

## SUMMARY

### DR. CARSON CHWEN CHERNG KWOK (CPSO# 60633)

*The Health Professions Appeal and Review Board (HPARB) reviewed the Committee's April 19, 2018 decision. In its December 21, 2018 decision, HPARB required the Committee to reconsider one aspect of the SCERP. On June 12, 2019, the Committee amended the SCERP to remove the requirement for education on ending the physician-patient relationship, and the summary was amended accordingly. In all other respects, the Committee's April 19, 2018 decision remains the same.*

#### 1. Disposition

On April 19, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered general practitioner Dr. Kwok to complete a specified continuing education and remediation program (SCERP) and required Dr. Kwok to appear before a panel of the Committee to be cautioned. The SCERP requires Dr. Kwok to:

- complete either Western University's course on "Understanding Boundaries and Managing Risks Inherent in the Doctor-Patient Relationship" or the next PROBE: Ethics & Boundaries Program – Canada; and
- complete one-to-one coaching in communications (including reviewing and discussing the Canadian Family Physician article, "Patient-Centred Primary Care of Adults with Severe and Profound Intellectual and Developmental Disabilities," with the instructor);

The Committee also required Dr. Kwok to appear before a panel of the Committee to be cautioned on failing to communicate and behave appropriately, and failing to maintain appropriate boundaries with a patient with disabilities.

#### 2. Introduction

Patient A, who has a developmental disability and mental health issues, was institutionalized since childhood. A group home staff member contacted the College expressing concerns about

the care Dr. Kwok provided to Patient A in a group home. The complainant indicated that group home staff who accompanied Patient A to appointments with Dr. Kwok over a two-month period completed incident reports regarding the manner in which he treated Patient A. Specifically, staff indicated that Dr. Kwok made disrespectful, degrading comments, and displayed disrespectful, degrading behaviour toward Patient A (e.g., calling Patient A a spoiled “bitch” or “witch”); conducted his examination in an aggressive manner by forcing a tongue depressor in Patient A’s mouth when she refused to open her mouth; and punched Patient A in the leg. The complainant also noted that Dr. Kwok refused to see Patient A after the complaint was filed (although he continued to fill prescriptions for Patient A).

Dr. Kwok responded that he told Patient A’s caregiver that Patient A was “spoiled” relative to the care and attention she would receive at a different long-term facility, but denied calling Patient A a “witch” or “bitch”, as alleged. He also stated that he had the impression that Patient A’s caregiver was “somehow upset” by their interaction. Furthermore, Dr. Kwok explained that it was challenging to properly assess Patient A because she often refused to submit to physical examinations and could be aggressive. He therefore developed strategies over the years, including tapping one part of Patient A’s body to distract her while he assessed another part of her body. He stated that he regretted not explaining his management techniques to Patient A’s caregivers, as he knew that their interactions might appear “odd”. However, he denied striking Patient A or shoving a tongue depressor down her throat. Finally, Dr. Kwok stated that he did not terminate the physician-patient relationship with Patient A, but conceded that he agreed with his lawyer’s advice to not see Patient A while the College’s investigation was ongoing.

### **3. Committee Process**

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College’s professional expectations for physicians practising in

Ontario. Current versions of these documents are available on the College's website at [www.cpso.on.ca](http://www.cpso.on.ca), under the heading "Policies & Publications."

#### **4. Committee's Analysis**

The Committee noted that it was limited to a documentary review and could not know with any certainty what transpired during the encounters in question, or what Dr. Kwok did or did not say to Patient A. That said, three staff members provided information that, taken together, demonstrated a concerning pattern of inappropriate behaviour and language (e.g., that Dr. Kwok called Patient A a spoiled "bitch" or "witch"). The Committee was also of the view that Dr. Kwok lacked insight into how others might perceive his actions. Rather than concede that his communication and conduct was inappropriate, as noted above, Dr. Kwok simply stated that Patient A's caregiver appeared to be "somehow" upset by their encounter (implying that he did not understand why the caregiver would have been upset).

The Committee concluded that it was also unable to determine whether Dr. Kwok specifically forced a tongue depressor into Patient A's mouth or punched Patient A in the leg. However, the Committee noted that Dr. Kwok did acknowledge that he might have asked Patient A to grab his arm or that he might have tapped on her leg in an attempt to distract Patient A and examine her throat. In the Committee's view, the tactics Dr. Kwok acknowledged employing were unprofessional and blurred the lines between behaviour that is and is not appropriate.

The Committee noted that, in the course of this investigation, two of the caregivers commented on Dr. Kwok's "strategies", indicating that while doing a breast examination on one occasion, Dr. Kwok tapped Patient A's breasts from side to side and said, "boobies, boobies, boobies", and that he also put his hand under Patient A's shirt and said "I'm getting your boobies," and then ducked the other way so Patient A would not hit him. While both workers confirmed their impressions that Dr. Kwok's actions were not sexual in nature, again, the Committee was of the view that these accounts lent a certain repeated, inappropriate flavour to Dr. Kwok's encounters with Patient A.

The Committee remarked that it had previously considered complaints regarding Dr. Kwok's communications, and counselled him about this as a result of one of those complaints, and issued a statement of expectations on another. This information served to heighten the Committee's concerns in this case, as it was clear that others had found Dr. Kwok's communication style to be less than optimal. As a result, the Committee concluded that it was appropriate to caution Dr. Kwok in person to impress upon him the importance of communicating and behaving appropriately, and maintaining appropriate boundaries with patients. The Committee was also of the view that Dr. Kwok would benefit from remediation in this regard.