

## **NOTICE OF PUBLICATION BAN**

In the College of Physicians and Surgeons of Ontario and Dr. Sekhon, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the names and identifying information of patients and individuals towards whom it is alleged Dr. Sekhon committed acts of professional conduct disclosed at the hearing, under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Sekhon, 2016 ONCPSD 42**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** a Hearing directed by  
the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario  
pursuant to Section 26(1) of the **Health Professions Procedural Code**  
being Schedule 2 of the *Regulated Health Professions Act, 1991*,  
S.O. 1991, c. 18, as amended.

**B E T W E E N:**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**- and -**

**DR. RAJINDER SINGH SEKHON**

**PANEL MEMBERS:**

**DR. P. POLDRE (CHAIR)  
MS. D. DOHERTY  
DR. J. WATTS  
MR. S. BERI  
DR. M. DAVIE**

**COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:**

**MS. M. KELLYTHORNE**

**COUNSEL FOR DR. SEKHON:**

**MS. A. PLUMB  
MS. S. MARTENS**

**INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:**

**MR. R. COSMAN**

**Hearing Date:** October 12, 2016

**Decision Date:** October 12, 2016

**Release of Written Reasons:** December 9, 2016

**PUBLICATION BAN**

## **DECISION AND REASONS FOR DECISION**

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on October 12, 2016. At the conclusion of the hearing, the Committee stated its finding that Dr. Rajinder Singh Sekhon committed an act of professional misconduct and is incompetent and delivered its penalty and costs order with written reasons to follow.

### **THE ALLEGATIONS**

The Notice of Hearing alleged that Dr. Sekhon committed an act of professional misconduct:

1. under clause 51(1)(b.1) of the Health Professions Procedural Code which is schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”), in that he engaged in sexual abuse of a patient;
2. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has failed to maintain the standard of practice of the profession; and
3. under paragraph 1(1)33 of O. Reg. 856/93, in that he has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The Notice of Hearing also alleged that Dr. Sekhon is incompetent as defined by subsection 52(1) of the Code in that his professional care of a patient displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that he is unfit to continue to practise or that his practice should be restricted.

### **RESPONSE TO THE ALLEGATIONS**

Dr. Sekhon did not contest the allegations in the Notice of Hearing.

## **THE FACTS**

The following Statement of Uncontested Facts was filed as an exhibit and presented to the Committee:

### **PART I - FACTS**

#### **Background**

1. Dr. Rajinder Singh Sekhon (“Dr. Sekhon”) is a family physician who received his certificate of registration authorizing independent practice from the College in 1989. He has practiced in Windsor, Toronto, Tecumseh, and Ajax.

#### **Patient A**

2. Patient A became Dr. Sekhon’s patient in October 2009. Previously, at the beginning of September 2009, Dr. Sekhon had begun to rent an apartment from her.

3. In July 2010, a dispute arose between Patient A and Dr. Sekhon regarding damage to the apartment. Dr. Sekhon telephoned Patient A and stated, “are you trying to make money from me? You are no longer my patient.” He placed this call while at a party, and several other people were present to hear his statement. In doing so, Dr. Sekhon breached Patient A’s confidentiality. After the call, Dr. Sekhon told the other party attendees that he had been speaking to Patient A, naming her, and announcing that she was no longer his patient.

4. The telephone call above terminated Dr. Sekhon’s doctor-patient relationship with Patient A. In thus terminating the treating relationship, Dr. Sekhon failed to ensure that Patient A had access to the results of tests which he had ordered, failed to provide her with a reasonable opportunity to arrange care elsewhere, failed to terminate the relationship in writing, and failed to document the termination of the relationship in his patient chart. Dr. Sekhon’s entries in Patient A’s chart were also illegible.

5. The College retained Dr. Richard Almond to provide an independent opinion regarding Dr. Sekhon’s care of Patient A. As found by Dr. Almond, Dr. Sekhon exhibited significant deficits of knowledge, skill and judgment in his care of Patient A in regard to appropriate periodic health

examination, diabetic management, lipid management and mental health issues. In addition, as found by Dr. Almond, Dr. Sekhon fell below the standard of practice of the profession in the way in which he terminated his treating relationship with Patient A.

6. Dr. Sekhon failed to maintain the standard of practice of the profession and was incompetent in his care of Patient A, and engaged in disgraceful, dishonourable or unprofessional conduct with respect to the manner in which he ended the physician-patient relationship and in breaching her confidentiality by doing so in front of other people.

### **Patient B**

7. Patient B attended a walk-in clinic where Dr. Sekhon worked in August 2013 regarding a painful cyst on her labia. Dr. Sekhon indicated that he would freeze the area with Lidocaine and incise the cyst. Patient B was visibly apprehensive and in pain before the procedure, and also found the procedure itself extremely painful. She returned twice over the next four days to Dr. Sekhon's office with a painful abscess, before she attended the hospital, where the abscess was incised and drained under conscious I.V. sedation.

8. At Patient B's visits to Dr. Sekhon's office regarding her cyst, Dr. Sekhon communicated with her impatiently, failing to listen to and appropriately address her concerns about the pain she was experiencing, or to appropriately explain her options.

9. The College retained Dr. Joan Himann to provide an independent opinion regarding Dr. Sekhon's treatment of Patient B. As found by Dr. Himann, Dr. Sekhon showed a lack of judgment in managing Patient B's care, by continuing to treat her when she complained of pain during the procedure instead of referring her to the hospital, and by failing to refer her to a specialist when she returned complaining of more pain.

10. Dr. Sekhon failed to maintain the standard of practice of the profession and was incompetent in his care of Patient B, and engaged in disgraceful, dishonourable or unprofessional conduct in his communications with her.

**Patient C**

11. Patient C was Dr. Sekhon's patient between December 2009 and May 2012. Patient C's wife complained to the College regarding Dr. Sekhon's treatment of her husband, expressing concern that Dr. Sekhon did not examine Patient C adequately or arrange for appropriate follow-up at his last appointment. The day after the appointment in question, Patient C was discovered unresponsive and sent to the hospital, where he subsequently died.

12. The College retained Dr. Almond to provide an independent opinion regarding Dr. Sekhon's care of Patient C. As Dr. Almond found, Dr. Sekhon fell below the standard of practice of the profession in his care of Patient C in respect of medical record-keeping. In particular, Dr. Sekhon's documentation was very brief with minimal amplification of symptoms or documentation of physical findings. A detailed management plan tended not to be provided for this complex, multi-comorbidity patient. As Patient C's wife advised, Dr. Sekhon provided a sample of Avamys to Patient C at his last appointment; however, Dr. Sekhon failed to document doing so in the patient chart.

13. Dr. Sekhon failed to meet the standard of practice of the profession and was incompetent in his care of Patient C.

**Registrar's Investigation into Practice**

14. An investigation into Dr. Sekhon's practice commenced on June 23, 2011. The College retained Dr. Almond to review twenty-five of Dr. Sekhon's patient charts, with the aid of an interview of Dr. Sekhon. Dr. Almond's report was received January 16, 2012, with addenda received on January 24, 2012 and June 4, 2015.

15. Dr. Sekhon failed to maintain the standard of practice and was incompetent in his care of several patients. Areas of concern were identified as follows:

- (a) chronic disease management, such as diabetes, as adequate follow-up of these patients was not documented;
- (b) follow-up for individuals using hormone replacement therapy or the provision of Well Woman care was not documented;

- (c) discussion of the risks and benefits prior to prescribing of medications was often not documented;
- (d) at times appropriate follow-up after the initiation of new medications was not documented;
- (e) management of infants and well babies was lacking, as the Rourke baby record was not used and there was inadequate discussion or management of areas of importance to well babies aside from physical findings;
- (f) there were often examples of individuals receiving narcotics without adequate discussion or risk review before their initiation, and drug contracts and opioid risk tools were not used from the beginning;
- (g) there was no use of random urine drug screening or other attempts to monitor appropriateness of using narcotic substances that were prescribed; and
- (h) medical record-keeping was substandard.

## **Patient D**

16. Patient D met Dr. Sekhon through a friend. At that time, she was approximately twenty years old. Dr. Sekhon was in his mid-forties. Patient D socialized with Dr. Sekhon and witnessed Dr. Sekhon taking cocaine. Dr. Sekhon then began treating Patient D as a patient, while also continuing to socialize with her and then to date her, as described below.

17. Dr. Sekhon billed the Ontario Health Insurance Plan for treating Patient D fourteen times between April 2008 and January 2009. The record of Dr. Sekhon's billings in respect of Patient D is attached at Tab 1 [to the Statement of Uncontested Facts].

18. Dr. Sekhon's patient chart for Patient D, together with transcriptions, is attached at Tab 2[to the Statement of Uncontested Facts]. It contains six clinical notes in relation to care that he provided to her at the Riverside Walk-in Clinic in Windsor between April 2008 and December 2008, and thirteen clinical notes in relation to care that he provided to her at the Tecumseh Urgent Care Clinic between March 2008 and March 2009. Among other things, Dr. Sekhon

treated Patient D for chronic pain, a cyst, Crohn's disease, and two assaults by a boyfriend. He noted prescribing Percocet to her in ten of his notes.

19. During the time that Dr. Sekhon was treating Patient D, she and Dr. Sekhon began dating on a frequent basis. In Dr. Sekhon's company, Patient D began to take drugs and became addicted to narcotics. After they had gone on a number of dates, Dr. Sekhon told Patient D that she could not be his patient if they were going to date. While treating her as a patient and dating her, Dr. Sekhon told Patient D that if she had sex with him, he would give her drugs.

20. In 2009 after the last documented care in the patient record, Dr. Sekhon referred Patient D to another physician who became her family doctor. A few weeks later, Dr. Sekhon and Patient D began a sexual relationship. Subsequently and also in 2009, they began living together. They lived together for approximately two years. For approximately two months, Patient D also worked in the office of his medical practice.

21. After Patient D began her sexual relationship with Dr. Sekhon, he prescribed for her occasionally, including an anti-depressant, antifungal medication, and Novo-Carbamaz. Once they began a sexual relationship, Dr. Sekhon also gave Patient D drugs, including Percocets, Fentanyl patches, Oxycontin, Dilaudid, and Demerol. Dr. Sekhon did not prescribe these drugs to Patient D, but instead supplied them to her in amounts of his choosing. Dr. Sekhon wrote prescriptions to other individuals, including but not limited to Patient D's close family members, then paid for the prescriptions and took the medications back for his own use. His use of the drugs included taking the drugs himself, supplying them to Patient D, and both giving and selling them to others.

22. After they began their sexual relationship but before they moved in together, Patient D was together in a hotel with Dr. Sekhon when she overdosed on narcotics that he had given her. Dr. Sekhon took Patient D to the hospital at her request. At the hospital, Patient D followed Dr. Sekhon's direction to lie about what had happened, telling nurses that she had taken an unknown pill at a party, because Dr. Sekhon did not want the hospital to know that she had taken and been harmed by drugs that he had given her.



23. On one occasion during the course of their relationship, Dr. Sekhon tied Patient D to her bed, injected her with Demerol, and had sexual intercourse with her against her will while she remained tied to the bed.

24. On one occasion after Patient D broke up with Dr. Sekhon, when visiting her he took two twenty-five milligram Fentanyl patches that had been prescribed to her and applied them to himself instead. Patient D provided College investigators with a photograph of Dr. Sekhon, sleeping nude in her bed with these Fentanyl patches on his buttocks.

25. Dr. Sekhon engaged in sexual abuse of and disgraceful, dishonourable or unprofessional conduct in relation to Patient D. Further, Dr. Sekhon engaged in disgraceful, dishonourable or unprofessional conduct in writing prescriptions to others and then taking back the medications so prescribed for his own use, including taking them himself, selling them, and giving them to Patient D.

### **Patient E**

26. Patient E worked for Dr. Sekhon at his office from February 2014 to May 2015. Dr. Sekhon also had a doctor-patient relationship with Patient E, treating her between September 2014 and March 2015, including for mental health and other medical issues. Patient E's patient chart maintained by Dr. Sekhon is attached at Tab 3[to the Statement of Uncontested Facts]. Copies of prescriptions issued for Patient E by Dr. Sekhon are attached at Tab 4[to the Statement of Uncontested Facts]. Copies of Dr. Sekhon's OHIP billings in relation to Patient E are attached at Tab 5[to the Statement of Uncontested Facts].

27. About six months after Patient E began working for Dr. Sekhon, he began to make sexualized comments towards her at the office. For example, he would make comments about her body, such as "Your ass looks great today," "Big breasts, love to hold them," "new jeans – your ass looks good in them," "You are going to get spanked," and "Does Dr. Sekhon need to spank you?" Dr. Sekhon asked Patient E to come to his house for a sexual encounter, but she did not go.

28. Dr. Sekhon also sent Patient E sexualized texts and emails. Patient E received sexualized emails as often as two to three times a day. For example, Dr. Sekhon sent Patient E pictures of

women touching themselves sexually and requested that she send him photographs of herself naked. He referred to Kim Kardashian in asking that Patient E send him a picture of her own oiled buttocks.

29. Patient E asked Dr. Sekhon to stop the behaviour described above, but it continued until, as a result, she quit her job at his office in May 2015.

30. After Patient E quit her job as a result of his sexual harassment, Dr. Sekhon made false allegations against her. Dr. Sekhon filed a police report with Durham Regional Police that accused Patient E of defrauding him by issuing over \$90,000.00 in cheques to herself using a stamp in place of his signature. Dr. Sekhon also falsely accused Patient E of fraud in respect of almost \$15,000.00 he owed to the Oshawa Express newspaper for advertising services respecting his medical practice provided by the paper. Dr. Sekhon had himself contracted to pay for the advertising services in question, but failed to do so. Dr. Sekhon maintained his false allegations against Patient E in a police interview, but police declined to press charges against her.

31. Dr. Sekhon engaged in sexual abuse of Patient E, and in disgraceful, dishonourable or unprofessional conduct towards Patient in respect of his sexual harassment of her and his false accusations towards her, as well as in disgraceful, dishonourable or unprofessional conduct in failing to pay monies owing to the Oshawa Express newspaper for advertising services respecting his medical practice.

## **Patient F**

32. Patient F was employed by Dr. Sekhon in his office from approximately June 2014 to August 2015. Patient F also had a doctor-patient relationship with Dr. Sekhon beginning in September 2014 and continuing to August 2015. Dr. Sekhon's OHIP billings in respect of Patient F are at Tab 6[to the Statement of Uncontested Facts]. Dr. Sekhon's patient chart in respect of Patient F is at Tab 7[to the Statement of Uncontested Facts].

33. On occasion Dr. Sekhon asked Patient F to attend in an examination room to accompany him when he was doing a Pap smear on a female patient. In doing so, he used inappropriate, sexualized language that made Patient F uncomfortable, by asking her to "come and look at pussy" with him. Patient F also witnessed Dr. Sekhon's sexualized comments and was

uncomfortable with them. Dr. Sekhon sent Patient F an inappropriate sexualized text message, which contained a photograph of a naked man with his penis erect. Patient F expressed her disgust at this behaviour to Dr. Sekhon.

34. Dr. Sekhon engaged in sexual abuse of and disgraceful, dishonourable or unprofessional conduct towards Patient F.

### **Ms. G**

35. Ms. G was employed by Dr. Sekhon for approximately three weeks on a part-time basis after school in the spring of 2015. She was a teenager and a high school student.

36. Dr. Sekhon made inappropriate and sexualized comments to Ms. G. In particular:

- (a) Dr. Sekhon asked Ms. G if she would dance for him if he put on music;
- (b) Once or twice a day, Dr. Sekhon went to have a nap on an examination table in his office. He would lie down and ask Ms. G to “tuck him in,” which entailed Ms. G fetching a blanket and tucking it all around him. Ms. G complied with his requests but was uncomfortable; and
- (c) Dr. Sekhon referred to Ms. G around the office to other employees as “the bitch.”

37. Ms. G expressed her concerns with Dr. Sekhon’s behaviour to his office manager, who was Patient E. Afterwards, Dr. Sekhon fired Ms. G.

38. Dr. Sekhon engaged in disgraceful, dishonourable or unprofessional conduct towards Ms. G.

### **Patient H**

30. Patient H was Dr. Sekhon’s patient from June 2008 until December 2011. Dr. Sekhon’s OHIP billings in respect of Patient H are attached at Tab 8[to the Statement of Uncontested Facts]. To Dr. Sekhon’s knowledge, Patient H was addicted to narcotics, as she disclosed this to him. Patient H began attending Dr. Sekhon’s office as a patient because she had heard from a friend that he would prescribe narcotics to her, which he did.

40. On one occasion during a medical appointment Dr. Sekhon inserted an anal speculum into Patient H's rectum in a manner that felt inappropriate to her and unlike any other examination involving a speculum she had previously experienced. While there was a clinical reason for the examination, Dr. Sekhon sexualized the examination for his own purposes, leaning into her during the process. Afterwards, Dr. Sekhon told her that she was a beautiful person who could get any man that she wanted. Patient H observed that Dr. Sekhon had an erection while he spoke.

41. On other occasions, Dr. Sekhon made similar comments to Patient H about her appearance and her ability to "get any guy." Dr. Sekhon would also call Patient H late at night, and she believed that he was grooming her for sexual overtures.

42. Dr. Sekhon purported to perform two breast examinations on Patient H, but in fact used those occasions to fondle her breasts. He touched her breasts lightly with half of his hand and squeezed her nipples.

43. Dr. Sekhon engaged in sexual abuse of Patient H and disgraceful, dishonourable or unprofessional conduct towards her.

**Ms. I**

44. Ms. I began an occasional sexual relationship with Dr. Sekhon in approximately 2001 or 2002, continuing until approximately 2010. Dr. Sekhon would sometimes pay her money for her sexual services.

45. Dr. Sekhon supplied Ms. I with Oxycontin by writing prescriptions for other individuals, then obtaining the drugs from them after they filled the prescriptions, in order to give them to Ms. I. Ms. I sometimes waited in Dr. Sekhon's car while he waited for the other individual to fill a prescription for Oxycontin, then he would give her the drugs, either in a bottle with the prescription label peeled off or in a baggie. On one occasion, Dr. Sekhon contacted Ms. I to inquire whether she was willing to take a prescription for narcotics from him, sell some of the narcotics, and bring the money back to him, but Ms. I declined.

46. Dr. Sekhon engaged in disgraceful, dishonourable or unprofessional conduct in relation Ms. I.

**Patient J**

47. Patient J was Dr. Sekhon's patient between approximately early 2010 and the end of 2012. She was experiencing chronic pain, and Dr. Sekhon prescribed her narcotics, to which she became addicted. Dr. Sekhon's OHIP billings in respect of Patient J are attached at Tab 9[to the Statement of Uncontested Facts].

48. Patient J told Dr. Sekhon that she had back pain. Dr. Sekhon directed her to lower her pants to her thighs while standing, exposing her buttocks. He did not offer her a drape or covering. Dr. Sekhon would direct her to turn around with her back to him. He would then fondle and touch the cheeks of Patient D's exposed buttocks for his own sexual purposes, while purporting to conduct a lower back examination. This occurred during several medical appointments. Patient J felt that if she did not do what Dr. Sekhon wanted, she would not obtain her prescriptions.

49. Dr. Sekhon engaged in sexual abuse of Patient J and in disgraceful, dishonourable or unprofessional conduct in relation to her.

**Patient K**

50. Patient K was Dr. Sekhon's patient from July 2006 through October 2013. During this time, Patient K became addicted to Oxycontin. Dr. Sekhon's OHIP billings in respect of Patient K are attached at Tab 10[to the Statement of Uncontested Facts].

51. Patient K developed what he regarded as a friendship with Dr. Sekhon. He visited Dr. Sekhon at his home and they worked out at the same gym. Dr. Sekhon suggested to Patient K that Patient K seek to become a medical marijuana patient and sell off some of the marijuana, in order to split the proceeds with Dr. Sekhon.

52. For a period of approximately ten months prior to December 2012, Patient K did not attend at Dr. Sekhon's office for medical appointments. Instead, Patient K's relative attended and picked up his Patient K's narcotics prescriptions for him from Dr. Sekhon.

53. Dr. Sekhon engaged in disgraceful, dishonourable or unprofessional conduct in relation to Patient K.

## **Narcotics Prescribing Practices**

54. The College retained Dr. Richard Almond to review Dr. Sekhon's clinical care with respect to narcotics prescribing. Dr. Almond opined that Dr. Sekhon fell below the standard of practice of the profession in his care of twelve patients whose charts were reviewed, including among others Patient H, Patient J, and two of Patient D's close family members.

55. In particular Dr. Almond noted the following concerns:

- (a) Dr. Sekhon rapidly progressed to narcotic prescription without adequate discussion of opioid risk in multiple cases, in some cases prescribing narcotics on the first visit without such a discussion and/or without a physical examination;
- (b) Dr. Sekhon discontinued prescribing narcotics to a patient abruptly without adequate discussion, education, and management of the circumstances;
- (c) Pharmacy profiles of narcotics prescribed to some patients revealed prescriptions for which there was no record of medical appointments in the patient chart or any noted rationale;
- (d) In multiple cases a wide array of narcotics was used for an extended period of time, but it was difficult to understand the logic of the medication and the alterations that were made;
- (e) Dr. Sekhon's documentation was "vague and minimalist," and in multiple charts there was a lack of opioid risk tools, drug contracts, or other identifiable monitoring;
- (f) Dr. Sekhon continued to prescribe narcotics where there were addiction issues, including:
  - (i) prescribing codeine to Patient J after she had exited rehabilitation for addiction issues,

- (ii) prescribing multiple narcotics to a patient who was using Suboxone from another unnoted source,
  - (iii) prescribing narcotics to Patient H despite her addiction and mental health issues; and
  - (iv) prescribing narcotics to a patient who presented with an established diagnosis of opioid dependence; and
- (g) Dr. Sekhon failed to note any discussion with a patient about three episodes of apparently lost or stolen prescriptions for narcotics, potential seizures, and potential withdrawal symptoms after she ceased using a benzodiazepine. He showed poor judgment in continuing to prescribe her Oxycontin.

56. Dr. Sekhon failed to maintain the standard of practice and was incompetent in his care of the twelve patients referred to above.

### **Obstruction of the College Investigations and Prosecution**

57. Dr. Sekhon has consistently sought to conceal his misconduct from the College, including by obstructing and interfering with the College's investigations and prosecution of him.

58. During his relationship with Patient D and after she broke up with him, Dr. Sekhon threatened Patient D. He threatened to hurt her or her family if she told the College of his misconduct, or to have her 'red flagged' as a drug addict with hospitals.

59. When College investigators notified Dr. Sekhon of the College's investigation regarding Patient D in October 2011, Dr. Sekhon claimed that he had no records of her, and had only treated her briefly at a walk-in clinic long ago. This was not true.

60. College investigators initially interviewed Patient D in September 2011. They also interviewed her close family member, who advised that Dr. Sekhon had visited her house the day before the investigator and told her not to speak to the investigator. A month later, in October 2011, Patient D advised a College investigator that Dr. Sekhon had given her close family member letters for Patient D to sign in return for money, saying that she was not in fact Dr.

Sekhon's patient. Patient D read the text of the letters over the telephone to the investigator, and said she would send them in for the investigator to see. She also advised that after he learned of the investigation Dr. Sekhon had visited her close family member again and threatened to "bring down" Patient D. Patient D was frightened and no longer wanted to cooperate with the investigation.

61. In May 2012, the College received a letter from a lawyer who said he had been retained by Patient D, stating that her allegations were false and that she had made them only as a result of harassment by the College investigator. In October 2012, the College received a handwritten letter from Patient D stating among other things that the College investigator was "mean and abusive," and that "none of the stuff he made me say and read were true. Raj Sekhon never raped me or even gave me drugs!! Raj Sekhon was also never my doctor." The contents of these letters were false. Dr. Sekhon visited the lawyer with Patient D to ensure that she retracted the allegations against him in May 2012, and paid for the lawyer's services. Dr. Sekhon wrote the text of the October 2012 letter himself, and had Patient D write it out and send it to the College.

62. The concerns regarding Dr. Sekhon's conduct towards Patient D initially came to the College's attention by way of a mandatory report of information regarding sexual abuse from another physician of Patient D, Dr. Z. In May 2013, Patient D filed a complaint with the College against Dr. Z, alleging that Dr. Z had sexually abused her, that Dr. Z had made a false report regarding Dr. Sekhon, that Dr. Z had disclosed her medical information without consent, and that Dr. Z had given her narcotics inappropriately. This complaint was in fact written by Dr. Sekhon, who directed Patient D to send it to the College through a lawyer that they visited together. Dr. Sekhon sought to retaliate against Dr. Z for having reported him and to discredit the information that Patient D had provided to the College about his own misconduct.

63. Patient D agreed to provide the above-noted false information to the College in part because she cared about Dr. Sekhon, but also because she was afraid of him as a result of threats he had made. Finally, Dr. Sekhon also gave Patient D money in return for sending the letters to the College.



64. Patient D's close family member also sent a letter to the College in July 2012, complaining about the conduct of the College investigator. This letter was also false, and was given to her by Dr. Sekhon to sign. Dr. Sekhon gave her money in return.

65. After allegations regarding Dr. Sekhon's conduct towards Patient D were referred to discipline in June 2015, Dr. Sekhon began calling and texting Patient D very frequently, telling her that he loved her and asking her to sign more papers stating that she had lied. At the same time, he also threatened her, telling her that no one would care if she died. Dr. Sekhon was making these efforts in order to obstruct the College prosecution.

66. Patient D's close family member contacted the College in August 2015 because she was concerned. As a result, the College investigator learned from Patient D and her family that Patient D's earlier retraction of her allegations had been as a result of Dr. Sekhon's efforts to obstruct the investigation. Patient D and her family also disclosed for the first time that Dr. Sekhon had prescribed to Patient D's two close family members only in order to take back the medications for his own use, as described above. Patient D's close family member provided prescription receipts for eight prescriptions for Fentanyl in her name that Dr. Sekhon took from her, as well as two prescriptions for injectable narcotics. The investigator provided advice to the family to contact the police for help in the event of any further contact from Dr. Sekhon. The College warned Dr. Sekhon through his lawyer to cease his unwelcome and inappropriate contact with Patient D.

67. In addition to the steps described above that Dr. Sekhon took regarding Patient D and her family, Dr. Sekhon took other steps to obstruct and interfere with the College's investigations into his misconduct:

- (a) College investigators interviewed Patient D's friend, Mr. L, during their investigation. Mr. L provided information regarding Patient D's relationship with Dr. Sekhon and Dr. Sekhon's prescribing practices. Afterwards, Mr. L signed a letter recanting what he had told the College. The letter was written by Dr. Sekhon. Mr. L signed the letter at Patient D's request, because he wanted Dr. Sekhon to stop harassing her.

- (b) Dr. Sekhon had Ms. I send a letter to the College in November 2013, retracting the information she had provided to the College and accusing the College investigator of pushing her to make false statements.
- (c) Dr. Sekhon contacted Patient K before the College investigator interviewed Patient K, and told him that he might be contacted by investigators, but not to say a “fucking word.” Dr. Sekhon rehearsed with Patient K what he was to say to investigators, and promised that “if you shut your mouth I’ll take care of you.” As a result, when Patient K was first interviewed by the College, he was untruthful.
- (d) Dr. Sekhon asked Patient D to contact Patient A and another witness in that matter in order to influence the College’s investigation in that matter, but Patient D did not do so.
- (e) Dr. Sekhon had been prescribing narcotics to one of Patient D’s close family members, Patient M. Dr. Sekhon paid for some of the prescriptions and took them to sell, give to Patient D, or otherwise use, as described above. Patient M’s boyfriend Mr. N threatened to tell on Dr. Sekhon. As a result, Dr. Sekhon paid for Mr. N to see Dr. Sekhon’s lawyer, and also gave Mr. N a bottle of Oxycontin.

68. Dr. Sekhon engaged in disgraceful, dishonourable or unprofessional conduct in seeking to interfere with and obstruct the College’s investigation and prosecution.

## **PART II – NO CONTEST**

69. Dr. Sekhon does not contest the facts in paragraphs 1 to 68 above.

70. Dr. Sekhon does not contest that he is incompetent as defined in subsection 52(1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18. Nor does he contest that the facts in paragraphs 1 to 68 above constitute professional misconduct, in that:

- (a) He engaged in sexual abuse of a patient, under clause 51(1)(b.1) of the Code;

- (b) He has failed to maintain the standard of practice of the profession under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O.Reg. 856/93”);
- (c) He engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, under paragraph 1(1)33 of O.Reg. 856/93.

## **FINDINGS**

The Committee accepted as correct all of the facts set out in the Statement of Uncontested Facts. Having regard to these facts, the Committee found that Dr. Sekhon committed an act of professional misconduct in that: he engaged in the sexual abuse of a patient; he has failed to maintain the standard of practice of the profession; and, he engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. The Committee also found that Dr. Sekhon is incompetent.

## **PENALTY AND REASONS FOR PENALTY**

The following facts are set out in an Agreed Statement of Facts Re Penalty, which was presented to the Committee and filed as an exhibit:

1. On September 12, 2015, Dr. Rajinder Singh Sekhon (“Dr. Sekhon”) entered into an interim undertaking by which he agreed to cease to practise medicine until resolution of the allegations against him. The undertaking is attached at Tab 1 of the Agreed Statement of Facts Re Penalty.
2. Subsequently, Dr. Sekhon resigned his membership in the College effective July 25, 2016.

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order. The proposed order included immediate revocation of Dr. Sekhon's certificate of registration, a reprimand, funding and a letter of credit for the reimbursement of

costs of therapy for four patients, and the payment of costs to the College in the amount of \$5,000.00.

In accordance with s.51(6)7 of the Code, the Committee received as an exhibit and considered a Victim Impact Statement from Patient H. In the Statement, the patient described the devastating impact of Dr. Sekhon's abuse and its effects on her family, her career, and her health. Patient H lost her job, work opportunities, and her children for significant periods; it took her three years to regain her trust in her family physician and her psychiatrist. She became filled with guilt, anger, and shame. She described carrying anger and pain that were “eating my soul alive, like a cancer.”

The specific findings of sexual abuse in Patient H’s case do not result in mandatory revocation under s.51(2)2(i-v) of the Code. This is because the only instances of sexual intercourse occurred after cessation of the doctor-patient relationship. Nevertheless, the Committee was in full agreement that revocation was the only appropriate penalty for Dr. Sekhon’s misconduct, given its gravity, diversity, breadth, and repetition.

Dr. Sekhon’s professional misconduct falls into four broad categories:

- Sexual misconduct directed at victims who were vulnerable in a number of different ways. They were not only patients, but in several cases also employees. They were frequently young and victims of addiction. These factors created a power imbalance that Dr. Sekhon used to his advantage. His misconduct was varied and ranged from dating a patient to having intercourse with an unwilling partner under the influence of drugs administered by Dr. Sekhon. They also included the performance of clinically inappropriate and sexualized examinations for more than one patient, making sexually suggestive remarks to multiple patients, and sending sexually suggestive e-mails and text messages. Dr. Sekhon was well aware of the fact that his behaviour constituted professional misconduct since he recognised the need to discontinue one patient relationship, albeit only after he had already begun to date the patient and after she had become addicted to narcotics.
- Diversion of drugs prescribed for patients and their relatives for Dr. Sekhon's own use.

- Failure to maintain the standard of practice, and incompetence, in the care of patients with chronic disease, including failure to provide necessary follow-up for a wide range of problems and documentation which was described as vague and minimalistic. Dr. Sekhon demonstrated significant deficiencies in the prescribing of narcotics, including lack of adequate discussion or review at initiation, lack of use of drug contracts or risk tools, lack of monitoring by urine screening or other means, abrupt discontinuation and prescribing without evidence of a physical examination or even a medical appointment.
- Obstruction of the College and the civil authorities by the use of threats, intimidation, and false accusations against patients, their families, a friend, and one of Dr. Sekhon's colleagues.

Each of these classes of misconduct would merit serious sanction, up to revocation. The only mitigating factors were Dr. Sekhon's Plea of No Contest, which relieved the victims of having to testify, and his undertaking to cease practice and subsequently resign. These in no way diminish the seriousness and multiplicity of incidents of professional misconduct. Both his withdrawal from practice and his No Contest plea occurred only after he had made egregious attempts to intimidate his vulnerable patients, and even their family members, to obstruct the College investigation and prosecution, in an unsuccessful attempt to evade responsibility for his misconduct.

The Committee recognizes the general principle that similar cases should be dealt with and sanctioned in a similar fashion. The Committee also recognizes that individual cases have unique features. The Committee reviewed the cases provided in a Brief of Authorities (*Ontario (College of Physicians and Surgeons of Ontario) v. Dobrowolski*, 2016 ONCPSD 2; *Ontario (College of Physicians and Surgeons of Ontario) v. Glumac*, 2016 ONCPSD 14; *Ontario (College of Physicians and Surgeons of Ontario) v. Krishnalingam*, 2016 ONCPSD 8; and *Ontario (College of Physicians and Surgeons of Ontario) v. Marshall*, 2016 ONCPSD 31.) The Committee found that these cases were of a sufficient degree of similarity to support that the penalty proposed was consistent with previous (and recent) decisions of the Committee.

The moving and eloquent Victim Impact Statement provided to the Committee describes the power that unscrupulous and abusive physicians have over especially vulnerable patients, and the

enormous and long-lasting impact of abuse of this power, impact which extends to the patient's family, friends, and colleagues. Exploitation and manipulation of vulnerable patients for the sexual satisfaction of the physician must be denounced in the strongest possible terms.

Exploitation for the satisfaction of drug addiction is also equally reprehensible, and requires a penalty which similarly provides strong denunciation in a way that expresses the repugnance of the profession for this behaviour. When such misconduct is combined with incompetence and a significant failure to practise according to the standard of the profession which puts the health of patients in jeopardy, the only proportionate and appropriate penalty must be immediate revocation. The threats, intimidation, and virtual blackmail seen in this case simply confirm the necessity for such a penalty.

Immediate revocation is the only penalty which satisfies the over-arching principle of protecting the public. It sends to the profession, as well as to Dr. Sekhon, a clear message of deterrence, and to the public, a reassurance of the profession's ability to govern itself in the public interest.

## **ORDER**

The Committee stated its findings of professional misconduct and incompetence in paragraphs 1 and 2 of its written order of October 12, 2016. In that order, the Committee ordered and directed on the matter of penalty and costs that:

3. The Registrar revoke Dr. Sekhon's certificate of registration, effective immediately;
4. Dr. Sekhon appear before the panel to be reprimanded;
5. Dr. Sekhon reimburse the College for funding provided to those patients in respect of whom this panel has found Dr. Sekhon to have engaged in sexual abuse, under the program required under section 85.7 of the Code;
6. Dr. Sekhon post an irrevocable letter of credit or other security acceptable to the College, to guarantee the payment of any amounts he may be required to reimburse under paragraph 5 of this

Order, such security to be posted within thirty (30) days of the date of this Order, in the amount of \$80,300.00;

7. Dr. Sekhon pay costs to the College in the amount of \$5,000.00 within thirty (30) days of the date of this Order;

At the conclusion of the hearing, Dr. Sekhon waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.