closed the office door behind him.

28. Both Colleague Y and Colleague X had patients scheduled for 10:00 am on December 19, 2014. During these sessions, and while patients were present, Colleague Y and Colleague X could hear Dr. Dimock in his own office shouting at someone over the telephone. In Colleague Y's office with the door closed, Colleague Y could hear that Dr. Dimock was speaking to his lawyer. Colleague Y opened the door and saw that Dr. Dimock's office door was wide open. Colleague Y approached Dr. Dimock's office, told him it was possible to overhear what he was saying to his lawyer, asked him to lower his voice, and returned to Colleague Y's office.
29. About five minutes later, Dr. Dimock banged forcefully and repeatedly on Colleague Y's office door. When Colleague Y answered the office door, Dr. Dimock, in the presence of Colleague Y's patient, yelled: "Don't ever interrupt me when I'm speaking to my lawyer, bitch". Colleague Y closed Colleague Y's office door. Dr. Dimock then slammed his own office door shut, and left the clinic through the main front door, slamming that door as well. Both Colleague Y's and Colleague X's patients were still present and their therapy sessions were still in progress. Colleague Y's and Colleague X's statements to the Ottawa Police Service are attached at Tabs T and U [to the Agreed Statement of Facts and Admission]. Colleague X's complaint to the CPSO is attached at Tab V [to the Agreed Statement of Facts and Admission].
30. Before leaving their shared office, Dr. Dimock left Colleague Y a note, accusing Colleague Y and Colleague X of conspiring against him, and stating that he would take Colleague Y to civil court if he could not have Colleague Y criminally charged for "threatening him" on the basis that Colleague Y had committed assault. He also wrote that he was "off to the police station taking a page from you, bitch. Fuck off".
31. On December 20, 2014, Dr. Dimock emailed Colleague Y, attaching a letter for Colleague Y to give to Colleague X (as attached to Colleague X's complaint to the CPSO at Tab V above). The letter was a complaint Dr. Dimock threatened to make against Colleague X to Colleague X's professional regulator, alleging among other things that Colleague X had conspired with Colleague Y to make a false allegation to the CPSO with respect to Dr.

Dimock's fitness to practice in an effort to discredit him, to have him removed from practice, and to steal his patients.

32. On and after December 19, 2014, Dr. Dimock left a series of voicemails for Colleague Y, either relating to their workplace dispute and/or on Colleague Y's office voicemail, as attached at Tab W [to the Agreed Statement of Facts and Admission], and including as follows:

- (a) "I want you and that fucking friend of yours Colleague X outta that clinic and I want you outta that clinic now. I don't want you anywhere near my clinic from now on. I don't want you to be fucking hanging around there. I don't want you to be practising in that fucking clinic. I want you outta that clinic right now because I have had it with you. I've got the company of a family member and I am going to ask for a complete denial of access to you in view of your activity in getting Colleague X to complain to the College about me [...]. I am also going to have you ah, ah struck off from the professional regulatory body because of your disgusting activity along with a complaint to the professional regulator about Colleague X [...]. So, there you go. You have it. I want you fucking out of there. Goodbye."
- (b) "I want compensation for the patients for the patients that I've referred to you and Colleague X over the years, ok? And I want it now. And I want it big time, all right? Goodbye."
- (c) "... ah have a corporate lawyer who will be in touch with about removing you and Colleague X from the premises ah as soon as possible. Ah if you have a difficulty with that my ah corporate lawyer, and he'll deal with ah you ... removed because if your threat that you just placed on me with you and Colleague X coming out of your office and physically confronting me with – in a threatening fashion. I went to the police station but they're unwilling to proceed but ah they will ah with the corporate issue and you'll also have a (inaudible) against you for those threats in the workplace, ok? So, fuck you, bitch. Get out of that fucking office. Leave me alone and fuck you forever, ok? [...] [Y]ou will no longer be practising very shortly, you fucking bitch, anyway, you and Colleague X. It's your threats to me

... in that office about half an hour ago with petitions for you to take (inaudible), ok? Any more threats, any more threats from you and I will put you in jail. And I mean that, you fucking cunt. Fuck you.”

- (d) “By the way, (inaudible) informed me that the furnishings in the office were bought, and Colleague X’s office were bought, for the purpose of the corporation, that you two should move out and not touch any of the ah, the furnishings in the office except your books, which you can take. Ah the rest of this belongs to the corporation or it belongs to me. And as you are no longer members of the corporation [...] you have no longer a say in that issue, ok? So just both fuck off, piss off. Leave your fucking whoring buddies outta my fucking sight. Fucking never come back into my fucking sight again, you fucking whore [...].”
- (e) “I forgot to mention there’s absolutely no (inaudible) serving my office. You or Colleague X is not allowed to cross the threshold of my office. And if you do, you will be dealt with ah severely. Ah there will be a camera installed in the ah office ah shortly by myself, ah which has been given to me [...] that will record [...] any violation of that order. Ah if you leave the photocopies when you – or faxes if you need to ah leave it in my box or leave them in your box, which is a temporary measure ‘til you remove yourself from the premises. And you have until I believe it is January 5th ah to do that, ok? So ah fuck off, bitch. Goodbye.”
- (f) [on Colleague Y’s office voicemail] “Ah Colleague Y. Yes... Um it’s a very ah interesting life you do lead... I don’t think you’re smiling now. [...] [W]e’re gonna have a good fucking time, bitch. You’re fucking um – yesterday I had to send off your little letter of complaint to the College. Have a good fucking life.”
- (g) [on Colleague Y’s office voicemail] “You’re fucking stupid, bitch and you’re going to (inaudible) big time.”
- (h) [on Colleague Y’s office voicemail] “I told you to stop using the fucking name.... You don’t deserve it, you low life fucking whore. [...] You’ve stolen my fucking ah allegation from the [CPSO] concerning fitness to practise such that I can’t respond to the allegation. I want that ah piece of paper returned to me immediately or else you will face severe actions. That is theft. That is break and enter. That is something that you should go to jail for, bitch. And I want that

fucking thing returned and I mean returned now. That is the most despicable, low-life piece of fucking bullshit that you and Colleague X could have pulled off. Stealing my fucking ability to respond to allegations from the [CPSO] is a disgrace, is a despicable disgrace and you will pay. Goodbye.”

- (i) [on Colleague Y’s office voicemail] “[I]t’s going to be a tough one for you, dear, especially if you can’t pay your fucking lawyer’s bills. I tell ya. You are in for one big hell of a battle, my dear. You better start communicating with me immediately or else you know where you’re going. I tell you, you have until 9:00 am tomorrow morning before I send your ah complaint for the College. “
- (j) [on Colleague Y’s office voicemail] “Yeah, I see you ah and Colleague X have removed the ah keys to the clinic, ah which is certainly a ah matter that will be ah dealt with in the ah civil if not the ah criminal court by my ah corporate lawyer. You cannot remove the keys. In fact, you cannot remove any ah, ah items that are ah mutual ah items in the ah corporate – in the ah corporate offices. Um and ah you’ll be getting a letter to that effect from my corporate lawyer. Ah kindly don’t ah continue with your stealing process ah or else I’ll have you charged ah with theft, ah theft over or theft under ah. And ah you’ll spend some time in jail... Fuck off.”
- (k) [on Colleague Y’s office voicemail] “Fucking return my keys now or else I am fucking taking you to court and I am fucking taking you all the way to the fucking Supreme Court three times, bitch. You fucking cunt. Give me back my keys now. You fucking bitch.”
- (l) [on Colleague Y’s office voicemail] “Please disregard my previous message... I found the keys on the floor of my car so ah I apologize.”
- (m) “(Inaudible) this ah adult communication ever gonna start? Ah I have ah not sent any complaints to any Colleges, including Colleague X, even though Colleague X certainly deserves one. [...] [I]f you continue to ah, you know, if you keep your silence, then ah that will just simply be held against you in court.”

PART II – ADMISSION

33. Dr. Dimock admits the facts specified above and admits that, based on these facts, he has:

- (a) engaged in conduct or an act or acts relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O/Reg. 856/93”).

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Dimock’s admission and found that he committed an act of professional misconduct, 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.

AGREED STATEMENT OF FACTS ON PENALTY

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

PAST HISTORY

Prior Dispositions by the Complaints Committee

1. In September 1998, the Complaints Committee required Dr. Dimock to attend at the College to be cautioned to discuss the importance of being extremely cautious in sharing what may be unsubstantiated, insupportable, or unreasonable opinions in his consultations, particularly in situations where those opinions concern legal or criminal matters and may be used in a public forum. In his report of an independent psychiatric examination of an alleged pedophile, Dr. Dimock wrote:

With such low levels of sexual biological drive one wonders if the aggressor may not have been the alleged victim in this case! That is an interesting twist, considering civil action is outstanding also in this matter, and one wonders if the “victim” has been zealously counselled by the sexual abuse “survivors” people, as so many have.

2. Dr. Dimock’s report was presented in court by the defence counsel for the accused paedophile. It was viewed by the victim, the Assistant Crown Attorney, the Judge and the press as “appalling”. In the Committee’s view, the opinion Dr. Dimock expressed was unreasonable and inflammatory. The Committee’s September 1998 decision is attached at Tab A [to the Agreed Statement of Facts on Penalty].
3. In February 2004, the Complaints Committee required Dr. Dimock to attend at the College to be cautioned respecting communications with respect to two separate patient complaints (files 50649 and 51606). The Committee wished to speak to Dr. Dimock about his communications approach. The Committee’s February 2004 decisions are attached at Tabs B (file 50649) and C [to the Agreed Statement of Facts on Penalty] (file 51606). In its decision on file 51606, the Committee noted:

We note with concern that two complaints, from different complainants, raising questions about Dr. Dimock’s communications style, were submitted to the College over a relatively short period of time. This causes us to wonder whether there is something in Dr. Dimock’s approach to patients which leads them to perceive him negatively. Further, the Committee is aware that Dr. Dimock has previously been cautioned by this Committee respecting the importance of discretion in a professional communication.

We note that in response to the two complaints currently before us, Dr. Dimock essentially blamed the complainants, suggesting, in each case, that the complainant misunderstood and had “transference issues” which prompted them to react negatively towards him. It appears that Dr. Dimock has not considered the possibility that something in his own manner or

behaviour may lead patients to form the impression that he is rude or dismissive (emphasis added).

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for Dr. Dimock made a joint submission as to an appropriate penalty and costs order. The Committee is aware that a joint submission should be accepted, unless to do so would bring the administration of justice into disrepute or is otherwise not in the public interest.

The Committee is also aware of the accepted principles that guide the determination of an appropriate penalty. First and foremost is that the penalty must protect the public. The penalty must also provide both specific deterrence to the member and general deterrence to the profession. In addition, the penalty must reflect the profession's disapproval of the misconduct and maintain public confidence in the College's ability to regulate the profession in the public interest. Where appropriate, the penalty must provide the potential for rehabilitation of the physician.

In addition, the Committee must consider aggravating and mitigating factors in determining the appropriate penalty.

Aggravating Factors

There are several aggravating factors in this case.

The Committee's finding of professional misconduct against Dr. Dimock arises from numerous and multifaceted instances of misconduct: making derogatory, inflammatory and unsubstantiated allegations in public before the HPARB in 2016 concerning his patient, Patient A, that he now acknowledges were false and unfounded; making rude and aggressive comments to Patient B in 2016 in response to emails in which she expressed concern about disclosure of her personal information to an insurance company; and engaging in repeated threatening behaviour and

communications in 2014 with two office colleagues. The Committee was particularly alarmed about the chronicity of Dr. Dimock's behaviour.

There was a remarkable consistency to Dr. Dimock's behaviour: in each of these cases, he behaved in a rude, dismissive, disrespectful and antagonistic manner. The evidence also shows a consistent pattern on his part of defensive behaviour. He consistently defended his own actions and tended to blame those who were critical of him for their own failings, absolving himself of responsibility. In 2014, he was reported to the College by Colleague X, who expressed concern for his well-being, specifically that he was suicidal. Additionally, Colleague X noted Dr. Dimock to be exhibiting angry, verbally abusive and aggressive behaviour towards Colleague X and toward Colleague Y, all of whom shared the same office space. Dr. Dimock strenuously denied this during the College investigation, stating in a response that there was a conspiracy by Colleague X and Colleague Y to discredit him. In 2016, another patient, Patient B, filed a complaint with the College alleging rude, dismissive and disrespectful behavior by Dr. Dimock towards her. Dr. Dimock again strenuously denied the-allegations.

Dr. Dimock threatened those who were critical of him, for example: he threatened to report Colleague X to Colleague X's own professional regulator for having expressed concerns to the College about his behaviour; he threatened to take Colleague Y to civil court if he could not have Colleague Y charged criminally; and he threatened to have Colleague Y struck from the register of Colleague Y's professional regulator.

The Committee was concerned that this unprofessional and indefensible behaviour had gone on for such a long period of time and to such a significant degree.

A further aggravating factor is that Dr. Dimock had been cautioned about his behaviour by the College's Inquiries, Complaints and Reports Committee ("ICRC") twice in the past, in 1998 and again in 2004. Both cautions pertained to his communications approach. The first caution was about the importance of discretion in a professional communication. The second caution arose from complaints by two complainants about inappropriate and unprofessional comments that he made to them. The ICRC noted in its decision that in both cases, Dr. Dimock essentially blamed

the complainants, and that he appeared not to have considered that his own manner or behaviour might have caused the problem. Dr. Dimock was also cautioned by the ICRC about his behaviour in regard to the complaint by A.B. In 2015, the ICRC commented specifically that it found the voice mail message that Dr. Dimock left for the College investigator, in which he expressed the view that the College was harassing him and making frivolous investigations into his practice, threatened legal action against the College, and alleged that the complainant had ulterior motives for complaining against him, to be very troubling. The ICRC in that case noted that Dr. Dimock seemed to have little insight into why he had so many encounters with the College. The fact that Dr. Dimock persisted in such behavior, even after these cautions, demonstrates a continuing lack of insight on his part. A physician's inability to address behavior, which negatively affects patients and others, is clearly inappropriate and speaks to the governability of the physician.

Dr. Dimock's behavior cannot be explained by a mental health disorder. He was evaluated by a psychiatrist and determined not to have a mental health disorder that would impact on his patient care. He has also persistently denied the existence of a mental health disorder.

Although Dr. Dimock has now admitted his misconduct, that he took so long to do so after continued denials was concerning to the Committee.

Mitigating Factors

Mitigating factors in this case include that this is Dr. Dimock's first appearance before the Discipline Committee. He has admitted his misconduct, and thus has reduced the time and cost that would have been required for a contested hearing and spared others the burden of having to testify.

Conclusion

The Committee is in agreement that the proposed penalty meets the penalty principles. It is in keeping with the penalties imposed in cases that were put before the Committee, dealing with similar misconduct by other members.

The four-month suspension and the reprimand clearly express the Committee's view that Dr. Dimock's conduct was reprehensible. They serve as a specific deterrent to Dr. Dimock by conveying to him the serious consequences to which such conduct gives rise. They also serve as a general deterrent to the profession by sending the message that this sort of behaviour will not be tolerated. They will also serve to maintain the public's confidence in the profession and the College's ability to regulate the profession in the public interest by demonstrating how seriously the College takes this sort of behavior.

The requirement that Dr. Dimock complete an ethics and boundaries course and anger/communication management treatment serve to protect the public and performs a rehabilitative role by addressing Dr. Dimock's behavioural issues which have impacted his patient care, in the hopes of preventing a recurrence.

Costs

The Committee agreed that this was an appropriate case in which to order that Dr. Dimock pay to the College its costs; the jointly submitted cost amount is in keeping with the College's tariff for a day of hearing.

ORDER

The Committee stated its finding of professional misconduct in paragraph 1 of its written order of January 10, 2018. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. Dr. Dimock appear before the panel to be reprimanded;
3. the Registrar suspend Dr. Dimock's certificate of registration for a period of four (4) months, commencing on January 10, 2018.

4. the Registrar impose the following terms, conditions and limitations on Dr. Dimock's Certificate of Registration:
 - a. Dr. Dimock will successfully complete, within six months of the date of this Order, a course in ethics and boundaries acceptable to the College (such as the PROBE course);
 - b. Dr. Dimock will successfully complete, within six months of the date of this Order, counselling in anger management or communication in difficult settings acceptable to the College; and
 - c. Dr. Dimock shall be responsible for any and all costs associated with implementing the terms of this Order.
5. Dr. Dimock pay costs to the College in the amount of \$ 5,500.00 within thirty (30) days of the date of this Order.

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

TEXT of PUBLIC REPRIMAND
Delivered January 10, 2018
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
Dr. JOHN LESLIE DIMOCK

Dr. Dimock,

You have agreed to the statement of facts and to the penalty that is being imposed. You have admitted to a wide range of misconduct and the record shows that similar conduct has occurred over a period of almost 20 years. Your rudeness in personal communications at times reached levels that were truly appalling. You made unfounded allegations that were harmful and potentially dangerous. It is important for physicians to understand that patients come to them with problems and their behaviour, your behaviour and conduct towards them should always reflect this.

You are a mature and experienced psychiatrist who should have known better and who should have learned to control his behaviour appropriately. You have admitted behaviour that ranges from insulting to being cold and unresponsive. You have demonstrated extreme lack of personal insight and rudeness to patients, to colleagues, and to this college – rudeness that has been evident in your private life and in public. To blame others for your behaviour, whether it is blaming patients or the College is completely unjustified. Furthermore blaming others brings the whole medical profession into disrepute.

You're being given an opportunity to remediate yourself – an opportunity to listen to the advice and to take the help of others, something you have signally failed to do in the past.

This committee is adamant that you must take every possible advantage of the chance you have been given. You may take it, that any further appearance before the committee may be treated with considerably greater severity.

This is not an official transcript