

PROVINCE OF NOVA SCOTIA)
COUNTY OF HALIFAX)

IN THE MATTER OF : The Canada Evidence Act

- and -

IN THE MATTER OF: The Medical Act, S.N.S. 1995-96 c.10

- and -

IN THE MATTER OF: The Complaint of the College of Physicians
and Surgeons of Nova Scotia against
Dr. William Hunter Blair

HEARING COMMITTEE DECISION

Members of the Hearing Committee: Mr. Alan Stern, QC, Chair
Dr. Dianne MacDonald
Dr. Brian D. O'Brien
Dr. Rodney Wilson
Ms. Gwen Haliburton

Date of Decision: June 28, 2000

WHEREAS by Notice of Hearing, a complaint was filed by the College of Physicians and Surgeons of Nova Scotia against Dr. William Hunter Blair, a physician licensed to practice medicine in Nova Scotia;

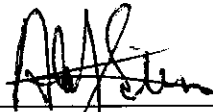
AND WHEREAS the Settlement Agreement attached hereto was negotiated pursuant to section 57(1) of the **Medical Act**;

AND WHEREAS acceptance of the Settlement Agreement was recommended by an Investigation Committee on June 20, 2000;

AND WHEREAS the Hearing Committee appointed to hear the complaint reviewed the Settlement Agreement on June 28, 2000, and accepted the recommendation of the Investigation Committee;

THE HEARING COMMITTEE pursuant to section 57(5) of the **Medical Act** accepts the recommendation of the Investigation Committee and by this written decision confirms its acceptance of the Settlement Agreement attached hereto.

DATED at Halifax, Nova Scotia, this 28th day of June, 2000.



Mr. Alan J. Stern, QC
Chair of Hearing Committee

PROVINCE OF NOVA SCOTIA)
COUNTY OF HALIFAX)

IN THE MATTER OF: The *Canada Evidence Act*

- and -

IN THE MATTER OF: The *Medical Act*, S.N.S. 1995-96, c.10

- and -

IN THE MATTER OF: Dr. William Hunter Blair

SETTLEMENT AGREEMENT

Dr. William Hunter Blair, a medical practitioner in the Province of Nova Scotia, and a member of the College of Physicians and Surgeons of the Province of Nova Scotia (the "College"), hereby agrees with and consents to the following in accordance with the provisions of the *Medical Act*, S.N.S. 1995-96, c.10.

I. STATEMENT OF FACTS

The following Statement of Facts is correct:

1. Dr. William Hunter Blair is a 60 year old physician who has practiced medicine for over 35 years, the last 18 years of which have been as a family practitioner in Barrington Passage, Nova Scotia.
2. In 1996 Dr. Blair began providing medical services to a female patient (Patient X). In early 1997 Patient X was admitted to the psychiatric unit of a Hospital, following a consultation

with Dr. Blair. After starting the doctor/patient relationship in 1996, Dr. Blair became aware of Patient X's three year history of serious psychiatric illness.

3. Dr. Blair was aware that Patient X had a history of transference issues. He also knew that the previous physician of Patient X had terminated his physician/patient relationship with her due to Patient X's romantic delusions and obsessional thinking about him.

4. Dr. Blair treated Patient X sporadically between 1996 and August, 1998, at which time Patient X was again admitted to the psychiatric unit of a Hospital because Dr. Blair felt she was suicidal. As of August, 1998 Dr. Blair had diagnosed Patient X as suffering from bi-polar depression. He provided medical services to her on a regular basis from November, 1998, to and including June, 1999, during which time treatment focussed largely on the provision of psychotherapy to Patient X.

5. In or about June, 1999, romantic feelings developed between Dr. Blair and Patient X. Dr. Blair ceased providing psychotherapy services to Patient X at or about the end of June, 1999, but met with her on at least one occasion in July, 1999, at which time kissing and hugging took place. The relationship progressed to sexual intercourse in August, 1999.

6. In 1995, all physicians licensed with The Provincial Medical Board (the predecessor of the College) were provided with a copy of a document approved by The Provincial Medical Board entitled "Sexual Misconduct in the Physician-Patient Relationship", relevant portions of which read as follows:

The therapeutic relationship is not to be used to further the physician's own needs, nor is it ever appropriate to attempt to meet a patient's sexual needs. Sexualizing the physician-patient relationship has no therapeutic value. Seduction by the patient is never an acceptable rationalization. Even when the patient has made sexual advances, it is the physicians's responsibility to reassert the appropriate boundaries. Because the physician holds the more powerful position in the relationship, the physician must set and control the limits.

...

The imbalance of the relationship may foster what is known as transference. Transference, which is particularly common in the psychotherapeutic relationship, occurs when a patient develops feelings toward a physician unrelated to the professional care provided. The physician can come to represent an authority figure. When this happens patients often idealize the physician and can experience the feeling of “falling in love” with him or her. This idealization places the patient in a position of vulnerability and dependence which may be exploited by the physician. Because of these factors, it is the physician’s responsibility to identify and maintain the boundaries of the therapeutic relationship.

...

The Board recognizes there are no circumstances in which sexualized conduct in the current physician-patient relationship is acceptable. Such activity is abusive regardless of whether the physician believes he/she has consent or uses any other rationalization to excuse the behaviour. It is the physician’s responsibility never to cross the line into sexual misconduct....

The dynamics of the physician-patient relationship do not necessarily end with the completion of treatment or as soon as the patient is transferred to another physician. The various factors present in the physician-patient relationship continue to have an impact and there is always a risk of abuse of power on the part of the physician since, consciously or not, he/she may use or exploit the trust, the confidential information, the emotions or the power created by the former professional relationship.

In any sexualized conduct with a former patient, the physician has a duty to ensure there is no exploitation by the physician of the power imbalance between the parties resulting from the earlier physician-patient relationship. Given the very special nature of the psychotherapeutic relationship, it is rare for a personal relationship to be established between the physician and the former patient without their previous physician-patient relationship being exploited in some way.

7. On September 15, 1999, a complaint was filed by the Registrar of the College regarding the conduct of Dr. Blair.

8. In his reply to the complaint dated October 3, 1999, Dr. Blair admitted that he had been involved in a sexual relationship with Patient X, but advised the College that he was no longer seeing her.

9. Patient X was admitted to the psychiatric unit of a Hospital on October 30, 1999. The hospital records concerning the admission of Patient X on October 30, 1999 indicate that Patient X voluntarily admitted herself to hospital. She was then formally committed after her voluntary admission. The records also indicate that at that time Patient X was so acutely psychotic that she did not possess the capacity to consent to medical treatment.

10. On November 18, 1999 Patient X was released from the psychiatric unit of the hospital on a two hour pass in the company of Dr. Blair. On November 19, 1999 Patient X was released on a weekend pass in the company of Dr. Blair. Patient X was discharged by her treating physician from the hospital to Dr. Blair's care on November 21, 1999, following which Dr. Blair continued his sexual relationship with her.

11. Investigation Committee "B" of the College investigated the complaint. In the course of the investigation, Dr. Blair admitted a continuing sexual involvement with Patient X. The Committee felt it was unclear whether Dr. Blair had transferred the care of Patient X to other physicians. The Committee referred the complaint to a Hearing Committee. Pending the Hearing, Dr. Blair agreed that:

- (1) he would immediately formally transfer the care of Patient X to another physician;
- (2) he would immediately advise in writing all physicians treating Patient X that he was no longer her physician;
- (3) he would cease practicing psychotherapy with female patients until such time as the Hearing Committee rendered its decision.

12. Investigation Committee "B" also urged Dr. Blair to obtain a psychiatric assessment in order to assist him in obtaining an objective view of his situation. Dr. Blair obtained the required assessment and provided a copy of the assessment report to the College.

13. On February 2, 2000, Dr. Blair advised the College that he had severed his sexual relationship with Patient X as of January 22, 2000.

14. Dr. Blair subsequently resumed his relationship with Patient X for approximately four weeks and according to Dr. Blair, the relationship was finally severed on June 3, 2000. Patient X has not filed a letter of complaint concerning Dr. Blair.

II. COMPLAINT

15. In a Notice of Hearing dated May 5, 2000, the College of Physicians and Surgeons charged Dr. William Hunter Blair with the following:

THAT being registered under the Medical Act, S.N.S., 1995-96, c.10, and being a medical practitioner in the Province of Nova Scotia, it is alleged that from June, 1999 to February, 2000, during and/or immediately following the time when you were providing psychotherapy and other medical services to Patient "X", you engaged in a sexual relationship with Patient X which included sexual intercourse.

AND that in relation to the above, you are alleged to be guilty of professional misconduct.

III. ADMISSION

16. Dr. William Hunter Blair admits the allegation outlined in the Notice of Hearing and admits that he is guilty of professional misconduct.

IV. CONSENT TO PENALTY

17. Dr. William Hunter Blair hereby consents to the following:

- (a) Dr. William Hunter Blair shall be suspended from the practice of medicine commencing July 8, 2000 and continuing for a period of one (1) year, or such further time as may be required for Dr. Blair to comply with recommendations arising from the assessment referred to in sub-paragraph (b);

- (b) Prior to the lifting of his suspension, Dr. Blair shall undergo an independent psychiatric assessment at either the Sexual Behaviours Clinic at the Royal Ottawa Hospital, or the Professional Renewal Center in Lawrence, Kansas, or such other facility approved by the College (the "assessor"). The assessor shall be provided with a copy of all relevant information on file with the College regarding the complaint herein and shall prepare a report of the assessment. Dr. Blair hereby consents to the provision of a copy of the assessor's report by the assessor to the College. In addition to any other requirements agreed upon in this Settlement Agreement, Dr. Blair shall comply with any recommendations arising from the assessment. If the recommendations arising from the assessment result in conditions or restrictions on Dr. Blair's practice as of July 9, 2001, then Dr. Blair's license to practice, in addition to the restrictions referred to in subparagraph (d), shall be subject to such conditions or restrictions after that date. If the recommendations arising from the assessment result in the imposition of prerequisites to be completed by Dr. Blair prior to the lifting of his suspension, Dr. Blair shall remain suspended until such prerequisites have been completed. The Hearing Committee shall retain jurisdiction over this matter until such time as the suspension has been lifted.

- (c) As a condition of reinstatement of his license following the period of suspension, Dr. Blair must pay all costs agreed upon in this Settlement Agreement.
- (d) Upon completion of the period of suspension, a restriction shall be placed on Dr. Blair's license, restricting him from engaging in the practice of psychotherapy, regardless of the outcome of the assessment in sub-paragraph (c).

V. COSTS

18. Dr. Blair agrees to pay costs in the amount of \$4,000.00, inclusive of HST, as a contribution towards the College's costs for the conclusion of this matter.

19. Dr. Blair shall bear the costs of any and all assessments, reports, and/or treatments required as a result of this Settlement Agreement.

VI. EFFECTIVE DATE

20. This Settlement Agreement shall only become effective and binding when it has been recommended for acceptance by the Investigation Committee of the College, and accepted by the Hearing Committee appointed to hear this matter.

VII. PUBLICATION BAN

21. Pursuant to Section 81(1) of the *Medical Act*, S.N.S. 1995-96, c.10, there shall be a publication ban on the identity of Patient X and any information that could disclose the identity of Patient X.

DATED at Halifax, Nova Scotia, this *9th* day of *June*, 2000.

Adelle Robert

WITNESS



DR. WILLIAM HUNTER BLAIR

Kimberly Shears

WITNESS

Marjorie A. Hickey

MARJORIE A. HICKEY

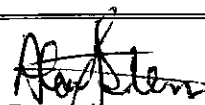
COUNSEL FOR THE COLLEGE OF PHYSICIANS
AND SURGEONS OF NOVA SCOTIA

Pat Pearce

CHAIR,

The Investigation Committee
of the College of Physicians
and Surgeons of Nova Scotia,

This *20th* day of *June*
, 2000



CHAIR,

The Hearing Committee
of the College of Physicians
and Surgeons of Nova Scotia,

This *28th* day of *JUNE*
, 2000