

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Kenneth Werezak Adams, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the names of patients or any information that would identify the 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*, S.O. 1991, c. 18, as amended.

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

Every person who contravenes an order made under ... section 45 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.

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

Citation: *College of Physicians and Surgeons of Ontario v. Adams*, 2021 ONCPSD 11

Date: February 26, 2021

BETWEEN:

College of Physicians and Surgeons of Ontario

- and -

Dr. Kenneth Werezak Adams

FINDING AND PENALTY REASONS

Panel: Dr. Peeter Poldre (chair)
Dr. Joanne Nicholson
Mr. Mehdi Kanji
Dr. Ian Preya
Mr. Jose Cordeiro

Heard: January 5, 2021

Appearances:

Ms. Simmy Dhamrait, for the College
Mr. Eric Pellegrino, for Dr. Kenneth Werezak Adams
Mr. Gideon Forrest, Independent Legal Counsel to the Discipline Committee

Introduction

- [1] Dr. Adams treated two members of his family contrary to College policy. Moreover, his care for them did not meet the standard of care of the profession. He admitted misconduct and the parties made a joint submission as to penalty. At the conclusion of the hearing, we found that the member committed an act of professional misconduct and ordered a public reprimand, four-month suspension and costs of \$6,000 as agreed, with written reasons to follow.

Facts and Finding on Allegations

THE ALLEGATIONS

- [2] The Notice of Hearing alleged that Dr. Adams committed an act of professional misconduct:
1. Under 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 an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and
 2. Under paragraph 1(1)2 of O. Reg. 856/93, in that he has failed to maintain the standard of practice of the profession.
- [3] The Notice of Hearing also alleged that Dr. Adams is incompetent.

RESPONSE TO THE ALLEGATIONS

- [4] Dr. Adams admitted the allegations in the Notice of Hearing that he engaged in an act or omission relevant to the practice of medicine that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and failed to maintain the standard of practice of the profession.
- [5] The College withdrew the allegation of incompetence.

THE FACTS

- [6] The following facts were set out in an Agreed Statement of Facts and Admission which was filed as an exhibit and presented to the Committee:

BACKGROUND

1. Dr. Kenneth Werezak Adams (“Dr. Adams”) is a sixty-four (64) year-old physician who received his certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (the “College”) on October 18, 1983.
2. At all relevant times, Dr. Adams practised in Toronto, Ontario.

PROVIDING ONGOING MEDICAL CARE AND TREATMENT TO FAMILY MEMBERS

The Complaint to the College

3. Patient A is Dr. Adams’ family member.
4. On December 13, 2018, the College received a complaint from Patient A in which he expressed concerns about Dr. Adams’ conduct, including that Dr. Adams had prescribed medication to Patient A and another family member (Patient B).
5. On January 8, 2019, Patient A provided the College with further information including that he had received from Dr. Adams prescriptions for antibiotics and medications to treat hair loss and tooth pain.

The College Investigation

6. On May 28, 2019, the Registrar signed an Appointment of Investigators pursuant to subsection 75(1)(c) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*.
7. In his initial response to the College investigation dated October 15, 2019, Dr. Adams acknowledged providing care and treatment to his two family members and stated that he had in the past provided “limited care” to both Patient A and Patient B.

Dr. Adams provided ongoing care and treatment to his family member: Patient A

8. During the investigation, the College obtained Dr. Adams' patient records for Patient A, Ontario Health Insurance Plan ("OHIP") records for claims submitted for services rendered to Patient A, records from the Narcotics Monitoring System (the "NMS" data) in relation to narcotic drugs and preparations, controlled drugs and benzodiazepines and other targeted substances prescribed by Dr. Adams to Patient A, and pharmacy records.
9. The patient records, OHIP records, NMS data, and pharmacy records show that between approximately January 2000 and October 2018, Dr. Adams provided ongoing care and treatment to Patient A for numerous health concerns, including as follows:
 - Between January 9, 2000 and February 20, 2017, Dr. Adams submitted seventy-four (74) claims to OHIP for services rendered to Patient A under various OHIP billing codes, including more than fifty (50) claims submitted under OHIP billing code K007A (Ind. Psychotherapy Per Half Hour – Gp);
 - Between April 2015 and October 2018, Dr. Adams issued eighteen (18) prescriptions to Patient A for various medications on numerous dates, including: Finasteride, Teva-Clindamycin, Naproxen, Ketorolac, Amoxicillin, Metronidazole, Furosemide, Metronidazole, Nabolone, and Metformin.
 - Among the prescriptions noted above, between November 2017 and October 2018, Dr. Adams issued four (4) prescriptions to Patient A for Finasteride and Metformin.
10. In addition to the care and treatment outlined above, in approximately 2003, Dr. Adams performed hair transplant procedures on Patient A.

Dr. Adams provided ongoing care and treatment to his family member: Patient B

11. Patient B is Dr. Adams' family member.
12. During the investigation, the College obtained Dr. Adams' patient records for Patient B, OHIP records for claims submitted for services rendered to Patient B, and pharmacy records.

13. The patient records, OHIP records and pharmacy records show that between approximately January 2000 and February 2017, Dr. Adams provided ongoing medical care and treatment to Patient B for various health concerns, including as follows:
- Between January 9, 2000 and February 20, 2017, Dr. Adams submitted forty-seven (47) claims to OHIP for services rendered to Patient B under various billing codes, including more than thirty (30) claims submitted for services rendered under billing code K007A (Ind. Psychotherapy Per Half Hour – Gp);
 - Between October 2010 and December 2016, Dr. Adams issued over ten (10) prescriptions to Patient B for various medications on numerous dates including: Naproxen, HCG (Human Gonadotropin), Naltrexone, Azithromycin, Insulin, Metronidazole, Penicillin, Euro-Fer, and Teva-Mirtazapine.

FAILURE TO MAINTAIN THE STANDARD OF PRACTICE

14. During the investigation, the College retained Dr. Chase Everett McMurren (“Dr. McMurren”), a family physician, to opine on the care provided by Dr. Adams to Patient A and Patient B.
15. Dr. McMurren’s report, dated January 5, 2020, is attached at Tab A to the Agreed Statement of Facts and Admission. In his report, Dr. McMurren opines as follows:
- “The care Dr. Adams provided to [Patient A] and [Patient B] does not meet the standard of practice of the profession. Dr. Adams’ record keeping is poor and does not meet the standard of the practice. Dr. Adams’ poor organization of records and hand-written notes are difficult to decipher at times. Along with the concerns about the quality of record-keeping and the questionable use of psychotherapy billing codes, I believe that Dr. Adams did not meet the standard of practice in his willingness to provide ongoing, non-emergency-related care for family members.[...] It appears that Dr. Adams provided ongoing care to his [family members], care that, at times, involved sensitive examinations (like genital and rectal examinations), as well as the

prescriptions of medications. Erectile dysfunction, diabetes, obesity, and depression are not 'minor condition[s].' Remarkably, Dr. Adams billed much of this care as psychotherapy, even though the records typically described encounters suggestive of primary care for physical health concerns."

- "Dr. Adams demonstrated a lack of knowledge of the College policy related to the treatment of family members, as well as a lack of knowledge of the Ministry of Health and Long-Term Care Schedule of Benefits and the definition of psychotherapy."
- "Dr. Adams demonstrated a lack of skill with regard to effective record-keeping. Given the absence of details regarding his approach to psychotherapy (for example, I found no evidence of informed consent for psychotherapy treatment), I believe Dr. Adams displayed a lack of skill in providing psychotherapy."
- "Dr. Adams demonstrated a lack of judgment as reflected in his willingness to provide ongoing medical care to his family members, particularly as Dr. Adams billed these services as psychotherapy."
- "Dr. Adams approach to psychotherapy is unclear from his record-keeping, and this, alone, puts his patients at risk of harm. As such I believe his clinical practice, behavior or conduct is likely to expose his patients to harm or injury."
- "Dr. Adams demonstrated a lack of knowledge and judgment in his willingness to provide care for his [family members]. [...] The extent to which Dr. Adams provided ongoing care is very concerning. Remarkably, there is no acknowledgment in the written records of Dr. Adams' familial relationship with either of his family members. When considering the complexity and nuance of providing psychotherapy, with an awareness of interpersonal dynamics, it is worrisome that this does not get addressed in the clinical record. [...] Dr. Adams was willing to request blood investigations, make referrals and prescribe medications for his family members, as well as sell products (like food and

supplements) to them over the span of a decade demonstrates a lack of professional judgment.”

ADMISSION

16. Dr. Adams admits the facts specified above in paragraphs 1 to 15, and admits that, based on these facts, he engaged in professional misconduct, in that he:

- a) 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 Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”); and
- b) failed to maintain the standard of practice of the profession under paragraph 1(1)2 of O. Reg. 856/93.

FINDING

[7] The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Adams’ admission and found that he committed an act of professional misconduct 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, and that he failed to maintain the standard of practice of the profession.

PENALTY AND REASONS FOR PENALTY

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

A. BACKGROUND

1. Dr. Kenneth Werezak Adams (“Dr. Adams”) is a sixty-four (64) year-old family physician who received his certificate of registration authorizing independent

practice from the College of Physicians and Surgeons of Ontario (the “College”) on October 18, 1983.

B. COLLEGE HISTORY

Prior Cautions

2. In June 2007, the Inquiries, Complaints and Reports Committee of the College (the “ICRC”) considered a complaint which raised concerns that Dr. Adams had charged a fee for uninsured services offered at his clinic and unprofessional communications. The ICRC cautioned Dr. Adams in respect to his participation in an arrangement where patients are inappropriately charged administrative fees to secure access to insured services of a physician. Attached at Tab A to the Agreed Statement of Facts on Penalty is a copy of the ICRC’s decision.
3. On July 18, 2013, the ICRC considered a complaint which raised concerns about Dr. Adams’ advertising practices. The ICRC cautioned Dr. Adams to ensure that his advertising complies with the Advertising Regulation. Attached at Tab B to the Agreed Statement of Facts on Penalty is a copy of the ICRC’s decision.

Undertakings to the College

4. On October 17, 2016, following a College investigation, Dr. Adams entered into an undertaking with the College agreeing to restrict his surgical practice to hair transplantation procedures, necessary ancillary procedures and commonly performed minor procedures of the skin and subcutaneous tissues. Attached at Tab C to the Agreed Statement of Facts on Penalty is a copy of the undertaking dated October 17, 2016. This undertaking arose after the ICRC considered a report of a Registrar’s Investigation under section 75(1)(a) of the *Health Professions Procedural Code*, which is schedule to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”), that raised concerns about Dr. Adams’ standard of practice in his surgical practice in the areas of hair transplantations and urology. The ICRC accepted Dr. Adams’ undertaking as a resolution to the investigation.

Attached at Tab D to the Agreed Statement of Facts on Penalty is a copy of the ICRC's decision dated September 21, 2016.

5. On July 18, 2018, following concerns being raised about Dr. Adams' record keeping as it related to his hair restoration practice, Dr. Adams entered into an undertaking with the College agreeing not to perform hair transplantation procedures or necessary ancillary procedures, as defined in the October 17, 2016 undertaking [attached at Tab C to the Agreed Statement of Facts on Penalty], until he provides a minimum of forty-five (45) days notice to the College of his intent to resume performing such procedures. The undertaking also requires Dr. Adams to undergo an assessment of his practice should he resume this area of practice. Attached at Tab E to the Agreed Statement of Facts on Penalty is a copy of the undertaking dated July 18, 2018.
6. On September 26, 2019, following a College investigation, Dr. Adams entered into an undertaking with the College agreeing to, among other things, practise under the guidance of a clinical supervisor for a period of twelve (12) months; undergo professional education in medical record keeping; and submit to a reassessment of his practice. Attached at Tab F to the Agreed Statement of Facts on Penalty is a copy of the undertaking dated September 26, 2019. This undertaking arose after the ICRC considered a report of a Registrar's Investigation under section 75(1)(a) of the Code, which raised concerns about Dr. Adams' standard of practice in the areas of primary care and practice of complementary/alternative medicine, management of patients with cardiovascular risk factors, opioid prescribing, men's health assessment and management, use of hormonal therapies and medical record keeping. The ICRC accepted Dr. Adams' undertaking as a resolution to the investigation. Attached at Tab G to the Agreed Statement of Facts on Penalty is a copy of the ICRC's decision dated June 19, 2019.
7. Dr. Adams ceased practising medicine from July 12, 2019 to February 17, 2020. As a result, the clinical supervision required by the terms of the September 26, 2019 undertaking did not commence until February 2020 following Dr. Adams' return to practice.

8. Dr. Adams' practice remains under clinical supervision.
9. The reassessment of Dr. Adams' practice pursuant to the terms of the undertaking dated September 16, 2019 is pending.

Prior Discipline History

10. On May 15, 2017, the Discipline Committee found that Dr. Adams committed an act of professional misconduct in that he failed to maintain the standard of practice of the profession 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. The facts underlying the Committee's finding included that Dr. Adams provided medical treatment to a family member between 2010 and 2016. The Discipline Committee ordered and directed: a suspension of Dr. Adams' certificate of registration for three (3) months; a reprimand; and terms, condition and limitations on his certificate which included instruction in medical ethics, clinical supervision for six (6) months, and a reassessment of his practice; and costs to the College. Attached at Tab H to the Agreed Statement of Facts on Penalty is [a] copy of the Discipline Committee's written Decision and Reasons for Decision, dated June 7, 2017.
11. Dr. Adams has fulfilled the terms, conditions or limitations on his certificate of registration imposed by the Discipline Committee's Order except for the reassessment of Dr. Adams' practice which is pending.

SUBMISSIONS ON PENALTY

- [9] Counsel for the College and counsel for Dr. Adams made a joint submission as to an appropriate penalty and costs order which included: a public reprimand; a four-month suspension of Dr. Adams' Certificate of Registration and costs in the amount of \$6,000.
- [10] Although the Committee has discretion to accept or reject a joint submission on penalty, the law provides that the Committee should not depart from a joint submission unless the proposed penalty would bring the administration of justice

into disrepute or is otherwise not in the public interest (*R. v. Anthony-Cook*, 2016 SCC 43).

- [11] Penalty principles considered by the Committee were protection of the public, maintaining the integrity of the profession, and maintaining public confidence in the College's ability to regulate the profession in the public interest. The penalty should also serve as a specific deterrent to the member and a general deterrent to the profession, as well as, if appropriate, an opportunity for the member's rehabilitation. Other principles considered by the Committee included denunciation of the misconduct and proportionality.

Aggravating Factors

- [12] Several aggravating factors contributed to the seriousness of Dr. Adams' conduct. The medical care he provided to his family members was extensive and occurred over an 18-year period. He treated them for multiple serious chronic health conditions. His record-keeping was poor. He billed OHIP to a large extent for psychotherapy, when there was no appropriate documentation or evidence in the medical records as to his approach to psychotherapy. One family member paid Dr. Adams directly for uninsured services which included supplements and a hair transplant. Dr. Adams' initial response to the College was to minimize the care he provided, saying that it was "limited." We conclude from the facts set out in the agreed statement of facts that Dr. Adams would have known that the treatment he provided was not in fact "limited." He demonstrated a lack of insight and judgement in providing this care over a long period of time.
- [13] Dr. Adams' history with the College was also an aggravating factor. While most of the current misconduct predated Dr. Adams' prior discipline hearing and penalty for a similar offence, there was a period of 11 months (November 2017 to October 2018) when Dr. Adams continued to prescribe medications for one of the family members in this case. In his submissions on penalty, counsel for Dr. Adams submitted that this was inadvertent as a result of prescription renewals for long-standing prescriptions. There was no evidence before us of inadvertence, and even renewals of medications require action on the part of the physician. We reject this explanation and consider the fact that Dr. Adams continued to renew

prescriptions for a family member after having been found to have committed professional misconduct for treating family members to be an additional aggravating factor. The repetitive nature of the misconduct and pattern of disregard for College policies is cause for concern and constitutes an aggravating factor.

Mitigating Factors

- [14] Dr. Adams' admission to the allegations avoided a contested hearing, saving time and expense, as well as sparing witnesses, including his relatives, the stress and inconvenience of testifying. Since the 2017 Discipline finding, Dr. Adams has taken steps towards rehabilitation which include taking courses in ethics and medical record-keeping. We considered these to be mitigating factors.

Prior Cases

- [15] Although prior decisions of the Discipline Committee are not binding as precedent, we accept as a principle of fairness that generally, like cases should be treated alike.
- [16] To support the jointly-proposed penalty, counsel for the College and counsel for Dr. Adams submitted several cases in a joint book of authorities. Included was the 2017 case of Dr. Adams himself: *Ontario (College of Physicians and Surgeons of Ontario) v. Adams*, 2017 ONCPSD 22. The allegations in that case, as in the current one, involved Dr. Adams' medical care of a relative, among other issues. Dr. Adams entered a plea of no contest to the allegations that he failed to maintain the standard of practice of the profession and that he engaged in acts or omissions 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. He received a reprimand, a three-month suspension, was required to take an ethics course, and terms, conditions and limitations were imposed on his certificate of registration, including supervision and reassessment of his practice, along with a requirement to pay costs.
- [17] The following jointly-submitted cases deal with similar behaviour to that of Dr. Adams. The suspensions range in length from no suspension up to six months.

- [18] In *Ontario (College of Physicians and Surgeons of Ontario) v. Brown*, 2019 ONCPSD 23, the Committee found that Dr. Brown engaged in disgraceful, dishonourable or unprofessional conduct with respect to the treatment of one family member. He also had deficiencies in record-keeping. This was an uncontested case with an agreed statement of facts and a joint proposal on penalty, which the Committee accepted. The penalty imposed included a two-month suspension, a period of clinical supervision and a reprimand, along with an order that Dr. Brown pay costs to the College.
- [19] In *Ontario (College of Physicians and Surgeons of Ontario) v. Irvine*, 2011 ONCPSD 39, Dr. Irvine provided medical care and multiple prescriptions over several years to his family members. Again, this was a case with an agreed statement of facts and joint proposal on penalty. The Committee found that Dr. Irvine committed an act of professional misconduct, in that 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. The penalty included a four-month suspension, a reprimand, and Dr. Irvine was required to pay costs to the College for a one-day hearing.
- [20] *Ontario (College of Physicians and Surgeons of Ontario) v. Aly*, 2018 ONCPSD 33 was an uncontested case in which the physician inappropriately prescribed narcotics to several patients, including two of her relatives. This case differed from the current one, in that the deficiencies in the physician's knowledge of narcotics prescribing exposed the patients to significant harm. The Committee found that Dr. Aly committed an act of professional misconduct, in that she failed to maintain the standard of practice of the profession, and in that she 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 penalty included a four-month suspension, a reprimand, costs of a one-day hearing, and imposition of terms, conditions and limitations on Dr. Aly's certificate of registration with respect to narcotics prescribing, instruction in medical ethics, an individualized education plan, supervision of her practice, and a reassessment of her practice following the period of supervision.

- [21] In *Ontario (College of Physicians and Surgeons of Ontario) v. Raddatz*, 2020 ONCPSD 27, the physician wrote multiple prescriptions for herself and several family members using a colleague's prescription pad. She also forged her colleague's signature. Her conduct was deliberate and deceitful, and occurred over several years. Dr. Raddatz pleaded no contest to the allegations. The Committee made a finding of disgraceful, dishonourable or unprofessional conduct. The penalty included a reprimand, a six-month suspension, costs of a half-day hearing, and she was required to take the PROBE ethics and boundaries course.
- [22] In *CPSO v. Moore*, 2013 ONCPSD 19, the finding of disgraceful, dishonourable or unprofessional conduct was based on boundary violations and Dr. Moore's treatment of his family members. This was an agreed statement of facts case and the Committee accepted the joint proposal on penalty. The Committee ordered a reprimand and terms, conditions and limitations on Dr. Moore's certificate of registration, which included remedial education. Dr. Moore was also ordered to pay costs to the College.
- [23] We concluded that the jointly proposed penalty is reasonable and in line with previous similar cases.

CONCLUSION

- [24] Dr. Adams has had a certificate of registration in Ontario for 37 years. It is the expectation of the College that physicians adhere to College policies throughout their career. The College's policy on *Treating Self and Family Members* provides, among other things, that physicians should not treat their family members except for minor conditions or in an emergency situation, and only when other qualified health professionals are not readily available. Where it is necessary to treat themselves or family members, physicians must transfer care to another qualified health professional as soon as is practical. For almost two decades, Dr. Adams provided ongoing, non-emergency care for Patient A and Patient B, who were his family members. Even after another disciplinary finding for a similar transgression, Dr. Adams continued to provide prescriptions for Patient A. In the present case, in addition to the issue of poor record keeping identified by Dr.

McMurren, Dr. Adams billed much of this care as psychotherapy, when the records typically described encounters suggestive of primary care for physical health concerns.

- [25] We accept the joint submission on penalty as appropriate. The four-month suspension will serve as a specific deterrent to the member, a general deterrent to the profession, and will protect the public, while maintaining the integrity of the profession and the College's ability to regulate in the public interest. When Dr. Adams returns to practice, he will be subject to the continuing terms, conditions and limitations of the undertakings he entered into in 2017 and 2019, in that his practice will continue to be supervised, with two upcoming reassessments planned. These measures will further ensure that the public is protected and that the integrity of the profession is maintained.
- [26] We are also of the view that a public reprimand will further serve as a specific and general deterrent and will allow the Committee to express its denunciation of Dr. Adams' conduct.
- [27] Costs are always at the discretion of the Committee. In this case, the parties have reached an agreement on costs which is reasonable.

ORDER

- [28] We stated our findings in paragraph 1 of our written order issued on January 6, 2021. In that order, we ordered and directed on the matter of penalty and costs that:
- Dr. Adams attend before the panel to be reprimanded;
 - The Registrar suspend Dr. Adams' certificate of registration for a period of four months starting January 6, 2021 at 12:01 a.m.; and
 - Dr. Adams pay costs to the College in the amount of \$6,000.
- [29] At the conclusion of the hearing, Dr. Adams waived his right to an appeal under subsection 70(1) of the Code, and we administered the public reprimand via videoconference.

TEXT of PUBLIC REPRIMAND
Delivered January 5, 2021
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. KENNETH WEREZAK ADAMS

Dr. Adams, the Committee notes at the outset that this is the second occasion for discipline by your regulator, the first one occurring less than four years ago. The Committee does not accept that your renewal of prescriptions to family members after that hearing was inadvertent. Rather, the College expects its members to be hypervigilant to sanctions imposed by the Discipline Committee. This Committee also cannot overlook the cautions issued to you by the ICRC in 2007 and 2013, as well as your three recent undertakings to attempt to address serious issues related to your standard of practice and your medical record keeping.

In the matter before us on this occasion, you have again failed to maintain the standard of practice. The Committee is particularly concerned with the observations made by the medical expert regarding your questionable use of psychotherapy billing codes without the appropriate consent of patients, when in the opinion of the expert, other primary care billing codes would have been more appropriate. Ontario's health care system has limited financial resources. The citizens of Ontario expect appropriate billings by physicians who are entrusted to do so.

At your past Discipline hearing, the Committee was, and I'll quote, "Deeply disappointed that a physician who has been in practice for so many years finds himself in this position by disregarding or ignoring College policies." In light of this matter, it is regrettable that we must repeat that admonition. Your actions over the past many years are deeply disappointing and reprehensible. They bring shame to you and disrespect to the profession. That concludes the reprimand.

This is not an official transcript