

**DISCIPLINE COMMITTEE
OF THE COLLEGE OF NURSES OF ONTARIO**

PANEL:	Mary MacNeil, RN	Chairperson
	Andrea Arkell	Public Member
	Sylvia Douglas	Public Member
	Ramona Dunn, RN	Member
	Michael Schroder, NP	Member

BETWEEN:

COLLEGE OF NURSES OF ONTARIO)	<u>DENISE COONEY</u> for
)	College of Nurses of Ontario
- and -)	
)	
D. ELIZABETH GHERSON)	<u>MICHELLE GIBBS</u> for
Registration No. 8226268)	D. Elizabeth Gherson
)	
)	<u>KIMBERLEY ISHMAEL</u>
)	Independent Legal Counsel
)	
)	Heard: December 12, 2022

DECISION AND REASONS

This matter came on for hearing before a panel of the Discipline Committee (the “Panel”) of the College of Nurses of Ontario (the “College”) on December 12, 2022, via videoconference.

Publication Ban

College Counsel brought a motion pursuant to s.45(3) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, for an order preventing public disclosure and banning the publication or broadcasting of the name(s) of the patient(s), or any information that could disclose the identity(ies) of the patient(s), referred to orally or in any documents presented at the Discipline hearing of D. Elizabeth Gherson.

The Panel considered the submissions of the College Counsel and the Member’s Counsel and decided that there be an order preventing public disclosure and banning the publication or broadcasting of the name(s) of the patient(s), or any information that could disclose the identity(ies) of the patient(s), referred to orally or in any documents presented at the Discipline hearing of D. Elizabeth Gherson.

The Allegations

College Counsel advised the Panel that the College was requesting leave to withdraw the allegations set out in paragraphs 1(a)(i), (ii), (iii), (iv), (v), 2(a)(i), (ii), (iii), (iv), (v), 2(b), 3(a)(i), (ii), (iii), (iv) and (v) in the Notice of Hearing dated November 7, 2022. The Panel granted this request. The remaining allegations against D. Elizabeth Gherson (the “Member”) are as follows:

IT IS ALLEGED THAT:

1. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(1) of *Ontario Regulation 799/93*, in that while employed as a Registered Nurse at Sunnybrook Health Sciences Centre, Bayview Campus in Toronto, Ontario (the “Facility”) you contravened a standard of practice of the profession or failed to meet the standard of practice of the profession, as follows:

(a) [Withdrawn]:

- i. [Withdrawn];
- ii. [Withdrawn];
- iii. [Withdrawn];
- iv. [Withdrawn]; and/or
- v. [Withdrawn];

(b) on or about February 7, 2019, you made inappropriate and/or offensive comments about your physician colleague, Dr. [A], including:

- i. you referred to Dr. [A] using words to the effect that they were “the worst of them all”;
- ii. you referred to Dr. [A] using words to the effect that they were a “bitch”;
- iii. you referred to Dr. [A] using words to the effect that they were “two faced”; and/or
- iv. you referred to Dr. [A] using words to the effect that they were “anti-nurse”;

(c) on or about February 7, 2019, you made comments that were racist, inappropriate, and/or offensive in front of Patient [A] and a nursing student, [Student A], including:

- i. you referred to “mixed-species” babies and people; and/or

- ii. you made a statement to the effect of if a “Chinese woman had a baby with a Canadian man the giant baby would not be able to fit through the woman’s pelvis”;

(d) on or about August 27, 2019, you made inappropriate and/or offensive comments about and/or towards Patient [B], including referring to Patient [B] as a “bitch”.

2. [Withdrawn]:

(a) [Withdrawn]:

- i. [Withdrawn];
- ii. [Withdrawn];
- iii. [Withdrawn];
- iv. [Withdrawn]; and/or
- v. [Withdrawn]; and/or

(b) [Withdrawn].

3. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code of the Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(37) of *Ontario Regulation 799/93*, in that while practicing as a Registered Nurse at Sunnybrook Health Sciences Centre, Bayview Campus in Toronto, Ontario (the “Facility”), you engaged in conduct or performed an act, relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, and in particular:

(a) [Withdrawn]:

- i. [Withdrawn];
- ii. [Withdrawn];
- iii. [Withdrawn];
- iv. [Withdrawn]; and/or
- v. [Withdrawn];

(b) on or about February 7, 2019, you made inappropriate and/or offensive comments about your physician colleague, Dr. [A], including:

- i. you referred to Dr. [A] using words to the effect that they were “the worst of them all”;
 - ii. you referred to Dr. [A] using words to the effect that they were a “bitch”;
 - iii. you referred to Dr. [A] using words to the effect that they were “two faced”; and/or
 - iv. you referred to Dr. [A] using words to the effect that they were “anti-nurse”;
- (c) on or about February 7, 2019, you made comments that were racist, inappropriate, and/or offensive in front of Patient [A] and a nursing student, [Student A], including:
- i. you referred to “mixed-species” babies and people; and/or
 - ii. you made a statement to the effect of if a “Chinese woman had a baby with a Canadian man the giant baby would not be able to fit through the woman’s pelvis”;
- (d) on or about August 27, 2019, you made inappropriate and/or offensive comments about and/or towards Patient [B], including referring to Patient [B] as a “bitch”.

Member’s Plea

The Member admitted the allegations set out in paragraphs #1(b)(i), (ii), (iii), (iv), (c)(i), (ii), (d), #3(b)(i), (ii), (iii), (iv), (c)(i), (ii) and (d) in the Notice of Hearing. The Panel received a written plea inquiry which was signed by the Member. The Panel also conducted an oral plea inquiry and was satisfied that the Member’s admission was voluntary, informed and unequivocal.

Agreed Statement of Facts

College Counsel and the Member’s Counsel advised the Panel that agreement had been reached on the facts and introduced an Agreed Statement of Facts, which reads, unedited, as follows:

THE MEMBER

1. D. Elizabeth Gherson (the “Member”) registered with the College of Nurses of Ontario (“CNO”) as a Registered Nurse (“RN”) on January 1, 1982.
2. The Member was employed at Sunnybrook Health Sciences Centre, Bayview Campus, in Toronto, Ontario (the “Facility”) from 1987 to 2019, at which time she resigned from her employment.
3. Throughout her employment at the Facility, including at the time of the incidents described below, the Member worked on the Birthing Unit.

PRIOR HISTORY

4. The Member has no prior disciplinary findings with CNO.

INCIDENTS RELEVANT TO ALLEGATIONS OF PROFESSIONAL MISCONDUCT

February 7, 2019: Comments in Presence of Student and Patient

5. On or about February 7, 2019, the Member was working alongside a nursing student, [Student A]. The Member was a senior nurse in a leadership position in relation to [Student A].
6. At one point during the day, [Student A] and the Member observed an anaesthetist, Dr. [A], performing an epidural on Patient [A], while Dr. [A] was having a conversation with [Student A].
7. After Dr. [A] left the room, [Student A] commented to the Member that the doctors at the Facility were nice. According to [Student A], the Member responded with words to the effect that Dr. [A] was the “worst of them all”, a “bitch”, “two-faced” and “anti-nurse.”
8. If the Member were to testify, while she would not acknowledge using all of the words attributed to her by [Student A] or that the conversation occurred in the presence of the patient, she would acknowledge that she had formed the view that Dr. [A] was unsupportive of the nursing team. She recognizes that it was wholly inappropriate to vocalize her view about the physician in the workplace or anywhere, as it undermines the Member’s professionalism as well as trust in the health team.
9. That same day, February 7, 2019, [Student A] and the Member were discussing how different the birthing experience was today than it would have been in Patient [A]’s home country, or [Student A]’s mother’s home country, China.
10. The Member commented that births now are more “complicated” because a Chinese woman could have a baby with “say, a Canadian man” and that the “giant” baby would not be able to fit through the woman’s pelvis.
11. In the conversation, the Member referred to “mixed-species” babies and people, terminology acknowledged to be racist.
12. [Student A] pointed out to the Member that she had used the word “species” a number of times in relation to people, and the Member seemed to laugh it off. [Student A] reported that she was disturbed by the fact that this interaction occurred in front of a patient. It also made [Student A] feel as though the Member did not think [Student A] was “Canadian”.

13. The Member acknowledges her use of the term “species” to refer to race. With the benefit of hindsight, she appreciates that her terminology and comments were offensive and inappropriate. The Member regrets having made these comments and causing discomfort to [Student A], which she never intended. She also understands that all persons are entitled to dignity and respect regardless of their ethnicity and place of origin and that comments of this nature have no place in the delivery of healthcare.

August 27, 2019: Incident with Patient [B]

14. On August 27, 2019, at around 5:00 pm, Patient [B] attended the Facility’s Obstetrics (OB) Triage. Patient [B] was 18 weeks pregnant with twins at the time and experiencing pain.
15. To be eligible for services at the Facility’s OB triage, a patient must be 20 weeks pregnant. However, because Patient [B] was considered to be high risk due to her twin pregnancy, and close to the 20-week mark, the nurse at her physician’s office advised Patient [B] to go to OB Triage even though she did not strictly meet the cutoff.
16. While Patient [B] was checking-in at the receptionist window and providing her information, the Member was standing nearby listening. If the Member were to testify, she would say she asked the physician if they would see [Patient B], even though she did not meet the 20-week cutoff, and the physician told her [Patient B] could wait to see a resident physician.
17. While waiting for her turn to be called, Patient [B] went to use the washroom. As she walked past the Member, the Member directed her to an empty triage room.
18. The Member entered the room to speak to Patient [B]. They had a brief verbal exchange after which, according to Patient [B], the Member referred to her as a “bitch”.
19. If Patient [B] were to testify she would state that she felt dismissed by the Member and was negatively impacted by the experience. Patient [B] would further state that she had to return to the OB triage on two occasions after this one, and felt anxiety and fear at the possibility of encountering the Member again.
20. The Member acknowledges that she advised Patient [B] that they do not generally see patients who are less than 20 weeks along in their pregnancy and that Patient [B] became upset during their interaction. If the Member were to testify, she would state that she stayed after her shift had ended to assist because it was a busy evening on the OB Triage. While, if the Member were to testify, her evidence regarding the interaction with [Patient B] would differ, the Member does not dispute [Patient B]’s evidence.

CNO STANDARDS

Code of Conduct

21. CNO's Code of Conduct is a standard of practice describing accountabilities all Ontario nurses have to the public. The Code of Conduct consists of six principles including:
- Nurses respect the dignity of patients and treat them as individuals;
 - Nurses work together to promote patient well-being;
 - Nurses maintain patients' trust by providing safe and competent care;
 - Nurses work respectfully with colleagues to best meet patients' needs;
 - Nurses act with integrity to maintain patients' trust; and
 - Nurses maintain public confidence in the nursing profession.
22. Regarding the principle requiring nurses to respect the dignity of patients and treat them as individuals, CNO's Code of Conduct provides, in part, that:
- Nurses treat patients with care and compassion.
 - Nurses show respect to patients' culture, identity, beliefs, values and goals.
 - Nurses take steps to maintain patients' privacy and dignity in the physical space where they are receiving care.
 - Nursing care is not judgmental and is free of discrimination.
 - Nurses reflect on and address their own practice and values that may affect their nursing care.
 - Nurses do not impose their personal beliefs and biases on patients. These include political, religious and cultural beliefs. If they see other health care team members doing this, nurses intervene.

Professional Standards

23. CNO's *Professional Standards* provides an overall framework for the practice of nursing and a link with other standards, guidelines and competences developed by CNO. It includes seven broad standard statements pertaining to accountability, continuing competence, ethics, knowledge, knowledge application, leadership and relationships.
24. CNO's *Professional Standards* provide that each nurse is accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements and the standards of the profession. Nurses are accountable for conducting themselves in ways that promote respect for the profession. Nurses demonstrate this standard by actions such as ensuring their practice is consistent with CNO's standards of practice and guidelines as well as legislation.
25. The *Professional Standards* require that each nurse demonstrates their leadership by providing, facilitating and promoting the best possible care/service to the public. Leadership requires self-knowledge (understanding one's beliefs and values and being aware of how one's behavior affects others), respect, trust, integrity, shared vision, learning, participation, good communication techniques and the ability to be a change facilitator. A nurse demonstrates this standard by role-modelling professional values,

beliefs and attributes; advocating for clients, the workplace and the profession; and acting as a role model and mentor to less-experienced nurses and students.

26. The *Professional Standards* also require that each nurse establishes and maintains respectful, collaborative, therapeutic and professional relationships. Relationships include therapeutic nurse-client relationships and professional relationships with colleagues, health care team members and employers.
27. Professional relationships are based on trust and respect, and result in improved client care. The *Professional Standards* specifies that a nurse demonstrates the *Professional Relationships* standard by: role-modelling positive collegial relationships; using a wide range of communication and interpersonal skills to effectively establish and maintain collegial relationships; and demonstrating knowledge of and respect for each other's roles, knowledge, expertise and unique contribution to the health care team.
28. The Member admits and acknowledges that she contravened CNO's *Code of Conduct* and *Professional Standards* by: making inappropriate and offensive comments about her physician colleague; making comments that were racist, inappropriate and offensive in front of a patient and nursing student; and making inappropriate and offensive comments about and/or towards Patient [B].

ADMISSIONS OF PROFESSIONAL MISCONDUCT

29. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 1 (b)(i)(ii)(iii)(iv), 1 (c)(i)(ii) and 1 (d) of the Notice of Hearing, in that, she contravened a standard of practice of the profession or failed to meet the standard of practice of the profession as described in paragraphs 5-28 above.
30. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 3 (b) (i)(ii)(iii)(iv) and 3 (c)(i)(ii) and 3 (d) of the Notice of Hearing, and in particular her conduct was dishonourable and unprofessional, as described in paragraphs 5-28 above.
31. With leave of the Discipline Committee, CNO withdraws allegations 1(a), 2(a) and (b), and 3(a).

Submissions on liability were made by College Counsel.

College Counsel asked the Panel to accept the Agreed Statement of Facts as well as the Member's admissions to the allegations and on the basis of the facts and admissions, make findings of professional misconduct with respect to the allegations in the Notice of Hearing. The Member admitted to the allegations in paragraphs 29 and 30 of the Agreed Statement of Facts with a plea that was voluntary, informed and made on the advice of experienced counsel. The Agreed Statement of Facts also includes paragraph numbers which set out the facts supporting each allegation.

College Counsel submitted that for allegation #1, the Panel was provided with the relevant College standards in the Agreed Statement of Facts as well as the Member's admissions that the standards were breached. The Panel had a basis upon which to make a finding for allegation #1.

College Counsel submitted that for allegation #3, the Member admitted in paragraph 30 of the Agreed Statement of Facts that her conduct was relevant to the practice of nursing and was dishonourable and unprofessional. The Member's conduct is relevant to the practice of nursing as it occurred during the course of her employment and comments the Member made were made in front of a colleague, a patient and a student nurse.

The Member's conduct is also conduct that would be reasonably regarded by other members of the profession to be dishonourable and unprofessional. The Member's conduct was unprofessional as it showed a disregard for her fundamental professional obligations to treat other members of the profession with respect, to refrain from making racist and sexist comments and also to act with integrity to maintain the trust of her colleagues and patients. The Member's conduct was also dishonourable as it showed a marked departure from the College standards and also involved a moral failing. The Member was involved in 3 incidents where she used racist and sexist comments with a colleague, a student nurse and in front of a patient. This occurred while the Member was in a leadership position.

College Counsel submitted the Panel has sufficient evidence to make findings on all the allegations.

Submissions on liability were made by Member's Counsel.

Member's Counsel submitted that the Member made inappropriate racist comments but does not make admissions of making sexist remarks. Member's Counsel agreed the facts support the admissions and asked the Panel to accept and make findings of professional misconduct.

Response from College Counsel on Member's Counsel submission

College Counsel agreed there is no admission of sexist comments but that the facts show use of the word 'bitch' which is a general term that is sexist and offensive.

Decision

The College bears the onus of proving the allegations in accordance with the standard of proof, that being the balance of probabilities based upon clear, cogent and convincing evidence.

Having considered the evidence and the onus and standard of proof, the Panel finds that the Member committed acts of professional misconduct as alleged in paragraphs #1(b)(i), (ii), (iii), (iv), (c)(i), (ii), (d), #3(b)(i), (ii), (iii), (iv), (c)(i), (ii) and (d) of the Notice of Hearing. As to allegations #3(b)(i), (ii), (iii), (iv), (c)(i), (ii) and (d), the Panel finds that the Member engaged in conduct that would reasonably be regarded by members of the profession to be dishonourable and unprofessional.

Reasons for Decision

The Panel considered the Agreed Statement of Facts and the Member's plea and finds that this evidence supports findings of professional misconduct as alleged in the Notice of Hearing.

Allegations #1(b)(i), (ii), (iii), (iv), and (c)(i), (ii) in the Notice of Hearing are supported by paragraphs 5-29 in the Agreed Statement of Facts. On February 7, 2019, while employed at Sunnybrook Health Sciences Centre (the "Facility"), the Member made inappropriate and offensive comments about her colleague Dr. [A] to a nursing student, [Student A]. The Member acknowledged that it was inappropriate to vocalize her views about Dr. [A], as it undermined the Member's professionalism as well as trust in the health team. The Member also acknowledged that on that same day, she made comments and used terminology that was inappropriate and offensive in front of Patient [A] and [Student A].

Allegation #1(d) in the Notice of Hearing is supported by paragraphs 14-29 in the Agreed Statement of Facts. On August 27, 2019, Patient [B] attended the Facility's Obstetrics (OB) Triage. The Member and the Patient had a brief verbal exchange after which, according to Patient [B], the Member referred to her as a "bitch". If the Patient were to testify she would state that she felt dismissed by the Member and was negatively impacted by the experience. While, if the Member were to testify, her evidence regarding the interaction with [Patient B] would differ, the Member does not dispute [Patient B]'s evidence.

The Member admitted and acknowledged that she contravened the College's *Code of Conduct* and *Professional Standards* by making inappropriate and offensive comments about Dr. [A], making comments that were racist, inappropriate and offensive in front of Patient [A] and [Student A], and making inappropriate and offensive comments about and/or towards Patient [B].

The Panel finds that the Member's conduct breached the College's *Code of Conduct* principles, which include working respectfully with colleagues to best meet patient needs. Her conduct also breached the College's *Professional Standards*, which provide that nurses are accountable for conducting themselves in ways that promote respect for the profession.

Allegations #3(b)(i), (ii), (iii), (iv), (c)(i), (ii) and (d) in the Notice of Hearing are supported by paragraphs 5-28 and 30 in the Agreed Statement of Facts. The Panel finds that the Member's conduct was clearly relevant to the practice of nursing and was unprofessional as it demonstrated a serious and persistent disregard for her professional obligations as set out in the College's *Code of Conduct* and *Professional Standards*. The Member failed to live up to the standards expected of her on more than one occasion. On or about February 7, 2019, the Member was working alongside [Student A], and was a senior nurse in a leadership position in relation to [Student A]. The Member acknowledged that her terminology and comments were offensive and inappropriate. On August 27, 2019, the Member had a brief verbal exchange with Patient [B] involving inappropriate language.

The Panel also finds that the Member's conduct was dishonourable. It was a marked departure from the standards expected of a nurse. The Member knew or ought to have known that her conduct was

unacceptable and fell well below the standards of a professional. Her conduct in front of [Student A] while in a leadership position shows an element of moral failing.

Penalty

College Counsel and the Member's Counsel advised the Panel that a Joint Submission on Order had been agreed upon. The Joint Submission on Order requests that this Panel make an order as follows:

1. Requiring the Member to appear before the Panel to be reprimanded within three months of the date that this Order becomes final.

Penalty Submissions

Submissions were made by College Counsel.

College Counsel submitted that the Joint Submission on Order has as Appendix "A" an undertaking and agreement by the Member for the Member's permanent resignation as a member of the College effective December 12, 2022 (the "Undertaking"). The Member undertakes, acknowledges and agrees to:

- a) Permanently resign as a member of the College, effective from the date that the order made by the Discipline Committee in accordance with the Joint Submission on Order becomes effective;
- b) Not apply for membership with the College as a Registered Nurse or Registered Practical Nurse at any time after this Undertaking takes effect;
- c) Agree that the public portion of the College's Register will indefinitely reflect that the Member entered into an Undertaking with the Executive Director to permanently resign as a member of the College as part of an agreed resolution of allegations of professional misconduct;
- d) No longer have a right to the issuance or reinstatement of a Certificate of Registration from the College;
- e) No longer have a right to use the title "Nurse", "Registered Nurse", "Registered Practical Nurse", "RN", "RPN" or a variation, an abbreviation or an equivalent in another language;
- f) No longer have a right to hold herself out as a Nurse, Registered Nurse, Registered Practical Nurse or as a person who is qualified to practise in Ontario as a Nurse, Registered Nurse or Registered Practical Nurse;
- g) No longer have a right to engage in the practice of nursing in any capacity; and

- h) Agree the College is authorized to and may, in its sole discretion, provide a copy of the Undertaking and/or its terms to a governing body that regulates nursing in Canada or elsewhere in response to an inquiry or otherwise.

The aggravating factors in this case were:

- There were several instances of the Member using disrespectful language in the course of her nursing practice;
- The Member used language that was utterly unacceptable to be used toward or about patients and colleagues; and
- The Member's use of language had negative impacts on a nursing student and Patient [B].

The mitigating factors in this case were:

- The Member has no prior discipline history with the College;
- The Member cooperated with the College by agreeing to the facts in the Agreed Statement of Facts, has accepted responsibility and avoided the need for others to testify;
- The Member has entered into a Joint Submission on Order with the College, which meets the goals of penalty; and
- The Member also entered into a rigorous undertaking to resign, which is the ultimate form of public protection.

Specific deterrence is not essential in this case because the Member has already undertaken to permanently resign from the practice of nursing. In such circumstances, the penalty of an oral reprimand is sufficient.

General deterrence is achieved through the oral reprimand and the fact that the findings will be publicly posted indefinitely and sends a clear message to other members of the profession that there are serious consequences for this type of conduct.

Overall, the public is protected by the resignation of the Member's certificate of registration and the ability of the College to communicate this to any governing body that regulates nursing in Canada. Accordingly, the Panel does not need to impose further conditions in order to achieve protection of the public.

College Counsel submitted the following cases to the Panel to demonstrate that the proposed penalty fell within the range of similar cases from this Discipline Committee:

CNO v. Harper (Discipline Committee, 2021): In this case, the member told an offensive and inappropriate story in the presence of at least one patient, including the use of a racial slur. The penalty included an oral reprimand, a three-month suspension of the member's certificate of registration, two meetings with a Regulatory Expert and 18 months of employer notification.

CNO v. Lento (Discipline Committee, 2017): In this case, the member used inappropriate language to refer to and communicate with patients. The panel found that the member committed acts of

professional misconduct that would reasonably be regarded by members as disgraceful, dishonourable and unprofessional. The penalty included an oral reprimand, a five-month suspension of the member's certificate of registration, two meetings with a Nursing Expert and 24 months of employer notification.

CNO v. Groulx (Discipline Committee, 2019): This case involved rough handling and inappropriate and unprofessional verbal communications by the member with and about patients. The penalty included an oral reprimand, and the member signed an undertaking to permanently resign as a member of the College and to not reapply for membership with the College as a Registered Nurse or Registered Practical Nurse in the future.

Submissions were made by the Member's Counsel.

The Member's Counsel agreed with College Counsel's submissions and submitted that the Member had an unblemished 40-year nursing career, has no disciplinary history with the College, has cooperated with the College, and has taken responsibility for her actions.

Penalty Decision

The Panel accepts the Joint Submission on Order and accordingly orders:

1. The Member is required to appear before the Panel to be reprimanded within three months of the date that this Order becomes final.

Reasons for Penalty Decision

The Panel understands that the penalty ordered should protect the public and enhance public confidence in the ability of the College to regulate nurses. In the normal course, this is achieved through a penalty that addresses specific deterrence, general deterrence and, where appropriate, rehabilitation and remediation. The Panel also considered the penalty in light of the principle that joint submissions should not be interfered with lightly.

The Panel concluded that the proposed penalty is reasonable and in the public interest. The Member has co-operated with the College and, by agreeing to the facts and a proposed penalty, has accepted responsibility.

In this case, because the Member has undertaken to permanently resign, the oral reprimand is a sufficient penalty and no other specific deterrence is required.

Furthermore, because of the Member's resignation, it is not necessary to consider remediation and rehabilitation in determining the appropriate penalty.

General deterrence is also addressed as the Panel concluded had the Member's situation been different and no Undertaking given, the Panel would have ordered a suspension, and terms,

conditions and limitations on the Member's certificate of registration which would have been in line with previous penalties.

Finally, the penalty of a reprimand is appropriate because the public is already protected through the permanent resignation and the Undertaking by the Member to never apply for registration as a nurse in Ontario again in the future.

The penalty is also in line with what has been ordered in previous cases in similar circumstances.

I, Mary MacNeil, RN, sign this decision and reasons for the decision as Chairperson of this Discipline Panel and on behalf of the members of the Discipline Panel.