

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO**

B E T W E E N:

COLLEGE OF NATUROPATHS OF ONTARIO

- AND -

COLBRAN MARJERRISON

**AGREED STATEMENT OF FACTS AND ADMISSION
OF PROFESSIONAL MISCONDUCT**

The parties hereby agree that the following facts and attached documents may be accepted as true by the Discipline Committee:

The Registrant

1. Dr. Colbran Marjerrison, ND (the "Registrant"), registered with the College of Naturopaths of Ontario (the "College") on April 4, 2019.
2. Between April 4, 2019 and February 16, 2023, the Registrant held an Active certificate of registration. On February 17, 2023, the Registrant moved to the Inactive registration class. A copy of the Registrant's public register profile is attached as **Tab "A"**.
3. At all relevant times, the Registrant worked at and owned Beechwood Naturopathy (the "Clinic") in Ottawa, Ontario.

Concurrent Therapeutic and Sexual Relationships

4. It is agreed that between September 7, 2020 and February 13, 2021, the Registrant provided ongoing treatment to a patient (the "Patient") at the Clinic. Specifically, the Registrant provided naturopathic services to the Patient during twenty appointments. A copy of the Patient's patient record is attached as **Tab "B"**.
5. At the onset of the treatment on September 7, 2020, the Patient informed the Registrant that they were suffering from PTSD related to a prior intimate relationship. The Patient also indicated that they were suffering from PTSD on their intake form (see Tab "B").
6. The Registrant started seeing the Patient socially outside of the Clinic in December 2020. Specifically, the Registrant and the Patient did the following:
 - a. attended a gift exchange on December 31, 2020;

- b. socialized for several hours after a treatment session on January 30, 2021; and
 - c. planned a birthday party for the Registrant on February 6, 2021.
7. The Registrant's last appointment with the Patient was on February 13, 2021 (see Tab "B").
8. It is agreed that in February 2021, following the last appointment, the Registrant began a consensual sexual relationship with the Patient, including which included sexual intercourse.
9. Pursuant to section 1(6) of the Health Professions Procedural Code (the "Code"), being Schedule 2 of the *Regulated Health Professions Act, 1991* (the "RHPA"), the definition of patient includes an individual who was a patient of a member for one year from the date on which the individual ceased to be the member's patient. As a result, the Patient remained a patient at the time the Registrant began a sexual relationship.
10. Pursuant to paragraph (a) of section 1(3) of the Code, sexual abuse of a patient by a member means sexual intercourse or other forms of physical sexual relations between the member and a patient. As a result, the Registrant sexually abused the Patient because the Registrant engaged in a concurrent sexual and therapeutic relationship with the Patient.
11. It is further agreed that the conduct set out in paragraphs 4 to 9 above amounts to a conflict of interest because the Registrant engaged in concurrent personal, sexual and therapeutic relationship with the Patient as a result of which the Registrant's personal interests could improperly influence their professional judgment and conflict with their duty to act in the Patient's best interest.
12. It is further agreed that the conduct set out in paragraphs 4 to 9 above amounts to physical and emotional abuse of the Patient.

Record Keeping

13. It is agreed that between September 2020 and July 2021, the Registrant failed to keep records as required in respect of their treatment of the Patient in the following ways:
 - a. Failing to make treatment notes for each appointment as required, in particular by failing to make treatment notes for appointments that occurred on the following dates:
 - i. September 16, 2020;
 - ii. September 21, 2020;
 - iii. November 5, 2020;
 - iv. November 26, 2020; and
 - v. December 3, 2020.
 - b. Failing to make chart entries for each appointment as required, in particular by failing to make chart entries for appointments that occurred on the following dates:
 - i. September 16, 2020;

- ii. September 21, 2020;
 - iii. November 5, 2020;
 - iv. November 26, 2020; and
 - v. December 3, 2020.
 - c. Failing to make chart entries as soon as possible after a patient interaction, in particular by making late entries on July 13, 2021 for appointments that actually occurred on the following dates:
 - i. September 21, 2020;
 - ii. October 1, 2020;
 - iii. October 8, 2020;
 - iv. October 29, 2020;
 - v. January 30, 2021; and
 - vi. February 6, 2021.
 - d. Creating and amending chart entries months after a patient interaction and failing to record the amendments to the patient record as required, in particular by creating new entries on July 13, 2021 for appointments that actually occurred on the following dates:
 - i. October 8, 2020;
 - ii. October 29, 2020;
 - iii. January 30, 2021; and
 - iv. February 6, 2021.
14. A copy of the audit trail documentation from the Registrant's charting software company, Jane App, is attached as **Tab "C"**.
15. It is agreed that on July 13, 2021, after the Registrant self-reported their concurrent therapeutic and sexual relationships with the Patient to the College, they went back through the Patient's record and made the late entries identified in paragraph 11(c) above and created the new entries identified at paragraph 12(d) above before submitting the patient record to the College's investigator.
16. Specifically, it is agreed that the Registrant went back through the Patient's records after the self-report to the College in order to sign off or close any entries that had not been previously closed. The chart notes are accurate and the notes were left open because the Registrant forgot to sign off the Patient's chart.

Admissions of Professional Misconduct

17. It is agreed that the above-noted conduct constitutes professional misconduct pursuant to section 51(1)(b.1) of the Code (sexual abuse of a patient, more specifically sexual intercourse or other forms of physical sexual relations between the member and the patient).
18. It is further agreed that the above-noted conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Code and as set out in the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:
 - a. **Paragraph 1** (contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, including:
 - i. Code of Ethics (attached as **Tab “D”**);
 - ii. Record Keeping (attached as **Tab “E”**);
 - iii. Therapeutic Relationships and Professional Boundaries (attached as **Tab “F”**); and
 - iv. Conflict of Interest (attached as **Tab “G”**).
 - b. **Paragraph 2** (abusing a patient physically and emotionally); and
 - c. **Paragraph 17** (acting in a conflict of interest when acting in a professional capacity).
 - d. **Paragraph 23** (failing to keep records in accordance with the standards of the profession);
 - e. **Paragraph 46** (engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional); and
 - f. **Paragraph 47** (engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession).

Acknowledgements

19. By this document, the Registrant agrees that:
 - a. They understand fully the nature of the allegations made against them;
 - b. They have no questions with respect to the allegations against them;
 - c. They admit to the truth of the facts contained in this document and that the facts constitute professional misconduct;
 - d. They understand that by signing this document they are consenting to the evidence as set out in this document being presented to the Discipline Committee;
 - e. They understand that by admitting the allegations made against them, they are

waiving their right to require the College to prove the allegations against them at a contested hearing;

- f. They understand that the decision of the Discipline Committee and a summary of its reasons, including reference to her/his name, will be published in the College's annual report and any other publication or website of the College;
- g. They understand that if there is any agreement between them and the College with respect to the penalty proposed it does not bind the Discipline Committee; and
- h. They understand and acknowledge that they are executing this document voluntarily, unequivocally, free of duress and free of bribe, and that they have been advised of their right to seek legal advice and has done so or had the opportunity to do so.

All of which is respectfully submitted,

Signed this 5 day of June, 2023



Dr. Colbran Marjerrison, ND
Registrant

Signed this 18 day of July, 2023



Andrew Parr
Chief Executive Officer
College of Naturopaths of Ontario

TAB A



Public Register - Naturopath Search

< Details > Dr. Colbran Elizabeth Marjerrison



● **Dr. Colbran Elizabeth Marjerrison, ND (Inactive)** Status as of: 27-Mar-2023 11:39

Registrant Number: 3869

Initial registration: 04-Apr-2019 (Initial Registration with CONO)

Nickname / abbreviation: Colby

Previous name: N/A

Current Registration

Class	Status	Effective	Expiry
Inactive	In Good Standing	17-Feb-2023	31-Mar-2023

Future Registration

Status	Effective	Expiry
	01-Apr-2023	31-Mar-2024

Extended Services

Service	Effective	Expiry	Notes
Therapeutic Prescribing	26-Jul-2019	17-Feb-2023	Standard of Practice Inactive as of February 17, 2023.

ICRC Referrals

Referred To: Discipline Committee

Referral Date: October 5, 2022

Hearing Date: TBD

[Notice of Hearing](#)

TAB B

TAB C

TAB D

Code of Ethics

Naturopathic Doctors have an obligation to act in a manner that justifies public trust and confidence, that upholds and enhances the integrity of the profession, that serves the interests of society and above all, that safeguards the interests of the individual patients.

The Code of Ethics defines the expectations the College of Naturopaths of Ontario has for every Registrant and is intended to guide naturopathic practice and assist in ethical decision making. The Code of Ethics, along with the Standards of Practice, forms the foundation of professionalism and Registrants adhere not only to these guidelines, but also to the underlying principles of Naturopathic Medicine.

General

Every Naturopathic Doctor shall:

- Practise competently, with integrity, and without impairment.
- Strive for professional excellence by advancing professional knowledge through lifelong learning.
- Practise only within the limits of professional competence, in surroundings that do not compromise the quality of care offered.
- Refuse any influence or interference that could undermine professional integrity. Refuse to participate in or support practices that violate basic human rights.

To the Patient

Every Naturopathic Doctor shall:

- Practise in a manner that treats each patient with dignity and respect.
- Provide care that respects the patient's needs, values and dignity, and does not discriminate on any grounds, including on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability. This does not negate the ND's right to refuse to accept a patient for legitimate reasons.
- Recommend only diagnostic procedures and treatments that he/she determines to be necessary for the well-being of the patient.

- Be considerate of the concerns of the patient's family and cooperate with them as appropriate in the patient's interest.
- Recognize and disclose conflicts of interest that arise in the course of professional duties and activities, and resolve them in the best interest of the patient.
- Refrain from treating an individual where the Registrant's professional objectivity may be compromised.
- Recognize professional limitations. When indicated recommend to the patient that additional opinions and/or services be obtained and provide referrals where possible.
- Recognize the patient's right to accept or reject any health care recommended.
- Safeguard the patient's right to privacy and only disclose confidential information when either authorized by the patient or required to do so by law.
- Avoid public discussions or comments about patients that could reasonably be seen as revealing confidential or identifying information.
- Provide the patient with the information they need to make informed decisions about their care, and answer questions appropriately.
- Respect the patient's request for a second opinion.
- Continue to provide services to the patient until they are no longer required or wanted; until another suitable practitioner has assumed responsibility; or until reasonable notice of termination of care has been provided to the patient.
- Participate only in research that is scientifically relevant and conducted ethically and is approved by a research ethics board where appropriate.
- Recognize that community, society and the environment are important factors in the health of individual patients.

To the Profession

Every Naturopathic Doctor shall:

- Recognize that self-regulation of the profession is a privilege and that each Naturopathic Doctor has an ongoing responsibility to merit the retention of that privilege.
- Maintain and advance the standards of care, and body of knowledge and strive to improve professional knowledge, skill and judgment.
- Behave in a manner that is beyond reproach.
- Enter into associations, contracts and agreements only if they allow for professional integrity to be maintained.
- Rely on ability and integrity to build a professional reputation. Refrain from endorsing any service or product for personal gain.
- Collaborate with other Naturopathic Doctors and health professionals in the care of patients and in the function and improvement of the health care system.
- Refrain from keeping secrets from colleagues related to the diagnostic or therapeutic agents and procedures that are employed.
- Treat colleagues with dignity and respect.

To Society

Every Naturopathic Doctor shall:

- Consider the well-being of society in matters affecting health.
- Strive to improve the standards of health care and promote health and safety for the individual, the public and the global community.

- Recognize the profession's responsibility to society in matters relating to the health and well-being of the community.
- Recognize the responsibility to indicate when a stated opinion is contrary to the generally held opinion of the profession.
- Recognize and manage the impact of his/her naturopathic practice on public health care resources.
- Understand and minimize the impact of his/her naturopathic practice on the environment.

To the College of Naturopaths of Ontario

Every Naturopathic Doctor shall:

- Comply with all governing legislation, Standards of Practice, policies, by-laws and guidelines approved by the College of Naturopaths of Ontario.
- Report to the College any conduct of a colleague which may generally be considered unprofessional or unbecoming to the profession.
- Cooperate with and assist the College in its work.

To Oneself

Every Naturopathic Doctor shall:

- Strive to maintain personal health and well-being.
- Recognize those stress factors in professional and personal life that can affect patient care and incorporate appropriate coping strategies.
- Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect service to patients, society or the profession.

TAB E



The College of Naturopaths of Ontario



Standard of Practice:

Record Keeping

Introduction

The intent of this standard is to advise Members with respect to the expectations for record keeping in their practice. This standard applies to both written and electronic records as appropriate.

Definitions

Patient Record: Consists of the patient chart, appointment record and financial records.

1. Appointment Records

The Member maintains an appointment record that is accurate, legible and comprehensive.

Performance Indicators

The Member maintains an appointment record that clearly and legibly identifies:

- Member's name, clinic name, address and telephone number;
- date and time of appointment;
- name of patient (minimum of last name and first initial); and
- duration of appointment.

The Member maintains and retains appointment records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

2. Patient Financial Records

The Member maintains a financial record that is accurate, legible and comprehensive.

Performance Indicators

The Member ensures that financial records clearly and legibly record:

- name of treating Member, clinic name, address, telephone number;
- patient's name, address and telephone number;
- date of service;
- services billed;
- substances, drugs or devices dispensed;
- payment amount and method of payment; and

- balance of account.

The Member ensures that:

- patient financial records are clearly itemized;
- fees for naturopathic consultation are separated from all other fees;
- fees for supplements, injectable substances, devices, special testing, etc., are individually listed;
- receipts are issued for all payments and copies are maintained in the patient financial record.

The Member maintains and retains financial records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

3. Patient Charts

The Member maintains a patient chart that is accurate, legible and comprehensive.

Performance Indicators

In all patient charts, the Member ensures:

- all written entries are made in indelible ink;
- the patient's name or patient number is recorded on each page;
- all entries are made in either English or French. Other languages may be used provided that English or French are also used;
- there is no highlighter used over writing;
- all written records are clearly legible;
- there are no blank spaces between entries;
- all pages are in chronological order, consecutively numbered and dated;
- a consistent format is used for recording the date;
- all chart entries are recorded as soon as possible after the patient interaction; and
- when other than generally accepted medical abbreviations are used, a legend of abbreviations or codes is available.

The Member ensures that all records contain:

- the patient's chief complaint(s);
- relevant health, family and social history;
- subjective information provided by the patient or their authorized representative;
- relevant objective findings;
- consent;
- results of any naturopathic examinations;
- an assessment of the information and any diagnosis;
- proposed treatment plan, including prescriptions and recommendations;
- relevant communications with or about the patient;
- the patient's reactions/feedback to treatment
- relevant information obtained from re-assessment;
- relevant referral and consultation information, where applicable; and
- indication of who made each entry and when the entry was made.

The Member records the following information related to the delivery of treatment:

- name and strength of all drugs and/or substances administered;
- dosage and frequency;
- date of administration;
- method of administration; and
- how treatment was tolerated.

The attending Member includes his/her registration number and signs the written record so that the treating ND is clearly identified.

The Member maintains and retains patient records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

4. Electronic Records

The Member ensures that electronic records are maintained and retained in a safe and effective manner.

Performance Indicators

Electronic records are subject to the same security requirements as paper/written information. The Member ensures that, when patient records are maintained in an electronic system, the following criteria are met:

- the system provides a visual display of the recorded information;
- the system provides a means of accessing the record of each patient by the patient's name or other unique identifier;
- the system is capable of printing the recorded information in chronological order for each patient;
- the system maintains an audit trail that:
 - records the date and time of each entry for each patient;
 - preserves the original content of the record if changed or updated;
 - identifies the person making each entry or amendment; and
 - is capable of printing each patient record separately.
- the system provides reasonable protection against unauthorized or inappropriate access;
- the system is backed up at least each practice day and allows for the recovery of backed-up files or otherwise provides reasonable protection against loss of, damage to and inaccessibility of records;
- backed-up files are stored in a physically separate and secure area; and
- files are encrypted if they are transferred or transported outside of the facility.

When making the transition from paper to electronic records, the Member must:

- ensure the integrity of the data that has been converted into electronic form;
- verify that documents have been properly scanned;
- ensure that the entire patient record is intact upon conversion, including all attached notes and hand-written comments.

5. Storage of Charts

When storing patient charts, the Member takes reasonable measures to ensure patient confidentiality and security of patient information to prevent unauthorized access and maintain its integrity.

Performance Indicators

The Member:

- ensures all patient charts are secured;
- ensures sensitive information is never left unattended in an unsecured location;
- stores all patient charts alphabetically or numerically, such that a specific file can be easily identified and retrieved;
- maintains a separate chart for each patient; and
- ensures, if other practitioners also see the same patient, that the Member's electronic records can be individually retrieved.

6. Amendments to Patient Charts

The Member ensures that any amendments made to a patient chart are properly documented.

Performance Indicators

The Member ensures that:

- any amendment to a written chart is initialed, dated and indicates what change was made;
- all previous written entries remain legible;
- amendments are only to be in the form of additions and not erasure or overwriting;
- the original entry is available and legible;
- a patient chart is never re-written.

7. Privacy

The Member adheres to the Personal Health Information Protection Act, 2004 (PHIPA).

Performance Indicators

The Member obtains the patient's consent when collecting, using or disclosing personal health information unless provided otherwise by law.

The Member maintains patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information.

The Member identifies the Health Information Custodian (HIC) who establishes written policies and procedures relating to the collection, use, and disclosure of all personal health information. The patient is informed of who has custody and control of their personal health information and how their information will be managed.

All patients are made aware that other practitioners may have access to their charts and patients may choose to decline that access.

8. Retention and Transfer of Patient Records

When retaining and transferring records, the Member takes reasonable measures to ensure confidentiality and security of information to prevent unauthorized access and maintain the record's integrity.

Performance Indicators

The Member:

- maintains the original chart unless it is requested by the College for a regulatory purpose or is required for legal purposes in which case a copy is retained by the Member;
- never provides any information concerning a patient to a person other than the patient or their authorized representative(s) without the express consent of the patient, an authorized representative, or as otherwise required by law;
- may charge a reasonable fee to reflect the actual cost of reproduction, the time required to prepare the material and the direct cost of sending the material to the authorized party. The Member shall not require prepayment of this fee. Non-payment of the fee is not a reason for the Member to withhold the information;
- retains and transfers records in a manner that ensures continued access by patients and the College.

The Member maintains and retains records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

In the event of the death of a Member, the responsibility for the maintenance of the records lies with the estate, which is obliged to maintain those records as defined above. If the estate sells the practice to another Member, all records are transferred to the purchasing Member and are maintained as above.

If a Member relocates a practice he/she takes the patient records to the new location. If the practice ceases operation, the Member either appropriately transfers or maintains the original of all patient records as described above. Patients are notified in writing as to how they can obtain access to their patient records. The College is also notified and provided with a forwarding address for a minimum of ten (10) years.

In the event of a sale of the practice, all of the original records are transferred to the purchasing Member who maintains those records as described above. Where feasible (in some cases by newspaper notice) patients are notified, in writing, of the practice sale so that any patient who requires it may obtain a copy of their record. The College is also informed in writing of the sale and in whose care and control the original records will be maintained.

In all cases, the College is notified, in writing, of the forwarding address where the records are kept for a minimum of ten (10) years from the date of the last day of practice of the Member

9. Dispensing and Selling of Drugs and Substances

The Member creates and maintains appropriate records of the dispensing and selling of drugs and substances for a minimum of ten years.

Performance Indicators

The Member:

- records and maintains an inventory of drugs and substances purchased or received, including date of receipt;
- records the date drugs and substances are dispensed and/or sold;
- records the name of the person to whom the drugs and substances were dispensed and/or sold;

- maintains copies of prescriptions/recommendations from other Members or health care providers;
- maintains a log containing a record of distribution of each drug or substance dispensed to enable the Member to issue a recall of any dispensed drug or substance;
- maintains a record of any product recalls or alerts provided by the manufacturer or Health Canada; and
- maintains these records for a minimum of ten (10) years.

10. Disposing of Patient Records

The Member does not dispose of a record of personal health information unless their obligation to retain the record has come to an end.

Performance Indicators

When the obligation to retain records comes to an end, the records may be destroyed:

- paper or hard copy records must be disposed of in a secure manner such that the reconstruction of the record is not reasonably possible;
- Electronic records must be permanently deleted from all hard drives, as well as other storage mechanisms.
 - Hard drives must either be crushed or wiped clean with a commercial disk wiping utility.
 - Similarly, any back-up copies of the records must be destroyed.

The Members maintains a record of disposal dates, and names of patient whose records were disposed.

Related Standards

Consent
Dispensing
Fees and Billing
Prescribing
Recommending Non-Scheduled Substances
Selling

Legislative Framework

[Personal Health Information Protection Act, 2004](#)

[Professional Misconduct Regulation](#)

Approval

Original Approval Date: October 15, 2012

Latest Amendment Date: March 6, 2019.

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.

TAB F



The College of Naturopaths of Ontario

Standard of Practice:

Therapeutic Relationships and Professional Boundaries



Introduction

The intent of this standard is to advise Members on how to establish and maintain appropriate therapeutic relationships and professional boundaries with patients.

Definitions

Mandatory Report: Under the *Regulated Health Professions Act, 1991*, it is mandatory that a report be made by a regulated health professional who, in the course of practicing his/her profession, acquires information leading to reasonable grounds to believe that another regulated health care professional sexually abused a patient.

Family Member: For the purpose of this standard, “family member” means a Naturopathic Doctor’s spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of the Naturopathic Doctor’s spouse or partner.

Close Personal Relationship: For the purpose of this standard, “close personal relationship” means a relationship in which the Naturopathic Doctor has personal or emotional involvement with an individual that may render the Naturopathic Doctor unable to exercise objective professional judgment in reaching diagnostic or therapeutic decisions.

Minor Condition: Generally, a non-urgent, non-serious condition that requires only short-term routine care and is not likely to be an indication of, or lead to, a more serious condition.

Emergency: Exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if intervention is not promptly provided.

1. Appropriate Therapeutic Relationships and Boundaries

The Member fosters appropriate therapeutic relationships with his/her patients in a transparent, ethical, patient-centred manner with respect for diversity of beliefs, values and interests.

Performance Indicators

The Member:

- recognizes the position of power the Member has over the patient within the therapeutic relationship;
- does not exploit these relationships for any form of non-therapeutic or personal gain, benefit or advantage;
- never enters into a sexual relationship with a current patient or someone with whom the patient has a significant personal relationship (e.g., child’s parent);
- does not enter into a sexual relationship with a former patient unless it can be reasonably established that sufficient time has elapsed since the professional relationship ended or was terminated and it can be demonstrated that there is no longer a power imbalance between the Member and the patient;

- never enters into a sexual relationship with a former patient where counselling was a significant part of treatment;
- does not enter into a therapeutic relationship and/or accept a patient with whom the Member already has a personal relationship and where professional boundaries may not be sustained;
- takes immediate steps to address and rectify a boundary violation when it occurs; and
- accepts responsibility for boundary crossings and violations when they occur.

2. Consent

The Member understands that patient consent is never a defence against a boundary violation.

Performance Indicators

The Member:

- develops and maintains practices and procedures to explain to the patient that consent does not permit a non-therapeutic relationship or allow for a personal relationship with the patient; and
- when appropriate, clearly and diplomatically explains why patient consent does not justify a boundary violation.

3. Personal Relationships

The Member does not provide naturopathic services to his/her own family members or another individual with whom they have a close personal relationship except for minor conditions or in the event of an emergency.

Performance Indicators

The Member:

- maintains practices and procedures that clearly demonstrate that provision of naturopathic services to an individual with whom the Member has a personal relationship may be inappropriate as outlined in legislation and/or if professional boundaries may not be sustainable;
- clearly, sensitively and consistently explains why the service cannot be provided; and
- does not treat a person with whom they are having a sexual relationship, except in an emergency.

Related Standards and Guidelines

Consent

Internal Examinations

Conflict of Interest

Legislative Framework

[Professional Misconduct Regulation](#)

[Regulated Health Professions Act, 1991](#)

College of Naturopaths of Ontario Patients Relations Program

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.

TAB G



The College of Naturopaths of Ontario

Standard of Practice:

Conflict of Interest

Introduction

The intent of this standard is to help Members understand the concept of conflict of interest and how to recognize it in their practice.

Definitions

Conflict of Interest: When a Member engages in a relationship or arrangement as a result of which the Member's personal interests could improperly influence his/her professional judgment or conflict with his/her duty to act in the best interest of patients.

Related Person: A person related to the Member by blood, marriage or adoption, or by living with the Member in a conjugal relationship outside of marriage. A related person may also include an extended family member, close friends, corporations or other businesses, and business partners.

Financial Benefit: where a Member's primary interest is influenced and/or directed by financial gain. For the purpose of this Standard of Practice financial benefit does not include charging fees for services as per a fee schedule but rather occurs when the possibility of financial benefits dictate the course of treatment and action. These may include, but are not limited to:

- Payment from a pharmaceutical company for prescribing their drug;
- Receiving a bonus for recruiting patients into a research study;
- Recommending all patients undergo a test that the Member has commercial ownership;
- Referring patients to a spouse's business.

1. Conflict of Interest

The Member conducts his/her practice in a professional manner with the focus of the practice on the health care of patients. Acting while in a conflict of interest is professional misconduct and is not permitted.

Performance Indicators

The Member recognizes, discloses and manages any real or perceived conflict of interest appropriately.

Where is it not possible to avoid a conflict of interest, the Member:

- discloses and discusses the situation with the patient before providing any services;
- makes the patient aware of practical alternatives;
- documents the discussion in the patient record.

The Member refrains from participating in any activity or arrangement where his/her participation provides the potential for his/her professional judgment to be compromised.

Members do not recommend products or services to patients that are not clinically indicated.

Members do not recommend the purchase of products or services in which the member or a related person has a financial benefit.

Conflict of interest is not avoided by structuring the arrangement to move any benefit arising to a related person.

Related Standards and Guidelines

Advertising

Dispensing

Prescribing

Recommending Non-Scheduled Substances

Record Keeping

Selling

Conflict of Interest Guideline

Legislative Framework

[Regulated Health Professions Act, 1991](#)

[Professional Misconduct Regulation](#)

Approval

Original Approval Date: October 15, 2012

Latest Amendment Date: March 6, 2019

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.

DISCIPLINE COMMITTEE OF THE
COLLEGE OF NATUROPATHS
OF ONTARIO

**AGREED STATEMENT OF FACTS AND ADMISSION
OF PROFESSIONAL MISCONDUCT**

STEINECKE MACIURA LEBLANC

Barristers & Solicitors
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