

PROVINCE OF NOVA SCOTIA     )  
CITY OF HALIFAX                 )

**IN THE MATTER OF:           The College of Physicians and Surgeons of Nova Scotia**

**- and -**

**Dr. Manivasan Moodley**

**REVISED NOTICE OF HEARING**

**Issued to Dr. Manivasan Moodley**

You are hereby notified that the College of Physicians and Surgeons of Nova Scotia will conduct a hearing to consider allegations of professional misconduct and/or incompetence pursuant to the *Medical Act*, S.N.S. 2011, c. 38.

The hearing will be held at the offices of the College of Physicians and Surgeons of Nova Scotia Suite 400, 175 Western Parkway, Bedford, Nova Scotia, B4B 0V1 commencing on Monday, August 12, 2024 at **9:30 am** and continuing thereafter on August 13, 14, 15, 20, 21, 22 and 26 2024, and such other times as directed by the Hearing Committee if needed.

Your presence at the stated time of the hearing is required. You may attend with legal counsel or other representative of your choice, and may present evidence or witnesses on your behalf.

**TAKE NOTICE** that if you do not attend this hearing, the Hearing Committee may proceed in your absence and you will not be entitled to any further notice of proceedings.

Any documentary evidence to be used by the College of Physicians and Surgeons of Nova Scotia at the hearing will be made available to you in advance of the hearing in accordance with the *Medical Act*. You have all the rights set out in section 53 of the *Medical Act* as well as the disclosure obligations set out in the same section.

**The Hearing Committee will consider the following matters:**

**That being registered under the *Medical Act* and being a physician in the Province of Nova Scotia, it is alleged that:**

1. With respect to his encounter with patient [REDACTED], in May, 2020, and in the College's investigation of this matter that followed, Dr. Moodley committed professional misconduct and/or was incompetent by:
  - (a) demonstrating a deficiency in knowledge and judgment regarding the clinical indication for episiotomies;
  - (b) failing to treat the patient in a patient-centric manner, and in particular:
    - (i) failing to obtain the patient's consent to perform the episiotomy in accordance with the College's *Professional Standard and Guidelines regarding Informed Consent to Treatment*;
    - (ii) performing an episiotomy contrary to the expressed wishes of the patient; and
    - (iii) failing to inform the patient that he performed the episiotomy;
  - (c) manually removing the placenta which was not clinically indicated, and without providing the patient with pain relief medication or allowing the patient an opportunity to expel the placenta naturally, thereby causing the patient unnecessary or otherwise avoidable pain and discomfort;
  - (d) demonstrating an attitude towards nursing staff that did not support a collaborative approach to patient care;
  - (e) documenting the care provided to the patient either inaccurately, incompletely, or otherwise contrary to accepted standards; and
  - (f) providing inaccurate, incomplete or misleading information to the College's Investigation Committee respecting comments made by staff during the clinical encounter.
  
2. With respect to patient [REDACTED], in July, 2017, and in the College's investigation of this matter that followed, Dr. Moodley committed professional misconduct and/or was incompetent by:
  - (a) failing to communicate with the patient throughout the clinical encounter in accordance with accepted standards, and in particular:
    - (i) acting contrary to the College's *Professional Standard and Guidelines regarding Informed Patient Consent to Treatment* by failing to inform the patient of both the risks and benefits of tubal ligation; and
    - (ii) misleading the patient on the probability of another physician performing a tubal ligation in similar circumstances;

- (b) failing to respect the patient's autonomy regarding decisions about her reproductive health by doing one or more of the following:
    - (i) suggesting it was her future husband's decision as to whether she should have a tubal ligation in the present circumstances; and/or
    - (ii) attempting to discourage the patient from seeking a tubal ligation by negatively focusing the discussion in a sexist or paternalistic manner;
  - (c) interfering with the College's investigative process by contacting a potential witness in an effort to gain information about the complainant after the complaint was under investigation, contrary to section 46 of the *Medical Act*.
3. With respect to care provided to patient [REDACTED], in October, 2020 Dr. Moodley committed professional misconduct and/or was incompetent by:
- (a) performing an episiotomy that was not clinically indicated;
  - (b) demonstrating a deficiency in knowledge, skill, or judgment:
    - (i) regarding the clinical indication for episiotomies, and
    - (ii) by wrongly stating in his response to the complaint that the patient could not have been in the early/latent stage of labour at the time she suggests, as it was confirmed by ultrasound that there was no funneling of the cervix;
  - (c) failing to treat the patient in a patient-centric manner, by demonstrating a dismissive attitude in response to her request for a C-section;
  - (d) failing to perform a cervical examination in a timely manner, to determine if the patient was in labour;
  - (e) ordering oxytocin when the patient did not meet the criteria for receiving that treatment; and
  - (f) documenting the care provided to the patient inaccurately, incompletely, or otherwise contrary to accepted standards.;

**AND THAT THE ABOVE ALLEGATIONS CONSTITUTE PROFESSIONAL MISCONDUCT AND/OR INCOMPETENCE.**

“professional misconduct” is defined in the *Medical Act* to include:

such conduct or acts in the practice of medicine that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional and that, without limiting the generality of the foregoing, may include breaches of

- (i) the Code of Ethics approved by the Council,
- (ii) the accepted standards of the practice of medicine, and
- (iii) the *Medical Act*, the regulations and policies approved by the Council;

“incompetence” is defined in the *Medical Act* to mean:

the lack of competence in the respondent’s care of an individual or delivery of medical services that, having regard to all the circumstances, rendered the respondent unsafe to practise at the time of such care of the individual or delivery of medical services or that renders the respondent unsafe to continue in practice without remedial assistance.

Dated at Halifax, Nova Scotia, this 1<sup>st</sup> day of August, 2024.



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Dr. D.A. Gus Grant  
Registrar  
College of Physicians and Surgeons of Nova Scotia

cc Muneeza Sheikh, legal counsel for Dr. Moodley