

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

IN THE MATTER OF
A HEARING UNDER THE *HEALTH PROFESSIONS ACT*,
R.S.A. 2000, c. C-7

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DR. MOISES LASALETA

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA**

I. INTRODUCTION

The Hearing Tribunal held a hearing into the conduct of Dr. Moises Lasaleta on April 15th, 2020.

The members of the Hearing Tribunal were Dr. Paul Greenwood of Edmonton as Chair, Dr. Oluseyi Oladele of Edmonton and Ms. Pat Matusko of Beaumont (Public Member). Ms. Ayla Akgungor acted as independent legal counsel for the Hearing Tribunal.

In attendance at the hearing was Mr. Joey Redman, legal counsel for the College of Physicians & Surgeons of Alberta (the “College”). Also present were Dr. Moises Lasaleta and Mr. Jo Brar, legal counsel for Dr. Lasaleta.

Also, in attendance was a court reporter, Ms. Shelley Becker.

There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to deal with this matter or to proceed with a hearing held by the use of Zoom.

II. ALLEGATIONS

The allegations to be considered by the Hearing Tribunal against Dr. Lasaleta were set out in the Notice of Hearing as follows: between November 2015 and May 2016, you did fail to maintain an appropriate professional boundary with your patient, N.P., by having a series of intimate and personal discussions, including discussion of your own marital discord; and

1. you did fail to properly end the doctor/patient relationship with your patient, N.P., as required under the Standards of Practice before you pursued a personal relationship which ultimately became a sexual relationship in June 2016;

III. PRELIMINARY MATTERS

There were no preliminary matters.

IV. EVIDENCE – EXHIBITS

The parties entered a Joint Exhibit Book as Exhibit 1. Exhibit 1 contained the following tabs:

1. Notice of Hearing dated February 14, 2020
2. [REDACTED] Letter of Complaint dated July 17, 2016
3. Letter from Dr. Caffaro to Dr. Lasaleta dated September 30, 2016 with form of Undertaking
4. Letter from K. Jarvis to Dr. Lasaleta dated September 30, 2016 re: complaint by [REDACTED]
5. Memo prepared by Dr. John Ritchie dated October 2, 2016 regarding pick up of patient record
6. Patient Record of N.P. (November 2012 to January 2015)
7. Undertaking of Dr. Moises Lasaleta dated November 16, 2016
8. Dr. Lasaleta’s College registration history for 2001 to 2020
9. Letter of response from Dr. Lasaleta dated May 31, 2018

10. Hearing Tribunal decision dated August 31, 2018
11. CPSA Standard of Practice on Sexual Boundary Violations
12. CPSA Standard of Practice on Terminating the Physician-Patient Relationship

A Joint Submission Agreement was entered as Exhibit 2.

V. SUBMISSIONS

(a) Submissions of the Complaints Director

Mr. Redman for the College stated that there was an admission of unprofessional conduct and referred to the Joint Submission Agreement.

Mr. Redman reviewed the Health Professions Act (“HPA”) sections relevant to the hearing for Dr. Lasaleta. He submitted that the HPA specifically contemplates that a member can make an admission at any point before a Hearing Tribunal has made a decision.

Sections 70(1) and 70(2) of the HPA deal specifically with admissions and state as follows:

70(1) At any time after a complaint has been made but before the hearing tribunal has made a decision as to whether unprofessional conduct has occurred, an investigated person may submit a written admission of unprofessional conduct to the hearings director.

(2) An admission under subsection (1) may not be acted on unless it is acceptable in whole or in part to the hearing tribunal.

Mr. Redman also pointed to the definition of unprofessional conduct under the HPA which is set out at s. 1(1)(pp) and noted that the relevant parts of the definition with respect to Dr. Lasaleta were subsections: (ii) contravention of this Act, a code of ethics or standards of practice; and (xii) conduct that harms the integrity of the regulated profession.

Mr. Redman referred to two Standards of the CPSA in force at the time of the events.

The first was the Standard on Sexual Boundary Violations (Exhibit 1, Tab 11). He drew the panel's attention to the fact that the standards are the minimum standards for professional behavior and ethical conduct of a regulated member in Alberta. He believed the relevant parts which should be consulted in this case are in Section 1(i) and (j):

(i) socializing with a patient in the context of developing an intimate relationship, or

(j) making physician-patient sexual contact.

Mr. Redman then referred to a second Standard of Practice, “Terminating the Physician-Patient Relationship in Office-Based Settings” (Exhibit 1, Tab 12). This sets out the minimum standards of how a physician should terminate that relationship.

Mr. Redman submitted that it is a duty of a physician to maintain appropriate professional boundaries with patients at all times. This is based on the fundamental imbalance of power between the physician and the patient. It is important that these standards of practice are followed and that

a physician must terminate the physician-patient relationship before developing any other relationship.

Mr. Redman concluded by referring to Dr. Lasaleta's response letter (Exhibit 1, Tab 9), where he admits that the behavior is contrary to the Sexual Boundary Violations Standard. In the joint submission document, Dr. Lasaleta admits his failure to be compliant with the Sexual Boundary Violations Standard and that he failed to properly terminate the physician-patient relationship before entering into an intimate relationship with N.P.

(b) Submissions for Dr. Lasaleta

Mr. Brar then spoke on behalf of Dr. Lasaleta. He confirmed that the issue was a boundary complaint between Dr. Lasaleta and N.P. He reviewed the history of the relationship. He stated that [REDACTED] (the husband of N.P.) and Dr. Lasaleta [REDACTED] were friends and so both families developed a familial relationship. Dr. Lasaleta did provide care to N.P. at the Stadium Health Clinic, mainly for skin augmentation treatment. He was not her regular physician. The last clinical contact with N.P. occurred in November of 2015 (Tab 6 pages 61, 62 of Exhibit 1).

N.P. began developing marital issues in 2016 and began to confide in Dr. Lasaleta. Dr. Lasaleta also had marital issues and they became confidants. In June 2016, the relationship became intimate and Dr. Lasaleta and N.P. engaged in sexual intercourse. This intimacy was seven months after the last clinical contact and 1 1/2 years after the last face to face clinical contact of January the 27th 2015, (tab 6, page 25 of Exhibit 1). Mrs. Lasaleta found out about the affair and told [REDACTED]

Mr. Brar said it was important to note that it was [REDACTED] who filed the complaint and not his wife, N.P. Mr. Brar viewed the relationship as two married people who became personally acquainted, developed a friendship, started having marital issues and subsequently enjoyed an extramarital sexual relationship in June of 2016. This affair was brief.

However, Mr. Brar agreed that it was inappropriate for Dr. Lasaleta to engage in that relationship, and that Dr. Lasaleta admits to the facts that are in the notice of hearing and the charges therein.

VI. FINDINGS ON UNPROFESSIONAL CONDUCT

The Hearing Tribunal finds that the documents set out in Exhibit 1 reveal the following facts:

[REDACTED]

The patient had been a patient of Dr. Lasaleta since 2013 and was being treated by Dr. Lasaleta for facial rejuvenation. About March 2016, Dr. Lasaleta and the patient were alleged to have started talking about more personal matters and their mutual unhappiness. Some of these meetings occurred outside of Dr. Lasaleta's clinic including in a coffee shop and a park. On one occasion, Dr. Lasaleta was said to have invited the patient into his car and kissed her against her wishes. The patient alleged that as Dr. Lasaleta was her physician, she did not know how to stop him.

The complaint alleged that Dr. Lasaleta had invited the patient to a motel on the morning of June 18th, 2016 and that sexual intercourse took place.

██████████ said that the patient informed him of these matters on July 7th, 2016.

The letter from [REDACTED] stated that the wife of Dr. Lasaleta, E.L., had contacted [REDACTED] and had shown him video recordings, including the motel encounter of June 16th, obtained by a private investigator hired by E.L.

The complaint alleged that following the motel encounter of June 18, 2016, Dr. Lasaleta continued to harass the patient by repeated phone calls and a police incident report was cited as evidence of this harassment.

This letter did not disclose that the patient on whose behalf [REDACTED] was complaining was his wife.

On receipt of the complaint, the Complaints Director, Dr. Michael Caffaro, wrote to Dr. Lasaleta in a letter dated the 30th of September 2016. The letter asked Dr. Lasaleta to sign an undertaking which included the requirement that a chaperone be present in the office if any intimate (breast, rectal and pelvic) physical examinations were needed. Dr. Lasaleta was also asked to respond to the allegations.

Dr. Laselata did not ultimately respond to the complaint until May 31, 2018. Because of the failure of Dr. Lasaleta to respond to inquiries from the College, he was charged with unprofessional conduct and a Hearing Tribunal was convened to hear the charges. The Hearing Tribunal was convened on March the 23rd 2018 but was adjourned until June the 22nd 2018 as Dr. Lasaleta was away in the Phillipines tending to serious family matters. The hearing was a consent hearing as Dr. Lasaleta did not deny the charges. He cited a variety of factors including a separation from his wife, financial losses and the need to be in the Philippines to attend the terminal illness of his father as his reasons for not replying. He recognized this was wrong and agreed the failure was unprofessional conduct. Dr. Lasaleta was found guilty of unprofessional conduct and received a month's suspension from the register and was ordered to pay the costs of the Hearing and Investigation.

Dr. Lasaleta did not renew his practice permit in 2018 and his registration was consequently cancelled. Dr. Lasaleta has not practiced in Alberta since that time.

In his response of May 31, 2018, Dr. Lasaleta stated that he and his wife had first met [REDACTED] and his wife in 2012 when they had moved from Ontario to Calgary. [REDACTED] [REDACTED] [REDACTED]. The families became friendly and often met socially and [REDACTED] enrolled his children in the same school as Dr. Lasaleta's children.

Dr. Lasaleta claimed that his professional relationship with N.P. was limited, and he was not her family physician. He saw her mostly for facial rejuvenation therapy but on two occasions he had provided medical referrals. One of these was to a specialist in obstetrics and gynecology and once where he tried to expedite an urgent MRI. The last time he had acted as a physician for N.P. was in November 2015.

Because of unhappiness in both of their marriages, he and N.P. became more closely involved and did meet outside of the clinic to discuss their unhappiness. He did not deny the encounters where he had kissed N.P. in the car and at the motel where they had sexual intercourse and said that these were both consensual.

After the motel encounter of June 18th, 2016, Mrs. Lasaleta told him that their marriage was over, and he was not to inquire where large sums of money were being transferred. Dr. Lasaleta admitted that he received a call from the police about possible harassment of N.P. but said that it was she who was calling him.

Dr. Lasaleta said the consequences of his infidelity were that he had lost his home, his wife and suffered severe financial losses.

With respect to allegation #1, the Hearing Tribunal accepts that between November 2015 and May 2016, Dr. Lasaleta failed to maintain an appropriate professional boundary with N.P. by having a series of intimate and personal discussions, including discussion of his own marital discord. Dr. Lasaleta has admitted to this conduct in the Joint Submission Agreement (Exhibit 2) and confirms in his response to the College (Tab 9, Exhibit 1) that in March and April 2016, he and N.P. shared concerns about their respective marital problems and became confidants. The Hearing Tribunal agrees that this conduct breaches section (1)(i) of the College's Sexual Boundary Violations Standard of Practice in that Dr. Lasaleta socialized with N.P., a patient, in the context of developing an intimate relationship. The Hearing Tribunal further accepts that boundary violations such as in this case amount to conduct which harm the integrity of the profession in contravention of section 1(1)(pp)(xii) of the HPA.

With respect to allegation #2, the Hearing Tribunal finds that Dr. Lasaleta did fail to properly end the doctor/patient relationship with his patient, N.P. as required under the Standards of Practice before he pursued a personal relationship which ultimately became a sexual relationship in June 2016. The evidence with respect to this allegation confirms that the last time that Dr. Lasaleta had a face to face clinical encounter with N.P. was on January 27, 2015 and the last time that Dr. Lasaleta had any form of clinical interaction with N.P. was when he made an MRI referral for her in November 2015. The Hearing Tribunal accepts that the sexual encounters did not occur until 7 months after the last incidence of clinical care.

However, simply allowing time to pass is not sufficient to meet the requirements of the College Standard of Practice: "Terminating the Physician-Patient Relationship in Office-Based Settings." To effectively terminate a relationship with a patient, a physician must, among other things, give advance notice of the intention to terminate care; advise the patient of the reasons for termination; ensure continuity of follow-up care; and facilitate transfer of care. There is no evidence in this case that any of these steps were taken by Dr. Lasaleta. Accordingly, the Hearing Tribunal is satisfied that the conduct in charge #2 occurred and that the conduct amounts to unprofessional conduct.

For the reasons set out above, the Hearing Tribunal accepts Dr. Lasaleta's admission of unprofessional conduct and finds that Dr. Lasaleta engaged in unprofessional conduct with respect to both allegations 1 and 2.

VII. SUBMISSIONS ON SANCTIONS

The Hearing Tribunal was presented with a Joint Submission Agreement (Exhibit 2). The Joint Submission Agreement sought the following sanctions:

1. A 12-month suspension of Dr. Lasaleta's practice permit, and in the event that Dr. Lasaleta is issued a practice permit in the future, he shall receive credit for the time he has been out of practice since 2017 so that the 12-month suspension shall be deemed to have been served;
2. If Dr. Lasaleta applies for and is granted reinstatement, he shall first, at his own cost, undergo a multi-disciplinary assessment (the "Assessment") reasonably acceptable to the Complaints Director to assess whether Dr. Lasaleta is fit to return to practice;
3. Dr. Lasaleta shall not be permitted to return to practice in the event his application for reinstatement is granted unless and until he is determined to be fit to return to practice through the Assessment, or any further assessment recommended by the Assessment;
4. Dr. Lasaleta shall, at his own cost, undertake any treatment recommended by the Assessment to the reasonable satisfaction of the Complaints Director and if there is disagreement over whether Dr. Lasaleta has completed any treatment recommended by the Assessment, the Hearing Tribunal shall retain the authority to make the final determination as to whether Dr. Lasaleta has completed any treatment recommended by the Assessment;
5. If the Assistant Registrar responsible for registration determines that Dr. Lasaleta's application for reinstatement is approved, Dr. Lasaleta's practice permit shall include, in addition to any practice condition(s) determined by the Assistant Registrar responsible for registration, any additional practice condition(s) recommended by the Assessment and as reasonably determined by the Complaints Director, and if there is disagreement over the nature, scope or duration of any practice condition determined by the Complaints Director, the Hearing Tribunal shall retain the authority to make the final determination of any such practice condition;
6. Dr. Lasaleta shall be responsible for any cost of fulfilling any practice conditions imposed on his practice permit; and
7. Dr. Lasaleta shall also be responsible for the costs of the investigation and the hearing before the Hearing Tribunal.

(a) Submissions of the Complaints Director on Sanction

Mr. Redman spoke to the proposed sanctions in the Joint Submission in order to allow the hearing panel to understand how these sanctions were agreed upon. He first mentioned the 12-month suspension.

Mr. Redman noted that Dr. Lasaleta had been out of practice since 2017. If the joint submission is accepted, and other conditions met, Dr. Lasaleta will be eligible for immediate reinstatement as he has already effectively served a three-year suspension.

Secondly, the Assessment that he has been asked to undergo has to be acceptable to the Complaints Director and Dr. Lasaleta has been given the names and addresses of four institutions that are acceptable and perform multi-disciplinary assessments on physicians. Dr. Lasaleta is to choose one of them and at his own cost complete that assessment. The submission states that he will only be eligible for return to practice on successful completion of the Assessment. Should the Complaints Director and Dr. Lasaleta not agree on whether the Assessment was successfully completed, the parties have asked the Hearing Tribunal to make a determination. The intent here was to build in a kind of dispute resolution mechanism.

If the Assistant Registrar for registration determines that there should be conditions placed on the practice permit as a result of the Assessment, these additional conditions will be placed on Dr. Lasaleta's practice permit.

Mr. Redman reminded the panel of the *R v Anthony-Cook (2016 SCC 43)* case whereby the panel has a duty of deference to joint submissions, unless there is an overriding concern that accepting the submission will bring the administration of justice into disrepute or is contrary to the public interest.

Mr. Redman then reviewed the appropriateness of the sanctions and referred to the *Jaswal* factors he felt the panel should consider. The *Jaswal* factors are as follows:

1. the nature and gravity of the proven allegations
2. the age and experience of the offending physician
3. the previous character of the physician and in particular the presence or absence of any prior complaints or convictions
4. the age and mental condition of the offended patient
5. the number of times the offence was proven to have occurred
6. the role of the physician in acknowledging what had occurred
7. whether the offending physician had already suffered other serious financial or other penalties as a result of the allegations having been made
8. the impact of the incident on the offended patient
9. the presence or absence of any mitigating circumstances
10. the need to promote specific and general deterrence and, thereby, to protect the public and ensure the safe and proper practice of medicine

11. the need to maintain the public's confidence in the integrity of the medical profession
12. the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct
13. the range of sentence in other similar cases

Mr. Redman stated that the charges to which Dr. Lasaleta has admitted are at the serious end of the spectrum and the sanctions reflect this gravity. Dr. Lasaleta did take responsibility for his actions and agreed to a Joint Submission. This acknowledgement is also reflected in the proposed sanctions.

He said that Dr. Lasaleta had already experienced significant financial losses as a consequence of his actions, and he's been out of practice for three years so the sanctions should reflect this.

He then referred to *Jaswal* factor number 10, the need to promote specific and general deterrence. He noted that the sanctions proposed should act as a deterrent to other physicians and that boundary violations are serious offences. He believed that the sanctions proposed in the Joint Submission reflected this.

The *Jaswal* decision also noted that the sanctions should consider the range of penalties in similar cases. Mr. Redman referred to two cases both from Ontario which reflected similar offences and sentences. The *Powell* decision of 2014 concerned a physician who was treating a patient and provided some counselling to her in relation to a troubled marriage. The patient expressed some feelings towards Dr. Powell, which caused him to then terminate the doctor-patient relationship and he engaged in a relationship with that patient quite shortly after. The panel in *Powell* accepted the joint submission on penalty as fair and reasonable and imposed a reprimand and nine-month suspension. The physician also had to attend two courses at his own expense and be responsible for the costs of the hearing.

The second case was the case of Dr. Ghabbour from Ontario. In this case the patient expressed a desire to terminate the doctor-patient relationship. Following the termination of the physician-patient relationship, the patient and the doctor began to date, and approximately six weeks after the end of the physician-patient relationship, their relationship became intimate.

Dr. Ghabbour did admit to the conduct and that it was inappropriate to begin a sexual relationship so soon after the termination of the doctor and patient relationship. The panel in that case ordered revocation and costs of the hearing (approx. \$11,000). In Ontario, physicians can apply for reinstatement 12 months after revocation, so Mr. Redman submitted that this time frame was akin to the 12-month suspension being sought for Dr. Lasaleta.

Mr. Redman noted that the total effect of the proposed sanctions is not a green light for Dr. Lasaleta to immediately return to practice. He must undergo a multidisciplinary assessment to determine his fitness and he must complete any recommendations arising out of that assessment. Even after completing that assessment it is not necessarily an open door. He still has to apply for reinstatement

with the College. Given the sanctions that are proposed in the Joint Submission, Mr. Redman felt that the sanctions fit within the public interest test and merited serious consideration by the panel.

(b) Submissions of Dr. Lasaleta on Sanction

Mr. Brar was in agreement with the joint submission and agreed with the review given by Mr. Redman. He agreed that the object of the sanctions is to protect the public by the denunciation of unprofessional conduct and to rehabilitate and promote a sense of responsibility.

He referred to the *Jaswal* decision and highlighted five of the factors.

Factor 1. The gravity of the allegations.

Mr. Brar agreed that the allegations are serious, and the sanction proposed is also serious. Mr. Brar reinforced, however, that the intimate relationship was entirely consensual and noted that it had occurred a significant period of time after the last physician-patient encounter.

Factor 7. Whether the offending physician has already suffered serious financial or other losses as a result of the allegations.

Mr. Brar said that Dr. Lasaleta had taken a voluntary leave of absence when he was made aware of the complaint to the College by [REDACTED]. Over the past three years he has been dealing with a lot of personal stress, the breakdown of his marriage, [REDACTED], [REDACTED], adding to his financial burden.

Factor 9. The presence or absence of any mitigating circumstances

Mr. Brar submitted that discipline tribunals have recognized personal stress as a mitigating circumstance in a physician's conduct. Mr. Brar indicated that Dr. Lasaleta was overwhelmed by the loss of his marriage and the impact on his career and the Hearing Tribunal should take into account the personal consequences faced by Dr. Lasaleta.

Factor 10. To promote specific and general deterrence and thereby protect the public.

Dr. Lasaleta has agreed to undergo a multidisciplinary assessment and correct any issues arising from that assessment. He has also agreed to abide by any conditions that may be placed on his practice permit if this is deemed necessary.

Factor 13. The range of sanctions in similar cases

Mr. Brar said the sanctions are consistent with similar cases and he agreed with the 2 cases referred to by Mr. Redman but referred to another similar case also from Ontario, *Ontario College of Physicians and Surgeons v Horri*.

Dr. Horri was seeing a patient frequently and regularly for mental health issues including family and relationship challenges. Dr. Horri was in his 50s and the patient in her 20's. Within two weeks of the last patient appointment, Dr. Horri and the patient began an intimate relationship. Dr. Horri

received a 12-month suspension and was required to complete instruction in medical ethics and receive a reprimand and also to pay the costs of the investigation and hearing.

Mr. Brar said that this was a much more serious case than that of Dr. Lasaleta but the sanction imposed was similar to the one proposed today.

VIII. FINDINGS ON SANCTION

The Hearing Tribunal accepts that when presented with a Joint Submission, the principle of deference applies, and a Joint Submission should be accepted unless the Hearing Tribunal has concerns that the Joint Submission would bring the administration of justice into disrepute or would otherwise be contrary to the public interest.

In making that assessment, the Hearing Tribunal is cognizant that the overriding consideration is whether the orders for penalty protect the public interest. The proposed orders for penalty must also be assessed in the context of the relevant *Jaswal* factors.

In terms of the nature and gravity of the conduct, the Hearing Tribunal is aware of and adopts the seriousness with which the College and society regard boundary violations. Because of the innate imbalance of power between a physician and a patient it is always inappropriate, while the physician-patient relationship is extant, for such a physician-patient relationship to become personal and in this case a sexual relationship. Dr. Lasaleta failed to terminate the physician-patient relationship before the more personal relationship evolved. While still in this professional relationship, Dr. Lasaleta went on to have a brief sexual relationship with the patient.

The Hearing Tribunal notes that this conduct occurred in 2016, prior to the enactment of Bill 21, which came into effect in April of 2019 and brought with it significant and mandatory penalties under the HPA for instances of sexual abuse and sexual misconduct. Neither the parties nor the Hearing Tribunal is bound by the provisions of Bill 21 in this case.

Mr. Brar has cited as precedent three similar cases with sanctions that are similar to, or less severe than those proposed in the Joint Submission. The Hearing Tribunal accepts that the sanctions proposed in the Joint Submission are within the range of sanctions ordered in other cases for similar conduct, prior to the enactment of Bill 21.

The mitigating circumstances are that as a consequence of this behavior, Dr. Lasaleta has suffered the loss and breakup of his marriage, significant financial losses [REDACTED]

[REDACTED]

[REDACTED]

A further significant mitigating factor is the fact that Dr. Lasaleta has admitted the charges and has been willing to commit to comply with proposed sanctions proposed under the Joint Submission. When a member acknowledges his or her unprofessional conduct, not only does the member take responsibility for the unprofessional conduct, but the acknowledgment also allows the parties to streamline the hearing proceedings and dispense with the need for more protracted proceedings and the calling of witnesses. This saves time and resources for all concerned.

As noted by both parties, the need to promote specific and general deterrence, and thereby to protect the public and ensure safe and proper practice, is a significant consideration when assessing penalties. In the circumstances, the Hearing Tribunal is satisfied that a 12-month suspension is serious and, along with the order for the Assessment, will reinforce to both Dr. Lasaleta and to members of the profession in general that boundary violations will not be tolerated by the profession or the public.

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However, no specific evidence on Dr. Lasaleta's financial situation was put before the Hearing Tribunal. Rather, the parties have agreed on 100% as the appropriate amount of costs to be borne by Dr. Lasaleta. In the absence of specific evidence relevant to Dr. Lasaleta's financial situation, the Hearing Tribunal sees no reason to interfere with the parties' assessment in this regard.

When the relevant factors are considered and weighed, the Hearing Tribunal accepts that the proposed Joint Submission is acceptable and appropriate and is accordingly prepared to make the orders for sanction jointly sought by the parties.

XI. ORDERS

The Hearing Tribunal therefore makes the following orders for sanction with respect to Dr. Lasaleta:

1. In the event that Dr. Lasaleta is issued a practice permit in the future, his practice permit shall be suspended for twelve (12) months. However, Dr. Lasaleta shall receive credit for the time he has been out of practice since 2017 such that the twelve (12) month suspension shall be deemed to have been served;
2. If Dr. Lasaleta's application for reinstatement is granted, prior to being permitted to return to practice, Dr. Lasaleta shall first, at his own cost, undergo a multidisciplinary assessment (the "Assessment") reasonably acceptable to the Complaints Director to assess whether he is fit to return to practice;
3. Dr. Lasaleta shall not be permitted to return to practice in the event his application for reinstatement is granted unless and until he is determined to be fit to return to practice through the Assessment, or any further assessment recommended by the Assessment;
4. Dr. Lasaleta shall, at his own cost, undertake any treatment recommended by the Assessment to the reasonable satisfaction of the Complaints Director and if there is disagreement over whether Dr. Lasaleta has completed any treatment recommended by the Assessment, the Hearing Tribunal shall retain the authority to make the final determination as to whether Dr. Lasaleta has completed any treatment recommended by the Assessment;
5. If the Assistant Registrar responsible for registration determines that Dr. Lasaleta's application for reinstatement is approved, Dr. Lasaleta's practice permit shall include, in addition to any practice condition(s) determined by the Assistant Registrar responsible for registration, any additional practice condition(s) recommended by the Assessment and as reasonably determined by the Complaints Director, and if there is disagreement over the

nature, scope or duration of any practice condition determined by the Complaints Director, the Hearing Tribunal shall retain the authority to make the final determination of any such practice condition;

6. Dr. Lasaleta shall be responsible for any cost of fulfilling any practice conditions imposed on his practice permit; and
7. Dr. Lasaleta shall also be responsible for the costs of the investigation and the hearing before the Hearing Tribunal.

The Hearing Tribunal retains jurisdiction to address any issues arising out of the implementation or application of the orders listed above.

Should reinstatement be pursued by Dr. Lasaleta, the Hearing Tribunal hopes that at the end of the Assessment, Dr. Lasaleta will have been enabled to develop the necessary skills to resume practice and also insight into the importance of maintaining strict boundaries between professional and personal relationships.

Signed on behalf of the Hearing Tribunal
by the Chair



Dr. Paul Greenwood

Dated: May 26, 2020
