

## NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Jeffrey Scott Sloka, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the identity of the witnesses or any information that could disclose the identity of the witnesses under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

The Committee also made an order to prohibit the publication, including broadcasting, of the names of Patients A, B, C, and D, and any information that could identify the patients, including the names of the two relatives of the patients who read patient impact statements into the record, under subsection 47(1) of the *Code*.

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. Sloka,**  
2019 ONCPSD 25

**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. JEFFREY SCOTT SLOKA**

**PANEL MEMBERS:**

**MR. P. GIROUX  
DR. P. GARFINKEL  
MS. G. SPARROW  
DR. E. SAMSON  
DR. E. STANTON**

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

**MS. MORGANA KELLYTHORNE**

**COUNSEL FOR DR. SLOKA**

**MR. STEPHEN DARROCH**

**INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:**

**MR. ROBERT COSMAN**

**PUBLICATION BAN**

**Hearing Date: April 30, 2019  
Decision Date: April 30, 2019  
Written Decision Date: June 25, 2019**

## **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 April 30, 2019. At the conclusion of the hearing, the Committee released a written order stating its finding that Dr. Sloka committed an act of professional misconduct and setting out its penalty and costs order with written reasons to follow

### **THE ALLEGATIONS**

The Notice of Hearing alleged that Dr. Jeffrey Scott Sloka committed an act of professional misconduct under:

- (i) clause 51(1)(b.1) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991*, (the “Code”) in that he engaged in sexual abuse of a patient; and
- (ii) paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), 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.

### **RESPONSE TO THE ALLEGATIONS**

Dr. Sloka did not contest the allegations in the Notice of Hearing, that he engaged in sexual abuse of a patient, and 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.

## **PART I - THE FACTS**

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

### **Background**

1. Dr. Jeffrey Scott Sloka ("Dr. Sloka") is a 50 year old neurologist who received his certificate of registration authorizing independent practice from the College in 2009. Throughout the relevant time he practised in Kitchener, Ontario.

### **Patient A**

2. Patient A was referred to Dr. Sloka for an appointment in August 2010 for an assessment regarding seizures. At the time, she was a teenager and was living in a group home.
3. At her appointment, Dr. Sloka told Patient A that he had to perform a physical assessment and look over her body. She understood that he would look for "anything like moles," as this could be connected to her seizures.
4. Expert neurologists retained by the College to review this matter advised that certain skin lesions can be a marker of syndromes causing epilepsy, but that any skin examination would require appropriate draping.
5. Dr. Sloka left the room so Patient A could change, directing her to take off her bra and underwear and to gown. When Dr. Sloka returned to conduct the examination, however, he instructed her to fully remove her gown and stand with her arms and legs out, facing the window of the examining room. Patient A did so, while Dr. Sloka slowly and closely looked over her entire body, including crouching down with his face close to her skin. This made Patient A very uncomfortable.

6. Afterwards, Dr. Sloka had Patient A lie down on the examining table and conducted neurological assessments, including testing the strength in her legs and her reflexes. Patient A recalls that she was still ungowned throughout this process.

7. Patient A expressed her discomfort with her first encounter with Dr. Sloka to another physician, who made a report to the College in January 2016, leading the College to investigate Patient A's concerns.

8. During the College's investigation, Dr. Sloka stated to the College that he had conducted a skin examination but denied he had required Patient A to disrobe. He did not mention a skin examination in the consultation letter he dictated about the appointment, though the letter indicated Patient A herself had mentioned having a spot on her abdomen.

9. Dr. Sloka engaged in disgraceful, dishonourable or unprofessional conduct towards and sexual abuse of Patient A during her first medical appointment with him, when he required her to be examined in the nude, which was behaviour of a sexual nature and not of a clinical nature.

## **Patient B**

10. Patient B was Dr. Sloka's patient between 2010 and 2012, having been referred to him by her family physician with respect to a seizure disorder.

11. During one of Patient B's first appointments with Dr. Sloka, Dr. Sloka indicated that he had to check her skin for abnormal markings or moles. Her understanding was that this could indicate she had cancer. Dr. Sloka required Patient B to take off her gown and stand naked with her arms outstretched, facing the window. He first checked her back and then her front. When he checked her front, Dr. Sloka cupped each of her breasts separately and lifted them up and moved them.

12. As noted above in respect of Patient A, appropriate draping would be required for any

skin examination. As advised by an expert retained by the College to review this matter, it was not clinically appropriate for Dr. Sloka to touch Patient B's breasts.

13. Patient B felt uncomfortable. She continued to see Dr. Sloka for four additional consultation appointments, but in 2015 she discussed her concerns with her family physician, who reported them to the College, resulting in an investigation.

14. During the investigation, Dr. Sloka suggested that Patient B had been mistaken in saying that Dr. Sloka had asked her to disrobe, and denied lifting or cupping her breasts.

15. Dr. Sloka engaged in disgraceful, dishonourable or unprofessional conduct towards Patient B and sexual abuse of Patient B during a medical appointment, by requiring her to be examined in the nude, and by touching her body, including lifting and cupping her breasts. This was behaviour and touching of a sexual nature and not a clinical nature.

### **Patient C**

16. After learning that allegations regarding Dr. Sloka's conduct towards Patients A and B had been referred to the Discipline Committee, Patient C contacted the College in October 2017 to express her concerns regarding his conduct towards her.

17. Patient C was Dr. Sloka's patient between 2011 and 2017. She had been referred to Dr. Sloka initially by her family doctor for a neurology consultation after she began to feel tingling from the waist down.

18. At her first appointment, Dr. Sloka directed Patient C to remove her bra and leave her underwear on and to put on a gown. He left the room while she changed and returned. In addition to such items as checking her reflexes while she sat on the examining table, Dr. Sloka told Patient C he would examine her breasts and "check for lumps". Dr. Sloka asked Patient C to lie on her back. He stood at her side and lifted her gown from the right side to the left with the gown gathered almost to her face and her right breast exposed, and then did the same on

the other side. On each side, after he had lifted her gown, Dr. Sloka exposed and touched Patient C's breast, squeezing each breast with his fingers, with the palm of his hand on the breast. Patient C described it as a gentle touch, "like I would do to my babies". Dr. Sloka told her he felt no lumps and that "they're good".

19. Dr. Sloka's patient chart for Patient C contains no record of any breast examination.

20. After her first appointment with Dr. Sloka, Patient C disclosed to her family that she believed she had been "felt up" by Dr. Sloka. She wanted to see another neurologist but returned to Dr. Sloka because she could not find another physician.

21. Dr. Sloka engaged in disgraceful, dishonourable or unprofessional conduct towards and sexual abuse of Patient C in touching her breasts during her medical appointment. This was touching of a sexual nature and not of a clinical nature.

## **Patient D**

22. After learning that allegations regarding Dr. Sloka's conduct towards Patients A and B had been referred to the Discipline Committee, Patient D contacted the College in October 2017 to express her concerns regarding his conduct towards her.

23. Patient D was Dr. Sloka's patient between 2011 and 2018 for management of her seizure disorder. She was first referred to him as a university student after having a seizure.

24. At a number of appointments, Dr. Sloka checked Patient D's skin all over her body. She would begin the examination wearing a gown, but as he examined her from her arms down the rest of the body, Dr. Sloka would slowly remove her gown himself, undoing the ties and letting it fall. He would examine her with his face up close to her body, getting on his knees when examining her legs. He explained that he was checking for skin abnormalities linked to neurological issues. While doing this, he would move her breasts, squeezing and pushing them, including around the nipples. Dr. Sloka had Patient D lift her leg to a ninety degree angle while

the gown was around her waist with her breasts exposed so that he could examine a birthmark in her inguinal area.

25. During a follow-up visit in 2013-2014, Patient D complained of twitching in her leg and back pain. Dr. Sloka asked her to lie on the examining table. He proceeded to insert two fingers into her vagina while she lay with her legs flat on the table, which had no stirrups. This occurred after another skin examination. He had not told Patient D that he would touch her genital area or offered a reason for doing so. Dr. Sloka told Patient D that her cervix was low and invited her to feel it for herself, but she declined.

26. While Patient D remained lying flat on the table, Dr. Sloka then moved his hand and put a finger or fingers into her rectum for approximately five seconds, commenting that he was going to check whether constipation could be causing nerve pain. Dr. Sloka's hand that he used to touch Patient D's vagina and rectum was ungloved.

27. Patient D recalls that Dr. Sloka touched her vagina and rectum in the manner described above again at subsequent medical appointments, on a total of three to four occasions.

28. As opined by an expert neurologist retained by the College to review this matter, Dr. Sloka's conduct towards Patient D described above was not clinically indicated. There was no clinical rationale for the invasive physical maneuvers involving Patient D's vagina and rectum. Nor were repeated skin examinations, the lack of draping, or the touching of Patient D's breasts clinically appropriate.

29. Dr. Sloka engaged in disgraceful, dishonourable or unprofessional conduct towards and sexual abuse of Patient D, in requiring her to be examined without adequate draping, by moving her gown to expose her body, and by touching her vaginal area, rectum, breasts, and groin area. This was touching of a sexual nature and not of a clinical nature.



## **PART II – NO CONTEST**

30. Dr. Sloka does not contest the facts in paragraphs 1 to 29 above.

31. Dr. Sloka does not contest that the facts in paragraphs 1 to 29 above constitute professional misconduct, in that:

- (a) he engaged in sexual abuse of a patient, under clause 51(1)(b.1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*; and
- (b) he 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, under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*.

### **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 Statement of Uncontested Facts and Plea of No Contest. Having regard to these facts, the Committee found that Dr. Sloka committed an act of professional misconduct, in that he engaged in sexual abuse of a patient, 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.

## **AGREED STATEMENT OF FACTS ON PENALTY**

The following facts were set out in an Agreed Statement of Facts on Penalty that was filed as an exhibit and presented to the Committee:

## **FACTS**

1. Dr. Sloka has no prior discipline history.
2. Dr. Sloka entered into an interim undertaking to the College on September 19, 2017, pending final disposition of this case. It has required all of his patient encounters to take place in the presence of a practice monitor who is a regulated health professional acceptable to the College. The practice monitor has submitted reports to the College, and there was a requirement to post signage to advise patients of these practice restrictions.
3. Dr. Sloka has agreed to undertake not to apply or reapply to practise medicine in Ontario or any other jurisdiction.

## **PENALTY AND REASONS FOR PENALTY**

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order. The parties jointly proposed that Dr. Sloka's certificate of registration be revoked; that Dr. Sloka attend before the panel to be reprimanded; and that he 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, in the amount of \$64,240.00.

In *R. v. Anthony-Cook*, 2016 SCC 43, the Supreme Court of Canada states that the Committee should not depart from a joint submission on penalty unless the proposed penalty would bring the administration of justice into disrepute, or is otherwise contrary to the public interest.

In considering the penalty proposed, the Committee took into account the basic principles underlying penalty orders. The Committee's determination on penalty is based, firstly and most importantly, on the guiding principle of public protection. The penalty should serve as a general deterrent to the profession and a specific deterrent to the member. It should express the profession's denunciation of the misconduct, be proportionate to the misconduct, and uphold the honor and reputation of the profession. The penalty should maintain the public's confidence in the College's ability to regulate the profession in the public interest. Further, to the extent possible, the penalty should provide for the rehabilitation of the member.

As set out in *Re Tse and College of Physicians and Surgeons of Ontario*, 1979 CanLII 2047, the proportionality of a penalty involves consideration of the seriousness of the conduct, including the impact of the conduct on its victims. The Committee heard patient impact statements from patients B, C and D. The impact statements of patients B and C were read into the record by their mothers.

In light of the Committee's finding of sexual abuse, and the nature of the sexual abuse, the Committee is aware that mandatory revocation is required under section 51(1) of the Code. Having considered the nature and seriousness of the misconduct, the aggravating and mitigating

factors, prior similar cases of this Committee, and patient impact statements, the Committee is of the view that revocation is the only just and appropriate penalty.

### **Nature and Seriousness of the Misconduct**

#### *i. Patient A*

Patient A was a teenager who was referred to Dr. Sloka for an assessment regarding seizures. During the patient encounter, Dr. Sloka instructed Patient A to fully remove her gown and stand before him facing a window in the examination room with her arms and legs out. Dr. Sloka then slowly looked over her entire body, including crouching down with his face close to her skin.

In order to maintain the public's trust, it is essential for physicians to respect the personal dignity of their patients. Dr. Sloka required Patient A to stand before him completely naked and purported to carry out an examination in a manner that the Committee concluded was sexual and not clinical in nature.

#### *ii. Patient B*

In the case of Patient B, Dr. Sloka sexually abused her by cupping each of her breasts separately, lifting them up, and moving them, without any clinical justification. In addition, Patient B was subjected to the indignity of standing naked before Dr. Sloka while facing the window with her arms outstretched. The Committee found that Dr. Sloka's actions in regard to Patient B were sexual and not clinical in nature.

#### *iii. Patient C*

Patient C was referred to Dr. Sloka for tingling from the waist down. At her first appointment, without a clinical indication, Dr. Sloka exposed and touched Patient C's breasts, and squeezed each breast with his fingers, with the palm of his hand on her breast. It was described by the patient as a "gentle touch". The Committee found that the touching of Patient C's breasts in this manner was sexual and not clinically indicated.

iv. *Patient D*

Patient D was a university student referred to Dr. Sloka after she experienced a seizure. During a number of physical examinations, Dr. Sloka would slowly remove Patient D's gown himself by undoing the ties and letting the gown fall. Dr. Sloka examined Patient D's legs by bringing his face close to her body and getting onto his knees. Dr. Sloka also moved Patient D's breasts, squeezing and pushing them, including around the nipples.

During a visit when Patient D had complained of twitching in her leg and back pain, Dr. Sloka inserted two ungloved fingers into Patient D's vagina while she lay with her legs flat on the table. He then put an ungloved finger or fingers into the rectum. Patient D recalled that Dr. Sloka touched her vagina and rectum in this same manner at subsequent medical appointments.

An expert neurologist retained by the College reviewed the case of Patient D and concluded that Dr. Sloka's conduct towards Patient D was not clinically indicated. In addition, there was no clinical rationale for the invasive maneuvers involving Patient D's vagina or rectum, nor was there for the repeated skin examinations, lack of draping, or touching of Patient D's breasts.

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The Committee was appalled by Dr. Sloka's repeated disregard for the boundaries that must be maintained in all physician-patient encounters. Dr. Sloka's actions betrayed his patients' trust and prioritized his own interests above all.

Dr. Sloka sexually abused patients A, B, C, and D, under the guise of performing physical examinations that were not clinically indicated, for his own sexual self-gratification. In so doing, Dr. Sloka violated the most intimate of boundaries. He showed an utter disregard for the physical and emotional impact his actions would have. The Committee was particularly concerned that Dr. Sloka preyed upon vulnerable young women, including a teenager.

The Committee views Dr. Sloka's behaviour as deplorable. It cannot and indeed will not be tolerated by the profession or the public.

## Patient Impact Statements

The sexual abuse perpetrated by Dr. Sloka has had a significant impact on the lives of those he abused. The enduring effects of his actions are best illustrated by selected quotes from the patient impact statements:

*“Since the incident of abuse, I have lost trust in my healthcare providers.”*

*“I am no longer able to trust male physicians specifically, which upsets me because I could be missing out on working with some of the top professionals in the field just due to the fact I cannot stand the idea of working with a male physician.”*

*“I feel robbed of the simple joy of an intimate relationship that everyone should be able to experience”*

*“I lost confidence in who I was and what kind of partner I needed to be. I constantly feel shame, embarrassment and anxiety due to the incident.”*

*“I feel robbed of many “normal” experiences such as intimate relationships, doctor visits, school events and living everyday life due to the lingering feelings from my experience.”*

*“To be assaulted by a doctor at his level, to only be regarded as an object for his pleasure has left me empty and with no self-confidence to the extreme and questioning my whole being as a person.”*

*“This abuse has left me ashamed, angry, resentful, defeated and incompetent as a parent.”*

*“I second judge everything over and over until I just want to lock my door and keep my family in my four walls in my home.”*

*“My daughter said all she wants is her old mother back and my son is angry... My children are frustrated with my anxiety and my over protective fear for them.”*

*“You set me back 4 years I will never get back.”*

*“You stole many things from me. I didn’t care how I looked, felt, even letting my once model contracted body get to over 200 lbs.*

The passionate impact statements detail the shattering effects Dr. Sloka has had not only on the patients impacted, but their families as well.

### **Aggravating Factors**

The Committee considered a number of aggravating factors flowing from the nature and seriousness of the misconduct as described above:

- (i) Dr. Sloka sexually abused multiple patients during their medical examinations, and in at least one case, sexually abused a patient on several occasions.
- (ii) Dr. Sloka betrayed the trust of his patients by sexualizing the patient encounter and performing clinical examinations involving the breasts, vagina and rectum where there was no clinical indication to do so.
- (iii) Dr. Sloka exploited the power imbalance between a physician and his patient for his own sexual pleasure.
- (iv) Dr. Sloka preyed upon vulnerable patients including at least one teenager and a university student who were seeking Dr. Sloka’s professional help for their medical conditions.

### **Mitigating Factors**

The Committee also considered the following mitigating factors:

- (i) Dr. Sloka agreed to a Statement of Uncontested Facts, an Agreed Statement of Facts on Penalty, and a Joint Submission on Penalty, thus saving time and expense for the Committee, as well as sparing witnesses from having to attend and testify at a contested hearing.
- (ii) Dr. Sloka has no prior discipline history.

- (iii) Dr. Sloka agreed to an undertaking not to apply or reapply to practise medicine in Ontario or any other jurisdiction.

### **Prior Cases**

The Committee was provided with a Joint Book of Authorities that contained two similar prior cases before the Committee: *Picard*, 2018 and *Iqbal*, 2015. Although the Committee's prior decisions are not binding as precedent, the Committee accepts as a principle of fairness that like cases should be treated alike. The Committee recognized that on the factual findings in this case, the penalty of revocation is mandatory.

### **CONCLUSION**

The misconduct committed by Dr. Sloka, involving four patients as outlined above, not only supports a finding of sexual abuse, but also a finding of disgraceful, dishonourable or unprofessional conduct.

The Committee found Dr. Sloka's behaviour to be appalling, and falling within the most egregious category of professional misconduct. Dr. Sloka's actions were deliberate, occurred over an extended period of time, and involved multiple patients. The patients were young and vulnerable, one a teenager. The patient impact statements described the enduring effects that Dr. Sloka's behaviour has had.

Dr. Sloka exploited the power imbalance inherent in the physician-patient relationship. His actions were the most serious abuse of patient trust. In the Committee's view, even if it were not mandatory, only revocation reflects the severe nature of this misconduct, and will provide the necessary public protection. Further, it sends a strong message that the profession will not tolerate members who abuse their professional role for their own personal gratification.



**ORDER**

The Committee stated its findings of professional misconduct in paragraph 1 of its written order of April 30<sup>th</sup>, 2019. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. The Registrar revoke Dr. Sloka's certificate of registration effective immediately.
3. Dr. Sloka attend before the panel to be reprimanded.
4. Dr. Sloka 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 \$64,240.00.
5. Dr. Sloka pay costs to the College in the amount of \$6000.00, within thirty (30) days of the date of this Order.

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

**TEXT of PUBLIC REPRIMAND**  
**Delivered April 30th, 2019**  
**in the case of the**  
**COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO**  
**and**  
**DR. JEFFREY SCOTT SLOKA**

While, of course, it is not an obligation of the physician to attend this hearing, the Panel feels quite strongly that a physician under these circumstances disrespects the work of this Panel, and we feel that it is unfortunate that he has decided not to be here today. This is the reprimand for Dr. Jeffrey Scott Sloka.

It is indeed discouraging that in the second decade of the twenty-first century, a physician such as yourself continues to show such blatant disregard and disrespect for the physical and mental well-being of their patients. The College guidelines have been abundantly clear regarding the appropriate draping of patients during an examination. The public outcry and media attention given to physicians who sexually abuse their patients has been a daily occurrence. Yet some physicians continue along this path.

The Victim Impact Statements that we've heard today have detailed the shattering effects such abuse has had on them. Patient B has stated that she "has lost trust in my health care providers" which is all the more critical in that she has a medical condition that requires ongoing care.

Patient C has indicated that with her appointment she had hoped "to set a plan in motion to relieve the symptoms of my MS, only to leave the office nauseated and not understanding what first happened." Patient D has said, "You set me back, four years I will never get back."

It is clear from these Impact Statements that your egregious behaviour has caused long term harm to these vulnerable individuals and their families. Fortunately such predatory actions have been permanently terminated with revocation of your Certificate of Registration and your agreement never to reapply to practice medicine in Ontario or any other jurisdiction.