

**Indexed as: Longdon (Re)**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** a Hearing directed  
by the Complaints Committee of  
the College of Physicians and Surgeons  
of Ontario, pursuant to Section 34(3)  
of the **Medical Act**, R.S.O. 1970,  
c. 268 as amended

**BETWEEN:**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**- and -**

**DR. WILLIAM HENRY LONGDON**

**PANEL MEMBERS:** DR. L. ROBINSON (Chair)  
DR. D.H. BRADEN  
DR. D. KRAFTCHECK  
L. EDINBORO  
F. HOSHIZAKI

**HEARING DATE:** JANUARY 23 - 26, 1995

**DECISION/RELEASE DATE:**

JANUARY 26, 1995

## DECISION AND REASONS FOR DECISION

This matter was heard before the Discipline Committee of the College of Physicians and Surgeons of Ontario at Toronto on January 23-26, 1995.

### **THE ALLEGATIONS**

It was alleged in the Amended Notice of Hearing that:

#### **Allegation 1**

Dr. William Henry Longdon...during the period on or about January 1, 1972 to on or about July 13, 1975 in his dealing with a patient, UPE, did engage in misconduct in a professional respect which is professional misconduct under Section 34(3) of the **Medical Act**, R.S.O. 1970, c. 268 as amended;

#### **Allegation 2**

Dr. William Henry Longdon...during the period on or about January 1, 1972 to on or about July 13, 1975 in his dealings with a patient, UPE, did engage in conduct unbecoming a medical practitioner which is professional misconduct under Section 34(3) of the **Medical Act**, R.S.O. 1970, c. 268 as amended;

#### **Allegation 3**

Dr. William Henry Longdon...during the period on or about July 14, 1975 to on or about December 31, 1978 did commit sexual impropriety with a patient, UPE, which is professional misconduct under paragraph 28 of section 26, as amended of Regulation 577/75 made under Part III (Medicine) of the **Health Disciplines Act**, 1974, and section 60(3)(c) of the said Act.

#### **Allegation 4**

Dr. William Henry Longdon...during the period on or about July 14, 1975 to on or about December 31, 1978 in his dealings with a patient, UPE, did fail to maintain

the standard of practice of the profession, which is professional misconduct under paragraph 20 of section 26, as amended of Regulation 577/75 made under Part III (Medicine) of the **Health Disciplines Act**, 1974, and s. 60(3)(c) of the said Act.

#### **Allegation 5**

Dr. William Henry Longdon...during the period on or about July 14, 1975 to on or about December 31, 1978 in his dealings with a patient, UPE, did engage in conduct relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, which is professional misconduct under paragraph 31 of section 26, as amended, of Regulation 577/75 made under Part III (Medicine) of the **Health Disciplines Act**, 1974, and s. 60(3)(c) of the said Act;

#### **Allegation 6**

Dr. William Henry Longdon...during the period on or about January 1, 1972 to on or about July 13, 1975 in his dealings with a patient, UPE, was incompetent which is professional misconduct under Section 34(3) of the **Medical Act**, R.S.O. 1970, c. 268 as amended;

#### **Allegation 7**

Dr. William Henry Longdon...during the period on or about July 14, 1975 to on or about December 31, 1978 in respect of a patient, UPE, displayed in his professional care a lack of knowledge, skill or judgment or a disregard for the welfare of the patient of a nature or to an extent that demonstrates that he is unfit to continue in practice and is therefore incompetent as set out in Section 60(4) of the **Health Disciplines Act**, 1974.

The case was complex in that each allegation included specific particulars, the majority of which related to more than one allegation, and two time frames were involved. Allegations 1,2 and 6 related to the first period from approximately January 1, 1972 to

approximately July 13, 1975 when the **Medical Act** RSO 1970 was in force; Allegations 3,4,5 and 7 to the second period from approximately July 14, 1975 to approximately December 31, 1978, when the **Health Disciplines Act** was in force.

The Amended Notice of Hearing contained multiple particulars of the alleged misconduct. At the outset of the hearing, Dr. Longdon pleaded guilty to Allegations 4 and 5 and made certain specific admissions in relation to the particulars in allegations 4 and 5. Dr. Longdon pleaded not guilty to the remaining allegations.

In the final analysis, based on the case as presented, the Committee was required to consider the following particulars:

Allegations 1 and 2:

During the first period, (up to July 13, 1975), with respect to Allegation 1 (misconduct in a professional respect) and Allegation 2 (conduct unbecoming a medical practitioner), it was alleged that Dr. Longdon had:

- a) hugged the patient;  
.....
- g) failed to properly manage transference and counter-transference;  
.....

Allegation 6:

During the first period, with respect to Allegation 6 (incompetence), it was alleged that, Dr. Longdon had:

- .....
- b) failed to properly manage transference and counter-transference;
- c) failed to set appropriate limits on the patient's behaviour;
- d) failed to maintain appropriate physician-patient boundaries;
- e) violated physician-patient confidentiality;
- f) encouraged the patient to use alcohol and non-prescription drugs, including

marijuana, hashish and psilocybin;

- g) failed to address the use of alcohol and non-prescription drugs by the patient, including the possibility of referral for treatment for such use;

.....

Allegation 3:

During the second period, (after July 14, 1975), with respect to Allegation 3 (sexual impropriety), it is alleged that Dr. Longdon had:

- a) hugged the patient;
- b) kissed the patient;
- c) fondled the patient's genitals;
- d) discussed his sexual fantasies with the patient; and
- e) made comments to the patient of a sexual nature.

Allegation 4:

During the second period, with respect to Allegation 4 (failure to maintain the standard of practice), it is alleged that Dr. Longdon had:

.....

- b) failed to properly manage transference and counter-transference (admitted);
- c) failed to set appropriate limits on the patient's behaviour (admitted);
- d) failed to set appropriate physician-patient boundaries (admitted);
- e) violated physician-patient confidentiality (admitted);
- f) encouraged the patient to use alcohol and non-prescription drugs, including marijuana, hashish and psilocybin (admitted, save in relation to psilocybin);
- g) failed to address the use of alcohol and non-prescription drugs by the patient, including the possibility of referral for treatment for such use (admitted);

.....

Allegation 5:

For the second period, with respect to Allegation 5 (disgraceful, dishonourable or unprofessional conduct), it was alleged that Dr. Longdon had:

- a) hugged the patient (admitted);
- b) kissed the patient (admitted);
- c) fondled the patient's genitals;
- d) discussed his sexual fantasies with the patient;
- e) made comments to the patient of a sexual nature;
- .....
- g) failed to properly manage transference and counter-transference (admitted);
- h) failed to set appropriate limits on the patient's behaviour (admitted);
- i) failed to maintain appropriate physician-patient boundaries (admitted);
- j) violated physician-patient confidentiality (admitted);
- k) encouraged the patient to use alcohol and non-prescription drugs, including marijuana, hashish and psilocybin (admitted, save in relation to psilocybin);
- l) failed to address the use of alcohol and non-prescription drugs by the patient, including the possibility of referral for treatment of such use (admitted);
- .....

#### Allegation 7:

During the second period, with respect to Allegation 7 (incompetence), it was alleged that Dr. Longdon had:

- .....;
- b) failed to properly manage transference and counter-transference;
- c) failed to set appropriate limits on the patient's behaviour;
- d) failed to maintain appropriate physician-patient boundaries;
- e) violated physician-patient confidentiality;
- f) encouraged the patient to use alcohol and non-prescription drugs including, marijuana, hashish and psilocybin;
- g) failed to address the use of alcohol and non-prescription drugs by the patient,

including the possibility of referral for such use;

.....

The Committee heard testimony from Ms. UPE, Dr. RWO (a psychiatrist who testified as an expert witness), Dr. William Longdon and Ms. XOS (another patient of Dr Longdon). The College called Ms. UPE and Dr. RWO. The defence called Dr. Longdon and Ms. XOS.

## **ORIGIN OF THE CASE**

Ms. UPE was a patient of Dr. Longdon, a psychiatrist, between December 12, 1972 and May 23, 1978. She had one further consultation with him on April 4, 1993. Ms. UPE had a long history of psychiatric problems, with severe depression and psychotic episodes. In the past she was under the care of a psychiatrist in another country and spent a period of time in a psychiatric hospital there. From December 1972 until October 1975, Ms. UPE attended Dr. Longdon for individual psychotherapy on a bi-weekly or weekly basis. She then joined a therapy group led by Dr. Longdon, and participated in it from the Fall of 1975 until late Spring of 1977. During this time she would also see Dr. Longdon occasionally for individual therapy and for monitoring of her medications. In the Spring of 1976, Dr. Longdon began a meditation group which Ms. UPE joined on his invitation.

From the beginning of therapy, Ms. UPE became very dependant on Dr. Longdon and felt that she loved him. Physical contact took place between them. Sexual concerns were frequently discussed at therapy sessions. They called each other by their first names. After she became involved in the meditation group, a friendly relationship developed between Ms. UPE, Dr. Longdon, his wife and Ms. UPE's husband. Cards and gifts were exchanged. Social contact would include dinner parties in each other's homes, parties with a larger group of friends including other members of the psychotherapy and meditation groups, and some occasions when Dr. Longdon would invite Ms. UPE out alone for lunch, dinner or drinks. Alcohol, hashish and marijuana were frequently involved.

Ms. UPE continued to have psychiatric problems in the years after the time she was Dr. Longdon's patient, including several hospital admissions. With the help of other therapists, her condition eventually improved and healing took place. Looking back at her therapy

with Dr. Longdon, she began to feel that their relationship was inappropriate and indeed harmful to her. She lodged a complaint with the College.

### Allegations 1 and 2

The issue is identical in these two allegations:

did Dr. Longdon fail to manage transference and counter-transference, and hug Ms. UPE in an unprofessional manner, such that he committed professional misconduct.

The Committee found Dr. Longdon not guilty of Allegations 1 and 2.

The Committee heard from Dr. RWO before Dr. Longdon gave his evidence. The College presented her as an expert in psychiatry, with particular reference to the dynamics of therapist-patient relationships. The Committee accepted her as a well-qualified psychiatrist, but noted that her curriculum vitae covered no specific reference to the dynamics of therapist-patient relationships.

Dr. RWO described transference and counter-transference in detail, including warning signs that it was developing and how it should be handled. She was asked to give an opinion of Dr. Longdon's management and whether it was to the standard expected in the 1970s. The Committee heard that she had based her opinion on her reading of Ms. UPE's diaries, which had been provided to her at least two years prior to the date of the hearing, and of Dr. Longdon's patient records, which she had received only four days prior to the hearing. The records were in Dr. Longdon's handwriting and often difficult to decipher. The Committee was critical of the College for this delay, and for not providing a typewritten transcript of the records for Dr. RWO and for the Committee. Dr. RWO told the Committee that she did not find evidence in the patient records that Dr. Longdon had adequately dealt with transference issues. She conceded that there were references to issues of transference, but not of management.

Dr. Longdon testified that he was aware that Ms. UPE rapidly developed very dependent



transference feelings for him. Such transference was an expected part of therapy in many patients. He gave evidence that he described her feelings of transference to her, labelled them and related them to her past experiences, thus dealing with it appropriately. As an example, in April of 1973, he noted "... Angry. I suggested of me not responding to her advances, spoke of her anger at her distant father, and being really seductive with him to attempt to relate to him". The notes contain other examples, although Dr. Longdon admitted that the records were not as detailed as they should be, particularly by today's standards. However, at the time he considered his notes were to remind him of what had been discussed, not as a full description of every detail. The Committee found Dr. Longdon credible and accepted his evidence.

In regard to hugging a patient, Dr. RWO told the Committee that it was never acceptable. She admitted that she had not been a physician in the 1970s and did not have personal experience of practising psychiatry at that time. Dr. Longdon admitted to hugging Ms. UPE during individual therapy sessions, but claimed that it was infrequent and done to comfort her, when she was very upset. He said that it was accepted practice in the 1970s. He denied any sexual connotation. He knew that she had great difficulty accepting simple human touch without sexualizing it and there is a notation in the chart that he "gave her homework last week asking to be hugged" by her friends. A comforting hug from him was part of the same process. He now recognizes it as unwise. The Committee accepted his explanation.

The Committee felt that Dr. Longdon's evidence shed more light on the situation than Dr. RWO was party to, and found him a credible witness. While it is recognized now that hugging a psychotherapy patient is not acceptable in any circumstances, it was not so viewed in the mid-1970's; in the opinion of the Committee, this action did not constitute misconduct or unbecoming conduct.

### Allegation 3

The issue in this allegation is whether Dr. Longdon's hugging and kissing of Ms. UPE (to which he admitted) had any sexual connotation, and whether fondling of her genitals and discussion of his own sexual fantasies did indeed happen.

The Committee found Dr. Longdon not guilty of Allegation 3.

This charge arises from conduct that was alleged to have occurred during the time a friendly relationship had developed between Dr. Longdon and UPE. Dr. Longdon gave evidence that it was his custom then to greet and bid goodbye to friends with a hug and/or a kiss. This is what occurred between him and Ms. UPE. He agrees now that it was entirely unprofessional for him to be friends with Ms. UPE, that it was a stupid mistake, but that there was no sexual connotation on his part.

The charge of genital fondling refers to an incident that was said to have occurred at a party for the members of the therapy group at the home of one of them, to celebrate the successful completion of their therapy. In attendance were, amongst others, Ms. UPE, Dr. Longdon and Ms. XOS. Dinner was served, alcohol flowed freely and marijuana was smoked by both Dr. Longdon and Ms. UPE, amongst others. It was the common evidence of Ms. UPE, Dr. Longdon and Ms. XOS that, at sometime in the evening, Dr. Longdon had sat on a sofa with Ms. UPE sitting on his right, and Ms. XOS on his left. Ms. UPE gave evidence that Dr. Longdon had slid his hand up the back of her very full skirt, down the back of her panties, and fondled her genitals. Her memory was clear and she was certain it had happened. She claimed that he had done the same thing at the same time to Ms. XOS, and afterwards she had discussed this with Ms. XOS, who had confirmed it. Dr. Longdon denied that he had fondled either Ms. UPE or Ms. XOS. Ms. XOS in her evidence denied any such thing happening to her, saying that she was very sensitive to such activity as she had been a victim of abuse in the past. She also denied any discussion with Ms. UPE afterwards. While she admitted that her attention was directed at another person on the other side of her for some of the time she sat on the sofa with Dr. Longdon and Ms. UPE, she doubted that the alleged activity between them could have taken place without her or someone else noticing. She said that she drank some wine with dinner but did not smoke marijuana.

The Committee found Ms. XOS a credible witness. The Committee also found it difficult to accept the alleged manner in which the assault was said to have occurred. How was it possible for a hand to be slid up the back of a very full skirt when the wearer was sitting on a sofa? The Committee felt it likely that the use of alcohol and marijuana had contributed to Ms. UPE's inaccurate memory.

Discussion of Dr. Longdon's own sexual fantasies and other comments of a sexual nature was alleged to have occurred at parties and at a particular restaurant. Ms. UPE gave evidence that Dr. Longdon had asked her to arrange a "sexual triangle" with a woman known to them both and the two of them. According to Ms. UPE, there was talk about underwear, leather, and sexual toys. Dr. Longdon denied any such discussion. No additional evidence was introduced to either support or deny the charge. Based on the evidence heard, the Committee was unable to conclude that the incident had occurred as described by Ms. UPE.

Ms. UPE was clear that there was no sexual intercourse between them, although she had implied to some friends that they were having an affair.

#### Allegation 4

As Dr. Longdon had pleaded guilty to this allegation and had admitted most of the particulars relating to it, the issue here is whether Dr. Longdon encouraged Ms. UPE to use psilocybin.

Based upon the admissions made, the Committee accepted Dr. Longdon's plea of guilty to Allegation 4. However, the Committee found his admission in relation to particular e), was not sustainable based on the facts that emerged during the course of the hearing.

Ms. UPE gave evidence that, prior to her leaving to take the meditation course in the United States in the summer of 1977, Dr. Longdon had warned her that she would find "magic mushrooms" (the active ingredient of which is psilocybin) in use there. She testified that Dr. Longdon warned her that she should be careful about using them as she was very sensitive to drugs. Dr. Longdon denied this, saying that magic mushrooms do

not grow in that area of the United States and it was fresh peyote cactus (containing mescaline) he warned her about. Peyote grows in that part of the country and he had encountered its use when he attended the course previously. The Committee accepted Dr. Longdon's evidence on this point and found it credible.

Ms. UPE further alleged that during the winter of 1977-1978, she obtained and sold to Dr. Longdon some magic mushrooms at his request. This sale allegedly occurred while she was driving home with Dr. Longdon from a family skiing outing. Her husband, son, and Dr. Longdon's two sons were travelling in the other car. Dr. Longdon denied that any such transaction occurred. No additional evidence was introduced to support either the charge or the denial. The Committee found that the necessary burden of proof had not been met.

Particular e) (the alleged violation of physician-patient confidentiality) referred to an incident involving another patient of Dr. Longdon's whom he had referred to Ms. UPE for childbirth education. He gave Ms. UPE some information about this patient's psychiatric problems. The College charged that this violated physician-patient confidentiality. While Dr. Longdon admitted to particular e) at the outset of the hearing, during the course of his evidence he gave a credible explanation. The patient was a 40-year-old woman in her first pregnancy who had avoided any medical care until her sixth month and whom insisted on a home delivery. She was too late to register for childbirth education classes in the normal way. Dr. Longdon asked Ms. UPE if she could help, knowing that she was a respected childbirth education instructor. Ms. UPE was flattered that Dr. Longdon would treat her, as a fellow professional and agreed to see the patient herself. Transfer of related psychiatric information was a necessary part of this referral and Dr. Longdon told the Committee that the patient had given her permission for this. The Committee accepted Dr. Longdon's evidence as entirely plausible and concluded that this particular conduct could not sustain his admission.

### Allegation 5

Dr. Longdon pleaded guilty to Allegation 5 but denied particulars c), d), e) and "psilocybin" in k). The issue was whether he had fondled Ms. UPE's genitals, discussed his own sexual fantasies with her, made comments of a sexual nature, and encouraged her in the use of psilocybin.

Based upon the admissions made, the Committee accepted his plea of guilty to Allegation 5. However, based on the facts that emerged during the course of the hearing, the Committee found his admission in relation to particular j) was not sustainable. The Committee found that the balance of the particulars for Allegation 5 were not proven.

The explanation for this finding has been covered under Allegation 3 and Allegation 4 as above.

### Allegation 6

The issue here is whether Dr. Longdon's management of Ms. UPE's psychiatric problems during the first period was such that he was incompetent. It was common ground that the standard to be applied was that which was expected in the 1970's.

The Committee found Dr. Longdon not guilty of Allegation 6.

Dr. Longdon's management of transference and counter-transference has already been discussed under Allegations 1 and 2, and found adequate. His diagnosis of Ms. UPE's condition was similar to that of other psychiatrists who had seen her and the evidence of Dr. RWO supports this. In relation to particulars c) and d), Dr. Longdon admitted that some of the things he said to Ms. UPE during therapy could have been misinterpreted by her, and he should have done more to ensure she understood. As an example, she recalls his response when she told him "I wish you loved me". She said that Dr. Longdon replied "I do, specially the parts of you you try to hide". Ms. UPE took him to mean her sexual parts. Dr. Longdon told the Committee that one of the goals of psychotherapy is to help the patient accept all parts of themselves, good and bad, and this comment, although he

has no specific memory of saying it, is the type of comment that he would have made, as an expression of how he wanted her to feel about herself. He agreed it could be misinterpreted. The Committee accepted Dr. Longdon's explanation and found it credible.

Although he admitted giving a comforting hug to her at times, he said that it was not considered inappropriate at that time. Dr. RWO gave evidence that in that era, "touch was the thing", although she felt it should have been an issue of common sense even then that it could be harmful. She acknowledged that she was not practising in the 1970's.

In regard to the alleged violation of confidentiality during this period, Ms. UPE gave evidence that Dr. Longdon's wife knew of her attempted suicide in 1973, and later mentioned it to her. Dr. Longdon recalled that Ms. UPE's husband had telephoned him at home to tell him that she had taken an overdose of her prescribed medication and that Dr. Longdon was very upset at the news. He admitted that, in the stress of the moment, he might well have told his wife, but he denied any further discussion. Dr. RWO, the College's expert witness, told the Committee that, while it was not the standard of practice for a physician to discuss a patient with his wife, it is difficult if not impossible not to share some aspects of professional life. If it was idle gossip, it would never be acceptable, but she felt that if it was to express concern or to relieve tension, it did happen and could be excused.

The last two particulars under this allegation related to the use of alcohol and non-prescription drugs. The Committee heard no evidence to support the charge that Dr. Longdon had encouraged Ms. UPE in their use, or failed to address the issue, although she admitted to drinking alcohol on a regular basis. The Committee concluded that the evidence concerning Dr. Longdon's dealings with Ms. UPE during this period did not support the allegation of incompetence.

#### Allegation 7

The issue is whether the actions of which Dr. Longdon was found guilty in Allegation 4, and which covered the second period under consideration, show that he is incompetent.

The Committee found Dr. Longdon not guilty of Allegation 7.

Dr. Longdon admitted to extremely poor judgment in encouraging a friendship to develop between himself and Ms. UPE. It resulted in serious breaches in psychotherapist-patient boundaries. Dr. RWO gave evidence that such actions are unprofessional and below the standard of practice, but not definitely indicative of incompetence. She made it clear that any sexual involvement between Dr. Longdon and Ms. UPE would have been a gross breach of standards and clearly indicative of incompetence. The Committee, in finding that Dr. Longdon was not guilty of sexual impropriety, accepted his evidence that there was no sexual connotation to any physical contact he had with his patient.

In assessing if Dr. Longdon's conduct displayed disregard for the welfare of the patient, the Committee considered whether his actions caused harm to Ms. UPE. Evidence was heard about the severity of Ms. UPE's depression at the beginning of individual therapy, how it waxed and waned over time, including one episode of self-poisoning. However, by the middle of 1975, (when the period under consideration began) she was well enough to progress to group therapy and then to join a meditation group. She was executive director of a professional organization and no evidence was heard to suggest she was not functioning well in that capacity.

While Dr. Longdon admitted to inappropriate and unprofessional behaviour, no evidence was heard to suggest that such behaviour was repeated.

The Committee concluded that the evidence concerning Dr. Longdon's professional care during this period fell short of establishing that he was incompetent.

## **CONCLUSIONS**

Dr. William Henry Longdon is guilty of:

Allegation 4

failing to maintain the standard of practice of the profession, which is professional misconduct under paragraph 20 of Section 26, as amended of Regulation 577/75 made under Part III (Medicine) of the **Health Disciplines Act**, 1974, and s. 60(3)(c) of the said Act.

Allegation 5

engaging in conduct relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, which is professional misconduct under paragraph 31 of section 26, as amended, of Regulation 577/75 made under Part III (Medicine) of the **Health Disciplines Act**, 1974, and s. 60(3)(c) of the said Act.

He is not guilty of the other allegations.

**SUBMISSIONS REGARDING PENALTY**

The Committee heard submissions from both counsel before deciding on penalty.

Through its counsel, the College called on Ms. UPE to present her Victim Statement.

Ms. UPE described the profound emotional pain she had suffered and the damage caused by the social relationship with Dr. Longdon. She described her path to healing, starting with another therapist in 1988, who had set clear boundaries and insisted that they were kept. She improved, moved to another province, and has progressed with further therapy so that she is now well enough to live a normal life.

For penalty, she asked that Dr. Longdon educate himself about gender issues, the role of women in society, the trauma of abuse and how victims cope, heal and empower themselves. She asked that he be subject to a period of suspension from practice.



For Dr. Longdon, his counsel called two character witnesses, Mr. FFO and Dr. LGS, and also submitted a brief of testimonial letters from colleagues and patients.

Mr. FFO is Administrative Director of Mental Health Services at Hospital GWN, where Dr. Longdon is Clinical Director of Mental Health Services. He has known him for 13 years, since Dr. Longdon moved to the community. Mr. FFO told the Committee that Dr. Longdon is known as a qualified sympathetic psychiatrist, well-respected and beyond reproach. As well as his medical and administrative responsibilities, Dr. Longdon is involved in volunteer community activities, including "Friends of Schizophrenics".

On being questioned by the Committee, Mr. FFO acknowledged that he was not aware of any organized education in their department around gender and boundary issues, although the staff were expected to be aware of such issues.

Dr. LGS is a psychiatrist who has practised in the community since 1973, having received his FRCP in psychiatry in 1972. He was Chief of the Department of Psychiatry at Hospital GWN when Dr. Longdon moved to the community 13 years ago. He remained Chief until 1990, when Dr. Longdon assumed that role. It was Dr. LGS who hired Dr. Longdon for the Department of Psychiatry; he has practised in association with him ever since. Dr. LGS has frequent contact with Dr. Longdon both professionally and socially. Their private offices are adjacent and they speak often and consult extensively. He knows many members of the health professions, the general public and mutual friends to whom Dr. Longdon is well-known.

Dr. LGS told the Committee that he considers Dr. Longdon to be an excellent psychiatrist; he is kind and considerate, and has excellent judgement and diagnostic skills. He said that Dr. Longdon keeps up to date and is knowledgeable of current concepts of psychotherapy and psychopharmacology. He admitted that he did not know Dr. Longdon in the 1970's, but he trained and started practice at about the same time as did Dr. Longdon. The concept of the importance of maintaining psychiatrist-patient boundaries was recognized in the 1970's and any breach was known to be wrong. However, he felt there was a tendency at that time to be lax about adhering to the standards.

Dr. LGS told the Committee that he taught family practice residents about boundary violations and gender issues. However, there was no specific education on such issues for the staff of the psychiatry department.

Counsel for the College asked for: 1) a suspension of Dr. Longdon's Certificate of Registration for a period of six months, with no conditions attached and, 2) a recorded reprimand.

Counsel on behalf of Dr. Longdon asked the Committee to consider two similar, albeit not identical, cases when deciding on an appropriate penalty: Ross, 1984, which resulted in a two-month suspension; and Kwamie, 1993, in a three-month suspension.

Both counsel agreed that Dr. Longdon deserved credit for pleading guilty and thus acknowledging to Ms. UPE and to the public his responsibility for his actions. He was truly sorry and there was no suggestion that he would repeat such offences. It was necessary, however, to send a clear message to the profession that such conduct cannot be condoned, and that any complaints by the public are treated seriously.

## **PENALTY**

The principles which the Committee considered while arriving at a decision as to penalty included the following:

a) Denunciation

The misconduct of which Dr. Longdon has been found guilty is unacceptable; the public is entitled to expect the profession to maintain appropriate standards;

b) General Deterrence

Members of the profession must be made aware that such conduct is not condoned and that complaints are treated seriously;

## c) Specific Deterrence

Dr. Longdon acknowledged and regretted his unacceptable conduct; there was no evidence that he had repeated it, or any likelihood that he would do so in the future. That conclusion would be further supported if he were to institute some form of activity that would cause him to focus on the importance of boundary issues and appropriate patient expectations of psychotherapeutic interactions;

## d) Rehabilitation

Using his experience in this matter to become involved in education of his colleagues could be of ongoing benefit to the public and the profession.

Having regard to these considerations, and the Victim Impact Statement of Ms. UPE, the Committee concluded that the following penalty should be imposed:

1. Dr. Longdon's Certificate of Registration shall be suspended for a period of 180 days. The period of suspension shall commence on a date which shall be fixed by the Registrar who shall take this action within 60 days of the date on which this decision becomes final. In any event, the term of this suspension shall commence not more than 180 days after the date on which this decision becomes final.
2. Of this period of 180 days suspension the latter 120 days shall be suspended, provided Dr. Longdon fulfils the following conditions:
  - (a) Dr. Longdon shall provide to the Registrar, within 30 days of the date upon which this decision becomes final, written confirmation that he has incorporated into his practice a routine that, at the initiation of treatment, all patients are made aware of boundary issues and appropriate expectations of psychotherapeutic interactions and that his patient records reflect this.

(b) Dr. Longdon shall organize, for the members and staff of the Department of Psychiatry of Hospital GWN, an educational program satisfactory to the Registrar (which may be a significant educational event or a series of seminars) on boundary issues and appropriate expectations of psychotherapeutic interactions.

(c) Dr. Longdon shall submit to the Registrar an organizational plan for this educational program within 30 days of the date upon which his suspension commences.

(d) The educational program referred to in (b) above shall commence no later than 180 days after the date upon which the suspension commences and Dr. Longdon shall provide written confirmation of this fact to the Registrar.

(e) In the event that conditions (a) and (c) are not fulfilled within the times specified, the remaining 120 days of the suspension of Dr. Longdon's Certificate of Registration shall follow immediately after the initial 60 days' suspension.

(f) In the event that condition (d) is not fulfilled within the time specified, the remaining 120 days of the suspension of Dr. Longdon's Certificate of Registration shall commence 180 days after the date upon which the initial suspension commenced.

3. Dr. Longdon shall receive a reprimand. The fact of the reprimand shall be recorded on the Register. The Committee further directs that Dr. Longdon's name be published.

Dr. Longdon, through his counsel, waived his right to appeal the penalty and the reprimand was administered forthwith.