

Dr. Bardell  
DID NOT EVEN SHOW UP FOR  
HEARING ON AUGUST 27, 2025.  
SHE WAS SUMMONED TO  
SHE SAID SHE WOULD BE  
OUT OF THE

Court File No. 24-7505

HEARING OF THE CONSENT AND CAPACITY BOARD  
IN THE MATTER OF STEVEN LEONARD REYNEN

COUNCIL

\* \* \* \* \*

**B E F O R E:**

MR. DANIEL AMBROSINI  
DR. CAROLYN WOOGH  
MR. DOLKAR TULOTSANG

Chairperson, Lawyer Member  
Psychiatrist Member  
Public Member

\* \* \* \* \*

**HELD AT:**

OTTAWA HOSPITAL - CIVIC CAMPUS  
1053 CARLING AVENUE  
OTTAWA, ON  
K1Y 4E9  
(VIA ZOOM PLATFORM)

**DATE:**

Wednesday January 29, 2025

**A P P E A R A N C E S:**

DR. A. BARDELL  
MS. C. DOSTALER

Physician for the Patient  
Counsel for the Patient

**ATTENDING REPORTING SERVICE:**

LEX REPORTING SERVICES  
Oakville, ON

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THREE	PDF document consisting of the following: Emergency consultation note, progress notes, Form 50, Form 3, Form 30, request for rights advice, Form 1, Form 42, Form 33, Form 1, Form 42 (45 pages) . . . . .	6
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**NOTE:** The above recorded indices are provided for ease  
of reference only and are not to be relied upon in  
any manner whatsoever by the parties hereto or any  
third party.

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START TIME 12:01PM

**THE CHAIRPERSON:** Alright, good afternoon, everybody. It is January 29th, 2025. It's 12:02. This is a Consent and Capacity Board hearing. The case number of this matter is 24-7505 and this hearing is into the Ottawa Hospital Civic Campus. This hearing is for Steven Leonard Reynen. Good afternoon Mr. Reynen.

**MR. REYNEN:** Good afternoon, how are you?

**THE CHAIRPERSON:** Good. Now, do you prefer to leave your video on?

**MR. REYNEN:** I'd like -- I apologize, I'd like to leave my video and my audio off if that's okay. Until it's time for me to answer questions.

**THE CHAIRPERSON:** That's fine, that's no problem. Ms. Dostaler, you have no issues with that?

**MS. DOSTALER:** No issues.

**THE CHAIRPERSON:** Okay. Okay, I'm going to introduce everybody who's here. We've got Mr. Reynen's counsel here, Ms. Celine Dostaler. Welcome.

**MS. DOSTALER:** Good afternoon.

**THE CHAIRPERSON:** Okay, and then we have Dr.

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Andrea Bardell, the attending physician. Good afternoon.

**DR. BARDELL:** Good afternoon.

**THE CHAIRPERSON:** Now in terms of the panel members who are here and they're hearing the matter; I'm going to introduce them now. With us we have Ms. Dolkar Tulotsang, she's a public member.

**MS. TULOTSAND:** Good afternoon.

**THE CHAIRPERSON:** And then we have Dr. Carolyn Woogh, she's a psychiatrist member.

**DR. WOOGH:** Good afternoon, everyone.

**THE CHAIRPERSON:** Okay, and my name is Daniel Lamberto Ambrosini. I'm a senior lawyer on the Board and I'm going to preside at the hearing, okay. And then we have a court reporter who's taking down everything that's being said. Now, before us today we have two applications. We have a Form 16 application dealing with the involuntary status of Mr. Reynen at the hospital and a Form A application dealing with the finding of incapacity to consent to treatment. If those aren't the applications before us, I'll ask the parties to please let us know. But hearing none, we'll proceed on that.

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**MR. REYNEN:** So, there are three forms I'm contesting. A Form 30, a Form 42 and a Form 33.

**THE CHAIRPERSON:** Mr. Reynen, there are, as far as I can see here, there's there's two, what are -- those are forms, but there's two applications.

**MR. REYNEN:** Oh, I apologize.

**THE CHAIRPERSON:** Yeah, so that's okay, that's okay. We're dealing, just so you understand, we're dealing with your involuntary status, which is a Form 16 application you submitted, and your incapacity consent to treatment, which is an app, the form A application. All those other forms may be related, but they're not the applications, okay.

Okay, so then we did get some documents, and I'll read those into the record in a moment. Let me explain how the hearing will proceed. We'll invite Dr. Bardell to present any testimony with respect to these two applications, then we'll see if there are questions to her by Ms. Dostaler and the panel, and then Dr. Bardell, do you intend on calling any other witnesses?

**DR. BARDELL:** No.

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**THE CHAIRPERSON:** Okay, so then after that, after that, Mr. Reynen, you'll have an opportunity to testify if you so choose. There's no obligation for you to say anything. You don't have to testify, and the reason I say that is that the onus rests entirely on the doctor to make out the case as to whether you should remain involuntarily detained or you're incapable to consent to treatment, so you don't have to prove anything, which is why you don't have to testify. But if you do choose to testify, then others can ask you questions in the same way that we can ask Dr. Bardell questions, and your lawyer can advise you accordingly. And then after that, we turn to closing submissions, after which we'll hear all the arguments from the parties. The panel will stay on, everyone else will disconnect, and we'll decide, and we'll come to a decision, and you should find out our decision sometime today, latest by tomorrow 4 p.m., but I typically get the decisions out the same day, okay? And of course, reasons can always be requested for the decision.

Now, in terms of where a copy of the decision

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will be sent to, I have Ms. Dostaler, I have an email for you, your first name at CelineDostaler.com, is that correct?

**MS. DOSTALER:** That's correct.

**THE CHAIRPERSON:** And Dr. Bardell, I have one for you, anbardell@toh.ca, is that correct?

**DR. BARDELL:** Yes, correct.

**THE CHAIRPERSON:** Okay, so I'll send -- I will send copies there, and I'm going to read into -- just one second. I'm going to read into the record the documents that I've marked, and just before I do, I just want to see one more thing here that I need to verify. Okay, so let me read into the record. I've marked three separate exhibits, and they were PDFs that I've received, and exhibit number one was a CCB summary for incapacity, that was three pages.

EXHIBIT NUMBER ONE - CCB Summary for incapacity (3 pages).

**THE CHAIRPERSON:** Exhibit number two is a CCB summary for involuntary status, that's four pages.

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EXHIBIT NUMBER TWO - CCB Summary for involuntary status (4 pages).

**THE CHAIRPERSON:** And then Exhibit Three contained a PDF document with the following documents, including an emergency consultation note, progress notes, Form 50, Form 3, Form 30, request for rights advice, Form 1, Form 42, Form 50, Form 3, Form 33, request for rights advice, a Form 1, and a Form 42, and altogether that was 45 pages.

EXHIBIT NUMBER THREE - PDF document consisting of the following: Emergency consultation note, progress notes, Form 50, Form 3, Form 30, request for rights advice, Form 1, Form 42, Form 33, Form 1, Form 42 (45 pages).

**THE CHAIRPERSON:** Dr. Bardell, are those the documents that you intended on tendering?

**DR. BARDELL:** Yes.

**THE CHAIRPERSON:** Any additional documents at this time?

**DR. BARDELL:** Not at this time.

**THE CHAIRPERSON:** Okay, how about you, Ms. Dostaler, do you have any documents?



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**MS. DOSTALER:** None at this time.

**THE CHAIRPERSON:** Okay, so that's going to make up the evidence. Just a couple other issues, I just want to remind everybody, so during these hearings, we want to make sure that they are safe and secure hearings for everyone, so we'll just make sure that, you know, we are respectful in terms of not interrupting others and even the testimony, okay? And in addition, the Zoom, even though it's being done by Zoom, you shouldn't be posting things through the chat or sending messages without -- you know, unless it's a technical issue, but otherwise I'd ask that you not share anything through Zoom, the Zoom platform, please, without getting approval from myself and the panel first.

Okay, with that, do you have any other preliminary issues, Ms. Dostaler?

**MS. DOSTALER:** No, I do not.

**THE CHAIRPERSON:** How about Dr. Bardell, any preliminary issues?

**DR. BARDELL:** No.

**THE CHAIRPERSON:** Okay, it's my custom at these hearings to ask the attending physician what criteria you're relying on because it helps us

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to really focus and narrow in on the issues.  
So, Dr. Bardell, with respect to the Form A  
application, you made a finding of incapacity  
to consent to treatment, which branch of the  
statutory test are you relying on?

**DR. BARDELL:** The second, inability to  
appreciate.

**THE CHAIRPERSON:** Okay, so you made a finding  
then, just for clarity, that Mr. Reynen does  
not have the ability to appreciate the  
reasonably foreseeable consequences of a  
decision or lack of decision regarding  
treatment for mental disorder, is that correct?

**DR. BARDELL:** That is correct.

**THE CHAIRPERSON:** And are you conceding that he  
passes the first branch of the test, that is  
that he has the ability to understand the  
information relevant to making a decision about  
treatment?

**DR. BARDELL:** Yes, I believe they can  
understand the information.

**THE CHAIRPERSON:** With respect to what class of  
medications?

**DR. BARDELL:** Antipsychotic medications.

**THE CHAIRPERSON:** Okay, let's go to the Form  
16, that's the involuntary status; are you

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relying on Box A and/or Box B grounds?

**DR. BARDELL:** Both.

**THE CHAIRPERSON:** So, under Box A, which criteria are you relying on?

**DR. BARDELL:** Risk of harm to self and risk of harm to others.

**THE CHAIRPERSON:** Harm to self and harm to others. Okay, and Box B?

**DR. BARDELL:** Bodily harm to another person and also bodily harm to the patient and also substantial mental deterioration.

**THE CHAIRPERSON:** Okay, so serious bodily harm to self, serious bodily harm to another person and substantial mental deterioration. Okay, I just want to, for clarity here, what I've marked as Exhibit Three, I want to make sure that we are looking at the right form, he's on a Form 3, I saw something about it being redone, but I want to -- I saw there were two Form 3s in the package, were there not?

**DR. BARDELL:** Yes, to clarify that, is that the initial Form 3 that I had completed, he got rights advice for and this hearing was scheduled based on, it was noted by our clerk that I had neglected to sign the second page of the Form 30 and as soon as we realized that, we

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very promptly did a Form 1 and asked my colleague to see him quickly to not prejudice him in any way to ensure that he had this hearing at the appropriate time.

**THE CHAIRPERSON:** Okay, I just, and that's fine, I don't need an explanation at this point, what I just want to know is which one of these Form 3s is the right one? In the 45 page document there's one on page 22 and that's the one that Dr. Saul (ph) did.

**DR. BARDELL:** So, the one done by Dr. Saul is fully valid and this is the one that is in the chart at present. The one that I had done two days or three days prior, the Form 30 was not signed, so that was invalid, so that's been cancelled. So, it's this current Form 3 by Dr. Saul from January 24th.

**THE CHAIRPERSON:** Okay. Okay, so the one by Dr. Saul that I'm looking at on page 22 of 45, that's the one that is in your opinion the valid form, right?

**DR. BARDELL:** Correct.

**THE CHAIRPERSON:** Okay, and so the reason I'm asking is because neither serious bodily harm is not checked off on either Box A or Box B there, but you're relying on it here.

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**DR. BARDELL:** I'm relying on that at present, yeah.

**THE CHAIRPERSON:** Okay. Okay, so the panel has read and reviewed the material, and we can go ahead, and I will remind everybody that the hearing is only allotted for two hours. We may not need all that time, but we can't go beyond it due to other constraints from the hearing. So, with that, Dr. Bardell, if you have any testimony that you would like to present, you can do so now.

**DR. BARDELL:** I hope that everyone had a chance to review the documents, and I believe that the information provided in the documents is sufficient. I'm happy to present further, if need be.

**THE CHAIRPERSON:** Okay, so you have nothing else to add at this point, I take it. So then let's go to questions then if that's the case. Ms. Dostaler, do you have questions to Dr. Bardell?

**MS. DOSTALER:** Yes. When Mr. Reynen was medicated, he gained an exorbitant amount of weight, correct?

**DR. BARDELL:** This is true, yeah.

**MS. DOSTALER:** He gained over 200 pounds?

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**DR. BARDELL:** This is true.

**MS. DOSTALER:** And that caused him to have significant other health effects, is that correct?

**DR. BARDELL:** Yes, he developed type 2 diabetes.

**MS. DOSTALER:** He also had issues with his heart?

**DR. BARDELL:** I don't know the timeline of the issues with his heart.

**MS. DOSTALER:** Okay.

**DR. BARDELL:** But I do know when he was on Clozapine, he did gain a lot of weight.

**MS. DOSTALER:** And that, of course, is something that deeply affected Mr. Reynen, right?

**DR. BARDELL:** I can't speak to that. He -- the only reason he told me that he stopped his medication was that he doesn't think he has Schizophrenia and didn't want any treatment. His parents were concerned about the weight gain and were sort of supporting him going off his medications for that reason, but that was not his reason for stopping medications.

**THE CHAIRPERSON:** Sorry, Doctor Bardell you ---

**MS. DOSTALER:** Have you spoken to ---

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**THE CHAIRPERSON:** Sorry, Ms. Dostaler, you can just leave yourself off mute if it's easier because there's always a slight delay, if it helps, instead of turning yourself on and off.

**DR. BARDELL:** Okay, sorry there's just often a lot of loud announcements around here, so if there's any echo, let me know.

**THE CHAIRPERSON:** No problem.

**DR. BARDELL:** Okay.

**THE CHAIRPERSON:** If there's an announcement, we'll just all pause, but it might be easier than having to turn -- just in interest trying to help here. So go ahead, Ms. Dostaler.

**MS. DOSTALER:** Yes, Mr. Reynen, when he was at the beginning, before he gained all the weight, he would go camping, correct?

**DR. BARDELL:** So, I don't know about his lifestyle five years ago. I don't know about that. I do know that even after he gained weight, he was doing very well. When he was at home, he would do things with his family. He was actually doing quite well. He did gain a lot of weight, and that's very unfortunate, but he refused treatment for that weight gain. He was offered medications for that, such as Ozempic that can help with weight gain, and he

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refused that because he's adamantly opposed to all medications.

**MS. DOSTALER:** Did he complain about the weight gain causing him limits in his life, like for example not being able to canoe and kayak and hike as often as he would like?

**DR. BARDELL:** You're asking me a lot of questions about that, and any conversations I've had with Steven, he has not once mentioned weight gain ever. I've asked about that, and that was not his concern in our interviews. He believes that medications are something called pharmakeia.(ph) I don't know what that means, but it's a fixed illusion that medications are a sin, and he does not want any medications.

He did not mention stopping medications because of weight gain.

**MS. DOSTALER:** And that has been throughout your interactions with him, he's never mentioned the weight gain?

**DR. BARDELL:** Throughout my interactions here, he does state that he gained weight when he was on medications, but that is not why he stopped them. He's quite clear about that.

**MS. DOSTALER:** When was the last time you spoke with him? [interposing]



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**DR. BARDELL:** Sorry, I was just about to say something. Can I -- do I have to answer your question or can I?

**MS. DOSTALER:** Go ahead.

**DR. BARDELL:** I was just going to say that he was offered many medications that don't cause weight gain and adamantly refused all, so it was not about the weight gain if that's the issue. And to your question, I saw him yesterday for a more formal assessment. I just saw him very briefly this morning.

**MS. DOSTALER:** And again, the discussions that you had with him yesterday were related to his capacity to consent to treatment?

**DR. BARDELL:** So, each day patients are seen and assessed in a fairly standard way, reviewing diagnosis, recommendations for treatment, etc. Mr. Reynen was really quite focused on this hearing today. That was the primary of what he wanted to talk about yesterday, and so some time was spent to just discuss the process for CCBs, and he makes it very clear that he does not think he has Schizophrenia. He has other beliefs around what he thinks he has, and he absolutely does not want any treatment. So that's why we're

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here today.

**MS. DOSTALER:** What does Mr. Reynen indicate caused him to be in hospital for this last admission?

**DR. BARDELL:** He thinks that he should not be here. He thinks that it was a misunderstanding or that it was wrong. *which is it?*

*Huh?*  
*No touch to, fu, i -*  
*TRUE*  
Actually, he does talk about something that he calls MK-Ultra, which is a long-standing fixed delusional belief that he's had for over a decade, where he believes that his body is being controlled by some kind of electronic or outside force. And so, although he says that he doesn't want to hurt himself or other

*factually inaccurate*  
*NOT ENTIRELY TRUE, ACTUALLY*  
people, it's beyond his control. So, he had a knife to his father's neck, and he told his family that he was hearing voices, and he was compelled to stab his family. He -- same thing in the police cruiser. He told the police that he was going to be compelled to stab himself, and he actually has acted on really serious suicide attempts in response to these delusions of control, as well as command hallucinations.

He believes that they're real, and it's very, very disturbing. He's had a guard throughout his entire admission. He's threatened to kill

*NEVER HAPPENED LIE!*

*LIE!*

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1-3.

3 times  
in front  
of a X-ray.

two guards, and he's made people very, very  
afraid for their safety.

MS. DOSTALER: What about when he's medicated?  
How does he react? Are there any symptoms or  
side effects?

DR. BARDELL: Other -- well, other than the  
side effects of the weight gain.

MS. DOSTALER: How does he react? How does his  
behavior change when he is medicated?

DR. BARDELL: The word medicated is not one  
that I am familiar with. What do you mean by  
medicated?

MS. DOSTALER: Okay. Well, when he's on  
treatment.

DR. BARDELL: When he's on treatment? So, I've  
never seen him well. He's absolutely refused  
everything here. All I have to rely on is the  
collateral from his family. I've spoken with

his outpatient psychiatrist, and I've read  
volumes of notes around that. When he is  
treated with Clozapine in particular, he still  
continues to have some of these delusional  
themes, but they do not influence his behavior  
or activity. He's able to spend time with his  
family. He's generally content. He did quite  
well when he was on medication. That's very,

SHE HAD  
ADVANCE  
DIRECTIVE  
SINCE  
JULY  
2021  
!!!

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very well established.

**MS. DOSTALER:** What does Mr. Reynen indicate happens to him when he's on medication? Does he see an improvement?

**DR. BARDELL:** I've asked him if he felt that he was improved on medications, and he said no. However, in looking through the notes when he was more well, he actually was treated as a capable patient last year. So, this idea of going off medications was his choice because he was doing so well, but his capacity changes over time, particularly when he's off treatment and not well.

**MS. DOSTALER:** Does he still act upon the voices or this MK-Ultra when he is treated?

**DR. BARDELL:** He does not act on those impulses and voices when he is on treatment. His safety is markedly improved when he's on treatment.

**MS. DOSTALER:** And has that been canvassed with him?

**DR. BARDELL:** Yes.

**MS. DOSTALER:** And what does he say why the safety issues would be different when he's treated versus not treated?

**DR. BARDELL:** So, that's the piece around the inability to appreciate foreseeable risks. At

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present, he does not see that. He firmly, firmly believes that medications are some form of evil sin and that he will never take any medications, antipsychotic or otherwise, and he's very, very fixated with this delusional system, and he really does feel that his body is not within his control, and anything that goes on is because of that.

He talks about believing that he has dissociative identity disorder, and that's something actually this outpatient psychiatrist reviewed with him over time, done a number of, you know, sort of assessment scales. He has no dissociative symptoms whatsoever, but that's what he thinks he has. He thinks that he's got a dissociative disorder because of what he describes as ritual satanic abuse.

MS. DOSTALER: Okay. And that -- and have you reviewed the dissociative disorder with him?

DR. BARDELL: Yes. I mean, he doesn't have any dissociative symptoms, and we've discussed that.

MS. DOSTALER: What does he say when you tell him that?

DR. BARDELL: He disagrees. He also thinks he has another syndrome called Williams Syndrome

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20

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INACCURATE,  
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THEN  
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that I'm not that familiar with. I had to look  
it up. It's a rare genetic disorder that  
causes stunting of growth and cognitive  
impairment, and he also doesn't have that.  
He's quite tall, and he was quite intelligent.

MELOD  
GENE  
DELETION

**MS. DOSTALER:** Why does he think he has that  
disorder?

**DR. BARDELL:** I don't know.

**MS. DOSTALER:** And if I understand correctly,  
though, he started - so, when he was on  
Clozapine, he was capable at some point and  
decided to go off Clozapine, right?

**DR. BARDELL:** Correct. So, he was doing quite  
well. I had a year and -- over a year and a  
half admission to the Royal, and during that  
admission, Clozapine was started. He was  
incapable at the beginning of that admission,  
and then as he got better, when he was on  
Clozapine for several months, he was much  
improved, and at that time, he recognized and  
appreciated that improvement, and he stayed on  
Clozapine for quite some time. You know, he  
gained all the weight when he was in the  
hospital. He didn't get any extra weight, so  
he stayed on that medication in spite of the  
weight gain for a good year after that. Now,

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he met regularly with his psychiatrist, Dr. Baines, (ph) who strongly encouraged him not to stop his medications, but he was quite adamant about it, and, you know, she sort of agreed to go very slowly with him, hopefully, to buy time to hopefully not get to a bad situation. He eventually tapered off his medications, and he was completely off Clozapine for about two weeks prior to admission, and with stopping his medication, became floridly psychotic, very bizarre, talking to himself, these delusions of control, holding a knife to his father's neck, and the parents called the police.

**MS. DOSTALER:** Okay. It was partly him, and also his parents wanted him off Clozapine as well, right?

**DR. BARDELL:** Well, there was some conversations around that. I tried to clarify that with his parents. They, you know, they listened to the doctor that it was a bad idea, but I think there was a hope that maybe, maybe he didn't need it. That's what they had hoped for. They recognized that that was a drastic mistake, and they are being quite hard on themselves right now about that, that they sort of went along with him in that regard. They

FALSE!  
FACTUALLY  
INACCURATE  
INSUMMA  
MAJOR  
REBOUND  
PSYCHOSIS!

NEVER  
HAPPENED

IT WAS LITERALLY KILLING ME  
SOULY WELL  
DOCUMENTED

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5 feel he definitely needs treatment and that it  
was a terrible mistake, and they're not willing  
to act a substitute decision maker now because  
he is so adamant against medications. They're  
5 afraid for their safety, but also afraid that  
it will wreck their relationship.

10 **MS. DOSTALER:** But has their joining in with  
Mr. Reynen originally saying that maybe he is  
better, maybe he doesn't need to take  
medication, has that played into the fact that  
10 Mr. Reynen doesn't want or doesn't feel like he  
needs to take any medication? So, his parents  
confirming that, has that played into it at  
all?

15 **DR. BARDELL:** I don't think so. He has very  
poor insight and wanted to stop medications,  
and his parents feel very guilty about the fact  
that they sort of went along with this, but at  
the same time they realize now that was a  
20 terrible mistake and they want him to be back  
on treatment. I can't say whether, you know,  
what amount was Steven versus how much you  
know, his parents kind of going along for a  
25 brief period of time, but they weren't fully on  
board. They knew there was risk, but he was  
pushing and pressuring so much that they wanted



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to, and they were hopeful. All family members are hopeful that their child does not have a persistent mental illness. They were hopeful that maybe he would be okay.

**THE CHAIRPERSON:** I just want to be careful here. There was, you know, a lot of hearsay evidence about what the parents, and I mean, although I just want to make it clear the parents are not here testifying. And so I want to ---

**DR. BARDELL:** I can only speak for the conversations I had with them and that I have documented on.

**THE CHAIRPERSON:** Okay, so I just want to make it clear, you know, parents, they would have come here and testify, so we want to, you know, be careful about what, you know -- so, okay, keep going, Ms. Dostaler.

**MS. DOSTALER:** Yes, thank you. What do you think would happen if Mr. Reynen leaves the hospital today?

**DR. BARDELL:** It's a high likelihood he would either hurt himself or his family or someone else.

**MS. DOSTALER:** Has he ever hurt himself?

**DR. BARDELL:** Yes, he's had severe suicide

I WAS  
TOLD  
NOT  
TO  
INTERUPT  
AND  
THEY WERE  
ENTIRELY  
ON  
THE  
DOCTOR

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attempts.

**MS. DOSTALER:** Does he still ---

**DR. BARDELL:** Sorry, I was going to say he denies ever having suicidal ideation and he denies ever having homicidal ideation. He says it's not something he wants to do, but he feels compelled that his body's being controlled, and he has acted on command hallucinations and his delusions of control in a very severe manner several times.

**MS. DOSTALER:** And does he reside with his family?

**DR. BARDELL:** Yes.

**MS. DOSTALER:** And is he still welcome back at his family's residence?

**DR. BARDELL:** Not at present. They're hoping that he'll be more well. Right now, there are safety concerns.

**MS. DOSTALER:** So, if he were to go home or be released from the hospital today, and he decides to go home, is he invited back to his family's residence?

**DR. BARDELL:** I'd have to ask his parents. My understanding is they don't feel safe.

**MS. DOSTALER:** Has he ever hurt his family? !, !

**DR. BARDELL:** He held a knife to his father's

NEVER  
HAPPENED

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neck. And he's told his family that he was feeling compelled to kill them.

NEVER  
HAPPENED

**MS. DOSTALER:** Has he ever caused any injuries?

**DR. BARDELL:** I don't know about the past.

Again, this is about 15 years of illness that we're talking about here, and I've only had the opportunity to read the chart from the last three or four years.

**MS. DOSTALER:** Okay, so the last three or four years, has he ever caused any injury?

**DR. BARDELL:** Not that I'm aware of no. But he was on treatment and doing pretty well until quite recently.

**MS. DOSTALER:** Those are all my questions.

**THE CHAIRPERSON:** Okay, thank you. Let's see if there are questions from others. Dr. Woogh, do you have any questions, please?

**DR. WOOGH:** (no verbal response)

**THE CHAIRPERSON:** I think you're on mute, Dr. Woogh. I believe you're on mute.

**DR. WOOGH:** Sorry, I thought I took it off. I understand from what you're saying, doctor, that the reason his outpatient doctor did agree to take him off -- well, first of all, he was capable at the time -- but also because of insistence from the patient and support from

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the parents, not because of the metabolic syndrome?

5  
DR. BARDELL: Correct. His psychiatrist recommended strongly and firmly that he remain on medication, provided with the risks of going off treatment, and did not want him to stop his medication, but they did sort of barter to gradually decrease as she thought that would minimize risk.

10  
DR. WOOGH: Are you aware if there was discussion of -- from the notes you've read or the conversations, if there was discussion of substituting another antipsychotic?

15  
DR. BARDELL: Yes, that has been discussed by both his outpatient psychiatrist and myself, around potentially any other antipsychotic medication that may not cause weight gain, and it was adamantly refused. He also refused, as I mentioned, Ozempic or other medications for weight loss.

20  
DR. WOOGH: And what is the current state of his type 2 diabetes and his metabolic syndrome?

25  
DR. BARDELL: He's refused blood work here in the hospital, but he's still quite overweight. I believe his BMI is -- one moment -- he's still quite overweight and my assumption is he

SOMETHING  
DOES  
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UP  
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## LEX REPORTING SERVICES

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still has metabolic syndrome.

**DR. WOOGH:** And I gathered from what you said, he's not being treated for the type 2 diabetes?

**DR. BARDELL:** No, he's refused all treatments of all kinds.

**DR. WOOGH:** By diet even?

**DR. BARDELL:** By diet even. His parents brought him in a large pizza each day when he was in the emergency room.

**DR. WOOGH:** Okay. You mentioned that he's on the wait list for Royal Ottawa. Is that usually a lengthy procedure? Is it likely to happen in the near future? What's the status of that?

**DR. BARDELL:** That's variable. So, the Royal Ottawa Hospital is a tertiary hospital here in Ottawa, but he's also followed at the Royal. So, patients that are followed at the Royal, we typically transfer them over. They only follow tertiary complex patients to begin with. Sometimes we can transfer people in less than a week. Not right now. I think he's number 17 on the wait list for transfer.

**DR. WOOGH:** Oh, my goodness.

**DR. BARDELL:** Yeah.

**DR. WOOGH:** You're busy.

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DR. BARDELL: Yep.

DR. WOOGH: And I think the notes say his last serious suicide attempt was some years ago, nothing recent?

DR. BARDELL: Dr. Baines told me when I asked her about that, why he started Clozapine. When he was at the Royal, initially he was treated with Invega Sustenna, and then he was transferred over to the recovery program, which is also part of the Schizophrenia service at the Royal. And the reason that Clozapine was pursued at that time, in spite of concerns around weight gain, was that he had a suicide attempt. He apparently jumped in front of a

bus.

DR. WOOGH: That was while he was at ---

DR. BARDELL: While he was at the Royal, yeah.

DR. WOOGH: --- the Royal? Okay. I think

there was mention of a 2013 attempt with peanuts that landed him ---

DR. BARDELL: Yeah, that was a severe attempt.

Yeah, that was a long time ago.

DR. WOOGH: Okay. And I think that's all my questions. Thank you very much.

THE CHAIRPERSON: Thank you. Ms. Tulotsand, any questions?

THIS  
HAPPENED

WHAT? NEVER HAPPENED,!!

WHAT  
IS  
HAPPENING  
ABBA!

PROOF??  
POLICE  
REPORT  
BUT  
INCIDENT

JUMPING IN FRONT OF A BUS  
ISN'T???

VIDEO??

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5  
MS. TULOTSAND: Yes. Thank you, Mr. Chair.  
Doctor, in the January 27th Progress Note  
Exhibit Three, you mentioned about the concerns  
about his behavior over the past weekend  
involving the guard. Has there been any  
subsequent incidents or altercations with co-  
patients or staff since then?

10  
DR. BARDELL: He has a guard, and he's isolated  
to his room at present. In the last two days,  
there has not been a need for security  
involvement. So, the last time that someone -  
he threatened to kill someone, I believe, was  
Sunday. NEVER HAPPENED!!!!!!

15  
MS. TULOTSAND: Okay. And you mentioned your  
last assessment of him was yesterday with a  
brief contact earlier today. Is he still  
exhibiting or demonstrating command  
hallucinations currently?

20  
DR. BARDELL: Yes. So, he is often talking to  
himself, and he does have to continue to have  
these delusions of control. When I was  
speaking to him yesterday, he thought that his  
jaw was being moved in a way that wasn't proper  
for him, and he thought that there were sounds  
coming out of his mouth that weren't his, and  
25  
he was quite frightened. He really is

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frightened in these times where he feels he's not controlled. As I said, I don't think he intends to hurt people or himself. He's a very nice person, but he feels very compelled, and he does act on these voices and these feelings of control as he feels it's very real.

MS. TULOTSAND: Is any expressions of suicidal ideation or homicidal ideation by him?

DR. BARDELL: No. Again, he says he's never been suicidal or homicidal. He's never wanted to do those things, but he has felt compelled to and has followed on commands.

MS. TULOTSAND: Okay. And right now, during the submission, has he been started on any treatment?

DR. BARDELL: No, he's refused.

MS. TULOTSAND: And I understand the SDM is the PGT. Is that correct?

DR. BARDELL: Correct.

MS. TULOTSAND: And what is your proposed treatment plan?

DR. BARDELL: The proposed treatment plan at present is as he's adamantly refusing all pills; what worked in the past was that he was started on a long-acting, so long-acting Paliperidone Palmitate, which is Invega

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5 Sustenna. And he did get a little bit better  
in the past on that to the point where he was  
more capable. He was able to consider pills.  
And so, I mean, ultimately, Clozapine is the  
only medication that's been helpful for him in  
spite of the weight gain, and that would have  
to be something to be talked about in a very  
serious way. But right now, he's not on  
anything. He did have some benefit from the  
10 long-acting injections. That's the initial  
plan.

NEVER  
HAPPENED

15 **MS. TULOTSAND:** Okay. And there's a mention of  
the previous hospitalization where he obviously  
responded to Clozapine. Does that indicate  
clinical improvement with treatment in the  
past?

**DR. BARDELL:** Absolutely.

20 **MS. TULOTSAND:** Would he be suitable as a  
voluntary patient at present?

NO KIDDING!  
NO

**DR. BARDELL:** No, because he wants to leave  
immediately, and he's not on any treatment.

20 MEANS  
NO

**MS. TULOTSAND:** And he's indicated that to you  
directly?

RICKY  
J

**DR. BARDELL:** Yes, very clearly.

25 **MS. TULOTSAND:** He wants to leave. Okay.

Thank you, Doctor, for answering my questions.

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Thank you, Mr. Chair.

**THE CHAIRPERSON:** Thank you very much. Dr. Bardell, the evidence that I see here is, and I just want to come back to this thing about the weight gain, he gained 200 pounds. Over what period of time did he gain 200 pounds? !!!

**DR. BARDELL:** My understanding was that was during that admission to the Royal, that year-and-a-half admission. But then he was discharged in 2022, and so he remained on that medication in spite of that weight gain. I don't think he gained any more weight after that, nor has he lost weight, from what I can gather, since stopping his medication.

**THE CHAIRPERSON:** So, when was the start? Like what are we looking - like, it was over a year-and-a-half starting from 2022?

**DR. BARDELL:** 2021, I believe is that admission. 2021 to 2022, that was the year-and-a-half admission, and it was during that year-and-a-half that he gained that much weight. I don't have the specific ---

**THE CHAIRPERSON:** That's a lot. A PERSON !!!

**DR. BARDELL:** It is a lot, yeah. !!!

**THE CHAIRPERSON:** It's a lot of weight.

**DR. BARDELL:** But at the same time, he was

FALSE,  
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doing so well that he wanted to stay on that medication because he knew it was helping him.

**THE CHAIRPERSON:** Was that the Clozapine?

**DR. BARDELL:** Clozapine, yeah.

**THE CHAIRPERSON:** Did you have any discussions with him about weight gain?

**DR. BARDELL:** Well, yes, because it was my presumption when I read that first admission note that it was just because of weight gain. Let's talk about a different antipsychotic.

But I was shot down very quickly. Any conversations about any medications, he gets quite angry because he believes it's a sin, it's against Christianity, and there's no conversations about medications. It's a hard no.

**THE CHAIRPERSON:** Because earlier in your testimony, and this is why I'm seeking some clarity, earlier you said, I think you had said you didn't have discussions about weight gain, but I think it wasn't clear to me if what you were saying was that -- I guess, let me put it as a question. Did you actually, during this admission, speak to him about concerns that he has had about weight gain?

**DR. BARDELL:** Yes. So, perhaps I can clarify

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MINIMUM (SHE WAS DRUGGED, TOO!)

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that a bit better. So, when I first -- the first day that I met him, my assumption was that perhaps he had stopped his medications because of weight gain, because that's a reasonable assumption. But when I asked him about that, he was very clear that that is not why he stopped his medications. He thinks that medications are a sin, and he does not want to be on any medications at all. And I really tried to talk -- you know, perhaps you can see an an endocrinologist. We could try some other medications for weight gain, and it was a hard no. The reason is not believing that he has Schizophrenia and not wanting to be on any medications.

**THE CHAIRPERSON:** But isn't it possible in part also that somebody -- I mean, given that that's a lot of weight to put on, isn't it in part also possible that somebody might say, look, I put on a lot of weight, that might be a reason why I don't want to continue on the medication because I'm gaining that much weight, for whatever reason?

**DR. BARDELL:** Yeah, that's a rational assumption, one that I held as well, but I was told that that was not the reason. So, keeping

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TWO THINGS OF NOTE CAN  
BE TOLD AT ONCE...

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in mind, though, he did gain a lot of weight at the Royal. He didn't gain any further weight, and he stayed on Clozapine for a good year because he recognized that he was doing better.

But at some point in time, I do think that he's had residual beliefs and residual delusions that have always been there, and limited insight, for sure. And with stopping medications, he's become really quite floridly psychotic.

**THE CHAIRPERSON:** I see on, for example, on page 7 of 45, one of the progress notes, I think you're the author of this one on the first paragraph. It's the note from January 21st, and it says, "He did quite well on Clozapine. However, due to weight gain, he wanted to stop Clozapine." So, it seems to me that in part, he might have wanted to also stop because of the weight gain.

**DR. BARDELL:** That was my assumption, to be honest. That was more my assumption. But when you ask him, that's not why he stopped his Clozapine.

**THE CHAIRPERSON:** Okay. And I see on Page 10 of 45, you wrote, "Weight gain was not the reason he stopped his medication. He indicates

DRUGGED  
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FOR TREATING RUMORS  
IN OTHER COUNTRY.

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TO  
EVIDENCE  
HEARING  
CCTB

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that he wanted to stop his medication due to not believing it was necessary and persistent residual themes and so forth. He was seen by specialists for weight gain. It was recommended Ozempic, but he refused this again related to delusional themes." Right? That's your, you're the author of that?

**DR. BARDELL:** Yeah, that's my second note.

**THE CHAIRPERSON:** Okay. I see. Just let me look here. Okay, I have no other questions for you. Thank you. Um, Ms. Dostaler, do you have any questions arising from the panel's questions?

**MS. DOSTALER:** No, I do not.

**THE CHAIRPERSON:** Okay. Uh, calling any other witnesses, Dr. Bardell?

**DR. BARDELL:** No.

**THE CHAIRPERSON:** Okay. Ms. Dostaler, do you need a moment to speak to your client privately in a breakout room?

**MS. DOSTALER:** Yes, please.

**THE CHAIRPERSON:** Okay. Mr. Reynen, what we're going to do just for a moment is I'm going to put you into a breakout -- or Ms. Tulotsand is going to help. She's going to put both you and your counsel into a breakout room for five

HOW  
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YOU!

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AND IT IS A TEMPLE OF THE  
HOLY SPIRIT.

NOT EVEN A ANTI-PSYCHOTIC

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minutes just to determine whether you're going to testify here or not. Okay? And then you'll come back. Thanks.

**THE COURT REPORTER:** Mr. Chair, should I place this off the record while we wait?

**THE CHAIRPERSON:** Oh, yes. Yes, thank you.

**THE COURT REPORTER:** Off the record.

--- OFF THE RECORD --- 12:42 P.M.

--- UPON RESUMING --- 12:44 P.M.

**THE CHAIRPERSON:** Okay, so with that, let's go on the record.

**THE COURT REPORTER:** On the record.

**THE CHAIRPERSON:** Okay, Ms. Dostaler, do you intend on calling your client as a witness?

**MS. DOSTALER:** No, I do not.

**THE CHAIRPERSON:** Okay, so then if that's the case, what we're going to do is go directly to submissions. I'm going to invite the parties to make brief submissions. I'll leave up to five minutes. You may not need all that time. We'll see what you're asking the panel to do here, okay? So, Dr. Bardell, I'll start with you first, please.

**MS. TULOTSAND:** Oh, Mr. Chair, sorry, Dr. Woogh

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DOCTOR,  
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is not online yet.

**THE CHAIRPERSON:** Uh, right. Dr. Woogh? Well, I think your camera -- you're with us in spirit and in person. Okay, I can't hear you, but it sounds great, Dr. Woogh. You're on mute.

**DR. WOOGH:** I was with you in spirit the entire time.

**THE CHAIRPERSON:** Okay, good, good. All right. Okay, so Dr. Bardell, do you have any submissions? Go ahead.

**DR. BARDELL:** I think we've reviewed quite a bit today, but really, in summary, Mr. Reynen is not suitable as a voluntary patient as he wants to leave hospital imminently. I feel at present is not capable to make treatment decisions with regards to antipsychotic medications, given prominent delusional ideation. He has clearly demonstrated benefit from antipsychotic treatment in the past and is adamantly refusing this.

Since stopping medication, psychotic symptoms have resumed likely more than he was before. He's probably the sickest that he has been, according to family and his doctor. I'm very concerned about risk of harm to himself or others, as well as mental deterioration, as

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WHY STILL?  
COMMON  
PARASKE  
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MEANING  
PERHAPS?

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TORTURE  
BLATANT LIES, CUPED INTO SINCE  
DOUBLE BIND,  
ASSAULTED, SLANDERED,  
EVIL SPOKEN + F

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spirit?  
perhaps?

DRUGGED  
AGAIN  
AT  
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POINT



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Schizophrenia is a chronic and persistent mental disorder, and over time, without treatment, people deteriorate significantly.

**THE CHAIRPERSON:** Okay. Ms. Dostaler, final submissions?

**MS. DOSTALER:** I would submit that the doctor has not met her burden. We have an individual before the Board who I think who has been (indiscernible) in the past, and it continues to be, is that he stopped medication in part due to the giant amount of weight he's gained at 250 pounds, is a whole person and a half or whole person, that is quite a hefty amount of weight. That's the reason why he spoke to his doctor about wanting to stop some medication, and I submit that he continues to be capable. Subject to any questions -- and if he is capable, he should not be in the hospital involuntarily. Subject to any questions, subject to my submissions.

**THE CHAIRPERSON:** Okay. I think you might have said 250, but I think it was 200 pounds. I think.

**MS. DOSTALER:** I apologize. That would be giving evidence. I heard over 200, and then I have heard 250, but let's just put it at over

IT  
WAS  
200 LB  
I WAS  
UP  
TO  
450 LB  
AFTER  
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~200  
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FIRST  
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I WENT  
OFF  
OVER  
2 YEARS.

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200.

**THE CHAIRPERSON:** Okay. No problem, either way  
---

**MS. DOSTALER:** The same comments hold true.

**THE CHAIRPERSON:** I understand, no problem.  
All right. Okay. Mr. Reynen, that is going to  
bring us to the end of your hearing, okay? We  
are going to consider everything we heard.  
Thank you for being here. We will issue a  
decision shortly. Thank you, Dr. Bardell, Ms.  
Dostaler, and to the court reporter. I want to  
wish everybody a good day. Thanks so much.

**MR. REYNEN:** How will I hear of the decision?

**THE CHAIRPERSON:** You will hear - you'll get a  
copy from either your counsel, Ms. Dostaler  
will give you a copy, or Dr. Bardell will give  
you a copy, okay?

**MR. REYNEN:** Okay. I apologize, within what  
time frame?

**THE CHAIRPERSON:** Well, as I said, I typically  
get the decision out the same day, so you  
should receive it today, I'm assuming. Yeah,  
okay.

**MR. REYNEN:** Thank you for your time. Thank  
you so much for your time.

**THE CHAIRPERSON:** Have a good day, everyone.

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THE COURT REPORTER: Off to record.

THE CHAIRPERSON: Let's go off the record.

ADJOURNED 12:48 P.M.

11:15 time they  
Discredit target.  
Imprison him  
Walk him to suicide.  
\*\*\*\*\*

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in the lie about  
the DUI.

GOD HAVE MERCY  
ON THEM,  
FOR THEY HAVE  
NO IDEA  
WHAT THEY  
HAVE DONE

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\* \* \* \* \*

CERTIFIED CORRECT:

*Rosalie Girgenti*

Certified by Rosalie Girgenti (September 3, 2025)

Court Reporter

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