

NOTICE OF PUBLICATION BAN

In the matter of the College of Physicians and Surgeons of Ontario and Dr. George Doodnaught, this is notice that the Discipline Committee ordered a ban on the publication, including broadcasting, of the name or any information that could identify the complainants (other than patient Debra Dreise) or any information that could identify the complainants pursuant to subsection 47(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 to the Regulated Health Professions Act, 1991.

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 47... 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. Doodnaught,
2018 ONCPSD 37**

**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. GEORGE DOODNAUGHT

PANEL MEMBERS: **DR. P. GARFINKEL (CHAIR)**
 MR. M. KANJI
 DR. M. GABEL
 MR. P. GIROUX
 DR. B. LENT

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

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MS. J. MCALEER

Hearing Date: May 22, 2018
Decision Date: May 22, 2018
Release of Written Reasons: July 23, 2018

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 May 22, 2018. At the conclusion of the hearing, the Committee released a written order stating its finding that the member committed an act of professional misconduct, and setting out the Committee’s penalty and costs order with written reasons to follow.

THE ALLEGATIONS

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

1. under paragraph 27.29 of Ontario Regulation 448, made under the *Health Disciplines Act*, in that he engaged in sexual impropriety with a patient;
2. under clause 51(1)(b. 1) of the Health Professions Procedural Code (the "Code"), Schedule 2 to the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18, in that he sexually abused patients;
3. under paragraph 1(1) 33 of Ontario Regulation 856/93 made under the *Medicine Act*, 1991, in that he has engaged in conduct or 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; and
4. under clause 51(1)(a) of the Code, in that he has been found guilty of an offence that is relevant to his suitability to practise.

RESPONSE TO THE ALLEGATIONS

Dr. Doodnaught entered a plea of no contest to allegations 1, 2 and 3 in the Notice of Hearing, that he engaged in sexual impropriety with a patient, that he sexually abused patients, and that he has engaged in conduct or 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. Dr. Doodnaught admitted allegation 4 in the Notice of Hearing that he engaged in professional misconduct in that he has been found guilty of an offence that is relevant to his suitability to practise.

THE FACTS

The following facts were set out in the Agreed Statement of Facts and Admission, which was filed as exhibit 2 at the hearing and presented to the Committee:

1. Dr. Doodnaught was an anaesthesiologist who practiced primarily at the North York General Hospital (NYGH) in Toronto, Ontario.

Criminal Conviction

2. On November 19, 2013, Dr. Doodnaught was convicted of twenty-one counts of sexual assault with respect to a number of patients in this proceeding. A copy of the Reasons for Judgment of the trial judge is attached at Tab 1 [to the Agreed Statement of Facts and Admission].
3. The trial judge found that all of the assaults took place while the patient was in surgery under conscious sedation that was administered by Dr. Doodnaught. The trial judge's specific findings for these patients include the following:

Patient B

4. Patient B attended NYGH in February 2006 for a knee replacement surgery.
5. During Patient B's surgery, Dr. Doodnaught kissed her on the lips, and fondled her breasts multiple times. She recalls being asked if she was all right, but was too scared to say anything but "yes." In the recovery room, she told her family member what happened, and within weeks, formally reported the abuse to NYGH, asking that her complaint be filed in Dr. Doodnaught's record.

Patient C

6. Patient C attended NYGH in December 2006 for an inguinal hernia repair. She requested Dr. Doodnaught as her anaesthesiologist.
7. During Patient C's surgery, Patient C awoke to find Dr. Doodnaught's penis in her mouth. The surgeon heard Patient C say more than once, "take that out of my mouth." In the recovery room, Patient C disclosed the abuse to her family member, who told her it was impossible. She did not report it until she heard media reports in 2010 because she could not believe a doctor would do such a thing.

Patient D

8. Patient D attended at NYGH for ankle stabilization surgery in May 2007.
9. During Patient D's surgery, she woke up to find Dr. Doodnaught placing his penis in her hand and using her hand to masturbate himself. While in the hospital and again on the way home, Patient D told her friend about the abuse. He told her it couldn't have happened.

Patient G

10. Patient G attended at NYGH for a knee replacement in April 2008.

11. During Patient G's surgery, Dr. Doodnaught kissed her, repeatedly inserting his tongue into her mouth. She told her family member and a relative about the abuse when they came to visit. They said it must have been the drugs.

Patient H

12. Patient H attended at NYGH for a knee replacement in July 2008.
13. During Patient H's surgery, she awoke several times to find that Dr. Doodnaught had placed his genitals in her hand and was manipulating her hand to massage his genitals. At the end of the surgery, Dr. Doodnaught told Patient H that she had been fondling his genitals throughout the surgery. She apologised and said she didn't understand why that was happening. After the surgery, Dr. Doodnaught said to Patient H, "don't go fondling any more doctors." Although she disclosed the abuse to a friend, she was too afraid to complain while in hospital, and too embarrassed and ashamed when she got home.

Patient J

14. Patient J attended at NYGH for a urethral sling procedure in December 2008.
15. During Patient J's surgery, she awoke several times to find Dr. Doodnaught kissing her, inserting his tongue into her mouth, fondling her breast(s), and placing his penis in her mouth. Throughout the assault, Dr. Doodnaught made sexual comments to Patient J, including: "you reached for me as soon as you went under." He also told her that he didn't think that she would like sex that much, asked her if she would "suck him off," asked her when her husband was not at home, and told her he'd come over and "give her a good fuck." After the procedure, Dr. Doodnaught told the scrub nurse that Patient J "grabbed my balls." The day after the surgery, Patient J disclosed the abuse to a social worker.

Patient M

16. Patient M attended NYGH for a total abdominal hysterectomy in August 2009.
17. During Patient M's surgery, Dr. Doodnaught kissed her on both cheeks, grabbed and squeezed her breasts, and placed his penis in her hand. She asked him, more than once, "do I have to do this?" as she did not want to hold his penis. He responded that she did and that it was part of her healing and part of her surgery. After the surgery, Patient M kept asking Dr. Doodnaught what happened. Dr. Doodnaught whispered to Patient M, "what happens in Vegas, stays in Vegas," which had clear sexual connotations. Patient M thought that maybe she was the one who behaved badly in the operating room. She felt embarrassed and ashamed. When her friend came in, she disclosed that something sexual happened, without giving him details.

Patient N

18. Patient N attended NYGH for a knee replacement in September 2009.
19. During Patient N's surgery, she became conscious. Dr. Doodnaught said "I want you to put this in your mouth," and he placed his penis in her mouth.
20. Several weeks after the surgery, Dr. Doodnaught called her at home, and told her she had invited him to see her garden. She was terrified.
21. She came forward after her relative told her that the doctor had been arrested.

Patient O

22. Patient O attended an off-site clinic in September of 2009 for surgery.
23. During Patient O's surgery, she felt Dr. Doodnaught touch, rub and squeeze her breasts. She was aware, angry, and wanted him to stop. She tried to verbally and physically

protest but was unable. She told her friend about the assault within days of the surgery.

Patient Q

24. Patient Q attended NYGH for left hip replacement surgery in October 2009.
25. During Patient Q's surgery, Dr. Doodnaught said to her, "You are a sexy lady. Do you do blow jobs?" She felt him squeeze both of her breasts hard, which pained her. She tried to cry out and move away. He also attempted to insert his penis into her mouth. Again, she tried to protest but was unable.
26. She did not disclose the abuse until after hearing media reports because she thought no one would believe her.

Patient R

27. Patient R attended NYGH for knee replacement surgery in November 2009.
28. During Patient R's surgery, Dr. Doodnaught placed his penis in her hand. She felt stress and panic. When she tried to move her hand away, he repeatedly told her, "No no, no no, don't do that, you're doing a great job." She then heard, "that was great." After the surgery, Dr. Doodnaught made a comment to Patient R that he wanted to tell her boyfriend that "he was a lucky guy."
29. Patient R was distressed after the surgery and disclosed the events to her family members and her friends. She did not report it to the authorities until after there was a press release because she concluded that if her friends and family didn't believe her, no one would.

Patient S

30. Patient S attended NYGH for a knee replacement in December 2009.

31. During Patient S's surgery, she woke up. Dr. Doodnaught was chatting with her, then came up behind her, grabbed and squeezed her breasts and pressed his body against the back of her head. She was shocked and did not know what to do.
32. After the surgery, Dr. Doodnaught visited her in her room and told her that they had had a great personal conversation during the surgery and that she had told him a lot of personal things about herself. He told her that everything she had told him would be kept in confidence. Shortly after Dr. Doodnaught left, Patient S told a friend who came to visit that she thought Dr. Doodnaught had molested her during the surgery. She later told her family member and the police, after seeing it on the news.

Patient T

33. Patient T attended NYGH for an ACL repair on her knee in December 2009.
34. Patient T woke up to Dr. Doodnaught saying to her, "wake up sweetie, the surgery is over" and kissing her on her lips and cheeks. He also ran his hand over her breasts. She reported the abuse to her family in the recovery room. Her relative said she must have been hallucinating, which caused Patient T to try to put it out of her mind until she saw it on the news and came forward.

Patient U

35. Patient U attended NYGH for bowel stoma revision surgery in December 2009, as a result of concern about infection from surgery performed on her the previous day.
36. During Patient U's surgery, while she was in and out of consciousness, Dr. Doodnaught repeatedly kissed her on her mouth and moved his penis in and out of her mouth. Patient U told a friend, who told her she was hallucinating. Patient U later reported to police after that same friend advised her of the news reports, and apologised for not believing her.

Patient V

- 37. Patient V attended NYGH for surgery for an ankle fracture in December 2009.
- 38. While she was on the gurney, she recalls Dr. Doodnaught saying “hold this.” She complied, and immediately realized that she was holding Dr. Doodnaught’s penis.
- 39. She told a friend who visited her a few dates after the surgery, but did not tell her family member because she could not believe this could happen to “an old lady” like her “in a safe environment.”

Patient W

- 40. Patient W attended NYGH for a knee replacement in January 2010.
- 41. During Patient W’s surgery, she felt Dr. Doodnaught touching her breasts, and kissed her in a sexual manner. She was upset and wanted to scream for help. Dr. Doodnaught then whispered: “you asked for a kiss.” This made her feel worse.
- 42. Within days of the surgery and while still in hospital, Patient W disclosed what occurred to her family member and the doctor. The latter told her she was dreaming. After Dr. Doodnaught’s arrest was announced in the media, she contacted the police.

Patient X

- 43. Patient X attended NYGH for a bilateral knee replacement in January 2010.
- 44. During her surgery, Patient X woke up while Dr. Doodnaught was rubbing her breast and kissing her on the lips.
- 45. The next day, she told a friend that she had a “crazy dream” that the anaesthetist kissed her. She didn’t think it was possible for it to have happened. She came forward after

hearing that Dr. Doodnaught had been arrested.

Patient Z

46. Patient Z attended NYGH for hip replacement surgery in February 2010.
47. During Patient Z's surgery, she woke up. She heard Dr. Doodnaught tell her that he liked her shaved pubic area, and said "do you want to see mine?" He then undid his scrubs, touched her breasts with both hands, and inserted his penis in her mouth.
48. While still in hospital, Patient Z disclosed the abuse to her roommate and to friends. She also confronted Dr. Doodnaught. He told her that "it never happened" and that she had placed his thumb in her mouth.
49. After she saw the news report about Dr. Doodnaught on TV, she immediately contacted the police.

Patient AA

50. Patient AA attended NYGH for a vaginal hysterectomy in February 2010.
51. When Patient AA woke up near the end of the surgery, Dr. Doodnaught was leaning over her, kissing her and massaging her breast.
52. She did not disclose the assault until saw media reports because she was embarrassed and tried to block it out.

Patient CC

53. Patient CC attended NYGH for a hip replacement in February 2010.
54. During Patient CC's surgery, Patient CC woke up. Dr. Doodnaught's penis was in her

mouth. She wanted to scream but couldn't do anything. She was scared. This happened 3 or 4 times. Patient CC also felt Dr. Doodnaught's hand on her breast. At one point he kissed her on the lips. During the assaults, Dr. Doodnaught repeatedly told Patient CC "don't worry, I'll take good care of you."

55. Shortly after the surgery, she disclosed the assault to her friend, who wanted to tell someone, but Patient CC was frightened and worried people would tell her she was crazy.

56. She came forward after she saw Dr. Doodnaught's picture on TV.

Patient DD

57. Patient DD attended NYGH for a total abdominal hysterectomy in February 2010.

58. During Patient DD's surgery, she recalls Dr. Doodnaught fondling and caressing her breasts, kissing her with his tongue into her mouth, and placing his penis in her mouth. She could not believe this was happening. She said to Dr. Doodnaught, "What about the other people?" and Dr. Doodnaught said "Don't worry, I know how to be discreet."

59. In the recovery room, Dr. Doodnaught grabbed her hand and said to Patient DD, "as soon as you were out, the first thing you reached for was my dick". The next morning, Patient DD awoke in her hospital room to find Dr. Doodnaught caressing her cheek.

60. While still in the hospital, she told her family member, who said, "Are you sure it wasn't the drugs?" and the nurse, which led to a report.

Criminal Sentencing

61. On February 25, 2014, Dr. Doodnaught was sentenced to 10 years' imprisonment. A copy of the Reasons for Sentencing released February 25, 2014 is attached at Tab 2 [to the Agreed Statement of Facts and Admission].

62. In imposing sentence, the trial Judge found that “The offender’s moral blameworthiness is at the high end of the spectrum. His conduct did enormous damage and was reprehensible in the extreme. It must be condemned in the strongest of terms.” The trial judge emphasized that “George Doodnaught betrayed the extraordinarily high level of trust accorded to him. [...] The power imbalance between himself and his victims was absolute.” The judge found that Dr. Doodnaught “exploited the trust he was given and used it to enable him to commit his crimes. He paid no heed to the harm it was doing to his victims, who were sedated but aware of what was happening to them and unable to fight back.”

Criminal Appeal

63. Dr. Doodnaught appealed his conviction to the Court of Appeal for Ontario. Dr. Doodnaught’s appeal was dismissed by the Court of Appeal on October 13, 2017. A copy of the reasons of the Court of Appeal is attached at Tab 3 [to the Agreed Statement of Facts and Admission].

Finding

64. Dr. Doodnaught admits the facts specified above, and admits that, based on these facts, he engaged in professional misconduct in that under clause 51(1)(a) of the Code in that he has been found guilty of an offence that is relevant to his suitability to practise.

The following facts were set out in the Statement of Uncontested Facts and Plea of No Contest, which was filed as an exhibit 3 at the hearing and presented to the Committee:

Sexual Abuse of Patients and Disgraceful, Dishonourable and Unprofessional Conduct

1. Dr. Doodnaught engaged in sexual abuse of patients and disgraceful, dishonourable and unprofessional conduct with respect to 10 other patients.

Patient A

2. Patient A attended at NYGH, in June 1992 for a dilation and curettage procedure.
3. When Patient A awoke at the conclusion of the surgery, Dr. Doodnaught's penis was going into her mouth. He was also massaging her breasts under her hospital gown. Dr. Doodnaught continued for about 30 seconds before Patient A was taken to the recovery room. Patient A attempted to push Dr. Doodnaught away, but was unable to get her hands up.
4. Patient A did not complain to anyone at the hospital because she felt that she would not be supported by her co-workers. She disclosed the abuse to a lawyer when she read about the charges against Dr. Doodnaught in the newspaper.

Patient E

5. Patient E attended at NYGH for knee surgery in July 2007.
6. Several hours after Patient E's surgery, when she was in her hospital room, Dr. Doodnaught came to see her. Dr. Doodnaught told Patient E that people do "crazy stuff" when they wake up from the anaesthetic, and that when Patient E woke up, she grabbed him and wanted to "give him a blow job". Dr. Doodnaught placed his penis in Patient E's mouth while she lay on her hospital bed. Patient E was shocked, and asked Dr. Doodnaught what he was doing. Dr. Doodnaught removed his penis and covered himself with his lab coat when a nurse entered the room.
7. Patient E disclosed the abuse to police when her friend gave her a copy of a newspaper article about the charges against Dr. Doodnaught.

Patient F

8. Patient F attended at NYGH in August 2007 for knee replacement surgery. Prior to the

surgery, Dr. Doodnaught rubbed Patient F's face with his hand and said, "I'll look after you, don't be afraid."

9. During the surgery, Dr. Doodnaught placed his penis in Patient F's hand and told her that she could put it in her mouth if she liked, as his wife did that to him.
10. Patient F disclosed the abuse to her family member and a relative as soon as she came out of the operating room, and later to her doctor.

Patient I

11. In September 2008, Patient I attended at NYGH for surgery to repair her broken femur.
12. In the operating room, prior to her surgery, Dr. Doodnaught touched and pressed on Patient I's breasts with both hands and kissed her on her lips. Patient I tried to call for help, but was unable to speak due to the anaesthetic.
13. After her surgery, Patient I disclosed the abuse to her family member. She asked the family member to lodge a complaint with the hospital, but the family member told her that it could not have happened. Patient I later came forward with her complaint after she heard about the charges against Dr. Doodnaught on television.

Patient K

14. In January 2009, Patient K underwent bypass surgery on her leg.
15. During her surgery, Dr. Doodnaught pushed Patient K's head against his stomach, rubbed her breasts with his hand, and took Patient K's hand and rubbed it against his penis. Patient K asked Dr. Doodnaught what he was doing. Dr. Doodnaught told her that he was comforting her, and continued. Patient K pulled her hand away and tried to divert him by telling him about her life. After that, Patient K went to sleep.

16. When Patient K awoke after her surgery, she disclosed the abuse to her two family members that were present. Her family members told her that she was dreaming. Patient K's family member reported the abuse to the hospital during an unrelated hospital stay after seeing a story about Dr. Doodnaught in the newspaper.

Patient L

17. Patient L attended at NYGH in June 2009 for a knee replacement.
18. During her surgery, Patient L awoke. She felt Dr. Doodnaught's penis in her mouth. When she opened her eyes, Dr. Doodnaught was standing there. She told him that it felt like someone put a penis in her mouth, and Dr. Doodnaught straightened up and asked her how that could be. During the remainder of the surgery, Dr. Doodnaught told Patient L about his family, and she talked about her own family. At the end of the conversation, Dr. Doodnaught kissed Patient L on her cheek.
19. Patient L disclosed the abuse to a lawyer after she heard about the charges against Dr. Doodnaught on the radio.

Patient P

20. Patient P attended at NYGH in October 2009 for knee replacement surgery.
21. During her surgery, Dr. Doodnaught rubbed Patient P's shoulders and rubbed her left breast with his hands under her hospital gown. Patient P tried to move to stop him, but her arm was tied down, and Dr. Doodnaught held her arm down and said, "no, no." Patient P then went into a deeper sleep. Later, during the same surgery, Patient P awoke again to Dr. Doodnaught massaging both of her breasts under her gown. She again tried to move her arms, which were tied down, and then blacked out again. When she came to again, Dr. Doodnaught had placed his penis in Patient P's hand and used her hand to masturbate himself. When she became aware, she pulled her hand away, because it was no longer strapped down.

22. When she heard about the charges against Dr. Doodnaught on television, Patient P disclosed the assault to her family member.

Patient Y

23. Patient Y attended at NYGH in January 2010 for surgery on her broken ankle.
24. In the hallway prior to her surgery, Dr. Doodnaught repeatedly rubbed Patient Y's face with the back of his hand. After he took her to the operating room, Dr. Doodnaught rubbed Patient Y's hands and arms, making her feel uncomfortable. Dr. Doodnaught then rubbed Patient Y's left breast with his hand under her hospital gown. Patient Y wanted to tell her surgeon, but her surgeon did not arrive before she fell asleep.
25. After her surgery, Patient Y disclosed the abuse to her family member's friend who came to pick her up from the hospital. Patient Y also later disclosed the abuse to her family doctor, who directed her to speak to police, which she did.

Patient BB

26. Patient BB attended at NYGH in February 2010 for knee surgery.
27. Before she was sedated, Dr. Doodnaught told Patient BB to "dream that you and I are on a beach together". During the surgery, Dr. Doodnaught placed his penis in Patient BB's mouth and her hand. After her surgery, Dr. Doodnaught came to Patient BB's room and asked her if she remembered anything, and told her that she had made him promise that he would come to her room, and that she had asked him to hold her hand throughout the surgery.
28. Patient BB did not disclose the abuse right away because she thought she might have dreamed it as a result of the anaesthetic. After a friend told her about the charges against Dr. Doodnaught, Patient BB contacted the police.

Patient EE

29. Patient EE attended at NYGH in March 2006 for hip replacement surgery.
30. After Patient EE's surgery, Dr. Doodnaught kissed her on the mouth five or six times as she was waking up. When Patient EE woke up, she saw Dr. Doodnaught standing beside her and no one else in the room. Dr. Doodnaught asked Patient EE if she was okay. Afterward, Dr. Doodnaught took Patient EE to the intensive care room.
31. In the intensive care room, Patient EE disclosed the abuse to her family member, who told her that she should tell her surgeon what happened. Patient EE did not tell her surgeon because she felt her surgeon would not believe her.
32. Patient EE reported to the abuse after her family member learned about the charges against Dr. Doodnaught on television and again told her to come forward.

Finding

33. Dr. Doodnaught does not contest the facts specified above, and does not contest that, based on these facts, he engaged in professional misconduct in that:
 - a. under paragraph 27.29 of Ontario Regulation 448, made under the *Health Disciplines Act*, in that he engaged in sexual impropriety with a patient;
 - b. under clause 51(1)(b.1) of the Health Professions Procedural Code (the "Code"), Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, in that he sexually abused patients; and
 - c. under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, in that he has engaged in conduct or 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.

RULE 3.02 OF THE DISCIPLINE COMMITTEE'S RULES OF PROCEDURE

Rule 3.02 of the Discipline Committee's Rules of Procedure regarding a plea of no contest states as follows:

3.02(1) Where a member enters a plea of no contest to an allegation, the member consents to the following:

- (a) that the Discipline Committee can accept as correct the facts alleged against the member on that allegation for the purposes of College proceedings only;
- (b) that the Discipline Committee can accept that those facts constitute professional misconduct or incompetence or both for the purposes of College proceedings only; and
- (c) that the Discipline Committee can dispose of the issue of what finding ought to be made without hearing evidence.

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admission and in the Statements of Uncontested Facts and Plea of No Contest. Having regard to these facts, the Committee found that Dr. Doodnaught committed an act of professional misconduct, in that he has been found guilty of an offence that is relevant to his suitability to practise, in that he engaged in sexual impropriety with a patient, in that he sexually abused patients, and in that he has engaged in conduct or 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.

PENALTY AND REASONS FOR PENALTY

Parties' Submissions

College counsel made oral submissions to the Committee with respect to the appropriate penalty and costs order. College counsel submitted that Dr. Doodnaught's certificate of registration be revoked immediately, that he appear before the panel to be reprimanded, that he reimburse the College for funding for costs of therapy for 31 patients, which includes the 21 patients whose experiences with Dr. Doodnaught were part of the criminal trial and an additional 10 patients whose experiences were not addressed during the criminal proceedings, at the usual rate of \$16,060 per patient, for a total of \$497, 860, and that Dr. Doodnaught pay hearing costs to the College.

Counsel for Dr. Doodnaught indicated that Dr. Doodnaught took no formal position with respect to an appropriate penalty and costs order. Counsel for Dr. Doodnaught also noted that he had not received specific instructions from Dr. Doodnaught with respect to reimbursing the College for funding for therapy for the patients he had abused. The Committee agreed to give counsel for Dr. Doodnaught additional time to get instructions from his client regarding this aspect of the penalty. Subsequently, counsel for Dr. Doodnaught informed the Committee in writing that Dr. Doodnaught took no formal position on this particular aspect, and moreover, that given his current financial situation, he would be unable to post security in the amount requested by College counsel.

Victim Impact Statements

Two patients appeared before the Committee to provide their Victim Impact Statements (Ms Debra Dreise and Patient P).

Ms Debra Dreise requested that she not be subject to the non-publication order that the Committee made with respect to other complainants, which prohibits broadcasting of the names

or any information that could identify the complainants. Ms Dreise indicated that she was Dr. Doodnaught's last victim as she reported her experience to the police because she did not want other patients to experience what she had.

Patient P also read her Victim Impact Statement in person. College Counsel read the Victim Impact Statements of two other patients.

The victim impact statements of all four patients detailed the longterm impact of Dr. Doodnaught's misconduct on their mental health and well-being. The patients described a litany of physical, emotional, social, and financial consequences, such as ongoing anxiety to this day, difficulty maintaining normal relationships with their partners and with their families, and difficulty engaging in social activities and/or in gainful employment.

Case Law

College Counsel brought to the Committee's attention two previous cases of professional misconduct: *CPSO v. Dr. Dobrowolski* (2016) and *CPSO v. Dr. Onzuka* (2013). In both cases, allegations of sexual abuse of patients and of conduct that would reasonably be regarded as disgraceful, dishonourable or unprofessional were proven. Both physicians had also been found guilty of an offence relevant to their suitability to practice, in that they had each been found guilty of sexual assault of patients in criminal proceedings. In each case, the Committee ordered that the physician's certificate of registration be revoked immediately, that the physician appear before the panel to be reprimanded, and that the physician reimburse the College for funding for therapy for the patients who had been sexually abused. Both Dr. Dobrowolski and Dr. Onzuka were ordered to pay hearing costs to the College at the College's tariff rate.

Analysis

The Committee carefully considered the submissions of the parties, the letter from counsel for Dr. Doodnaught regarding the funding for therapy, the victim impact statements, and the case law presented by the College.

The Committee also considered the underlying principles which govern the determination of an appropriate penalty. Protection of the public is fundamental in all discipline hearings, but particularly in this case. Other principles include specific deterrence of the member and general deterrence of the profession, as well as the need to maintain public confidence in the integrity of the profession and the College's ability to govern the profession in the public interest. A penalty order should also provide for rehabilitation of the member where appropriate.

It is the Committee's task to weigh these guiding principles and to take into account the specific facts and circumstances of the case in arriving at its decision regarding penalty and costs. Aggravating and mitigating factors, if any, are considered, as well as proportionality of the penalty to the misconduct.

Aggravating factors

The Committee was shocked by the number of patients affected by Dr. Doodnaught's repeated inappropriate sexual comments and unacceptable sexual touching, as well as by his false statements to several patients that somehow, during their surgical procedures, it was *they* and not he who had made sexually explicit comments or initiated the inappropriate sexual touching. The Committee noted that when patients recounted their recollections of what happened during the surgery, their friends and family responded that such things could never happen in a busy operating room or that a well-respected physician would never behave in this way or that their memories must reflect the effect of the anesthetic drugs. Consequently, most patients did not initially report their concerns to hospital authorities or to the police. This disbelief left these patients feeling embarrassed and humiliated, with no opportunity to address their recollections

appropriately. It was only after media reports of Dr. Doodnaught's arrest for sexual assault, after Ms Debra Dreise went to the police, that many patients felt empowered to come forward.

Dr. Doodnaught's egregious behaviour occurred with 31 patients, over many years, with increasing frequency over time. His behaviour was deliberate and planned. His patients were most vulnerable at the time of the abuse because of the anesthesia *he* administered, which rendered the patients unable to effectively declare their discomfort or remove themselves from the abusive situation. The Committee found all these factors of Dr. Doodnaught's professional misconduct to be significantly aggravating in this case.

Mitigating factors

The Committee accepts as a mitigating factor Dr. Doodnaught's admission that he had been found guilty of an offence relevant to his suitability to practice, as well as his plea of no contest to the allegations of sexual abuse of patients, sexual impropriety with a patient, and that he engaged in conduct that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, as this has saved the time and expense of a contested hearing, as well as saved the patients from the burden of having to testify at the contested hearing and recount their experiences yet again.

Conclusion

Revocation of Dr. Doodnaught's certificate of registration ensures that no further patients will be subject to his abusive behaviour and comments. Revocation also sends an abundantly clear message to the public and to other physicians that the profession views such misconduct as repugnant and absolutely intolerable. Despite the information provided by his counsel regarding Dr. Doodnaught's current financial situation, the Committee notes that these patients have suffered from this unacceptable breach of trust, and have often done so privately for quite some time. The patients deserve access to the full amount of funding available under section 85.7 of the Code. The Committee found this to be an appropriate case in which to order that Dr.

Doodnaught reimburse the College for funding for therapy provided to patients, by posting an irrevocable letter of credit or other security acceptable to the College, within thirty (30) days of this order, in the amount of \$497, 860.00. Further, the Committee considered this an appropriate case in which to order that Dr. Doodnaught pay hearing costs to the College at the College's current tariff rate for a one-day hearing, in the amount of \$10,180.00 within thirty (30) days from the date of this Order.

Overall, the Committee considered Dr. Doodnaught's professional misconduct to be one of the most egregious examples of professional misconduct and breach of trust that the Committee has encountered. The Committee had no hesitation in imposing all components of the penalty order proposed by the College.

ORDER

Having found that Dr. Doodnaught committed an act of professional misconduct, the Committee ordered and directed that:

1. The Registrar revoke Dr. Doodnaught's certificate of registration effective immediately.
2. Dr. Doodnaught attend before the panel to be reprimanded, at a date to be determined by the Hearings Office.
3. Dr. Doodnaught pay costs to the College in the amount of \$10,180.00 within thirty (30) days from the date of this Order.
4. Dr. Doodnaught reimburse the College for funding provided to patients under the program required under section 85.7 of the Code, by posting an irrevocable letter of credit or other security acceptable to the College, within thirty (30) days of this order in the amount of \$497, 860.00.