

**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. Solomon Marc Shapiro (CPSO # 58937)
(the Respondent)**

INTRODUCTION

The Respondent provided outpatient care to the Complainant (an adolescent at the time) between 2015 and 2018. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's care and conduct.

The Complainant is concerned the Respondent failed to advocate for him and report the abuse he had been receiving by his family member to the Children's Aid Society (CAS), resulting in a lack of resources and supports.

COMMITTEE'S DECISION

A Mental Health Panel of the Committee considered this matter at its meeting of January 12, 2021. The Committee required the Respondent to attend at the College to be cautioned in person with respect to his failure to make a mandatory report to CAS.

COMMITTEE'S ANALYSIS

The Respondent confirmed that when the Complainant was 13 years of age, he reported physical abuse by his family member. The Respondent explained why, in his opinion, the report of abuse did not appear plausible. However, he did note that the family member had disclosed to him the two incidents that the Complainant had specifically described to him, and he documented the family member acknowledging certain physical actions he had taken with respect to the Complainant.

The Respondent stated that he did not make a report to the CAS as he did not feel that the Complainant was in need of protection, as defined in the College's policy, *Mandatory and Permissive Reporting*; nor did he feel that the two incidents that the Complainant and his family member described warranted a report to the CAS. While he recognized the incidents could be broadly construed as abuse, he did not feel they were sufficient to conclude that the Complainant had experienced physical or emotional harm as contemplated by the policy. The Respondent stated that he obtained second opinions

on whether to make a report, by contacting the CAS anonymously and discussing the matter with a colleague.

Given that there was a report of abuse, with statements by the family member acknowledging incidents, including an episode where he physically restrained the Complainant, the Committee was of the opinion that the Respondent erred in deciding not to make a report to the CAS. As set out in the College's policy, *Mandatory and Permissive Reporting*, physicians who have reasonable grounds to suspect a child is or may be in need of protection must immediately report the suspicion, and the information upon which it is based, directly to the CAS. A child in need of protection includes a child who has suffered, or is at risk of suffering, physical and/or emotional abuse.

It is up to the CAS, and not the physician, to investigate the veracity of the allegations and the risk to the child. It was not appropriate for the Respondent to dismiss the Complainant's allegations based on his own investigation and determination into whether the abuse was verified or exaggerated. Such investigation and determination should be left to the experts in the area (i.e. CAS) who are adequately trained and experienced to make such inquiries.

The Committee noted that this case arose in the context of the Respondent's significant history with the College, which includes matters that raise similar themes of conducting himself in a manner that extends beyond the expected role and responsibility of a physician.

The Committee was of the opinion that the Respondent requires a caution in person as set out above.