

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

IN THE MATTER OF
A HEARING UNDER THE *HEALTH PROFESSIONS ACT*,
RSA 2000, CH-7

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DR. ROBERT DICKSON

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA
June 6, 2025**

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Robert Dickson on January 27, 2025. The members of the Hearing Tribunal were:

Dr. Fraulein Morales as Chair;
Dr. Adam Oster;
Mr. Glen Buick (public member);
Ms. Sarah Gingrich (public member).

Ms. Mary Marshall acted as independent legal counsel for the Hearing Tribunal.

Also present were:

Mr. Craig Boyer, legal counsel for the Complaints Director;
Dr. Robert Dickson;
Ms. Brynn Harding and Ms. Helen Ross, legal counsel for Dr. Dickson.

II. PRELIMINARY MATTERS

2. Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing. There were no matters of a preliminary nature.
3. The hearing was open to the public pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 ("HPA"). There was no application to close the hearing.

III. CHARGES

4. The Amended Notice of Hearing ("Notice of Hearing") listed the following Allegation:
 1. In your public advocacy against the practice of adding fluoride to the municipal water supply in Calgary, you have failed to fulfill your ethical duties as a regulated member of the College of Physicians and Surgeons of Alberta, in that you did impugn the credibility or integrity of medical and dental colleagues who supported the practice of fluoridating drinking water, including but not limited to:
 - i. Dr. [REDACTED] who led a study on water fluoridation,
 - ii. The Alberta Chief Medical Officer of Health,
 - iii. The Alberta Dental Public Health Officer.

IV. EVIDENCE

5. The following Exhibits were entered into evidence during the hearing:

Exhibit 1: Agreed Exhibit Book

- Tab 1:** Notice of Hearing dated February 12, 2024
- Tab 2:** Amended Notice of Hearing dated January 8, 2025
- Tab 3:** Complaint Letter dated January 20, 2019
- Tab 4:** Documents referenced in Letter of Complaint
- Tab 5:** Letter dismissing Complaint dated February 19, 2019
- Tab 6:** Complaint Review Committee decision dated August 26, 2019
- Tab 7:** Letter of response by Dr. Dickson dated October 7, 2019
- Tab 8:** Decision of Justice Michalyshyn in *Dickson v. CPSA* 2022 ABQB 452 – Court of Queen’s Bench Action 2103 00661
- Tab 9:** Filed Court Order in Court of Queen’s Bench Action 2103 00661 dated August 24, 2022
- Tab 10:** Expert opinion from Dr. [REDACTED], public health specialist dated April 23, 2023
- Tab 11:** Expert opinion from Dr. [REDACTED], family physician dated May 16, 2023
- Tab 12:** Complaint Review Committee decision dated September 12, 2023
- Tab 13:** Expert opinion from Dr. [REDACTED], public health specialist, dated October 15, 2024
- Tab 14:** Canadian Medical Association - Code of Ethics (2004)
- Tab 15:** Canadian Medical Association – Code of Ethics and Professionalism (2018)

Exhibit 2: Admission and Joint Submission Agreement

6. Counsel for the Complaints Director also filed the following materials:

- a. Brief of Law Regarding Joint Submissions dated January 8, 2025;
- b. Brief of Law Regarding Freedom of Expression for Regulated Professionals dated January 10, 2025, including the following case law:

- i. *Rocket v. Royal College of Dental Surgeons of Ontario*, [1990] S.C.J. No. 65;
- ii. *Doré v. Barreau du Québec*, 2012 SCC 12;
- iii. *Strom v. Saskatchewan Registered Nurses Assn.*, 2020 SKCA 112;
- iv. *Christian Medical v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393;
- v. *Zuk v. Alberta Dental Association and College*, 2018 ABCA 270;
- vi. *Peterson v. College of Psychologists of Ontario*, 2023 ONSC 4685;
- vii. *Gill v. Health Professions Appeal and Review Board*, 2024 ONSC 2588; and
- viii. *Pitter v. College of Nurses of Ontario and Alviano v. College of Nurses of Ontario*, 2022 ONSC 5513.

V. SUBMISSIONS REGARDING THE ALLEGATION

Submissions on Behalf of the Complaints Director

- 7. Counsel for the Complaints Director reviewed the history of the complaint. The Complaints Director received a complaint in January 2019 regarding public comments made by Dr. Dickson opposing the proposed fluoridation of the municipal water supply in Calgary.
- 8. The Complaints Director dismissed the complaint by letter dated February 14, 2019, on the basis that it was freedom of expression.
- 9. The complainants requested a review of the dismissal of the complaint, and the Complaint Review Committee directed that an investigation be undertaken into the issues raised in the complaint.
- 10. Dr. Dickson filed an application seeking to quash the Complaint Review Committee decision directing an investigation be undertaken into the complaint and asking the court to stay the investigation that had been directed by the Complaint Review Committee. The decision of Justice [REDACTED] dismissed the application for judicial review.
- 11. The Complaints Director undertook an investigation that included obtaining expert opinions from a family physician and a public health specialist and provided the investigation report to the Complaint Review Committee for its review.
- 12. The Complaint Review Committee considered the investigation report and issued its decision in September 2023, directing the matter be referred to a hearing before a Hearing Tribunal. The Complaint Review Committee did not

make any findings and did not engage in any consideration of values under the *Canadian Charter of Rights and Freedoms* ("the Charter").

13. A Notice of Hearing was issued by the Hearings Director in February 2024. In October 2024 counsel for Dr. Dickson provided CPSA with a report from another expert in preventative medicine and public health who held a different perspective on the issues.
14. There is an admission from Dr. Dickson that he did impugn the credibility and integrity of the medical professionals that are identified in the Notice of Hearing. Mr. Boyer reviewed the Exhibit Book and the impugning comments that were made about the individuals identified in the Notice of Hearing.
15. As part of the Hearing Tribunal's analysis to determine the admission of unprofessional conduct, the Hearing Tribunal must engage in a Charter values analysis and determine whether the application of the Code of Ethics and the finding of unprofessional conduct is a reasonable conclusion balancing the interests of freedom of expression.
16. Mr. Boyer reviewed the case law in the brief of law regarding Freedom of Expression for Regulated Professionals. The starting point was 1990 when in *Rocket v. Royal College of Dental Surgeons of Ontario* the Supreme Court of Canada confirmed that regulated health professionals do have freedom of expression.
17. The Court held that while it is important to have freedom of expression, for regulated professionals it still must be done within the limits of the Code of Ethics and Professionalism and Standards of Practice. Freedom of expression is not an unlimited right.
18. The 2012 decision of the Supreme Court of Canada in *Doré v. Barreau du Québec* dealt with a lawyer who wrote a letter to a judge with demeaning and insulting comments. The Court said that freedom of expression had to be weighed against professional ethics. When balancing Charter values, the decision-maker should first consider the statutory objectives.
19. There has to be a proportionality exercise that requires the decision-maker to balance the severity of the interference of the Charter protection for freedom of expression with the statutory objectives. The decision states that proper respect for these expressive rights may involve disciplinary bodies tolerating a degree of discordant criticism. Paragraph 66 states as follows:

We are, in other words, balancing the fundamental importance of open, and even forceful, criticism of our public institutions with the need to ensure civility in the profession. Disciplinary bodies must therefore demonstrate that they have given due regard to the importance of the expressive rights at issue, both in light of an individual lawyer's right to expression and the public's interest in open

discussion. As with all disciplinary decisions, this balancing is a fact-dependent and discretionary exercise.

20. The 2020 decision of the Saskatchewan Court of Appeal in *Strom v. Saskatchewan Registered Nurses Association* dealt with a case where the nurse had made disparaging comments about the care providers in the home where her grandfather was resident. The contextual factors set out in *Strom* were considered by the Complaints Director when determining the charges that would withstand the proportionality evaluation.
21. The 2018 decision of the Alberta Court of Appeal in *Zuk v. Alberta Dental Association and College*, dealt with findings of unprofessional conduct against a dentist for improper advertising and publications criticizing the dental college and fellow members. The comments went beyond the appropriate limits and were found to be unprofessional conduct.
22. The 2023 decision of the Ontario Superior Court in *Peterson v. College of Psychologists of Ontario* involved a psychologist making a number of comments and holding himself out as a psychologist. The Court found that the decision to give him a caution and direct him to take some upgrading of his skills was a proportional balance of freedom of expression and the objectives of the legislation regulating professionals.
23. The 2024 decision of the Ontario Superior Court of Justice in *Gill v. Ontario Health Professions Appeal and Review Board* involved a decision where Dr. Gill had been cautioned for sharing unverified information on social media about COVID-19. The 2022 decision of the Ontario Superior Court of Justice in *Pitter v. College of Nurses of Ontario* was also a decision involving a caution about social media comments.
24. Under section 70 the Hearing Tribunal must be satisfied that the admission made by Dr. Dickson is supported by the evidence and that it is appropriate. The admission that is being made is limited to the degree and nature of comments made about professional colleagues in the course of public advocacy and how that went beyond the ethical limits that are imposed on physicians.

Submissions on Behalf of Dr. Dickson

25. Counsel for Dr. Dickson began by providing background information. Dr. Dickson is a family physician who has served Calgarians for nearly 35 years. He has volunteered for initiatives that are aimed at protecting vulnerable populations, including the provision of medical care in underdeveloped nations. One of his areas of activism has been advocating against community water fluoridation in Calgary.
26. The issue of water fluoridation arose before Calgary City Council in 2019. Dr. Dickson spoke about the potential health risks of fluoride as well as the

ethical, moral, environmental and ethical concerns. These concerns included the ethics of medicating a population without informed consent.

27. The complainants in this matter were advocating for the reintroduction of fluoride to Calgary's water system, and the debate was passionate on both sides.
28. Two significant studies were published in 2024, and these studies are highlighted in the expert report by Dr. [REDACTED]. The studies question the safety and efficacy of fluoridation. The safety and efficacy of fluoridation are not the issues the Hearing Tribunal needs to address in order to evaluate Dr. Dickson's admission.
29. Section 2(b) of the Charter guarantees freedom of thought, belief, opinion and expression. The animating purposes for this guarantee were expressed in *Strom*.
30. The three values that are protected by section 2(b) are that seeking and attaining truth is an inherently good activity; participation in social and political decision-making is to be fostered and encouraged; and that diversity in forms of individual self-fulfillment and human flourishing ought to be cultivated.
31. It was Dr. Dickson's choice to give of his time freely and voluntarily to participate in the political debate showing political engagement and engaging in a truth-seeking exercise.
32. The freedoms that are protected by section 2(b) are not absolute, and they can be justifiably limited in certain circumstances. In the *Doré* Supreme Court of Canada decision, Justice Abella emphasized the importance of professional discipline to prevent incivility in the legal profession.
33. Dr. Dickson's admission is essentially an admission about civility. *Doré* concerned a criminal defense lawyer who was making comments about a judge in the context of legal proceedings. In that regard there is a contextual difference between civility in *Doré* and civility in the context of Dr. Dickson's participation in a heated public debate. Dr. Dickson acknowledges that civility is important and that it is a professional obligation, and he is committed to ensuring that he is utterly civil in any future advocacy.
34. The Supreme Court of Canada decision in *Doré* provides guidance on how the Hearing Tribunal should conduct the balancing exercise between freedom of expression and the statutory objectives of the regulation of the medical profession, with a view to protecting the public interest. The balancing exercise is that the Hearing Tribunal must ask how the Charter value at issue will be best protected in view of the statutory objectives.
35. The Saskatchewan Court of Appeal dealt with a balancing exercise in *Strom*, specifically a nurse's freedom of expression to criticize the health care

system and the objectives of professional regulation. The Court of Appeal explained that freedom of expression cannot be unduly constrained to avoid offending others, and that criticism is essential to healthy debate. It is when our expression may be objectionable to others that it needs protection.

36. The Court of Appeal in *Strom* also provided a number of contextual factors to assess whether the nurse's public expression warranted discipline, including whether the speech was made while on duty or acting as a nurse. In *Strom*, the speech was not made on duty or in the course of the nurse's activities. Dr. Dickson's situation did not involve speech made in carrying out his work as a family physician.
37. The Court of Appeal in *Strom* also highlighted the truth or fairness of any criticism. The expert opinion by Dr. [REDACTED] refers to Dr. Dickson's comments as being substantively based in fact. The issue here is about rhetoric, choice of language, and the personal nature of certain criticisms.
38. The Court of Appeal in *Strom* also considered whether the public expression was intended to contribute to social or political discourse about an important issue. The impugned speech of Dr. Dickson is related to social and political discourse about community water fluoridation.
39. The nature and scope of the damage to the profession and the public interest should also be considered. There is minor damage in this situation because the expression is not the spreading of misinformation but rather a question of how certain criticisms were framed.
40. Regulatory bodies must exercise caution in stifling dissent and criticism of institutions because this is fundamental to progress in our society. Regulated professionals have a right to express opinions that disagree with the government and public health authorities, even in strong terms. What they cannot do is engage in speech containing misinformation. Drawing the line between criticism and misinformation is not always an easy exercise. Dr. Dickson's case illustrates the dangers of approaching minority viewpoints with the assumption that they are misinformation. The expert report provided by Dr. [REDACTED] explains that Dr. Dickson's statements were founded in evidence at the time that he made them, and today they have a greater foundation in evidence. The report of Dr. [REDACTED] identifies the peer-reviewed scientific support for Dr. Dickson's impugned statements.
41. Dr. Dickson takes responsibility and stands by the admission. He acknowledges the importance of conducting himself in a manner that is in keeping with the ethical and professional standards for a regulated member of the College, as set out in the CPSA Standards of Practice and the CMA Code of Ethics and Professionalism. Dr. Dickson's admission is that his manner of criticism of opponents in the debate stepped over the line in terms of the language that he used and his choice of rhetoric. Dr. Dickson's admission must be placed in the context of a very heated debate over community water fluoridation, which was characterized on both sides by

virulent opposition and in some cases by much hyperbole. Civility and respectful debate are important for all participants in the political arena.

Reply Submissions on Behalf of the Complaints Director

42. Section 5 of Schedule 21 under the HPA deals with non-traditional therapy and is part of the legislative framework.

VI. DECISION REGARDING ALLEGATION

43. The Hearing Tribunal adjourned to review Exhibits 1 and 2 and accepted Dr. Dickson's admission of the Allegation in the Notice of Hearing and finds all aspects of the Allegation to be made out. The Hearing Tribunal found that Dr. Dickson's conduct constitutes unprofessional conduct for the reasons that follow.

VII. FINDINGS AND REASONS

44. The Hearing Tribunal considered Dr. Dickson's admission under section 70 of the HPA. An admission of unprofessional conduct on the part of the physician may only be acted upon if it is acceptable to the Hearing Tribunal. The admission was acceptable to the Hearing Tribunal, and the Hearing Tribunal considered whether the admitted conduct was unprofessional conduct.
45. The Hearing Tribunal found that the proven Allegation constituted unprofessional conduct under section 1(1)(pp)(ii) of the HPA as follows:

1(1) *In this Act,*

(pp) *"unprofessional conduct" means one or more of the following, whether or not it is disgraceful or dishonourable:*

(ii) *contravention of this Act, a code of ethics or standards of practice;*

46. The Hearing Tribunal reviewed the comments made by Dr. Dickson and found that they impugned the credibility and integrity of medical and dental colleagues who supported the practice of fluoridating drinking water. The criticism and comments that are the subject of the Allegation occurred in 2017. As such the applicable version of the code of ethics is the 2004 Canadian Medical Association Code of Ethics. The relevant provisions are sections 42, 45, 48, 51 and 52 as follows:

42. *Recognize the profession's responsibility to society in matters relating to public health, health education, environmental protection, legislation affecting the health or well-being of the community and the need for testimony at judicial proceedings.*

45. *Recognize a responsibility to give generally held opinions of the profession when interpreting scientific knowledge to the public; when*

presenting an opinion that is contrary to the generally held opinion of the profession, so indicate.

48. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

51. Do not keep secret from colleagues the diagnostic or therapeutic agents and procedures that you employ.

52. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

47. When he made comments about the credibility and integrity of medical and dental colleagues, Dr. Dickson failed to treat colleagues with dignity and respect.
48. When considering whether Dr. Dickson's conduct constituted unprofessional conduct, the Hearing Tribunal considered that a finding of unprofessional conduct arising out of Dr. Dickson's communications has an impact on his right to freedom of expression under section 2(b) of the Charter. The Supreme Court of Canada in *Doré v. Barreau du Québec* has set out the proportionality analysis that is required in balancing Charter rights to ensure that they are limited no more than is necessary given the applicable statutory objectives at issue. The Hearing Tribunal recognizes Dr. Dickson's Charter rights and finds that those rights are impaired as little as possible while still achieving the objectives of the HPA governing the College's mandate. The Hearing Tribunal's findings of unprofessional conduct proportionately balance the College's statutory objectives with Dr. Dickson's expressive rights.
49. The College is entrusted with regulating in the public interest. The Hearing Tribunal is satisfied that a finding of unprofessional conduct furthers important statutory objectives under the HPA. The context in which the allegation of unprofessional conduct arose is a key factor. Community water fluoridation engages issues of ethics, politics and public policy. Scientific evidence concerning the risks and benefits of community water fluoridation continues to evolve.
50. Promoting professionalism in communications and preventing misleading advertising were found to be important statutory objectives for a health profession regulator in *Rocket v. Royal College of Dental Surgeons of Ontario*. A regulated professional's freedom of expression must be balanced against the regulatory objectives of professional bodies when it comes to ethical standards, and integrity of the profession. Regulated professionals engaging in public discourse must adhere to standards of civility and mutual respect. The statutory objectives as set out in section 3 of the HPA are that the public interest must be served and protected, and the standards of the profession enforced.

51. The Hearing Tribunal is satisfied that, in light of the statutory objectives, a finding of unprofessional conduct is a proportionate response relative to the impact on Dr. Dickson's freedom of expression. The College would not be fulfilling its responsibility to regulate the profession in the public interest if it did not take action to investigate and deter such conduct. Further, the impact on Dr. Dickson's freedom of expression is limited. A regulated professional must act within the ethical expectations of their code of conduct. With respect to physicians, this means a physician must act within the constraints of the ethical expectations of the Canadian Medical Association Code of Ethics and Professionalism.
52. The Hearing Tribunal finds that Dr. Dickson's conduct constitutes unprofessional conduct as defined by section (1)(1)(pp)(ii) of the HPA as being conduct that contravenes a code of ethics.
53. Given this finding, the Hearing Tribunal invited the parties to make submissions on sanction.

VIII. SUBMISSIONS ON SANCTION

Submissions on Behalf of the Complaints Director

54. Counsel for the Complaints Director reviewed the Brief of Law regarding Joint Submissions. A hearing tribunal should treat a joint submission with great deference and only reject it if it is manifestly unjust and not in the public interest.
55. The admission made by Dr. Dickson promotes the public interest. There will be minority voices in a public debate about matters of public health. There will also be assurances that people will debate things vigorously but not in such a way that they become a personal attack.
56. The decisions in *Peterson*, *Gill*, and *Pitter* are examples of where a caution was ordered and a rehabilitative approach was taken. Dr. Dickson will receive a caution and complete an online course that has been offered by the Canadian Medical Association on Influence and Advocacy. There is also agreement on costs in the amount of \$6,250.
57. This is a balanced approach of both deterrence and rehabilitation. It does not dissuade individuals from venturing into a public debate on contentious issues, recognizing that if they maintain civility they will not be criticized because they disagree with a more broadly known perspective.

Submissions on Behalf of Dr. Dickson

58. Counsel for Dr. Dickson reviewed the *Jaswal* factors. The admitted Allegation is at the low end of the spectrum of unprofessional conduct. It does not involve any willful negligence or disregard for the well-being of a patient. Dr. Dickson's admission attests to his desire to participate in a mutually respectful and constructive public discussion.

59. Dr. Dickson is 73 years old and has practiced in the area of family medicine for 35 years. He has never had a prior finding of unprofessional conduct. There is no offended patient. There are a discrete number of comments that relate specifically to the credibility of the figures named in the Notice of Hearing.
60. Dr. Dickson has cooperated throughout the investigation and admitted the Allegation. He has avoided the need for a contested hearing. Dr. Dickson also acknowledges the importance of complying with his professional and ethical obligations.
61. This complaint was started almost six years ago, and Dr. Dickson has spent considerable time preparing for and defending himself against the allegations, including the charges that were withdrawn. There has been a serious personal cost. Dr. Dickson will also incur financial consequences with the advocacy course and costs order. Dr. Dickson has worked in a very limited capacity over the past 11 years and is now fully retired.
62. Dr. Dickson is retired and so specific deterrence is not necessary. There should be caution exercised in relation to general deterrence. It is right to promote civility in public debates but this should be done carefully so as not to stifle dissent. Criticizing institutions enhances accountability and transparency in a democracy.

IX. DECISION REGARDING SANCTION

63. The Hearing Tribunal accepts the Joint Submission and makes the following orders:
 - a. Dr. Dickson shall receive a caution.
 - b. Dr. Dickson shall, at his own cost, complete the online course on Influence and Advocacy offered by the Canadian Medical Association (or similar course acceptable to the Complaints Director if the CMA course is not available), within 12 months of the date of the decision issued by the Hearing Tribunal.
 - c. Dr. Dickson shall be responsible for a portion of the costs of the investigation and hearing, being the sum of \$6,250, which may be paid by equal monthly installments over a period of 12 months starting after the date of the decision issued by the Hearing Tribunal.

X. FINDINGS AND REASONS FOR SANCTION

64. The Hearing Tribunal considered the factors set out in *Jaswal*, the Brief of Law on Joint Submissions, and the Brief of Law regarding Freedom of Expression for Regulated Professionals. The Hearing Tribunal found that Dr. Dickson's unprofessional conduct breached the CMA Code, which is the cornerstone of physician ethics and professionalism and is meant to maintain and protect the public interest.

65. The Hearing Tribunal also considered that Dr. Dickson is 73 years old and completely retired. Dr. Dickson acknowledged the nature of his unprofessional conduct with an admission. This saved the time and expense of a contested hearing. The Hearing Tribunal also considered that the admitted conduct did not involve any patient under Dr. Dickson's care. Dr. Dickson had no prior findings of unprofessional conduct.
66. The Hearing Tribunal found that the Joint Submission was appropriate. The required coursework will provide Dr. Dickson with further insight. The Hearing Tribunal's decision will serve as a caution and as a reminder that Dr. Dickson and other physicians must comply with the CMA Code.
67. The Hearing Tribunal understands that it is obliged to defer to a Joint Submission unless it is contrary to the public interest or would undermine the administration of justice. The Hearing Tribunal concludes that the Joint Submission meets the public interest test, and therefore imposes the sanction proposed by the parties.

XI. ORDER

68. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:
- a. Dr. Dickson shall receive a caution.
 - b. Dr. Dickson shall, at his own cost, complete the online course on Influence and Advocacy offered by the Canadian Medical Association (or similar course acceptable to the Complaints Director if the CMA course is not available), within 12 months of the date of the decision issued by the Hearing Tribunal.
 - c. Dr. Dickson shall be responsible for a portion of the costs of the investigation and hearing, being the sum of \$6,250, which may be paid by equal monthly installments over a period of 12 months starting after the date of the decision issued by the Hearing Tribunal.

Signed on behalf of the Hearing Tribunal by its Chair:



Dr. Fraulein Morales