

**CRNPEI Hearing Committee Notice of Determination and Order**

**Complaint # 2017-011**

**Re: Catherine MacIsaac, Reg # 004051**

A Hearing Committee of the College of Registered Nurses of Prince Edward Island (the "Committee") conducted a hearing in Charlottetown, Prince Edward Island on Wednesday, the 16<sup>th</sup> of January, 2019 to consider a complaint dated November 8<sup>th</sup>, 2017 against Registered Nurse Catherine MacIsaac, registration number 004051. The hearing followed a meeting of the Investigation Committee which was held on October 2<sup>nd</sup>, 2018, which resulted in that Committee's decision to proceed to a hearing.

It should be noted that on July 4, 2018, the *Registered Nurses Act* and the Professional Conduct Review Regulations were repealed and replaced by the *Regulated Health Professions Act* (the "RHPA"). The events described in the complaint occurred before the repeal, and we have been advised by our legal counsel that we are required by section 99 of the RHPA and by sections 32 and 33 of the *Interpretation Act* to follow the discipline process contained in the RHPA, but to assess the nurse member's conduct according to the law as it was at the time of the incidents alleged against her; that is, the law under the *Registered Nurses Act* and PCR Regulations. We agree and heed this advice, and note that it is fair to the member.

The purpose of the hearing was to determine whether Catherine MacIsaac engaged in professional misconduct as defined in subsection 1(t) of the former Registered Nurses Act (the "RN Act") and/or conduct unbecoming the profession of nursing, both contrary to subsection 30(4) of the RN Act, between August 2016 and May 30, 2017. The Committee also had the task of deciding on an appropriate penalty, if warranted. A Notice of Formal Hearing was the basis of the hearing and it alleged:

1. On or about April 25, 2017, while employed as a Registered Nurse at the Prince County Hospital, Catherine MacIsaac engaged in conduct which violated the provisions of the Act, in that she submitted a written request to ARNPEI (as it then was), stating that she was in compliance with all conditions on her license over the preceding two years, and requesting the removal of conditions placed on her license, despite knowing that these statements were untrue;
2. Between August of 2016 and May 30, 2017, while employed as a Registered Nurse at the Prince County Hospital ("PCH"), Catherine MacIsaac engaged in conduct which violated the provisions of the RN Act, in that she sought personal prescriptions for narcotics from multiple physicians in her workplace and elsewhere without disclosing essential facts, including her history of addiction;
3. Between August 2016 and May 30, 2017, while employed as a Registered Nurse at the PCH, Catherine MacIsaac engaged in conduct which violated the provisions of the Act, in that she engaged in practice of a Registered Nurse while impaired or intoxicated;
4. Between August of 2016 and May 30, 2017, while employed as a Registered Nurse at the PCH, Catherine MacIsaac engaged in conduct which violated the provisions of the RN Act, in that she sought or used mood altering substances, including prescription narcotics, in breach of existing conditions place on her license during this period of time; and
5. During the course of the investigation of this complaint, Catherine MacIsaac engaged

in conduct which violated the provisions of the RN Act, in that she failed to cooperate with the investigator appointed pursuant to the RN Act to investigate the above-referenced allegations.

Schedule "A" annexed to the Notice of Formal Hearing contained reference to relevant provisions of the Code of Ethics and Standards of Nursing Practice, for the purpose of explaining the charges to the member.

Members of the Hearing Committee included: Trevor Cudmore (Chair), Marilyn Barrett (Member), and Shirley Urquhart (Public Representative). Also in attendance at the hearing were Complainant Vicky Foley, Adducer Tom Keeler, and Doug Drysdale, legal counsel and advisor for the Committee. A representative (Christine MacDougall) from Island Confidential Associates recorded the formal hearing. The respondent, Catherine MacIsaac, was not present at the formal hearing but had been given proper notice by registered mail on December 7<sup>th</sup>, 2018. Even after Ms. MacIsaac was informed that not participating in this process is contrary to the standards with which she is bound as a Registered Nurse, she still chose to not participate. The respondent stated via email addressed to Tom Keeler on January 3<sup>rd</sup>, 2019 that she did not wish to participate in the process or have any further correspondence even though she was informed that she was required by the RN Act to comply.

#### **Hearing proceedings:**

Tom Keeler began by reviewing the formal hearing Notice and this was read aloud to the Committee. Following this, Tom Keeler presented several exhibits which were admitted into evidence. This was preceded by Mr. Keeler calling three witnesses: Complainant Vicky Foley, Director of Nursing at Prince County Hospital, Kelly Wright and Lead Investigator, Rosemary White. Tom Keeler also presented three Affidavits from the following people: Kristin DeCoursey, of Summerside, Courtney Campbell, of Summerside, and Lisa Dawson, of Summerside.

Mr. Keeler explained that he obtained affidavits from these three people to facilitate completing the hearing in one day, given that he was aware that Ms. MacIsaac did not intend to come to the hearing and so would not be exercising her right to cross-examine anyone. He said that section 56 of the RHPA says that the Committee is not bound by rules of evidence, and also indicated that he had made Ms. MacIsaac aware of his intention to present affidavit evidence, and she responded that she did not need to see it, and did not want to be involved. Mr. Keeler also presented some cases where affidavit evidence had been relied on, and offered to bring the witnesses to testify if the Committee required this. In these circumstances, the Committee decided to accept the affidavit evidence.

Each witness was called and then was sworn in by the Island Confidential Associates representative. Each witness then testified and the Committee was then given an opportunity to question each witness. Catherine MacIsaac would have been given the same opportunity, but she was not present at the hearing. Following the submission of evidence and testifying of the witnesses, Tom Keeler provided a closing statement. Then the formal inquiry adjourned to discuss the evidence presented and to reach a decision.

A contributing feature of this case is that on May 19<sup>th</sup>, 2015 Catherine MacIsaac was found guilty of professional misconduct and conduct unbecoming the practice of nursing, in relation to a previous complaint. Ms. MacIsaac's misconduct at that time related to acting in her own self-interest in obtaining narcotic analgesics when she made an uninvited visit on two

occasions to a vulnerable person's house who was living with a diagnosis of a [REDACTED]. The formal inquiry found that Catherine MacIsaac used her position as a Registered Nurse to manipulate the vulnerable person to access narcotics. On the 19<sup>th</sup> of May 2015 a formal inquiry panel came to a decision that put restrictions and conditions on Ms. MacIsaac's license, including a requirement to stay away from drugs for a period of two years, other than those prescribed by a physician who was aware of her addictions history.

### **Decision of Hearing Committee:**

The Committee decided that Catherine MacIsaac is guilty of both professional misconduct and conduct unbecoming the profession of nursing in relation to four allegations - #'s 1, 2, 4 and 5, as contained in the Notice of Formal Hearing.

It was decided based on the length of the hearing that Tom Keeler would provide written submissions concerning penalty at a later date; this was provided to the Committee on January 31, 2019. The Committee then met and decided on the penalty to be imposed in this case. The penalty decision is based on the facts presented at the hearing, and on the Committee's decision that Catherine MacIsaac is guilty of allegations 1, 2, 4 and 5.

The Committee was quite concerned about the allegation that Catherine MacIsaac practiced while impaired or intoxicated, due to the evidence about drug-seeking behaviour, but we have concluded that there is not sufficient evidence before us to conclude that she was actually impaired or intoxicated at work. In the examples given, there could be other possible explanations for what was observed, other than intoxication, and we cannot simply assume that drug use caused her appearance or behaviour in those examples. We find Ms. MacIsaac not guilty of allegation #3.

The Hearing Committee found that Catherine MacIsaac contravened the Registered Nurses Act in the following ways: professional misconduct as defined in section 1(t)(iii)(B) and (iv) and conduct unbecoming the profession of nursing. The relevant parts of section 1(t) are as follows:

- (t) "professional misconduct" includes
  - (iii) doing any act that contravenes
    - ...
    - (B) a provision of the bylaws, including a provision of any code of ethics or set of professional standards of practice established or adopted by the bylaws,
  - (iv) failing to respond to or cooperate with the Executive Director, the Professional Conduct Review Committee or an investigator in relation to a complaint,

The relevant Standards of Practice and parts of the Code of Ethics that were contravened are listed in Appendix A.

The details of the evidence presented that caused the Committee to come to a guilty verdict are as follows for each allegation:

Allegation one: Catherine MacIsaac admitted that she was abusing narcotics while

provisions were on her license from the previous discipline offence, and even though she knew this was in violation of the conditions, she requested the conditions be removed from her license on the pretense that she had met all of the conditions. This was dishonest. A list of prescriptions provided to the Committee from the investigation demonstrated clearly the numerous prescriptions that Ms. MacIsaac had been acquiring in violation of the conditions on her license. Email correspondence between Catherine MacIsaac and Vicky Foley contained within the book of documents also provides evidence that she is guilty of allegation 1, in that Ms. MacIsaac admitted that she was asking physicians for prescription narcotics, specifically narcotic cough medicine and Percocet, and that the doctors were not aware of her addiction history.

Allegations two and four: Ms. MacIsaac admitted to approaching physicians for narcotic prescriptions without disclosing her history of addiction. In an Affidavit from Kristin Decourcey, Licensed Practical Nurse on the Surgical Unit at the Prince County Hospital (PCH), she stated that she had seen Catherine MacIsaac approach several physicians to request narcotics for personal use on a single shift in May of 2017. In an Affidavit from Lisa Dawson, Discharge Coordinator at PCH and previous Clinical Lead at PCH, she stated that an employee advised her that Catherine MacIsaac had approached a physician for a narcotic prescription. There are numerous other examples of this drug-seeking behaviour, done while Catherine MacIsaac was working as a Registered Nurse, in the Investigation Report which was presented at the hearing by Investigator Rosemary White. Ms. MacIsaac engaged in this activity at the very time that she was under license restrictions to not seek drugs from any doctor who did not know of her addiction history, and the numerous doctors she sought prescriptions from were unaware. (A copy of the former formal hearing panel decision which imposed the penalty in 2015 was presented as evidence before us).

Allegation five: The evidence included an email from Catherine MacIsaac stating that she would not be participating in the discipline process and did not want any contact related to the proceedings. Another email from Ms. MacIsaac stated that she would not be participating in the process. Investigator Rosemary White testified at the hearing that Ms. MacIsaac refused to participate in the investigation process even though multiple efforts were made to accommodate a time for her to participate. Catherine MacIsaac was also informed that her decision not to participate is possibly professional misconduct, and she still made no effort to participate.

As noted above, the hearing ended without a decision on penalty due to shortage of time. Mr. Keeler was given an opportunity to make his recommendations about penalty in writing, which he did by letter dated January 30, 2019. He recommended three things: cancellation of registration without eligibility to reapply, a fine of \$7500 payable within 30 days, and contribution of \$7500 towards costs payable within 30 days.

The Committee spent significant time choosing a penalty that was appropriate for the offences committed, and took into account the previous discipline offence and the penalty that was put in place in 2015, as well as Ms. MacIsaac's failure to meet the conditions put on her license over the two-year period. The Committee feels that these conditions were intended to cause the member to make positive strides in regaining an improved health status and a full registration without conditions. The Committee has taken into consideration the period of time since the first incident (2012-present) and has given understanding to the fact that Ms. MacIsaac has been dealing with an ongoing addiction.

Addictions are serious, complicated afflictions, and it takes real strength and determination to

fight the urge to give in to an addiction. Having said this, the Committee has concluded that Catherine MacIsaac may not have overcome this urge, which explains why she kept seeking drugs during the time that her license was prohibited. We note also that her unwillingness to be responsible meant that she did not allow herself to be interviewed by the investigator, which might mean that we still do not know the extent of her drug-seeking behaviour.

These two factors - the failure to comply with the first penalty decision from 2015, and Ms. MacIsaac's choice not to participate in this discipline process tells us that Ms. MacIsaac has decided not to accept responsibility for her actions and she perhaps intended to make the process more difficult by not participating. The Committee also has strong concerns with the risk to the public and the past exploitation of their vulnerability associated with the pursuit and use of drugs in the manner described in the Notice, and the recent misuse of the role of the Registered Nurse title for selfish reasons, i.e. her own personal benefit.

Catherine MacIsaac's reluctance or inability to deal responsibly with her drug habit coupled with her avoidance of responsibility as a professional leave us no option but to conclude that she does not belong in the nursing profession.

Considering all of the evidence from documents, witnesses, and affidavits the committee has come to this difficult decision on penalty:

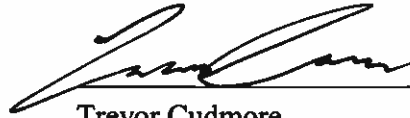
1. Effective as soon as this decision is served on the respondent, it is ordered that Catherine MacIsaac's registration to practice as a Registered Nurse in the province of Prince Edward Island shall be revoked, without eligibility to reapply for a renewed or reinstated certificate of Registration, and she shall immediately cease the practice of nursing.
2. It is ordered that Catherine MacIsaac shall pay a fine in the amount of \$2500.00 to the College of Registered Nurses of Prince Edward Island, within 90 days of the date of this decision.
3. It is ordered that Catherine MacIsaac shall pay part of the costs of the College in investigating and prosecuting this matter in the amount of \$2500.00, which costs shall be paid to the College of Registered Nurses of Prince Edward Island within 120 days of the date of this decision.

These amounts are less than what otherwise might have been imposed because the member's ability to earn as a Registered Nurse is being taken away. However, it is important to understand that a fine is required to send a message to all Registered Nurses that decisions of CRNPEI discipline committees must be taken seriously, and the process must be respected. Similarly, the costs to the College of any discipline process are significant, and members who are found guilty can expect to contribute to these costs.

It is important to understand that the Committee's decision resulted from several factors that lead the committee to revoke Catherine MacIsaac's registration. Catherine MacIsaac said in an email that she does not want to practice as a Registered Nurse anymore (which is one of the reasons she did not attend the hearing). Ms. MacIsaac took advantage of her role as an R.N. in using it to seek out medications, she was dishonest related to her abuse of drugs, and these behaviours could very well have had serious consequences to the public. The fact that Ms. MacIsaac has done this before, was caught, continued to do it and also lied about it is of high concern. All of these factors contributed to the Committee's decision.

Catherine MacIsaac has the right to appeal this decision and the orders contained in it within 30 days of receiving this decision, and is referred to section 59(2) of the Regulated Health Professions Act for this purpose.

Dated at Charlottetown, Queens County, Prince Edward Island, and this 10<sup>th</sup> day of May, 2019.



Trevor Cudmore

Chair of the Hearing Committee of the  
College of Registered Nurses of Prince  
Edward Island.

## Appendix “A”

### **Code of Ethics**

#### **A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care as well as with families, communities, groups, populations and other members of the health-care team.

#### **G. Being Accountable**

Nurses are accountable for their actions and answerable for their practice.

1. Nurses, as members of a self-regulation profession, practice according to the values and responsibilities, in the Code of Ethics for Registered Nurses and in keeping with the professional standards, laws and regulations supporting ethical practice.
2. Nurses are honest and practice with integrity in all of their professional interactions.
3. Nurses maintain their fitness to practice. If they are aware that they do not have the necessary physical, mental or emotional capacity to practice safely and competently, they withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practice.

### **Standards For Nursing Practice**

#### **Standard 1- Code of Ethics**

The nurse in practice will demonstrate adherence to, understanding and portion of the ethical standards of the progression as stated in the 2008 Canadian Nurses Association Code of Ethics for Registered Nurses.

#### **Indicators**

**Each Nurse** demonstrates compliance with the Code of Ethics of the profession around the seven primary values that are central to ethical nursing practice:

##### **1.1 Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

##### **1.7 Being accountable**

Nurses are accountable for their actions and answerable for their practice.

#### **Standard 4 – Responsibility and Accountability**

Each nurse demonstrates responsibility and accountability to the public by providing competent, safe and ethical nursing practice.

#### **Indicators**

##### **Each nurse:**

4.1 Maintains current licensure.

4.2 Practices in accordance with RN Act and its Regulations and Bylaws; the ARNPEI Standards of Nursing Practice; the CAN Code of Ethics; other relevant ARNPEI position statements, guidelines

and documents; other relevant Acts and legislation; and individual competence and ability to evaluate own practice.

4.4 Is responsible and accountable for his/her actions and decisions at all times.

4.5 Exercises reasonable judgement in decision making.