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

IN THE MATTER OF a Hearing directed
by the Executive Committee of the College of Physicians
and Surgeons of Ontario, pursuant to Section 36(2)
of the **Health Professions Procedural Code**,
being Schedule 2 to the
Regulated Health Professions Act, 1991,
S.O. 1991, c.18, as amended

BETWEEN:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. BRANT ERIC BERGSTROME

PANEL MEMBERS: H. MAEOTS (CHAIR)
DR. J. DOHERTY
DR. J. LAMONT
R.J. SANDERS

HEARING DATE(S): March 8, 2000

DECISION/RELEASE DATE: March 8, 2000

DECISION AND REASONS FOR DECISION

This matter was heard on March 8, 2000 before the Discipline Committee of the College of Physicians and Surgeons of Ontario at Toronto.

THE ALLEGATIONS

The College proceeded with an allegation in the Notice of Hearing that Dr. Bergstrom was guilty of professional misconduct under clause 1(1)33 of O. Reg. 856/93, in that he committed an act of 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.

THE PLEA AND FINDINGS

By means of a Statement of Agreed Facts filed with the Committee, Dr. Bergstrom agreed that the following facts are true and that the behaviour described constitutes professional misconduct as alleged.

The Statement of Agreed Facts disclosed the following:

1. Dr. Bergstrom is 44 years of age. He obtained his L.M.C.C. in 1992 and his Fellowship in Psychiatry in 1995. He has carried on a clinical practice in psychiatry.
2. In 1996, while a staff psychiatrist at a Psychiatric Hospital (the "Hospital"), Dr. Bergstrom became involved in the care and treatment of a patient (the "complainant") in about January of 1996 when she arrived at the Hospital in an acute psychotic state (the complainant was suffering from paranoia as well as a delusional disorder). At the time the complainant was 34 years of age. The complainant had a history of severe illness with depressive psychosis. She was released from hospital in February 1996. She was again re-admitted to hospital in April (10 days) and June (one month). The supervision of her care and treatment was transferred to Dr. Bergstrom in July 1996.
3. In 1997, the College received a complaint that Dr. Bergstrom had engaged in a sexual relationship with his patient. Dr. Bergstrom denies having engaged in a

sexual relationship with the complainant but does admit having committed boundary violations.

Boundary Violations

4. Following her discharge from hospital, Dr. Bergstrom saw the complainant in an Out-Patient Clinic in August 1996, September 1996 and October 1996.
5. In November 1996, Dr. Bergstrom dropped off a confidential letter at the complainant's home (her family lawyer requested a letter for use in a child custody proceeding.) Subsequent to this visit, and through to May 1997, Dr. Bergstrom viewed his relationship with the complainant as supportive.
6. After November 1996, Dr. Bergstrom began to attend the complainant's residence for visits which lasted approximately one to one and a half hours.
7. In about the end of November 1996, Dr. Bergstrom attended the complainant's residence and stayed for dinner. Prior to dinner, the complainant requested that Dr. Bergstrom pick up a dress for her at a local store. Dr. Bergstrom paid \$100 towards the purchase price of the dress. Dr. Bergstrom states that it was his intention to seek reimbursement. Dr. Bergstrom did not at any time take steps to recover the money paid towards the purchase price of the dress. Later that evening they had dinner at the complainant's residence which included consuming some quantity of wine. Dr. Bergstrom slept on the complainant's couch that evening.
8. In February 1997, Dr. Bergstrom again attended the complainant's residence at a time during which she was in a very distressed state. Dr. Bergstrom admits having taken the complainant and her two children shopping.
9. In April of 1997, Dr. Bergstrom allowed the complainant to stay at his parent's condominium in Florida while he was on vacation with his brother and a female friend of his brother. Dr. Bergstrom takes the position that she arrived in Florida unexpectedly during the course of their stay in Florida. The complainant stayed at Dr. Bergstrom's parent's condominium while in Florida. The complainant departed in an agitated state prior to Dr. Bergstrom.

10. On his return from Florida, Dr. Bergstrom attended the complainant's residence to determine whether she had returned safely and to return some personal items left in Florida.

Expert Report

Dr. Fahy provided an expert's opinion on the issue of the standard of practice and boundary violations. Dr. Fahy has provided a report with the following opinion:

"On review of material presented to me, I find that up to and including October 1996, Dr. Bergstrom provided excellent care to the complainant. He accepted her for care from July 1996 due to her other psychiatrist no longer being in the employ of the Psychiatric Hospital. He continued her in-patient care until her discharge in July 1996. He prepared an excellent discharge summary with a diagnosis of major depression with psychotic features. On discharge she was much improved with no symptoms of psychosis or delusional thoughts and her mood was euthymic. Follow-up was arranged with Dr. Bergstrom at a Mental Health Clinic for August 1996. From the documentation, he regularly ran clinics there under the auspices of the Hospital."

"...From the notes in her chart it would appear that the treatment had been biological in nature dealing mainly with her current mental status with relief obtained through the use of daily medication...it was noted that stress was very much a part of her de-compensation at each time..."

"...Dr. Bergstrom's behaviour falls below the standard of expected care by a psychiatrist. This decision is not made on any one fact or issue contained in the remainder of the report, but on the combination and sequence of all of the alleged facts."

1. Dr. Bergstrom decided to hand deliver a letter to the complainant's home on or about October, 1996, when she had requested it to be faxed or it could have been picked up.
2. He visited her home on a number of occasions. He states that he wished to support her. He said he felt she was vulnerable and would feel that he was

rejecting her so he agreed to have dinner and wine with her. If, as he states, he was aware of her illness and her vulnerable personality why did he not initiate and enforce strict boundaries? He gave the complainant mixed messages by attending her home, by telling her he was her friend and would share an intimate meal and wine with her.

“...It is incumbent on a psychiatrist to protect vulnerable patients, especially a patient like the complainant who suffers from a major psychiatric disorder and has a vulnerable persona as a result of growing up with severe physical, emotional and possible sexual abuse. She needed very clear messages and help in reframing her thinking processes in order to heal and to learn to make healthy choices for herself instead of the pattern of abuse being repeated in response to her learned patterns from growing up in such a dysfunctional home...”

“... it is noted from her chart and from the evidence presented this patient was seen by Dr. Bergstrom in October, 1996, as being well and not needing any follow-up or medication at that time. No notes were recorded after this time so it would seem that the visits to her home were not part of her treatment...”

“...Dr Bergstrom...admits to partly paying for the dress and driving to the store to redeem it...It is an intimate gesture and implying, in my opinion, that there is a relationship other than that of psychiatrist and patient.”

“...it would seem that information of a personal nature was imparted to his patient. Information of this nature effects the doctor/patient relationship in a negative manner...All personal information imparted to patients does not constitute a negative in therapy unless it puts a burden on the patient...”

“...if he was her psychiatrist it was not appropriate for him to bring her to the condo. The most appropriate, in my opinion, would have been to tell her she was not welcome...but it was not a possible scenario...He could have given her options to (1) fly home, or (2) to get her own accommodation and proceed with her holiday...”

“...It would appear that Dr. Bergstrom attended the complainant’s home subsequently on more than one occasion. Again, it would seem that this was

outside of office hours. There was no documentation. There was no evidence of how these visits were part of the treatment plan for his patient. He did not do a diagnosis or treatment although she was ill...”

“...If Dr. Bergstrom had treated his patient appropriately since May 1997, she would have been spared or helped with the morbidity associated with this illness. In fact, there is a distinct possibility that she might not have de-compensated and become ill if Dr. Bergstrom had set appropriate limits and boundaries with his patient...”

“...Dr. Bergstrom...is a full-time employee of the Psychiatric Hospital. He is on contract and hence on salary, therefore, he works 8:15 a.m. - 4:30 p.m. on a daily basis, whether he is seconded to an outside clinic or not...The Canadian Psychiatric Association has very definite guidelines as to what contact is acceptable within the profession. Copies of these are enclosed...(Schedule 1) [and were before the Committee]. Regardless of the patient’s diagnosis it is the physician’s responsibility to resist potential advances and to ensure that boundaries are kept...”

“...Many therapists relax their mental confines of the therapeutic frame and assume more of the attitude that “anything goes” when they decided to shift from expressive to supportive tactics. Self-disclosure is often one of the first boundaries to go on and soon the therapist is involved in an informal, friendly style of interaction that may be perilously close to extra therapeutic relationships that do not have treatment goals associated with them...The therapist then develops a false sense of security that leads to a progressive slide down the slippery slope...”

“...Dr. Bergstrom has fallen below the care expected here by colluding with the patient,...because the outcome is that she slept in the condominium in Florida and he remained in her home...”

DECISION

After considering the Notice of Hearing, the Statement of Agreed Facts, which included the expert opinion of Dr. Fahy, and after considering the submissions of counsel for the

College and for Dr. Bergstrom, the Committee found Dr. Bergstrom guilty of professional misconduct as alleged.

The Committee fully accepted the expert opinion of Dr. Fahy regarding the conduct of Dr. Bergstrom, and found that his conduct would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

PENALTY AND REASONS

Counsel for the College and counsel for the doctor made a joint submission for penalty. In deciding upon an appropriate penalty, the Committee considered the seriousness of such boundary violations as well as by Dr. Bergstrom's clean prior record with the College, his co-operation in the matter, his admission of responsibility and Dr. Fahy's opinion that prior to October 1996 Dr. Bergstrom had provided excellent care to the complainant. The Committee was satisfied that the penalty proposed by way of joint submission was fair and appropriate in the particular circumstances and met the need for specific punishment and deterrence as well as the need to protect the public and the reputation and integrity of the profession.

The Committee ordered that:

1. Dr. Bergstrom be reprimanded and that the reprimand be recorded on the Register,
2. Dr. Bergstrom's certificate of registration be suspended for a period of 12 months, to become effective on April 1st, 2000, 6 months of which will be suspended if Dr. Bergstrom fulfills the following conditions:
 - (a) that he attend at his own cost a program satisfactory to the Registrar on boundary violations and provide proof to the Registrar of having attended and completed such a program; and,
 - (b) that upon his return to practice and for a period of six months thereafter, he shall maintain at his own expense a peer relationship with a senior psychiatrist acceptable to the Registrar which shall involve monthly discussions of boundaries and other clinical issues. Such senior psychiatrist shall provide a report to the Registrar at the end of each three

month period that Dr. Bergstrom has attended upon him or her and participated in such discussions.

3. In the event that the Registrar is notified of a breach of any of the above conditions, the certificate of registration shall be suspended for the balance of the twelve-month term (i.e. a further six months).

Dr. Bergstrom waived his right of appeal and the reprimand was administered on March 8, 2000.