CANADA

PROVINCE OF QUÉBEC
MONTREAL SEAT

COUR OF APPEAL OF QUÉBEC

NO:
NO: 500-06-000972-196

ROYAL VICTORIA HOSPITAL, legal person duly constituted, having its head office at 610-8300 Decarie Boulevard, City of Montreal, Province of Quebec, H4P 2P5

APPLICANT – Defendant

v.

JULIE TANNY

and

LANA PONTING

RESPONDENTS - Plaintiffs

McGILL UNIVERSITY, legal person duly constituted, having its head office at 610-8300 Decarie Boulevard, City of Montreal, Province of Quebec, H4P 2P5

and

ATTORNEY GENERAL OF CANADA, representing the Federal Government of Canada, having its Quebec regional office at the Department of Justice Canada, Guy-Favreau Complex, East Tower, 9th Floor, 200 René-Lévesque Boulevard West, City of Montreal, Province of Quebec, H2Z 1X4

IMPLEADED PARTY - Defendants

APPLICATION FOR LEAVE TO APPEAL
(Articles 357 and 578 *C.C.P.*)
ROYAL VICTORIA HOSPITAL
Dated September 5, 2025

TO ONE OF THE HONOURABLE JUDGES OF THE COURT OF APPEAL, THE APPLICANT SUBMITS:

INTRODUCTION

1. The Royal Victoria Hospital (the "**Hospital**") seeks leave to appeal from a Judgment of the Honourable Dominique Poulin, J.S.C. (the "**Judge**") authorizing the bringing of a class action "on behalf of persons who were the direct and indirect victims of depatterning treatment conducted at the Allan Memorial Institute ("AMI"), under the care and methods employed by Dr. Ewen Cameron between 1948 and 1964 (the "Montreal Experiments")"[1] (the "**Judgment**").

2. The Judgment was rendered on July 31, 2025, following a hearing lasting two and a half days from June 9 to 11, 2025 at the Montréal Courthouse. The Notice of Judgment was delivered on August 7, 2025. The Court record contains no confidential information.

3. The Judgment is predicated upon determinative errors as to the conditions for bringing a class action, such that granting leave to appeal is warranted pursuant to article 578 C.C.P.

4. The Judge erred by definitively and erroneously ruling on a question of law at the authorization stage by refusing to apply the interrelated doctrines of *stare decisis* and abuse of process by relitigation.

5. The Judge misinterpreted and misapplied final judgments of Québec courts in the matters of *Morrow*[2] and *Kastner*[3], in which the Hospital was found to have no liability for alleged "depatterning" treatments administered to patients under the auspices of Dr. Cameron during the class period. In ruling on these questions of law at the authorization stage, the Judge effectively recognized that the outcome of the proposed class action as against the Hospital was dependent upon her doing so. Had the Judge properly interpreted and applied these doctrines and

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[1] Judgment at paragr. 1.
[2] *Morrow v. Hôpital Royal Victoria et al.*, J.E. 78-824 confirmed in appeal in J.E. 90-165 ("***Morrow***").
[3] *Kastner v. Royal Victoria Hospital*, 2000 CanLII 17987 (QC CS), confirmed in appeal in 2002 CanLII 63769 ("***Kastner***").

precedents, the proposed syllogism at the heart of the proposed class action would be untenable.

6. The Judge further erred in law by expressly deeming extensive opinion evidence – as opposed to allegations of fact – to be true, thereby applying a distorting lens to her assessment of the sufficiency of the Plaintiffs' allegations.

7. Further, the Judge effectively failed to analyse the criteria under art. 575(1) C.C.P., by accepting the common issues proposed by the Plaintiffs without scrutiny or reasons. To any extent that they were not previously decided, none of the common issues approved by the Judge lend themselves to collective adjudication that would have a non-negligible impact on the outcome of the action.

8. These apparent and determinative errors go to the heart of the class action authorization criteria. The intervention of this Court is needed to uphold the principles of judicial integrity and economy and to ensure that the proposed class action does not proceed against the Hospital on an erroneous basis.

THE DETERMINATIVE ERRORS OF THE SUPERIOR COURT

A. The criteria of article 575(2) C.C.P. are not satisfied

1. The Judge erred in failing to apply the doctrines of *stare decisis* and abuse of process by relitigation

9. The Judge committed a determinative error in ruling that the legal syllogism at the center of the proposed class action as against the Hospital can operate without relitigating and overturning definitive rulings of fact and law made by Québec Courts in the matters of *Morrow* and *Kastner*.

10. In 1967, Dr. Mary Morrow, a patient of Dr. Cameron, brought an action in damages against the Hospital and the heirs and succession of Dr. Ewen Cameron, who had deceased earlier that year. Morrow alleged that, in 1960, she had been subject to non-consensual, unwarranted and dangerous "depatterning" treatments.[4] Morrow notably alleged that the Hospital was:

[4] Morrow (C.S.), p. 3, paragr. 10

> […] responsible at law of all acts of commission or omission resulting in damages to the plaintiff on the part of Dr. Cameron who at the time of the injuries caused to and suffered by plaintiff was under its control and in the performance of his duties as an agent employee or representative and moreover knowingly tolerated and permitted defendant Cameron to act as such.[5]

11. In 1978, the Superior Court of Québec (Bernard de L. Bourgeois, J) dismissed Dr. Morrow's action in its entirety. The trial in *Morrow* lasted seven years and involved extensive analysis of expert and lay evidence relating, *inter alia*, to the medical appropriateness of the prescribed and administered treatments in accordance with the standards applicable at the time.

12. The Superior Court ruled that the "depatterning" techniques employed by Dr. Cameron at the Hospital, including intensive Page-Russell electroshock methods and drug-induced semi-sleep, were widely accepted as scientifically valid treatments of schizophrenia and depression at the time, such that they did not constitute a civil fault.[6] Crucially, the Court further held that, based on the applicable case law, the Hospital was not liable for any potential fault of Dr. Cameron, as he was not the "subordinate" (*préposé*) of the Hospital. Nor was the Hospital liable for the fault or negligence of any of its subordinates, including staff and nurses.[7] Nor did the Court find any fault by omission of the Hospital[8].

13. This judgment was confirmed by this Court in 1989, which found that "in short, while the treatment Dr. Morrow received for her condition in 1960 might not be given today, the evidence supports the conclusion of the trial judge that this treatment was appropriate under the standards of psychiatry that existed at the time and that her treatment was administered in the usual manner.[9]" This Court further held that fresh evidence adduced on appeal did not establish that the treatments received by Dr. Morrow, or those generally administered to patients under a CIA grant application, were experimentation without therapeutic intent[10].

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[5] Morrow (C.S.), p. 5-6.
[6] Morrow (C.S.), at p. 70, 77. 79, 83, 99, 100, 112-113, 119-120, 143-144.
[7] Morrow (C.S.), at p. 141 and142
[8] *Id.*
[9] Morrow (C.A.), p. 6.
[10] Morrow (C.A.), p. 11.

Having found no negligence relating to the delivery of the treatments in question, this Court did not disturb the Superior Court's judgment as to the absence of the liability on behalf of the Hospital.

14. In 1995, Gail Kastner, another former patient of Dr. Cameron, filed a civil claim against the Hospital, alleging that she had been subject to depatterning-type treatments.

15. In 2000, the Superior Court of Québec dismissed Kastner's claim.[11] In 2002, this Court upheld the judgment of this Court in *Kastner*, notably finding:

> [13] D'autre part, l'hôpital intimé ne saurait être considéré, **en droit**, comme le commettant du psychiatre traitant, choisi et consulté directement par l'appelante et ceux qui étaient alors ses représentants autorisés. **Le docteur Cameron exerçait sa profession de façon autonome et indépendante, sans aucun contrôle professionnel de la part de l'institution hospitalière** *Morrow c. Hôpital Royal Victoria*, *Hôpital de l'Enfant-Jésus c. Irène Camden-Bourgault et a*l; *Dufour c. Centre hospitalier Giffard et al*.[12]

16. In the present case, the Hospital submitted that, under the doctrines of *stare decisis* and abuse of process, the legal syllogism at the center of the proposed class action could not operate without relitigating – and overturning – the key findings in *Kastner* and *Morrow*.

17. The Judge elected to exercise her discretion to rule on this question of law at the authorization stage, thereby recognizing that the outcome of the proposed class action was dependent on this question.[13]

18. The Judge proceeded to commit determinative errors in her interpretation and application of the doctrine of *stare decisis* and abuse of process by relitigation, as well as that of the *Kastner* and *Morrow* judgments.

19. At the outset, the Judge erred by entirely failing to address the doctrine of abuse of process by relitigation, as raised by the Hospital.

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[11] Kastner (C.S.), paragr. 95, 99 to 114, 142 to 144, 162-165, 167 to 181 and 220-224.
[12] Kastner (C.A.) at paragr. 13. [Emphasis ours.]
[13] *L'Oratoire Saint-Joseph du Mont-Royal v. J.J.,* 2019 SCC 35, at paragr. 55.

20. Yet, it is well established that relitigating previously decided issues is an abuse of process, where doing so would threaten judicial economy, consistency, and the finality of judgments.[14] The doctrine of abuse of process serves to prevent the same issue from being the subject of multiple judgments:

> [51] Rather than focus on the motive or status of the parties, the doctrine of abuse of process concentrates on the integrity of the adjudicative process. Three preliminary observations are useful in that respect. First, there can be no assumption that relitigation will yield a more accurate result than the original proceeding. Second, if the same result is reached in the subsequent proceeding, the relitigation will prove to have been a waste of judicial resources as well as an unnecessary expense for the parties and possibly an additional hardship for some witnesses. Finally, if the result in the subsequent proceeding is different from the conclusion reached in the first on the very same issue, the inconsistency, in and of itself, will undermine the credibility of the entire judicial process, thereby diminishing its authority, its credibility and its aim of finality.[15]

21. Courts can dismiss cases for abuse of process even where the "triple identity" criteria of article 2848 C.C.Q., (parties, cause, and object), is not met.[16] The key consideration is whether a determined legal issue has already been decided and whether reopening it would undermine judicial integrity.[17]

22. In class action proceedings, Québec courts have held relitigating a legal issue that has previously been decided may constitute a bar to authorization where the proposed syllogism is rendered untenable.[18]

23. In the present case, the Judge's terse analysis is limited to an excessively narrow construction of the doctrine of *stare decisis*. In failing to consider the doctrine of abuse of process by relitigation, while definitively ruling on a question of law, the Judge committed an error that warrants this Court's intervention.

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[14] *Construction S.Y.L. Tremblay inc. v. Agence du revenu du Québec*, 2018 QCCA 552, paragr. 20-22 *Verreault Navigation inc*. *v. Commission des normes, de l'équité, de la santé et de la sécurité au travail (CNESST)*, 2022 QCCA 574, paragr. 18-19.
[15] *Toronto (City) v. C.U.P.E., Local 79*, [2003] 3 S.C.R. 77, paragr. 51
[16] *Toronto (City) v. C.U.P.E., Local 79*, [[2003] 3 S.C.R. 77, paragr. 35-55
Asaduzzaman v. Léonard, 2022 QCCS 4054, paragr. 118 et seq., appeal dismissed, 2023 QCCA 646, Application for leave to appeal to the Supreme Court of Canada dismissed, 2024 CanLII 20240 (SCC); *Canada (Procureur général) v. Confédération des syndicats nationaux*, 2014 CSC 49, paragr. 22 and 27.
[17] *Construction S.Y.L. Tremblay inc. v. Agence du revenu du Québec*, 2018 QCCA 552, paragr. 20.
[18] *Haroch v. Toronto-Dominion Bank*, 2024 QCCS 3848, paragr. 31 and 87 (Appeal filed, no. 500-09-031259-245).

24. The Judge proceeded to misinterpret and misapply the rulings in *Morrow* and *Kastner* to the present case. For one, the Judge expressly recognized that both judgments ruled that the Hospital was not liable for the actions of Dr. Cameron.[19] Yet, the Judge failed to consider how this legal determination affects – and negates – the proposed syllogism at the heart of the proposed class action. Indeed, the Judge expressly authorized of action against the Hospital as including its potential liability for the acts of Dr. Cameron, as its principal, and approved art. 1463 C.C.Q. as a common issue.[20]

25. What is more, the syllogism at the heart of the proposed class action necessarily entails relitigating the medical and scientific appropriateness of the "depatterning" treatments defined by the Judgment as the "Montreal Experiments", in accordance with the medical standards applicable between 1948 and 1964. Revisiting the findings in *Morrow* on these key issues over 60 years after the fact – necessarily with less reliable evidence than was then available – would undermine the credibility of the judicial process, threatening judicial consistency and the finality of judgments.

26. The Judge also failed to consider the finding in *Morrow* to the effect that none of the Hospital's additional staff or subordinates committed a fault or negligence in the prescription of "depatterning" treatments administered by Dr. Cameron.[21] The Judge also failed to consider that the Court in *Morrow* dismissed the claim that the Hospital was liable for Dr. Cameron's acts by omission.[22]

27. While Judge tersely concluded that the facts in *Morrow* and *Kastner* "differ substantially from the allegations brought forward by the Applicants[23]", it is unclear from the Judgment's reasons where any such distinctions lie. For one, the Judge does consider the Superior Court's determinations in *Morrow* regarding the overall medical appropriateness of "depatterning". Nor does Judge explain how Dr.

[19] Judgment at paragr. 173 and 184.
[20] Judgment at paragr. 71 and 210.8.
[21] Morrow (C.S.), p. 142 and 143
[22] Morrow (C.S.), p. 140-141.
[23] Judgment at paragr. 172.

Cameron's role as director of the AMI, or his alleged management of grants[24], could distinguish the central ruling in *Kastner*: that the Hospital is not liable for Dr. Cameron's acts.

28. At bottom, adjudicating the liability of the Hospital relating to "depatterning treatments" would entail overturning the *Morrow* and *Kastner* judgments rejecting the liability of the Hospital. No aspect of the proposed syllogism can succeed without revisiting and overturning final judgments of Québec's courts.

2. The Judgment fails to consider settled law regarding hospital liability

29. Beyond the specific judgments in *Morrow* and *Kastner*, the well-settled contemporaneous law was that a hospital cannot be held liable for medical diagnoses and treatments under the auspices of a physician.[25] Nor can hospitals be liable for such medical diagnoses and treatments when carried out by other employees or subordinates, as such acts remain the responsibility of the physician.[26]

30. In the present case, the syllogism at the center of the impugned class action necessarily entails an assessment of the appropriateness of medical acts, namely the so-called "Montreal Experiments", which the Judge defines as being the "depatterning treatment conducted at the [AMI] under the care and methods employed by Dr. Cameron between 1948 and 1964".

31. The Judge's finding that the present case can arguably "be distinguished from a case invoking [*sic*] the responsibility of a doctor for his faulty performance in a malpractice matter" because of an "alleged systemic process of experiments conducted by its Director which were against the standards and harmed the

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[24] This fact was considered in Morrow (C.S.), p. 2, and in Kastner (C.S.), p. 1.
[25] *Hôpital Notre-Dame de l'Espérance v. Laurent*, [1978] 1 R.C.S. 605. *Hôpital de l'Enfant-Jésus v. Camden-Bourgault*, [1996] J.Q. no. 4586 (C.S.), 2001 J.Q. no. 1325 (C.A.), *Association québécoise des endeuillés du suicide v. Centre intégré de santé et de services sociaux de la Montérégie-Centre*, 2025 QCCS 1189, paragr. 26-28
[26] *Association québécoise des endeuillés du suicide v. Centre intégré de santé et de services sociaux de la Montérégie-Centre*, 2025 QCCS 1189, paragr. 31; *Thomas v. Centre hospitalier Le Gardeur*, 2009 QCCS 5851, paragr. 179-180; *Painchaud v. Hôpital Charles-Lemoyne*, 1998 CanLII 11697 (QC CS), paragr. 18

patients" does not withstand minimal scrutiny. Indeed, even if the Plaintiffs would be able to establish such a "systemic process of experiments", it remains that the legal syllogism would nevertheless require establishing that the treatments (or "experiments") themselves were medically inappropriate and constituted a civil fault. Again, such medical liability cannot be attributed to the Hospital. Unlike in the matter *U.T.*[27], the qualitative nature and appropriateness of the alleged treatments (or experiments) given under the auspices of Dr. Cameron is the very core of the proposed class action, as expressly defined by the Judgment.[28]

3. The Judge erred by deeming opinions to be true

32. The Judge further erred by expressly failing to distinguish between allegations of fact and opinion, holding as follows:

> [22] For the purpose of the analysis, the Court will consider that the facts alleged are deemed to be true, as well as the contents of the documentary evidence on which the allegations rely, unless manifestly contradicted or unreliable.
>
> [23] No distinction will be made as regards **books, studies, reports and opinions** from psychiatrists, writers and researchers who have investigated the events surrounding the Montreal Experiments. The exhibits submitted do not appear unreliable and the writings filed are all much documented.

33. Paradoxically, the Judge recognized that "[t]he factual allegations in the application are taken as true, which excludes allegations that are legal in nature, generic or general, vague, imprecise, patently inaccurate or otherwise contradicted, or those that consist of **opinion**, speculation or hypothesis"[29]

34. In failing to distinguish between allegations of fact and opinion, the trial judge applied a distorting lens to her assessment of the criteria for authorization, namely the sufficiency of allegations.

35. Without considering such opinion, the Plaintiffs' allegations of fault on behalf of the Hospital are limited to conclusive allegations of law, without the requisite degree of

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[27] *U.T. v. Centre intégré de santé et de services sociaux de Lanaudière*, 2025 QCCA 157.
[28] Paragr.1 Judgment
[29] Judgment paragr. 16.

specificity.[30] Accordingly, applying this distorting lens had a determinative impact on the assessment of art. 575(2) C.C.P. as regards the Hospital.

B. The criteria of article 575(1) C.C.P. are not satisfied

36. The Judgment effectively contains no analysis as to whether the common issues fulfil the applicable criteria under art. 575(1) C.C.P. Without stating any reasons or analysis, Judge tersely concluded that "the common issues proposed in Second Amended Application are adequate".[31]

37. In fact, none of the common issues identified by the Judge lend themselves to collective adjudication that would have a non-negligible impact on the outcome of the action.[32]

38. To any extent that such matters were not definitively determined, the liability of Dr. Cameron or the Hospital toward any putative class member would necessarily entail the adjudication of a wide range of highly individual factors, including each alleged patient's pre-existing medical history and condition, their diagnosis, the validity of their consent to the proposed treatment, the execution of the treatment, and the medical outcome, amongst others. The issues of causation, damages, prescription/impossibility to act, and settlement/releases signed by putative members would also entail individualized adjudication. The same would be true for alleged indirect victims.

39. Broadly defining variable forms of "depatterning" treatments as the "Montreal Experiments" does not allow these issues to be collectively adjudicated in a vacuum without regard to each putative member's individual medical situation.

40. Even if it were somehow possible to establish that the Hospital "systemically participated" in Dr. Cameron's "depatterning treatments", the syllogism at the heart of this action would not be substantially advanced, as the Court would nevertheless

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[30] Second Amended Application for Authorization at paragr. 217.
[31] Judgment, paragr. 208.
[32] *Rozon v. Les Courageuses*, 2020 QCCA 5, paragr. 72 and 74, Application for leave to appeal to the Supreme Court of Canada dismissed *Vivendi Canada inc. v. Dell'Aniello*, [2014] 1 R.C.S. 3, paragr. 58 [TAB 50].

need to adjudicate whether each specific treatment prescribed and administered in fact constituted a civil fault vis-à-vis each specific patient.

41. Indeed, the "Montreal Experiments" broadly refer to "depatterning treatments", which encompass a highly variable combination of procedures and treatments, qualitatively and quantitatively, as aptly illustrated by the differing treatments alleged by the putative class representatives. For this reason, the definition of the class is also imprecise, circular, and dependent on the outcome of the class action.

THE INTERESTS OF JUSTICE FAVOUR GRANTING LEAVE TO APPEAL

42. In addition to the errors outlined above, the broader interests of justice warrant the granting of leave to appeal from the Judgment.

43. Before the parties, the members, and the judiciary mobilize significant resources, it is in the interest of the sound administration of justice to ensure that settled issues of fact and law are not relitigated, and to assess whether collective adjudication would in fact advance the putative members' claims in any non-negligible manner.

CONCLUSIONS AND ORDER SOUGHT

44. The Hospital submits that the errors contained in the Judgment warrant the granting of leave to appeal. It will seek the following orders on appeal:

a) **GRANT** the appeal;

b) **REVERSE** the judgment under appeal;

c) **DISMISS** the Respondent's Second *Amended Application to Authorize the Bringing of a Class Action and to Appoint the Applications as Representative Plaintifffs* dated March 28, 2025.

d) **CONDEMN** the Respondent to pay legal costs in first instance and on appeal.

FOR THESE REASONS, MAY IT PLEASE THE COURT TO:

AUTHORIZE the Applicant Royal Victoria Hospital to initiate an appeal from the judgment rendered on July 31, 2025, by the Honourable Dominique Poulin of the Superior Court, District of Montréal, in file bearing number 500-06-000972-196;

GRANT the Application;

THE WHOLE, with costs to follow the outcome of the appeal.

This September 5th, in Montréal

Langlois Lawyers LLP

Langlois Lawyers LLP
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ATTORNEY GENERAL OF CANADA

IMPLEADED PARTY - Defendants

AFFIDAVIT

1. I, the undersigned, Sandra Desjardins, lawyer practicing my profession within the Langlois avocats firm, located at 1250, boul. René-Lévesque Ouest, 20th floor, Montreal, province of Quebec, H3B 4W8, solemnly affirm as follows:

   1. I am the lawyer representing the Applicant in the present matter;

   2. All of the facts alleged in the application are true.

This September 5th, 2025, in Montreal

Sandra Desjardins

Solemnly affirmed by technological means,
this September 5th, 2025, in Montreal

CHANTAL GUÉRIN 112 974

Chantal Guérin #112 974
Commissioner for oaths for Québec

NOTICE OF PRESENTATION

TO:

Julie Tanny

Respondent

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NOTICE IS HEREBY GIVEN that the *Application for leave to appeal* will be presented before a judge of the Court of Appeal sitting at the Ernest-Cormier Building, located at 100 Notre-Dame Street East, in Montréal, on **October 8, 2025**, at **9:30 a.m.**, in Courtroom **RC-18**.

DO GOVERN YOURSELF ACCORDINGLY.

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APPLICATION FOR LEAVE TO APPEAL
Applicant
Dated September 5, 2025

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