

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Anthony Michael Galea, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the names and any information that could disclose the identity of patients referred to orally or in the exhibits filed 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*.

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 or 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. Galea,
2017 ONCPSD 50**

**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. ANTHONY MICHAEL GALEA

PANEL MEMBERS:

**DR. M. GABEL (CHAIR)
MR. S. BERI
DR. P. POLDRE
DR. E. ATTIA (PhD)
DR. F. SLIWIN**

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

MS C. SILVER

COUNSEL FOR DR. GALEA:

**MR. B. GREENSPAN
MR. S. P. WEINSTEIN**

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS J. MCALEER

**Penalty Hearing Dates: July 4 to 6, 2017
Penalty Decision Date: December 6, 2017
Penalty Reasons Date: December 6, 2017**

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee of the College of Physicians and Surgeons of Ontario (the “Committee”) heard this matter at Toronto on October 24, 2016 and July 4 to 6, 2017. At the conclusion of the first phase of the hearing, which dealt with the allegations, the Committee stated its finding that the member committed an act of professional misconduct. At the conclusion of the evidence and submissions on the penalty phase of the hearing, the Committee reserved its decision on the matters of penalty and costs.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Anthony Michael Galea committed an act of professional misconduct:

1. under clause 51(1)(a) of the Health Professions Procedural Code which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, in that he has been found guilty of an offence that is relevant to his suitability to practise;
2. 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.

RESPONSE TO THE ALLEGATIONS

Dr. Galea admitted allegations 1 and 2 in the Notice of Hearing in that he has been found guilty of an offence that is relevant to his suitability to practise and in that 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 FACTS

The following facts were set out in the Agreed Statement of Facts and Admission on Liability which was filed as an exhibit:

1. The College of Physicians and Surgeons of Ontario (“the College”) and Dr. Anthony Michael Galea, (“Dr. Galea”) agree to the following facts:

BACKGROUND

2. Dr. Galea is a 57 year old physician who practises medicine in Toronto, Ontario. His practice is primarily in the field of sports medicine. Dr. Galea received his initial certificate of registration authorizing independent practice in Ontario in 1986.

CRIMINAL PROCEEDINGS

3. On October 14, 2010, Dr. Galea was indicted by a grand jury in Buffalo with five counts under the United States Code. A certified copy of the Indictment is attached at Appendix 1 [to the Agreed Statement of Facts and Admission on Liability].
4. On July 6, 2011, Dr. Galea pleaded guilty and was convicted in the United States District Court for the Western District of New York, to Count III of the Indictment. Count III alleges that Dr. Galea introduced misbranded drugs into interstate commerce, with intent to mislead an Agency of the United States, in violation of Title 21, United States Code, Sections 331(a) and 333(a) (2), and Title 18, United States Code, Section 2.
5. A certified copy of the Plea Agreement filed with the Court on July 6, 2011, is attached at Appendix 2 [to the Agreed Statement of Facts and Admission on Liability]. A certified copy of the transcript of Arraignment and Plea in the US District Court proceedings is attached at Appendix 3 [to the Agreed Statement of

Facts and Admission on Liability].

6. A certified copy of the sentencing submission and Reasons for sentence is attached as Appendix 4 [to the Agreed Statement of Facts and Admission on Liability].
7. Dr. Galea admitted the following facts in the proceeding in the United States District Court and admits the following facts for the purposes of the College proceedings:
 8. Between February 2007 and September 2009:
 - a. Dr. Galea was a citizen and resident of Canada and was a physician licensed to practice medicine in the Province of Ontario. Dr. Galea was not licensed to practice medicine in the United States. Dr. Galea operated a medical practice in Etobicoke, Ontario, known as the Institute of Sports Medicine Health and Wellness Centre (ISM). Mary Anne Catalano was employed at ISM and worked as an assistant to Dr. Galea.
 - b. Dr. Galea traveled from Canada to the United States on numerous occasions to treat patients in the United States, knowing he was not licenced to practice anywhere in the United States. Sometimes Dr. Galea was accompanied by Ms. Catalano to assist him; sometimes he and Ms. Catalano traveled separately and Dr. Galea met Ms. Catalano in the United States; and on other occasions Dr. Galea traveled to the United States alone and treated patients in the United States without Ms. Catalano being present. Patients who were treated in the United States by Dr. Galea were professional athletes, including but not limited to players on teams in the National Football League and Major League Baseball.
 - c. On numerous occasions Dr. Galea and Ms. Catalano entered the United States at the Peace Bridge Port of Entry in Buffalo, New York. Dr. Galea

entered the United States numerous other times via air travel from Toronto to various cities in the United States. On some occasions, after entering the United States, Dr. Galea traveled within the United States to different places to provide medical treatments to professional athletes. Among the places to which Dr. Galea traveled for this purpose were Hawaii, Cleveland, New York City, Miami, Tampa, Orlando, Washington, D.C., Boston, Atlanta, San Diego, San Francisco, Denver, and Phoenix.

- d. When Dr. Galea and Ms. Catalano traveled separately to the United States, Ms. Catalano carried medical supplies based upon a checklist she prepared based on Dr. Galea's instructions. Some of the items on the checklist were Nutropin, Actovegin, ATP, ginseng, Celebrex, IV tubing, a centrifuge, plasma kits, and sterile gloves. Dr. Galea and Ms. Catalano understood that if Ms. Catalano were asked by U.S. border officers about the purpose for her entry into the United States with the medical supplies, she would respond that she was attending a medical conference where Dr. Galea would speak and demonstrate the use of medical supplies. Dr. Galea and Ms. Catalano knew, however, that on the majority of the occasions they came to the United States their only purpose for coming to the U.S. was to provide medical treatments to Dr. Galea's patients. Some of the medical supplies Dr. Galea and Ms. Catalano brought into the United States for these treatments, including Nutropin and Actovegin, were misbranded drugs within the meaning of U.S. law, as set out in (g) below.
- e. Dr. Galea provided the treatments listed below to his patients while in the United States. Individual patients did not necessarily receive all or more than one of these treatments:
 - i. "Anti-inflammatory -IVs," i.e., intravenous treatments involving a mixture containing Actovegin (a substance derived from calf's blood), and Adenosine Triphosphate (ATP), Traumeel, magnesium, calcium, vitamins C, B- 1.00, B-6, and Glutathione;

- ii. Plasma Rich Platelet ("PRP") treatments, which involved extracting blood from patients, spinning the blood in a centrifuge to separate the plasma from the red blood cells, and re-injecting the plasma into the patients for the purpose of accelerating the healing process.
 - iii. Injections containing a mixture of substances including Actovegin, Traumeel, Vitamin B-12 and (in the case of chronic injuries) Zeel, as treatment for injured muscles; and
 - iv. Injections containing a mixture of substances including Nutropin, a human growth hormone (HGH) produced by recombinant DNA technology, Traumeel, Procaine, Zeel, and vitamin B-12 injected into the knee and given for the purpose of treating joint inflammation.
- f. Dr. Galea also from time to time, while in the United States, distributed and administered substances such as ATP for intramuscular injections. Items used for intramuscular injections were labeled in languages other than English.
- g. Prescription items distributed by Dr. Galea, including but not limited to Nutropin, did not bear the "RX only" symbol required by U.S. law and U.S. Food and Drug Administration (FDA) regulations. Under U.S. law and FDA regulations, substances intended for use in the cure, mitigation, treatment or prevention of disease in man, and articles intended to affect the structure or function of the body of man, as well as articles intended for use as components of such items, are "misbranded" if they are not approved by the FDA and labeled in the English language. The forms of Actovegin used as ingredients in the anti-inflammatory IVs and in the injections for injured muscles were not labeled in the English language but instead were labeled in German or Russian.

- h. Nutropin was not approved by the FDA for the uses intended by Dr. Galea and was approved only for a limited number of uses, which did not include the treatment of adults for inflammation of joints. Actovegin was not approved by the FDA for any use.
- i. Dr. Galea administered medical treatments in the United States in such places as the homes of patients and in hotel rooms. The cost of the treatments, travel, lodging, and other expenses for Dr. Galea and Ms. Catalano were charged to the patients. The amount Dr. Galea charged to the patients during the aforementioned time period was approximately \$800,000. For the purposes of the Plea Agreement, Dr. Galea and the U.S. government agreed that the value of the substances provided to the patients which contained unapproved and/or misbranded substances exceeded \$30,000 but did not exceed \$70,000.
- j. On or about August 27, 2009, Dr. Galea and Ms. Catalano traveled to the United States separately. Ms. Catalano entered the United States at the Peace Bridge and Dr. Galea traveled to the United States from Toronto by air. The purpose of Dr. Galea's entry into the United States was to provide medical treatments to several athletes.
- k. On September 14, 2009, on Dr. Galea's instructions, Ms. Catalano attempted to enter the United States at the Peace Bridge in Buffalo, New York. Ms. Catalano's purpose for coming to the United States was to meet Dr. Galea in Washington D.C., where Dr. Galea was to provide medical treatment to a professional athlete. Dr. Galea was flying directly from Toronto. Ms. Catalano was referred to secondary inspection. During secondary inspection, Ms. Catalano told an Officer from the Department of Homeland Security, Customs and Border Protection (CBP), that she was traveling to Washington, D.C. to attend a medical conference with her

employer, Dr. Galea. Ms. Catalano further stated to the CBP Officer that she had items intended for display at the medical conference. Ms. Catalano made these statements pursuant to an understanding she had with Dr. Galea that she would falsely tell U.S. border personnel that she and Dr. Galea would be attending a medical conference in the United States. A duffle bag in Ms. Catalano's vehicle contained medical items including needles, over one hundred syringes, a medical centrifuge, numerous bottles, including a bottle of Nutropin and bottles of Actovegin, twenty vials and seventy-six ampoules of drugs not properly branded in contravention of U.S. Regulations, and a diagnostic ultrasound computer.

9. Ms. Catalano was arrested and charged in the United States with making a false statement to a federal agent and smuggling. She was convicted of a felony. She is unable to travel to the United States without permission.
10. On December 16, 2011, Dr. Galea was sentenced to time served, namely the day of his voluntary surrender to U.S. authorities, during which he had not been in detention, and supervised release for one year on the terms set out in the Judgment, attached as Appendix 5 [to the Agreed Statement of Facts and Admission on Liability].
11. As a result of the above conduct, Ms. Catalano was convicted of a criminal offence in the United States. Ms. Catalano pleaded guilty in the United States District Court to making a false statement to a federal agent and, on July 25, 2011, she was sentenced to one year probation. A charge of smuggling was withdrawn.

ADMISSION

12. Dr. Galea admits the facts specified above, and admits that, based on these facts, he engaged in professional misconduct, in that:

- (a) He has been found guilty of an offence relevant to his suitability to practise contrary to clause 51(1)(a) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18; and
- (b) 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, made under the *Medicine Act, 1991* (“O/Reg. 856/93”)

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statements of Fact and Admission on Liability. Having regard to these facts, the Committee accepted Dr. Galea’s admission and found that he has been found guilty of an offence relevant to his suitability to practise and 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.

SUBMISSIONS ON PENALTY

On July 4, 5 and 6, 2017, the Committee heard evidence and submissions on penalty and costs.

Counsel for the College submitted that the appropriate penalty should be revocation of Dr. Galea’s certificate of registration, a reprimand and costs for five hearing days in the amount of \$27,500.

Counsel for Dr. Galea submitted that the penalty include that: Dr. Galea be reprimanded; Dr. Galea not be permitted to accept new patients into his practice for a three-month

period; Dr. Galea be permitted to treat existing patients in a clinical setting for a three-to-six-month period, but all medical fees attributable to services performed by Dr. Galea, whether by way of OHIP tariff or private fees received for uninsured services, be set aside in trust, and that all such fees be donated to the Toronto Rehab Foundation which, as part of University Health Network (UHN), is responsible for the multiple facilities operated as Toronto Rehab Institute. Counsel for Dr. Galea proposed that this charitable contribution be calculated on the gross medical fees attributable to Dr. Galea's services. Dr. Galea's penalty submission did not address the issue of costs.

EVIDENCE ON PENALTY

The College did not call any witnesses during the penalty phase of the hearing. The College did file some documents on consent, including the Complaints Committee Decision and Reasons from June 1994 (exhibit 3) and the Inquiries, Complaints and Reports Committee (ICRC) Decision and Reasons from May 27, 2016 (exhibit 4).

Counsel for Dr. Galea called seven witnesses, including Dr. Galea, and introduced three volumes of letters of support for Dr. Galea (exhibits 8a, 8b, 8c). Dr. Galea also filed (on consent) a letter of support from a witness who was not able to testify at the hearing (exhibit 7). Dr. Galea's evidence also included a document outlining Dr. Galea's research and publications (exhibits 5, 5a) and a letter from one of the College's medical advisors, Dr. Hay, to Dr. Galea dated January 31, 2017.

(i) Dr. Galea's Evidence

Dr. Galea is a 57-year old physician with seven children, four by his first wife and three by his current wife. He received his medical degree from McMaster University in 1986. Subsequently, he was certified in both Canada and the United States with special competency in the area of sports medicine. His entire career has involved sports medicine, both as a clinician at his own medical clinic and in a wide variety of medical roles for numerous national and international sports teams, until approximately 2009.

He testified that since 2009, after his legal difficulties in the United States, he has not been engaged as a team physician for any professional team or for any amateur athletics activities. In his clinical practice, he continues to see professional athletes from basketball, baseball and hockey, typically in relation to their soft tissue injuries. Dr. Galea estimated that professional athletes represent about 10 percent of his practice, with amateur athletes comprising 50 percent. He testified that the remaining patients “would be recreational kids to elderly”. He also noted that Plasma Rich Platelet treatment (PRP) is used in less than 10 percent of his patient population. Dr. Galea has authored three books and has peer-reviewed publications, dating from 1988 onward, related to various sports injuries.

With respect to PRP, Dr. Galea’s interest began in 2000, after he read reports of its use in neurosurgery. For several years, he was involved with co-researchers at Harvard University. In recent years, Dr. Galea’s research with PRP has focused on removing inflammatory cytokines from PRP, standardizing the PRP preparation, and using PRP for the skin disorder psoriasis.

During his testimony, Dr. Galea expressed regret for his misconduct, in particular the impact that his actions had on his employee, Mary Anne Catalano. Dr. Galea made the following statement during his testimony, “I lied, and it’s wrong...But the toughest part was Mary Anne volunteered at my clinic since high school, grade 10. And she trusted me, her family trusted me to look after her, and that’s unforgivable”. Dr. Galea also stated, “And I can’t say any more than I’m truly sorry. And I think over the last decade, I’ve tried to remedy everything I’ve done in the past, but I thought if I could create more good and create some standardization, more innovations, then I could make up for some of the things I did wrong in the past. But, you know, I can’t erase what I did to Mary Anne; I wish I could, but I can’t. But I know for that I have to be punished.”

Dr. Galea testified that he had completed the specific recommendations from the 2016 ICRC Decision and Reasons. He completed a course on recordkeeping and a course on consent. Dr. Galea also authored a report, reviewing College policies regarding

prescribing drugs, complementary medicine and consent. In addition, he summarized the evidence-based medicine in his practice. Dr. Hay, a College medical advisor, commented that the report was scholarly, comprehensive and practical (exhibit 6).

During cross-examination, Dr. Galea admitted that he was aware that he should have been licensed in the American states where he practised and that he acted as if he was above the law. He also conceded that he administered Actovegin to some athletes and that Actovegin was not approved for use in the United States by the Federal Drug Administration. Dr. Galea conceded that he took steps to avoid detection while crossing the border into the United States, lied to the border officials and instructed his assistant, Ms Catalano, to smuggle drugs and supplies into the States during the last year of his illegal activities. Although Dr. Galea never specifically told Ms Catalano to lie to the border officials if she was caught, he conceded he did so indirectly, because she observed what he did when crossing the border and she repeated what he told the border officials. Dr. Galea confirmed that when Ms Catalano was arrested, he did not send anyone to help her get back to Canada. He agreed with the College counsel's assertions that he grossly violated her trust and that his conduct was unforgiveable.

The Committee found Dr. Galea's expression of remorse to be sincere. He appeared to be genuinely ashamed of his misconduct, especially as it related to Ms Catalano. During cross examination, Dr. Galea did not try to minimize his misconduct or shift responsibility to others. He readily accepted the propositions put to him by the College lawyer regarding the seriousness of his misconduct and the consequences to others. The Committee acknowledges that Dr. Galea's misconduct has predictably resulted in many negative consequences for him, including the termination of his relationship with many sports teams. Although Dr. Galea's behaviour is inexcusable, the Committee was persuaded that Dr. Galea has developed insight into his misconduct, is truly remorseful and has attempted to atone for his past conduct.

(ii) The Character Witnesses**Patient A**

Patient A is a businessman in his 60s who has been a patient of Dr. Galea for approximately 15 years. Patient A described himself as a “weekend warrior” who has suffered various sports injuries over the years. He testified that Dr. Galea is an open-minded clinician who has time for his patients and has good intuition. As an example, Patient A testified that Dr. Galea diagnosed Patient A with a blood condition unrelated to his musculoskeletal injuries. Patient A received ultrasound-guided PRP injections several times from Dr. Galea with reportedly good results. Patient A remarked that Dr. Galea’s honesty and integrity were “second to none”.

He admitted in cross-examination that he had only briefly reviewed the dossier prepared by counsel for Dr. Galea, which included the decisions of the College’s Complaints Committee and the ICRC. He could not recall the contents of those decisions. He testified that he was peripherally aware of the criminal charges brought against Dr. Galea in the United States, but said, “it doesn’t really interest me that much”. Patient A stated that despite Dr. Galea’s criminal charges, it did not change his opinion of Dr. Galea as a medical professional.

Patient B

Patient B is a hockey player in his 20s who has played at the junior elite level in Ontario. After bilateral knee surgery several years ago, Patient B met Dr. Galea in January 2013. Dr. Galea treated Patient B with PRP injections to his knees for several months. Patient B described Dr. Galea as a “phenomenal person” who was helping him to fulfill his dreams of playing hockey at a professional level. Patient B testified that Dr. Galea initially provided PRP injections at a discounted rate, but for the last four years, Dr. Galea has waived the extra fees associated with PRP injections.

Patient B had reviewed the Agreed Statement of Facts and Admission of Liability as well as Exhibits 3 and 4 and was aware of the allegations against Dr. Galea. However, Patient B testified that in his view, because professional athletes have short careers, it would not be morally dishonest conduct for a doctor to help them keep playing, even if doing so was legally dishonest conduct. Patient B said, “He was doing it for the betterment of the athletes. And, he understands how big of a need it is for those services, as some of those people only have two or three years where they can make money to try to provide for themselves and the rest of their families. And, to classify that as a dishonest act entirely, I mean legally maybe, but to classify it morally, I would disagree with that fact.”

Patient C

Patient C is a police officer in his 50s who has been a patient of Dr. Galea for 12 years. Patient C engages in running, sprinting and weight lifting and has consulted Dr. Galea several times a year. Patient C had seen many other doctors about his knees and commended Dr. Galea’s clinical skills, stating that Dr. Galea made the correct diagnosis in his case. As a result, Patient C reported that he is now on the path to recovery. Patient C said of Dr. Galea, “He was not only always right, but he demonstrated a certain level of care, which just was different than other doctors I’ve gone to. He was just very observant. There were times I went from doctor to doctor, and I just had no real solution. And, it didn’t take long for Dr. Galea to figure out what my problem was.”

In cross-examination, Patient C testified that he was aware of the nature of Dr. Galea’s misconduct and agreed that the misconduct was serious and dishonest. Nevertheless, he remains a grateful patient of Dr. Galea.

Patient D

Patient D is a lawyer in her 40s, an active athlete and patient of Dr. Galea since 2004. She testified that her back pain was successfully managed under Dr. Galea’s supervision by a chiropractor and a physiotherapist. She stated that Dr. Galea subsequently managed a variety of her soft tissue injuries with PRP injections. Patient D described Dr. Galea as being an attentive listener who was focused on really understanding the symptoms. She

testified that Dr. Galea provided a full discussion about management options. She said, “He provided a fulsome discussion around needs and care.”

In cross-examination, Patient D acknowledged that she had reviewed the material provided by Dr. Galea’s lawyer related to the allegations against Dr. Galea. She remains a grateful patient of Dr. Galea.

Patient E

Patient E is a lawyer in his 70s who has been a patient of Dr. Galea for about one year. He was in pain and Dr. Galea diagnosed a partial tear of the Achilles tendon. Dr. Galea injected PRP once and followed with a course of management that concluded with physiotherapy. Patient E reported that he had returned to his regular athletic activities (tennis skiing and jogging). He testified that he found Dr. Galea to be honest, forthright and professional.

In cross-examination, Patient E testified that he had reviewed the Agreed Statement of Facts. In addition, he was aware, through the media, of some of the allegations against Dr. Galea. Patient E was unwilling to concede that Dr. Galea engaged in “serious” misconduct, repeatedly stating that it was not for him to judge. He remains a grateful patient of Dr. Galea.

Patient F

Patient F is a businessman in his 50s. He has been a patient of Dr. Galea since 2009. He has suffered various sports-related injuries that have been managed by Dr. Galea with PRP injections. Patient F described the outcome as “extraordinary”. He said, “I was capable of going back to everything over time with any sustained injury.”

Conclusions re Character Witnesses

In general, the Committee did not find the evidence of the character witnesses to be of particular assistance. Although each testified sincerely with respect to the care and

attention provided to them by Dr. Galea and their perception of the positive results of his treatment, this evidence did not enlighten the Committee with respect to Dr. Galea's general reputation within the community for honesty and integrity. The misconduct at issue in this case is fundamentally rooted in deceit, self-interest and a disregard for the law and the role of regulatory oversight. The character witnesses did not, for the most part, speak to Dr. Galea's character, rather the evidence concentrated on his skills as a medical practitioner, and his attentiveness to his patients. Their evidence did not suggest that Dr. Galea's misconduct was out of character. Certainly, a physician can be both skilled and attentive to his patients and dishonest at the same time. Only Patient A provided evidence regarding his impression of Dr. Galea's honesty, but this seemed to be based on his own unspecified experience as opposed to a broader reputation within the community.

If Dr. Galea's certificate of registration was revoked, he would not be able to continue to treat any of these patients. The Committee did not find, however, that any potential self-interest influenced the testimony of any of the witnesses.

(iii) Letters of Support

The Committee reviewed a letter from DB, the National Team Director, Women's Artistic Gymnastics, Gymnastics Canada, who was unable to testify in person at the hearing (exhibit 7). DB wrote, "Dr. Galea continues to be extremely generous with his time and professional services, supporting athletes in Canada. He makes himself available for critical cases on short notice and provides "*pro bono*" services to amateur athletes, keeping their best interests in mind".

The Committee also reviewed three volumes of letters of support (exhibits 8a, 8b, 8c). The letters of support for Dr. Galea were categorized as follows: 7 letters written in support of Dr. Galea's application for work status in the United States; 111 letters written in relation to the American court proceedings and sentencing; 15 letters written specifically for the current College disciplinary penalty hearing.

With respect to the letters written in support of Dr. Galea's application for work status in the US, two were written by the physicians from the State of Colorado who were trying to recruit him at the time. Another four were written by physicians from Ireland and Israel. There was one letter of support from a patient who is a prominent (non-athlete) American. As would be expected for letters written for this specific purpose, the major theme of the letters related to Dr. Galea's world-wide stature as being among the top 1-2% of sports medicine specialists, in particular, with his expertise with PRP. The 2009 letters of support for Dr. Galea's work status in Colorado pre-dated the public awareness of Dr. Galea's misconduct and were written for an entirely unrelated purpose. Therefore, the Committee afforded no weight to these letters.

The letters prepared for the purpose of Dr. Galea's court proceeding in the United States were written in 2010 and 2011. Some letters were undated and did not include specific reference to the court proceedings. However, because these letters were included in the volume of other letters, dated 2010 and 2011, they were categorized as belonging to the category of the letters written in support of Dr. Galea's court proceeding in the United States. These support letters were categorized as follows: 14 letters from family members, friends, employees; 5 letters from referring health care professionals who were not patients of Dr. Galea; 89 letters from Dr. Galea's patients; 3 letters were too vague to accurately categorize.

These letters emphasized that Dr. Galea was an astute diagnostician who was able to diagnose and manage conditions, even when other specialists had failed. Dr. Galea was also willing to refer to other specialists, such as orthopedic surgeons, when needed. His therapies were reportedly highly effective for the patients, with significant positive outcomes that allowed these patients to return to their normal work or athletic activities. Many letters noted that Dr. Galea treated not only elite athletes, but also recreational athletes and ordinary workers. In some cases, Dr. Galea provided uninsured services *pro bono*. Patients noted that Dr. Galea's waiting room was often very busy, but they reported that Dr. Galea spent as much time as necessary with every patient and was never rushed with any individual patient. Dr. Galea also saw some patients on very short notice, if

needed. He was noted to take a very holistic approach to care. In addition, he is reported to have diagnosed a variety of medical issues that were not related to a sports injury, but had an important impact on the patient's overall health. The referees also noted Dr. Galea's devotion to family, to spirituality and to his philanthropic causes. For patients, it was reported that his management was often career-enabling or allowed for continued enjoyment of the various sports activities. The Committee recognized that these letters were written to support the request for leniency before sentencing in the US proceedings.

The letters written in relation to the American court's sentencing hearing in 2011 for the most part spoke to the results Dr. Galea had achieved with the clinical care he provided. However, the current disciplinary matter is not about the quality of care. Therefore, the Committee gave little weight to these letters of support other than to recognize that in some aspects of his personal life, Dr. Galea was reported to be spiritual, philanthropic and devoted to family.

The letters that were specifically prepared for this College discipline hearing were categorized as follows: 4 letters from referring healthcare professionals who were not patients of Dr. Galea; 3 letters from referring healthcare professionals who were also Dr. Galea's patients; 3 letters from Dr. Galea's patients; 2 letters from Dr. Galea's research collaborators; 3 letters from athletics coaches.

The letters of support commented on Dr. Galea's reportedly excellent clinical skills, especially in dealing with issues that had not been well managed by other specialists. The over-riding theme of these letters of support related to the impact any suspension would have on patients who would be left without medical care of the caliber reportedly provided by Dr. Galea.

With respect to the letters from referring health care providers (mainly physicians), there was no reference to the specific nature of the misconduct that was the basis for the current findings of professional misconduct against Dr. Galea. These letters only made reference to the risk that the suspension of his certificate of registration would pose to

patients who would not be able to have continuing care for the period of the suspension. The emphasis from all referring health care professionals was on Dr. Galea's clinical acumen. Referring health care professionals noted Dr. Galea's reputation in the sports medicine community with comments such as "no other physician could replicate his clinical skills" and "there are no other sports physicians of his caliber and experience". A referring family physician wrote that Dr. Galea was "one of the top practitioners in the field of Sports Medicine". A referring chiropractor noted that his understanding of treatment was "unparalleled" and that Dr. Galea was the "Gold Standard".

As for the references from patients, coaches and research collaborators, the Committee recognized the writers of these letters may be potentially self-interested, since during any period of suspension of Dr. Galea's certificate of registration, patients would not receive care from Dr. Galea, coaches would not be able to refer athletes to Dr. Galea and research collaborators would not have the benefit of Dr. Galea's clinical involvement. While the Committee recognizes that any period of suspension may have the unfortunate effect of requiring patients to find alternative care, this must not shape what is in the broader public interest.

PENALTY AND REASONS FOR PENALTY

In determining the appropriate penalty, the Committee considered the facts outlined in the Agreed Statement of Facts and Admission on Liability. The Committee also carefully considered the evidence of the witnesses, the letters of support, the submissions of the counsel for the parties, and the case law presented by counsel for the parties.

Penalty Principles

The Committee reviewed the principles relevant to the imposition of penalty in the College disciplinary proceedings. These include: protection of the public; maintaining the reputation and integrity of the profession and public confidence in the College's ability to regulate the profession in the public interest; general deterrence as it applies to

the membership as a whole; specific deterrence as it applies to the member; and the potential for rehabilitation of the member.

Jurisdiction Issue

The Committee concluded that it does not have the jurisdiction to order restitution via community service or contributions to a charitable foundation. Section 51(2) of the Code, outlines the orders that are within the authority of the Discipline Committee to make following a finding of professional misconduct. There is no reference to restitution-based orders in section 51(2) of the Code. The Committee notes that in his text, *A Complete Guide to the Regulated Health Professions Act* at page 6-128, Richard Steinecke states, “An order for restitution to a third party probably does not constitute a term, condition or limitation.”

Counsel for Dr. Galea relies on the prior decision of this Committee in *Ontario (College of Physicians and Surgeons of Ontario) v. Galipeau* ONCPSD 21 (CanLII). Dr. Galipeau was found to have committed an act of professional misconduct as a result of a criminal conviction for obstruction of justice and making a false statement on a medical certificate of death. Dr. Galipeau’s certificate of registration was suspended for twelve months. However, the penalty of suspension was to be suspended on condition that Dr. Galipeau continue to practise medicine in an underserved area for twenty-four (24) months and that he donate a total of \$70,000 to the local hospital over a two-year period. *Galipeau* was an agreed statement of facts case. It is unclear from the decision whether or not there was a joint proposal on penalty. In any event, the prior decision in *Galipeau* is not binding on the Committee.

This panel’s interpretation of the Code is that it does not provide the Committee with the jurisdiction to impose as a term, condition or limitation on the certificate of registration, or as a condition for removal or suspension of a suspension or term, condition or limitation, that Dr. Galea make a charitable donation of three to six months’ practice income as requested by Mr. Greenspan. The Code is specific with respect to the monetary

orders the Committee does have the jurisdiction to make. Section 51(2)5 specifically sets out the power to make an order "requiring the member to pay a fine of not more than \$35,000 to the Minister of Finance." Further, section 51(2), subparagraph 5.1 and 5.2 provides that if the act of professional misconduct was the sexual abuse of a patient, the Committee has jurisdiction to make an order requiring the member to reimburse the College for funding provided for that patient under the program required under section 85.7, and to post security for such costs. Section 53.1 of the Code provides the power to require a member to pay costs of the proceeding.

In the Committee's view, the "criteria to be satisfied" language in s. 51(3) of the Code cannot be read as open-ended, allowing the Committee to make any conceivable order so long as it is expressed as a condition to be satisfied before removing a suspension, or term condition of limitation on a certificate of registration. Further, the Committee does not interpret the language in section 51(4) of the Code, which provides that a panel may suspend the effect of all or part of an order made under subsection (2) for a specified period and on specified conditions, to provide the authority to grant such an order. Although the term "specified conditions" is not defined, the Committee's view is that this provision does not allow it to make alternative restitution or monetary orders.

Aggravating Factors

The Committee considered the serious nature of Dr. Galea's professional misconduct as a critical aggravating factor. His actions were planned, deliberate and repeated over more than two years, with over seventy (70) visits to the United States. He consistently exhibited dishonesty at the border crossings by not disclosing the true nature of his business in the United States. He used treatments that were not approved by the American Federal Drug Administration and mislabelled drugs in a language other than English to avoid detection. He treated patients in makeshift clinics in hotel rooms. By practising medicine in several states without a license, he demonstrated a profound disrespect for regulatory authority. He reaped significant profits (he agreed for the purposes of the US plea agreement that the value of substances provided to patients was

between \$30,000 to \$70,000 and he charged patients approximately \$800,000, during the relevant time frame).

The Committee was appalled by Dr. Galea's abuse of the trusting relationship he had with his employee, Ms Catalano. This relationship started years earlier, when she was a high school student who volunteered at Dr. Galea's clinic. Ms Catalano eventually became a paid employee. Dr. Galea directed her to drive across the border with the supplies and equipment he needed for his treatments, while he personally flew to the United States at the same time. This arrangement made it more efficient for Dr. Galea to treat his American patients and then return promptly by air to Canada to resume his sports medicine practice. However, this arrangement repeatedly exposed Ms Catalano in her role as a mule to the risk of being caught by border agents for the illegal actions she engaged in on Dr. Galea's behalf. This eventually occurred and resulted in Ms Catalano's conviction for a felony in the United States. When she was arrested, Dr. Galea demonstrated callous disregard for her situation in not acting to make any immediate plans for his employee to be returned to Canada.

The Committee did not consider Dr. Galea's 1994 Complaints Committee caution as an aggravating factor. The 1994 caution by the Complaints Committee arose out of the following circumstances. Dr. Galea had prepared medical/legal reports in support of the plaintiff in a personal injury action. The allegation was that Dr. Galea failed to properly detail the plaintiff/ patient's previous medical history in his medical/legal reports. The Complaints Committee concluded that Dr. Galea should be cautioned with respect to his ethical obligations of truthfulness and thoroughness when providing medical/legal reports. Despite the fact that this incident called into question Dr. Galea's truthfulness, the Committee recognizes that this incident occurred early in Dr. Galea's career, and although he was cautioned, there was no finding that he had intended to mislead through his report. The matter was not referred to the Discipline Committee.

Mitigating Factors

(i) Admissions

The Committee acknowledged that Dr. Galea's admission of accountability and responsibility for his professional misconduct saved the time and expense of a contested hearing. The Committee notes that Dr. Galea expressed remorse for his misconduct. These are mitigating factors.

(ii) No Prior Discipline History

He has no prior discipline history with the College. This is a mitigating factor.

(iii) Character Evidence

With respect to the evidence from the character witnesses and the letters of support, the Committee has previously stated that it did not find this evidence to be helpful. There is no doubt that Dr. Galea's clinical skills are highly regarded by his patients and many colleagues. The ICRC, in its decision of May 27, 2016, required Dr. Galea amongst other things, to take courses on medical recordkeeping and consent, which he fulfilled. However, it is his broader reputation in the community for honesty and integrity which is of greater interest to the Committee, given the nature of the particular misconduct at issue in these proceedings. Unfortunately, the character evidence was sparse in this regard.

Case Law

Neither counsel provided the Committee with a case that was directly analogous to this case, which includes practising in multiple American states without a license, introducing misbranded drugs into interstate commerce and attempting to mislead an Officer from the Department of Homeland Security, Customs and Border Protection (CBP).

Counsel for the College cited a number of cases in support of her submission that Dr. Galea's certificate of registration should be revoked. She urged the Committee to reject any submission that revocation is akin to a professional death sentence since Dr. Galea would have an opportunity to apply for re-instatement after one year of revocation. The Committee agrees that revocation is not "a professional death sentence" and that such a characterization is inappropriate and unhelpful to the analysis.

With respect to the penalty of revocation, in circumstances in which it is not mandatory, the Committee stated in *CPSO v. Minnes* (2015), at page 11:

Revocation is one of a range of options to be considered by the Committee as it seeks a just penalty, which adequately addresses the principles outlined earlier. The weightings of these various principles will in each case be determined by the specific facts of the case. There will be some cases where the factual findings will compel revocation in order to do justice to one or more of the driving principles.

Further, as this Committee has stated previously, revocation is not reserved for "only the most serious misconduct." As noted by this Committee in *CPSO v. Liberman* (2012) at p. 29:

This Committee recognizes that revocation is a very serious penalty. The Committee, however, agrees with the Alberta Court of Appeal's comments in *Adams and the Law Society of Alberta*, [2000] A.J. no. 1031 (Alta CA), at paragraph 11:

"It is therefore erroneous to suggest that in professional disciplinary matters, the range of sanctions may be compared to penal sentences and to suggest that only the most serious misconduct by the most serious offenders warrants disbarment. Indeed that proposition has been rejected in criminal cases for the same reasons it should be rejected here. It will always be possible to find someone whose circumstances and conduct are more egregious than the case under consideration.

Disbarment is but one disciplinary option available from a range of sanctions and as such it is not reserved for only the worst conduct engaged in by the very worst lawyers.”

Returning to the *Minnes* decision, the facts of Dr. Minnes’ case are very different from the facts in Dr. Galea’s case. Dr. Minnes, while employed as a summer camp physician, was found to have abused his role in relation to a 17 year old camp counsellor, who was not his patient. Dr. Minnes was found to have engaged in overt and intrusive sexual behaviour with the camp counsellor. His certificate of registration was revoked. Beyond the general principle with respect to the availability of the penalty of revocation cited above, this Committee does not find the *Minnes* decision to be of any assistance in determining the appropriate penalty in this case. Certainly, both Dr. Minnes and Dr. Galea abused the public’s trust, but the comparison must end there.

The College also relied on the case of *CPSO v. Liberman* (2012) in support of its argument that Dr. Galea’s certificate of registration be revoked. Dr. Liberman had been found to have committed an act of professional misconduct in that he failed to maintain the standard or practice of the profession and in that he had engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. The Committee also found that Dr. Liberman was incompetent. Dr. Liberman was an anaesthesiologist and the findings related to his care and treatment of Krista Stryland, who died following her liposuction surgery in 2007. In choosing to revoke Dr. Liberman’s certificate of registration, the Committee noted the multiple examples of bad judgment demonstrated by Dr. Liberman and noted that he had little, if any, insight into his failings in the treatment of his patient. It further noted the significant fact that Dr. Liberman had acted in a dishonest way in removing a resuscitation note from the patient’s file after her death. While Dr. Galea has also engaged in dishonest conduct which calls into question his integrity, his case is significantly different from that of Dr. Liberman. As indicated above, there were multiple findings of misconduct and a finding of incompetence in Dr. Liberman’s case. Further, his dishonest conduct was aimed at

covering-up his mistakes after a patient's death. Dr. Galea, by contrast, immediately accepted responsibility for his wrong doing once he was caught. Dr. Galea has also shown insight and remorse, which was not present in Dr. Liberman's case.

Dr. Galea's counsel presented several cases highlighting that a criminal conviction does not necessarily result in a penalty of revocation.

Dr. Galea relied on *CPSO v. Alcock* (2010), a case in which the physician was convicted of domestic assault and theft. In that case, a dispute arose over his common law wife smoking a cigarette inside the house. Dr. Alcock attempted to physically remove her from the couch against her will. She resisted. Dr. Alcock proceeded to leave the house for the night. On the following day, he was arrested and charged. The theft charge was in relation to a separate incident in relation to stealing groceries. Dr. Alcock pleaded guilty to both charges and received a suspended sentence and six months' probation and was ordered to participate in such counselling as probation might advise. Dr. Alcock was under financial stress at the time of the incident as a result of his spousal support payments, rent and expenses of his solo office practice, which he had recently relocated. He was trying to raise money to hire a lawyer to vary his support payments, and that was the reason he stole the food. Although Justice Marin noted that Dr. Alcock ought to know that food banks were available to him if he was truly in economic need, she did consider the circumstances of the offence to be mitigating factors. Her Honour also noted that his early guilty plea and his remorse over the offence were mitigating factors. The Discipline Committee ordered that Dr. Alcock be reprimanded and pay costs. The factual circumstances of the Dr. Alcock case are quite different from the facts of Dr. Galea's case. The Committee does not find this case to be of any assistance.

Dr. Galea also relies on the case of *CPSO v. Piatek* (2008). Dr. Piatek was found guilty of unlawfully evading taxes by failing to report taxable income and by providing false documents and information and willfully evading the payment of previously assessed taxes contrary to the Income Tax Act. Dr. Piatek was ordered to pay 50% of the total taxes evaded as a fine. The trial judge found Dr. Piatek to be "a man who's relatively

youthful in age, and obviously of some degree of talent and education, who suffers a very severe neurological incident which set him back in the pursuit of his career goals”. Dr. Piatek had no prior history of discipline with the College. The Discipline Committee found that, “Dr. Piatek’s behaviour fell far short of the level of honesty and integrity that is expected of a member of the profession and that the repetitive nature of the misconduct was a serious matter.” The Committee ordered that Dr. Piatek be reprimanded, complete an ethics course and pay costs to the College. The committee does not see this case as analogous. The misconduct in Dr. Piatek’s case was not related to his practice as a physician, although his misconduct did impugn upon his honesty and integrity. Further, the reference to a “severe neurological incident” distinguishes the case from that of Dr. Galea.

Dr. Galea also relied upon the case of *CPSO v. Gill* (2016). In that case, as a result of a relapse into addiction, Dr. Gill engaged in a variety of misconduct in order to maintain a supply of narcotic opioids, including Percocet, Oxycocet, Oxycodone, Lorazepam and Endocet. Dr. Gill was found guilty of one count of fraud and one count of uttering a forged document, following a guilty plea. Dr. Gills’ sentencing in the criminal proceedings had not yet taken place at the time he came before the Discipline Committee. The Committee ordered a five month suspension, extensive terms, conditions and limitations related to his prescribing, compliance with the committee’s order and his contract with the Physician Health Program, a reprimand and costs. Again the circumstances of this case are very different from those of Dr. Galea.

Dr. Galea also relied on the following three OHIP fraud cases.

In *CPSO v. Pakes* (2000), Dr. Pakes overbilled OHIP for group psychotherapy sessions. Dr. Pakes pleaded guilty to fraud over \$5000.00. It was agreed in the joint submission that Dr. Pakes defrauded OHIP of \$16,129.00. In addition to making restitution in that amount, Dr. Pakes agreed to repay an additional \$50,000.00 back to OHIP. Based on the joint submission, he received a suspended sentence with two years’ probation, including an order for performance of 160 hours of community service, restitution and a term that

Dr. Pakes only bill OHIP in accordance with the billing codes. The Discipline Committee found this conduct to be “a serious breach of professional trust”. The Committee ordered a three month suspension, a \$10,000 fine, a reprimand and costs. Two months of the three month suspension was to be suspended if he paid the fine and costs.

In *CPSO v. MacDiarmid* (2001), Dr. MacDiarmid defrauded OHIP of approximately \$150,000.00 in 1998, and between 1994 and 1997, he defrauded the clinic where he worked of approximately \$155,000.00. The Committee ordered a five month suspension and imposed terms, conditions and limitations requiring two years of intensive psychotherapy, monitoring of his OHIP billings for three years and that he could not submit individual accounts to OHIP for three years. There was also an order for costs.

In *CPSO v. Moore* (2002), Dr. Moore was charged with defrauding OHIP of a sum of money exceeding \$5,000 by submitting false claims for medical services that were not rendered for the period April 1996 up to and including December 19, 1999. The amount of the fraud was \$75,000.000. Dr. Moore pleaded guilty and the court ordered a conditional sentence of 15 months to be served in the community with curfew. In addition, Dr. Moore was sentenced to three years of probation following the completion of the conditional sentence. Dr. Moore was further ordered to make restitution of the entire amount of \$75,000.00 over the duration of the conditional sentence and probation. In penalty submissions, the panel was taken to several then recent decisions of the Discipline Committee which relate to OHIP fraud. The panel noted that the landscape had changed little since May 2000 when the panel in *Pakes* heard evidence regarding the significant increase in the incidence of health care fraud and its enormous societal impact. The Committee stated in its decision that “fraudulent behaviour on the part of members of the profession will simply not be tolerated. In the future, any member who chooses to ignore this repeatedly articulated message of the Discipline Committee should expect stiffer penalties including revocation in cases of substantial fraud.” The Committee ordered a twelve month suspension, a \$5,000 fine, a reprimand and costs. Six months of the suspension would be suspended if he paid the fine and costs. The Committee warned of “stiffer penalties including revocation in cases of substantial fraud.” The historic

nature of these OHIP fraud cases and the comments of the Committee in *Moore* regarding the prospect for stiffer penalties limit the comparable value of such cases when considering appropriate penalties today.

The Committee found the penalty decision in *CPSO v. Taylor (2017)* to be of greater relevance. Dr. Taylor, an ophthalmologist, operated a laser eye clinic. He was found to have charged over 120 patients for procedures that were not performed. The charts of these patients were altered to reflect that a more expensive, rather than the less expensive, procedure was performed. The Committee revoked Dr. Taylor's certificate of registration.

Dr. Galea's case and Dr. Taylor's case have numerous similarities. Both physicians engaged in long-standing, planned, deliberate and dishonest conduct that resulted in personal financial gain. Both physicians involved employees in their misconduct. In Dr. Taylor's case, several employees were directed to alter medical records to suggest that the more expensive of two procedures was performed, when it was not. Both cases came before the Discipline Committee several years after the misconduct had occurred, with no evidence that either physician had provided anything but good clinical care or engaged in any further misconduct. Both physicians had character witnesses who testified on their behalf at the penalty hearing and both submitted numerous support letters from various members of the community.

However, there were a number of differences between the two cases. Once caught, Dr. Galea admitted his responsibility from the outset and has expressed remorse. Upon rumour of a police investigation into his practice, Dr. Taylor took steps to cover up his conduct, including refunding the amounts that he overbilled with a misleading cover letter to his patients. Dr. Taylor denied the allegations in the Notice of Hearing, which he was entitled to do, and upon the finding of misconduct by the Committee, did not express remorse. The nature of the misconduct was also different, as Dr. Taylor deliberately overbilled his patients and misled them.

Conclusion

The Committee carefully balanced the aggravating and mitigating factors, considered the case law presented and concluded that the appropriate and proportionate penalty in this case is a nine-month suspension of Dr. Galea's certificate of registration and a reprimand.

The Committee considered the penalty in the context of the well-established penalty principles in professional discipline proceedings. With respect to protection of the public, the quality of Dr. Galea's clinical care was not in question or at issue. The central issue is that Dr. Galea's conduct displayed fundamental dishonesty, which is a serious concern.

The Committee believes that the goal of specific deterrence has been satisfied. Dr. Galea testified as to the consequences of his misconduct for him personally and professionally. The Committee believes that he is genuinely remorseful and it is unlikely that he will re-engage in such misconduct.

With respect to general deterrence, a severe penalty should signal the profession that blatant disregard for the law and professional regulation, such as practising without a licence in other jurisdictions, and dishonesty will not be tolerated. As the Discipline Committee recently stated in *CPSO v. Taylor* (2017) at page 12:

Honesty and integrity of a physician are fundamental to the patient-physician relationship and a very serious break of these principles deserves the strongest sanction of the practitioner and a strong signal to the profession as a whole.

The Committee views the maintenance of public confidence in the integrity of the profession and in the College's ability to regulate the profession in the public interest as the most important penalty principle in this matter. Dr. Galea disregarded basic regulations requiring licensure in the jurisdictions in which he was providing care and used improperly labelled or non-FDA approved medications. The public expects the

College to appropriately sanction physicians who flaunt regulations that are intended to protect the public. A nine month suspension and a reprimand demonstrate that such conduct by a member of the medical profession will not be tolerated.

COSTS

The Committee considered this an appropriate case in which to order that Dr. Galea pay costs to the College. The College sought costs in the amount of \$27,500, on the basis of the tariff rate of \$5,500 for five hearing days. The College sought the costs of October 24, 2016, (the day of the hearing on the allegations) and July 4 to 6, 2017 (the dates used for the penalty hearing). The College also sought costs for July 7th on the basis that it had been scheduled as a penalty hearing date and, although no longer required, would be used by the Committee to deliberate on penalty. Dr. Galea did not address the issue of costs.

Neither party was successful in persuading the Committee that its proposed penalty option was the appropriate penalty. The Committee notes, however, that the College did not call any witnesses at the penalty hearing and that much of the penalty hearing time was taken up with evidence from character witnesses to which the Committee afforded very little weight for the reasons stated herein. The Committee does not typically award costs for Committee deliberation days. In all of the circumstances, it is the Committee's view that it is appropriate that the College recover costs for the hearing date in October of 2016 (at the then tariff rate of \$5,000 per day) and the three days required for the penalty hearing in July of 2017 (at the current tariff rate of \$5,500 per day) for a total \$21,500.00.

ORDER

Therefore, the Committee orders and directs that:

1. The Registrar suspend Dr. Galea's certificate of registration for a period of nine (9) months, effective immediately.

2. Dr. Galea appear before the Committee to be reprimanded within 60 days of the date of this Order.

3. Dr. Galea pay to the College costs in the amount of \$21,500.00 within 60 days of the date of this Order.

TEXT of PUBLIC REPRIMAND
Delivered February 22, 2018
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. ANTHONY GALEA

Dr. Galea

It would be an understatement to say how disappointed this Committee is with the totality of your professional misconduct. We speak for the public and the profession in stating that your actions were self-serving, damaging to the public and the profession, dishonest and distasteful.

The professional misconduct in this case is fundamentally rooted in deceit, self-interest and a disregard for the law and the role of regulatory oversight.

You acted as though you were above the law, you used others, disregarding the potential consequence to them, to enrich yourself and build up your own self-image.

The reality is you have caused a lasting damage to an employee who trusted you. You evaded and disregarded US federal laws, and practised in jurisdictions without proper authorization, all of which has brought you to this place and time.

You have brought disrepute to the profession by your misuse of the power and privilege given to you, and your betrayal of as a sacred trust. The terms, dishonourable, disgraceful and unprofessional are apt descriptors of your behaviour.

We hope that you will reflect on your moral and ethical choices of the past, and we hope you will find a path forward that will redeem you in the eyes of your colleagues and the public

This is not an official transcript