

Debow, Stanley Lawrence, Psychiatrist

Parra v Laczko, 2016 ONSC 911 (CanLII), <<http://canlii.ca/t/gn8g0>

[11] The other defence medical witness was Dr. Debow who was a psychiatrist. I conclude that he was an advocate for the defence for the following reasons.

[12] Dr. Debow administered a “mini-mental status” exam to Ms. Parra on which he said she scored accurately. He agreed the Montreal Cognitive test is more complex and takes longer to administer. He was asked why he didn’t place some weight on Ms. Parra’s results on the Montreal Cognitive test, administered by an occupational therapist who was called as a defence expert, which showed some cognitive impairment. He responded that he was not sure of the qualifications of an occupational therapist to administer the test.

[13] Dr. Debow was asked why he didn’t place some weight on findings by a speech and language pathologist that Ms. Parra had severe cognitive impairment. Dr. Debow responded that he didn’t know what testing the speech and language pathologist was qualified to do and so he disregarded it.

[14] An impartial expert who didn’t know if prior, and potentially highly relevant, testing was valid would try to find out if it was. Dr. Debow was content to simply dismiss the testing out of hand.

[15] Dr. Debow testified that Ms. Parra told him she could only work 4-8 hours a week. It was pointed out to him in cross-examination that pre-accident she reported working 8-12 hours a day for six days a week. Dr. Debow was challenged as to how this difference (4-8 hours a week as opposed to 48 to 72 hours a week) could not be regarded as significant. Dr. Debow testified that was not a big difference from his perspective. He then proceeded to offer up that in a poor market an agent might not be busy and might not have any transactions for a month or two. Dr. Debow was obviously prepared to step way outside of his area of expertise to try to help the defence. As such, I place no weight on the evidence of Dr. Debow.

K and Liberty Insurance <https://www5.fSCO.gov.on.ca/AD/1569>

Decision Date: **2005-01-06**, Adjudicator: **Renahan, William**, Regulation: **403/96**, Decision: **Arbitration, Final Decision, FSCO 1569**

Dr. Stanley Debow

Dr. Debow assessed Mr. K for **Liberty** in August 2001. I do not place much weight on his opinion that Mr. K was not disabled from a psychiatric point of view. Under cross-examination Dr. Debow displayed a determination not to say anything that might help Mr. K establish disability. He qualified answers which did not require qualification, he refused to make concessions which were within the realm of possibility and he argued and acted as an advocate for **Liberty**. For example, it took considerable cross-examination before Dr. Debow conceded without qualification that a mild brain injury might affect a person's cognitive function.

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Mr. K had a significant pre-existing condition which caused periods of disability. Except for Dr. Debow, who I found to be biased, all the expert opinion was that stress or trauma could trigger an episode of schizoaffective disorder and disability. Although I have found that Mr. K started showing symptoms of his illness in the weeks following the accident, he was not hospitalized for another two months. The question is whether a reasonable insurer should have known, as I have found, that the trauma of the accident triggered Mr. K's schizoaffective episode and hospitalization.

Safi and Sovereign General <https://www5.fscs.gov.on.ca/AD/2985>

Decision Date: **2008-01-23**, Adjudicator: **Lee, Edward**, Regulation: **403/96**, Decision: **Arbitration, Final Decision, FSCO 2985**.

Sovereign relied on Dr. Debow who diagnosed Mr. Safi with Pain Disorder in Association with Psychological Factors, but attributed the disorder to pre-existing psychological factors relating to Mr. Safi's traumatic childhood in Afghanistan and Pakistan. Dr. Debow's conclusion was that Mr. Safi's Pain Disorder "...is not in direct relationship with the Motor Vehicle Accident."

He testified that pain is a subjective sense with two origins; one being the physiological processes in the brain, and the second being the interpretation of past events, including family history. The mere fact that a pain disorder arose after an accident did not mean that the accident caused the pain disorder.

He added that an event that took place 15 to 20 years ago could be the underlying cause of present symptoms because pain was "timeless" and the unconscious recalled it as if it had happened "yesterday."

His conclusion was Mr. Safi's pain disorder could have been caused by as minor an event as a "smell." In cross-examination, he testified that it was fair to say that the traumatic events in Afghanistan were the cause of the pain disorder.

I found that the usefulness of both Dr. Debow's report and testimony was limited by Dr. Debow's miscasting of the question he was required to examine. Clearly, he was of the opinion that the motor vehicle accident had to be "the direct cause" of the impairments. Arbitrators have unanimously determined that the motor vehicle accident need only be one direct cause of the impairment. Put another way, the motor vehicle accident needs only to have been a material or significant contributing factor in the cause of disability. [See note 27 below]

Rumak and Personal Insurance <https://www5.fscs.gov.on.ca/AD/2947>

Decision Date: **2003-11-05**, Adjudicator: **Miller, Joyce**, Regulation: **403/96**, Decision: **Arbitration, Final Decision, appeal pending, FSCO 2947**

B. Personal's Medical Evidence

To support its position that Mr. Rumak does not meet the post 104-week test, Personal relies on an Insurer's Medical report by **Dr. Stanley Debow**, a psychiatrist, who concluded that Mr. Rumak's problems in November 1998 were as a result of pre-accident social psychological problems. Personal also relies on the May 4, 2000 Vocational Assessment report by Lakeridge Health Corporation Regional Evaluation Centre, which indicates a number of jobs Mr. Rumak can perform. In terminating Mr. Rumak's weekly income benefits, Personal relies on the March 23, 2001 DAC report which concluded that Mr. Rumak did not meet the post 104-week test.

For the following reasons I give little or no weight to these reports.

1. Report of Dr. Stanley Debow

In his report of November 5, 1998, **Dr. Debow** concluded that Mr. Rumak's problems **pre-date** the accident. He stated:

Mr. Rumak has underlying and pre-existing unresolved feelings to the conflictual relationship between his parents. He has, as well, unresolved feelings to the father's depressive feelings in terms of father's financial difficulty.

Mr. Rumak has unresolved feelings to early difficulties with self esteem in terms of his weight difficulties.

Mr. Rumak has unresolved pre-existing feelings in terms of conflictual relationship to a female.

Accordingly, **Dr. Debow** concluded that what Mr. Rumak was suffering from was pre-accident social-psychological problems.

I give no weight to this conclusion. First, I find it significant that **Dr. Debow** completely ignored the fact that Mr. Rumak had suffered a serious accident and what, if any, effect the accident may have had on him. Instead, he **draws** unsubstantiated conclusions on passing remarks that Mr. Rumak had made to him about his past. For example, in the history portion of his report, **Dr. Debow** notes: "[Mr. Rumak] indicates that as a child he was 'chunky'... that during this period of time he had limited sports activities..." On this one remark **Dr. Debow** concludes that Mr. Rumak is suffering from pre-accident self-esteem problems.

Dr. Debow, however, completely ignored how Mr. Rumak was functioning before the accident, namely, that when Mr. Rumak entered high school, he slimmed down, became physically fit, was engaged in many sports, including playing on the senior high school rugby team, and was a happy and popular young man at the time of the accident. Moreover, **Dr. Debow** makes no mention of any emotional effect on Mr. Rumak's inability to engage in any of these physical activities post accident because of his injuries received in the accident.

I find these to be significant omissions. Given the medical reports available to **Dr. Debow** that showed in the Spring of 1998 Mr. Rumak was suffering from severe depression and suicidal ideation over his physical and cognitive losses as a result of the car accident, **Dr. Debow** should have had some awareness that Mr. Rumak was suffering from more than pre-accident self-esteem problems.

Second, **Dr. Debow** diagnosed Mr. Rumak with pre-accident unresolved feelings regarding his father's depression and financial problems. In his report, **Dr. Debow** states "[Mr. Rumak] indicates that there is a history in his family of emotional disorder in that his father had financial difficulties and had also seen **Dr. Teehan** in July of 1998." It is clear from this statement that Ken Rumak saw **Dr. Teehan** **post** accident for depression. This is consistent with Ken Rumak's testimony and supporting documentary evidence that he suffered a clinical depression after the accident because of the effect the accident had on him emotionally and financially for the family. This is also consistent with Mr. Rumak's testimony that what he was describing to **Dr. Debow** was the post accident effect on his father and his reaction to it.

In my view, **Dr. Debow** either ignored or failed to properly elicit relevant information regarding the effect that Mr. Rumak's father's post accident depression had on him. I therefore do not find **Dr. Debow's** conclusion that Mr. Rumak was only suffering from pre-existing unresolved feelings towards his father to be reasonable in the circumstances of this case.

Similarly, I give no weight to **Dr. Debow's** conclusion that Mr. Rumak was suffering from a pre-existing conflictual relationship with a female. The evidence shows that Mr. Rumak only became romantically involved with his girlfriend two days before the accident and it was only post accident that Mr. Rumak and his girlfriend began to have difficulties and the relationship ended.

I also find there is no evidence to support **Dr. Debow's** conclusion that Mr. Rumak was suffering from pre-existing unresolved feelings to the conflictual relationship between his parents. I accept Mr. Rumak's credible evidence that what he was describing to **Dr. Debow** was the turmoil he was feeling about the family situation at the time he saw him after the accident.

In my view, based on all pre and post accident information which **Dr. Debow** should have reasonably made himself aware, including the medical reports of **Drs. Brooker** and **Teehan**, cited above, as well as eliciting relevant information from Mr. Rumak, I find that in the circumstances of this case **Dr. Debow's** conclusion was unreasonable.

Accordingly, for all of these reasons I give no weight to **Dr. Debow's** conclusions that Mr. Rumak is suffering from pre-accident social-psychological problems.

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In contrast, I can give very little weight to the medical evidence of Personal based on my above analysis and findings with respect to the reports of the Vocational Assessment, the reports of **Drs. Debow**, Kim, Bauer and the AIM DAC report as a whole. In summary, I found the Vocational Assessment superficial; **Dr. Debow's** conclusion unreasonable; **Dr. Kim's** report unreliable; **Dr. Bauer's** conclusion not to be neutral; and the DAC report as a whole inherently flawed.

Rudar and Lombard General <https://www5.fscs.gov.on.ca/AD/2942>

Decision Date: **1998-06-12**, Adjudicator: **Sapin, Susan**, Regulation: **776/93**, Decision: **Arbitration, Final Decision, FSCO 2942**.

Dr. Debow saw Mr. Rudar for an insurer's medical legal psychiatric assessment on August 25, 1997. Exhibit 7, tab 4. He examined Mr. Rudar's history in detail and concluded that underlying predisposing psychological factors and not the motor vehicle accident played the major role in the onset, severity, exacerbation and maintenance of Mr. Rudar's pain condition. I find his report superficial, selective. For example, he failed to mention psychological factors found to be significant by other investigators and emphasized certain factors without any satisfactory explanation or justification. and unreliable because it contradicts much of the evidence presented and fails to explain, if in fact Mr. Rudar did suffer predisposing psychological problems, why it is that they did not disable him from his work prior to the accident.

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I find the evidence does support his diagnosis of adjustment disorder regardless of whether the disorder relates to the consequences of a head injury or to the drastically altered circumstances of Mr. Rudar's life as a result of his pain experience. Dr. Hanick's finding that Mr. Rudar's difficulties are aggravated by a sleep disorder is reasonable, given Mr. Rudar's longstanding complaints of sleep disturbance, and is independent of a finding that there was a head injury. I prefer Dr. Hanick's opinion over that of Dr. DeBow because I find his psychiatric assessment to accord more with Mr. and Mrs. Rudar's testimony and the evidence of other psychological experts, and to be more thorough, balanced and reasonable than the assessment of Dr. DeBow.