

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

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

AND IN THE MATTER OF A HEARING REGARDING  
THE CONDUCT OF DR. ALEXANDER LUKUBISA

**DECISION OF THE HEARING TRIBUNAL OF  
THE COLLEGE OF PHYSICIANS  
& SURGEONS OF ALBERTA  
February 25, 2026**

## **I. INTRODUCTION**

1. The Hearing Tribunal held a hearing into the conduct of Dr. Alexander Lukubisa on October 2, 2025. The members of the Hearing Tribunal were:

Dr. Fraulein Morales as Chair;  
Dr. Saifee Rashiq;  
Ms. Shirley Pate (public member);  
Mr. Geoffrey Coombs (public member).

2. Appearances:

Mr. Amin Ben Khaled, legal counsel for the Complaints Director;  
Dr. Alexander Lukubisa;  
Ms. Keely Cameron, legal counsel for Dr. Lukubisa;  
Mr. Gregory Sim acted as independent legal counsel for the Hearing Tribunal.

## **II. PRELIMINARY MATTERS**

3. 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.

## **III. CHARGES**

4. The Notice of Hearing listed the following allegations:
  1. Between 2022 and 2024, you did fail to comply with the College of Physicians and Surgeons of Alberta Standard of Practice on Boundary Violations: Personal and/or the Canadian Medical Association Code of Ethics and Professionalism in relation to your patient, particulars of which include one or more of the following:
    - a. You, or a company controlled by you, borrowed \$40,000.00 from your patient, or a company controlled by your patient, to use for repayment of a debt; and
    - b. You provided \$35,000.00 to your patient, or a company controlled by your patient, to purchase a property to be operated as a short-term rental accommodation.
  2. On or about May 20, 2023, you did issue prescriptions for Domperidone and Metoclopramide in the name of your patient, [REDACTED], and then diverted those medications for your personal use, contrary to the College of Physicians and Surgeons of Alberta Standard of Practice on Prescribing: Administration and/or the Canadian Medical Association Code of Ethics and Professionalism;

3. On or about May 20, 2023, you failed to create a record in the chart of your patient, ■■■■■, to justify the prescribing of Domperidone and Metoclopramide contrary to the College of Physicians and Surgeons of Alberta Standard of Practice on Patient Record Content.
5. Dr. Lukubisa admitted that Allegations 1, 2, and 3 were proven, and that his conduct constituted unprofessional conduct within the meaning of the *Health Professions Act* (HPA).

#### IV. EVIDENCE

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

##### **Exhibit 1 – Agreed Exhibit Book**

- Tab 1** – Notice of Hearing dated May 21, 2025
- Tab 2** – Complaint Form by ■■■■■ dated July 17, 2024
- Tab 3** – Shoppers Drug Mart – Patient History for ■■■■■ dated July 17, 2024
- Tab 4** – Dr. Lukubisa letter of response dated October 10, 2024
- Tab 5** – Patient record for ■■■■■
- Tab 6** – Shoppers Drug Mart fax dated February 12, 2025, with May 20, 2023, prescription issued in name of ■■■■■
- Tab 7** – Alberta Health Care billing records for ■■■■■
- Tab 8** – CPSA Standards of Practice – Prescribing: Administration
- Tab 9** – CPSA Standards of Practice – Boundary Violations: Personal
- Tab 10** – CMA Code of Ethics and Professionalism
- Tab 11** – PBI Education – Post-Course Participation Report dated August 20, 2025

##### **Exhibit 2 – Admission and Joint Submission Agreement**

7. ■■■■■'s complaint (Exhibit 1, Tab 2) and Dr. Lukubisa's response (Exhibit 1, Tab 4) differed in significant respects but were consistent regarding certain underlying facts. ■■■■■ became Dr. Lukubisa's patient in 2014, at Dr. Lukubisa's clinic in Langdon, Alberta, and was last seen by Dr. Lukubisa as a patient in March 2024. This timeline is supported by Dr. Lukubisa's record of Alberta Health Care billings for ■■■■■ (Exhibit 1, Tab 7).
8. ■■■■■ alleges that Dr. Lukubisa exploited their physician-patient relationship to pressure ■■■■■ to make personal investments to Dr. Lukubisa's benefit. Related to this, ■■■■■ states he made a loan to Dr. Lukubisa in January 2023, and that Dr. Lukubisa attempted to go into an Airbnb business with ■■■■■.
9. Dr. Lukubisa notes that social interactions with patients are inevitable in a small town, and states he developed a friendship with ■■■■■ over common interests. A business relationship also developed. Dr. Lukubisa admits that ■■■■■ provided him with a loan for \$40,000, and that he provided ■■■■■ with \$35,000

for the purchase of a property, to be used as an Airbnb, which he states was unsuccessful.

10. ■ also reports that Dr. Lukubisa issued a prescription in ■'s name on May 20, 2023, not with the intention of having it dispensed for ■'s purposes. Dr. Lukubisa admits that he wrote a prescription for injectable and oral Buscopan, and oral Domperidone in ■'s name for Dr. Lukubisa's own personal use. He explains that he was suffering from severe nausea as a result of a gastrointestinal illness and was unable to see another physician to write the prescription for him and could not write himself a prescription and fill it. He states he contacted ■, who is a medical professional, and wrote the prescription in ■'s name so ■ could obtain it for Dr. Lukubisa to use (because no witnesses were called, this specific version of events was never put to ■). Dr. Lukubisa states he understands this is not good practice and regrets his decision. Despite the desperation he says he felt at the time, he states he should have found some other solution.
11. The May 20, 2023 prescription for Domperidone and Metoclopramide (Exhibit 1, Tab 6) is clearly issued in ■'s name and is listed in Shoppers Drug Mart's Patient Medical History for ■ (Exhibit 1, Tab 3). However, there was no record of the May 20, 2023 prescription in ■'s chart, which has no chart entries between April 11, 2023 and August 23, 2023 (Exhibit 1, Tab 5).
12. ■ made other allegations about Dr. Lukubisa that are not in issue in the Notice of Hearing, which Dr. Lukubisa denies. Both ■ and Dr. Lukubisa note that they are currently engaged in civil litigation about their business activities.

## **V. SUBMISSIONS**

13. After summarizing key evidence in the Agreed Exhibit Book, counsel for the Complaints Director directed the Hearing Tribunal to section 70 of the HPA, which allows a Hearing Tribunal to accept a written admission of unprofessional conduct submitted by an investigated person. He submitted that the evidence in the Agreed Exhibit Book was more than sufficient to support Dr. Lukubisa's admission of unprofessional conduct. Accordingly, counsel for the Complaints Director asked the Hearing Tribunal to accept Dr. Lukubisa's admission and find the allegations in the Notice of Hearing were factually proven and that the proven conduct amounts to unprofessional conduct within the meaning of the HPA.
14. Counsel for Dr. Lukubisa echoed the Complaints Director's request that the Hearing Tribunal accept Dr. Lukubisa's admission. She stated Dr. Lukubisa stood by the admissions he made. She emphasized Dr. Lukubisa's context as a family physician in a small town where shared interests and interactions in the community resulted in a friendship between Dr. Lukubisa and ■. She noted that although Dr. Lukubisa disputes some of the allegations made by ■ (not the allegations in the Notice of Hearing), he took the complaint very seriously and immediately took steps to implement changes in his practice, particularly

about how to be more proactive and intentional in monitoring the boundaries between patient and personal relationships. This included taking a PBI course on Risk Management Essentials (Exhibit 1, Tab 11), as well as Dr. Lukubisa's participation in the investigation and hearing process.

15. In response to questions from the Hearing Tribunal, the parties clarified that, specifically, they agreed Dr. Lukubisa's conduct breached Standard 2 in the Standard of Practice on Boundary Violations: Personal, which requires a regulated member to consider and minimize any potential conflict of interest or risk of coercion when engaging with a patient in a non-clinical context such as in a personal, social, financial, or business relationship.
16. Counsel for the Complaints Director also referred the Hearing Tribunal to Standard 3, which prohibits a regulated member from entering into a close personal relationship with a patient, and Section 24 of the CMA Code of Ethics, which requires physicians to avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; and to avoid using the physician's role as a physician to promote services (other than the physician's own) or products to a patient or the public for commercial gain outside the physician's treatment role. However, counsel for Dr. Lukubisa submitted that neither of these provisions were specifically applicable to the financial conduct in issue.
17. The Hearing Tribunal also asked the parties to clarify whether Dr. Lukubisa took *any* steps to minimize the perception of conflict of interest when he engaged in financial or business transactions. Dr. Lukubisa's counsel advised that Dr. Lukubisa avoided talking about the financial matters in the clinic to try to keep the business relationship separate from the personal relationship. She also noted that there were third parties involved in some of the business activities.

## **VI. FINDINGS**

18. The Hearing Tribunal accepts Dr. Lukubisa's admissions and finds the factual allegations set out in the Notice of Hearing are proven and constitute unprofessional conduct.

## **VII. DECISION WITH REASONS**

19. As noted above, ■■■ and Dr. Lukubisa gave different accounts of the underlying events in the documents included in Exhibit 1. Because the hearing proceeded by consent and no witnesses were called, the Hearing Tribunal was not in a position to make any findings of credibility where ■■■ and Dr. Lukubisa's accounts were different. However, it was unnecessary for the Hearing Tribunal to make findings of credibility. Rather, the Hearing Tribunal focused on whether the evidence in Exhibit 1 supported Dr. Lukubisa's admissions and found that it did.

20. With respect to Allegation 1, the evidence supported Dr. Lukubisa's admission that he failed to comply with the CPSA Standard of Practice on Boundary Violations: Personal, when he borrowed \$40,000 from ■■■ and when he provided ■■■ with \$35,000 to purchase a property to be operated as a short-term rental accommodation. The Hearing Tribunal can infer from explanations provided by ■■■ in the complaint and by Dr. Lukubisa in his response, that insufficient steps were taken to consider and minimize the risk of conflicts of interest and coercion.
21. Although the Hearing Tribunal asked several questions to understand what, if anything, Dr. Lukubisa did to comply with his obligations under the CPSA Standards of Practice and CMA Code of Ethics, the answers did not satisfy us that Dr. Lukubisa actually considered and took any steps to minimize these risks. Involving third parties in his business activities with a patient does not show consideration or efforts to minimize these risks. Meanwhile, there is no suggestion that Dr. Lukubisa recommended that ■■■ have independent legal advice, or that there were any written agreements, or that Dr. Lukubisa actually considered ■■■'s level of business sophistication before engaging in business activities with ■■■. Dr. Lukubisa's conduct represents a clear breach of his obligation under Standard 2 of the Standard of Practice on Boundary Violations: Personal to consider and minimize any potential conflict of interest or risk of coercion when engaging with a patient in a non-clinical context such as in a personal, social, financial, or business relationship.
22. With respect to Allegation 2, the information provided by ■■■ in his complaint, the explanation provided by Dr. Lukubisa in his response to the complaint, and the prescription itself supported Dr. Lukubisa's admission that he issued prescriptions for Domperidone and Metoclopramide in ■■■'s name and then diverted those medications for his personal use.
23. Allegation 3 is closely related to Allegation 2. As noted by counsel for the Complaints Director, ■■■'s chart does not have any entries around the time of the May 20, 2023 prescription that Dr. Lukubisa issued in ■■■'s name. This supports Dr. Lukubisa's admission that he failed to create a record in ■■■'s chart to justify prescribing Domperidone and Metoclopramide.
24. The Hearing Tribunal is satisfied that prescribing for one person, using the meds for someone else, and failing to chart it is, on several levels, unprofessional conduct. This is not what is expected of physicians under the Standards of Practice on Prescribing: Administration.

## **VIII. ORDERS**

25. The Complaints Director and Dr. Lukubisa made a joint submission on sanction. Counsel for the Complaints Director made submissions on the law regarding the deference a decision-maker should show to joint submissions under the public interest test set out by the Supreme Court of Canada in *R v Anthony-Cook*, 2016 SCC 43, a case that has been consistently followed by

Hearing Tribunals of the CPSA. Applying it to the professional disciplinary context, the Complaints Director submits that a tribunal should not depart from a joint submission on sanction unless the proposed sanction is manifestly unjust and not in the public interest to accept. This high threshold is essential because, for joint submissions to be possible, the parties must have a significant degree of confidence they will be accepted.

26. Counsel for the Complaints Director also made submissions about key factors that supported the proposed sanctions, including the following:
  - Dr. Lukubisa’s actions were serious, involving a wide variety of different conduct including boundary violations where large amounts of funds were borrowed from and lent to a patient, the misuse of his prescribing powers using a patient’s name to obtain prescription medications for his personal use, and the failure to chart the prescribing of the medications in the patient records.
  - Dr. Lukubisa’s actions had a significant impact on ■■■ and ■■■’s access to health care. In the complaint, ■■■ detailed his feelings of being manipulated and exploited by Dr. Lukubisa through the doctor-patient relationship.
  - The need to maintain the public’s confidence in the integrity of the profession is significant because the boundary violations and misuse of prescribing authority go to the core of the public’s trust in their physician. The sanction must send a message to the public that such conduct will not be tolerated.
  - The proposed sanction is within the range of sanctions imposed in other similar cases (Idahosa, 2022; Prevost, 2022; Srikisson, 2022). These cases involved physicians who failed to maintain appropriate boundaries with their patients or were involved in improper prescribing practices and were found to have failed to meet the standard of care as a result. The sanctions included suspensions of three to six months, with remedial orders and, in some cases, conditions on the physician’s license.
27. With these factors in mind, the Complaints Director asked the Hearing Tribunal to accept the joint submission on sanction which included a reprimand, a requirement that Dr. Lukubisa at his own expense undertake and unconditionally pass the CPEP Probe course, as well as completing a PBI course on Risk Management Essentials. Further, the parties proposed that if Dr. Lukubisa fail to obtain an unconditional pass on the CPEP Probe course, that he undertake a one-on-one ethical remediation course with a medical ethicist, and that Dr. Lukubisa pay two thirds of the investigation and hearing costs to a maximum of \$12,000.
28. Dr. Lukubisa’s counsel also urged the Hearing Tribunal to accept the joint submission on sanction, which she described as the product of negotiation,

representing the circumstances of the particular case and balancing the strengths and weaknesses of both parties' positions.

29. She distinguished the three cases referenced by the Complaints Director, which all involved suspensions, on the basis that those cases also involved multiple violations and more serious violations than what occurred in this case. Further, she submitted that Dr. Lukubisa's conduct arose from an unintended failure to maintain clear boundaries with a patient and a single instance of poor judgment in terms of writing prescriptions in ■■■'s name to obtain medication for his own use, and not out of any willful disregard for a patient's well-being. She also highlighted that Dr. Lukubisa has had no previous convictions in his 12 years of practice in Alberta, and that he fully cooperated throughout the investigation and admitted the allegations in this hearing, all mitigating factors. Further, Dr. Lukubisa has already taken proactive steps to ensure he improves his knowledge and practice going forward, including by completing the PBI Risk Management course that had been proposed as part of a joint submission.
30. Having considered the parties' submissions, the Hearing Tribunal agreed that the proposed sanctions were not contrary to the public interest and found no basis on which to depart from the joint submission.
31. The Hearing Tribunal is satisfied that Dr. Lukubisa's proven unprofessional conduct was serious, as it failed to respect the important therapeutic boundary between physicians and patients. Dr. Lukubisa acted out of self-interest rather than the interests of his patient, resulting in his patient ■■■ reporting feeling manipulated and exploited. The Hearing Tribunal also accepts that a more severe sanction like a suspension, such as in the *Idahosa*, *Prevost* and *Srikisson* cases, is not necessary in Dr. Lukubisa's case. Dr. Lukubisa has acknowledged his unprofessional conduct and made the joint submission on sanctions, he has spared ■■■ from having to testify at a contested hearing, and he has already taken steps to complete the PBI course proposed by the joint submission.
32. Accordingly, the Hearing Tribunal makes the following orders:
  - a. Dr. Lukubisa shall receive a reprimand;
  - b. Dr. Lukubisa shall, at his own expense, undertake and unconditionally pass the CPEP Probe course (<https://www.cpepdoc.org/cpep-courses/probe-ethics-boundaries-program-canada/>) by December 31, 2025;
  - c. If Dr. Lukubisa fails to obtain an unconditional pass on the CPEP Probe course, he shall then undertake, at his own expense, a one-on-one ethical remediation course with Dr. Brendan Leier, medical ethicist, which shall commence no later than January 19, 2026 and be completed no later than March 6, 2026. If Dr. Leier cannot accommodate these deadlines, then

the commencement and completion dates are to be satisfactory to the Complaints Director; and

- d. Dr. Lukubisa shall pay two thirds of the costs of the investigation and hearing payable on terms acceptable to the Complaints Director, and Dr. Lukubisa's share shall be limited to a maximum of \$12,000.

Signed on behalf of the Hearing Tribunal by the Chair:



Dr. Fraulein Morales

Dated this 25<sup>th</sup> day of February, 2026.