

## ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

**Citation:** *College of Physicians and Surgeons of Ontario v. Rona*, 2022 ONPSDT 45

**Date:** December 6, 2022

**Tribunal File No.:** 22-005

**BETWEEN:**

College of Physicians and Surgeons of Ontario

- and -

Dr. Zoltan Peter Rona

### FINDING AND PENALTY REASONS

**Heard:** November 4, 2022, by videoconference

**Panel:**

Ms. Shayne Kert (chair)

Dr. Heather Badalato

Ms. Lucy Becker

Mr. Jose Cordeiro

Dr. Paul Hendry

**Appearances:**

Ms. Sayran Sulevani, for the College

Ms. Brooke Shekter and Ms. Ashley Vitali, for Dr. Rona

#### RESTRICTION ON PUBLICATION

The Tribunal ordered, under ss. 45-47 of the Health Professions Procedural Code, that no one may publish or broadcast the names or any information that would identify patients referred to during the Tribunal hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this order.

## **Introduction**

- [1] Dr. Zoltan Rona is a general practitioner. He has a solo practice in Thornhill, comprised of 90% complementary medicine and 10% practice management. He received his certificate of independent practice from the College in 1978.
- [2] This hearing dealt with two distinct issues. First, the College alleged that in failing to recognize the severity of his patient's presentation, failing to refer him to an appropriate specialist (or even anywhere within the medical system) and allowing him to continue for months with an alternative medical approach to treatment when it was potentially dangerous to allow him to do so, Dr. Rona failed to maintain the standard of practice of the profession. Second, the College alleged that Dr. Rona engaged in disgraceful, dishonourable or unprofessional conduct when, using his public Twitter account, he made misleading, false or inflammatory statements about vaccinations, treatments and public health measures relating to COVID-19, as well as inappropriate statements about other physicians, public officials and institutions.
- [3] At the hearing Dr. Rona admitted, and we found, that based on the agreed facts, he committed professional misconduct as alleged. Dr. Rona signed an undertaking to resign from the College and not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction (effective immediately), and the parties made a joint submission that the penalty should be a reprimand.
- [4] Our role in assessing a joint penalty submission is limited. Unless the panel finds that imposing the proposed penalty would bring the system of physician professional regulation into disrepute, the joint submission should be accepted. Applying that test, we accepted the joint submission at the hearing. We also ordered costs to be paid to the College of \$6,000, as agreed by the parties. These are our reasons.

## **The Misconduct**

### **Patient A's Complaint**

- [5] Patient A contacted the College with concerns about the care that Dr. Rona had provided to him between January and April 2020. Specifically, Patient A complained that Dr. Rona ignored his chronic nosebleeds, elevated blood pressure and poor

kidney functioning, which ultimately led to his admission to hospital due to a hypertensive emergency and kidney failure requiring dialysis.

[6] The College retained Dr. Amit Rana to assess the care that Dr. Rona provided to Patient A. Among other things, Dr. Rana found:

- After their first meeting, despite the severity of Patient A's hypertension and bloodwork showing that Patient A was suffering from an evolving kidney disease, Dr. Rona failed to identify Patient A's acute presentation or recognize the severity of his medical problems. Thereafter, Dr. Rona followed Patient A on a monthly basis, when immediate management with follow-up within hours or days would have been more appropriate.
- In his meeting with Dr. Rona in February 2020, Patient A declined medication. Dr. Rona did not refer Patient A to an appropriate specialist, but instead recommended costly and unproven diagnostic tests. He also suggested further supplements.
- One of the supplements Dr. Rona suggested was nattokinase, though no clear rationale for this supplement was identified in Patient A's chart. When Patient A subsequently presented with nosebleeds, Dr. Rona did not connect the potential effect of the supplement or modify his treatment, although bleeding is the primary and most serious potential side effect of nattokinase.

[7] In December 2021, in response to the assessor's report, Dr. Rona wrote to the College to advise that he accepted that he was accountable for permitting Patient A to continue with the alternative medical approach when it was potentially dangerous to allow him to do so, and that he should have insisted that Patient A go immediately to the emergency room of a hospital.

[8] We agree. As Dr. Rana noted, in the course of his care of Patient A, Dr. Rona breached his duty to identify an acute presentation, failed to gauge the severity of Patient A's medical problems and did not appropriately counsel him on the possible consequences of not immediately pursuing standard medical treatment. Dr. Rona overlooked indicators of an acute problem, including vital signs, lab abnormalities and Patient A's adverse reactions to the treatment he had recommended. Though a reasonable complementary and alternative medicine (CAM) physician would have

delayed or deferred the provision of any alternative treatments until the patient was medically stable, Dr. Rona failed to do so. All of this fell below what would be reasonably expected of a competent CAM physician. As such, Dr. Rona failed to maintain the standard of practice of the profession in relation to his care and treatment of Patient A.

#### Dr. Rona's Use of Social Media

- [9] Between September 1, 2020 and July 30, 2021, Dr. Rona's activity in his Twitter account (using his Twitter handle identifying him as a doctor) included approximately 680 tweets, the majority of which in some way concerned the COVID-19 pandemic.
- [10] A review of 351 of those tweets (sent between February and July 2021) revealed a pattern of concerning themes and statements. In many of the tweets, Dr. Rona minimized the seriousness of COVID-19 and suggested the vaccines developed to protect against the virus were unsafe and did more harm than good. He also denied the effectiveness of public health measures such as lockdowns, masking and social distancing in reducing the spread of COVID-19. He promoted unproven treatments, cited questionable sources around the issue of vaccine efficacy and suggested that the public was being scammed by medical experts and public officials.
- [11] Fifty of Dr. Rona's tweets related to his descriptions of other physicians, institutions or governments, or reflected his general skepticism about public sources of information about COVID-19. Some of his tweets were anti-Asian, including negative tweets about Dr. Theresa Tam, Canada's Chief Public Health Officer. Dr. Rona also frequently tweeted about Dr. Anthony Fauci, calling him a "murderer" and a "liar," among other things. Dr. Rona regularly suggested that medical and other experts were lying and consistently expressed a distrust for public institutions.
- [12] In late April 2021, in response to increasing (albeit isolated) incidents of physicians using social media platforms to spread misinformation or contradict public health orders and recommendations, the College released a Statement on Public Health Misinformation. In that Statement, the College reminded physicians of their professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing and anti-lockdown statements, and to not promote unsupported, unproven treatments for COVID-19. The Statement also advised that physicians

should not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.

- [13] The concerns underlying this Statement are obvious. Since physicians hold a unique position of authority and public trust, their words and actions have the potential to significantly influence public perceptions and behaviour. Members of the public are more likely to perceive a physician's Twitter feed as providing a balanced and reliable source of scientific information, and to give significant weight to health care information provided by physicians, given their profession.
- [14] It is a reasonable expectation, therefore, that in the midst of a global pandemic, physicians will not spread blatant misinformation about COVID-19, perpetuate non-scientific and baseless conspiracy theories about its origins, cast doubt on the motives of public health officials (including fellow physicians) around preventative measures or discourage adherence with public health interventions. In failing to comply with this expectation, Dr. Rona engaged in actions that were disgraceful, dishonourable and unprofessional.
- [15] As in *College of Physicians and Surgeons of Ontario v. Matheson*, 2022 ONPSDT 27, we recognize that the scope of any limits on physicians' expression about the pandemic is an issue that may come before this Tribunal. However, because Dr. Rona admitted misconduct, this decision does not address rights under the *Canadian Charter of Rights and Freedoms*, nor reasonable limits that may be placed on those rights: *Matheson* at para. 15.

## **Penalty and Costs**

- [16] As this was a joint submission on penalty, the "undeniably high threshold" of the public interest test established by the Supreme Court of Canada in *R. v. Anthony-Cook*, 2016 SCC 43, applies: *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303.
- [17] The public interest test requires that a joint submission is to be accepted unless "the proposed penalty is so 'unhinged' from the circumstances of the case that it must be rejected": *Bradley* at para. 14; *Anthony-Cook* at para. 34. In the context of this Tribunal, a joint submission will only be contrary to the public interest if it is "so markedly out of line with expectations of reasonable persons aware of the circumstances of the case that they would view it as a break down in the proper

functioning” of the College’s professional discipline process: *Anthony-Cook* at para. 33; *College of Physicians and Surgeons of Ontario v. Bahrgard Nikoo*, 2022 ONPSDT 15 at para. 34. Put simply, “[t]here must be something completely unacceptable, unusual or unconscionable about [a joint submission] to reject it”: *Matheson*, above at para. 17.

- [18] We are satisfied that, in the circumstances, the proposed resolution is: i) not contrary to the public interest; and ii) achieves the relevant penalty goals in this case. This is so for several reasons.
- [19] First, Dr. Rona’s failure to provide proper care and treatment to Patient A over several months (both by his actions and inaction), and Dr. Rona’s lack of judgment in this regard, was serious misconduct that exposed Patient A to weeks of deterioration, ultimately leading to his hospitalization. His Twitter activity was similarly problematic and concerning. Though there is no evidence of harm to a specific individual, Dr. Rona’s tweets had the potential to harm overall public health by eroding trust in public institutions, stoking fears about COVID-19 vaccinations and mask use and encouraging the use of unproven and possibly dangerous treatments in the management of COVID-19 infection. A public reprimand, together with Dr. Rona’s undertaking, achieves the primary penalty purpose of protecting the public from harm, as Dr. Rona will no longer be practising medicine, whether in Ontario or elsewhere.
- [20] Second, some measure of specific deterrence has already been achieved. In December 2021, Dr. Rona wrote to the College acknowledging some of his errors in his care of Patient A. Further, in October 2021, after receiving the College assessor’s report about his social media activity, Dr. Rona made the decision to stop using Twitter. Dr. Rona also expressed regret for certain tweets that were unprofessional and/or offensive in nature, and he sent a written apology to Dr. Tam.
- [21] Third, the proposed penalty also addresses the goal of general deterrence. It reminds other members of the medical profession of their obligation to provide patients with quality health care in a manner that is both safe and in their patients’ best interests. It also reinforces that, given the high regard in which physicians are held, they must act responsibly in their use of social media, and the dissemination of unscientific, false or inaccurate health information will not be condoned. Finally,

the proposed outcome demonstrates the College's ability to regulate the practice of medicine and to govern physicians in the public interest.

[22] The Tribunal jurisprudence includes several cases in which similar orders were made: *College of Physicians and Surgeons of Ontario v. Singh*, 2020 ONCPSD 30; *College of Physicians and Surgeons of Ontario v. Gutman*, 2021 ONPSDT 50; and *College of Physicians and Surgeons of Ontario v. Hanmiah*, 2022 ONPSDT 9. While the misconduct in those cases differed, as in this case all three physicians signed undertakings to resign their membership and never re-apply for registration to practise medicine in Ontario or elsewhere. Recognizing that removal of the physician from practice resulted in the protection of the public and other penalty objectives being met, the hearing panels accepted joint proposals of a reprimand and costs order in each case.

[23] Balancing the relevant facts and caselaw, and particularly given the scope and effect of Dr. Rona's undertaking, we find that the proposed penalty of a reprimand is appropriate and not contrary to the stringent public interest test. The costs proposed are also reasonable.

## **Order**

[24] At the conclusion of the hearing, we ordered that:

- i. Dr. Rona attend before the panel to be reprimanded.
- ii. Dr. Rona pay the College costs in the amount of \$6,000 by December 5, 2022.

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**BETWEEN:**

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- and -

Dr. Zoltan Peter Rona

**The Tribunal delivered the following Reprimand**  
by videoconference on Friday, November 4, 2022.

**\*\*\*NOT AN OFFICIAL TRANSCRIPT\*\*\***

Dr. Rona,

We are deeply disturbed by your disgraceful, dishonorable and unprofessional behaviour and failure to maintain the standard of practice of the profession.

You displayed a serious lack of knowledge, skill and judgment when, for several months, you failed to recognize the severity of a patient's symptoms and associated condition, and the need for immediate medical attention. Your lack of action exposed the patient to further deterioration of his health, harm and hospitalization. It was ultimately the patient's own concerns about his condition that led him to seek medical attention at a local hospital where he was diagnosed with kidney failure requiring dialysis.

The public expects that physicians maintain the standard of practice of the profession and act in the best interest of their patients by providing the highest quality of health care possible. Your actions seriously breached this trust.

We are also deeply disturbed by your extensive social media activity, including hundreds of postings between September 2020 and July 2021 relating to the COVID-19 pandemic and public health measures put into place to combat the pandemic.

Your numerous public postings were unprofessional, misleading and in some cases patently false -- and encouraged the public to act contrary to public health orders and recommendations.

We acknowledge that you have accepted accountability for having your patient continue with an alternative medical approach when it was potentially dangerous for him to do so.

We also acknowledge that you accepted and took responsibility for tweets which you agreed were unprofessional and even offensive in nature.

Your undertaking to resign and not to apply or reapply for registration as a physician to practice medicine in Ontario or any other jurisdiction ensures the protection of the public going forward.

This reprimand reinforces that physicians must abide by care standards and that poor judgment and unprofessional behaviour will not be tolerated.