

## NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Wayne Edgar Stanley, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the identity of the complainants or any information that could identify the complainants under subsection 47(1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, 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.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v.  
Stanley, 2015 ONCPSD 33**

**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. WAYNE EDGAR STANLEY**

**PANEL MEMBERS:**

**DR. P. CHART (CHAIR)  
P. GIROUX  
DR. W. KING  
J. LANGS  
DR. E. STANTON**

**Hearing Date:** August 21, 2015  
**Decision Date:** August 21, 2015  
**Release of Written Reasons:** September 1, 2015

**PUBLICATION BAN**

## **DECISION AND REASONS FOR DECISION**

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on August 21, 2015. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty and costs order with written reasons to follow.

### **THE ALLEGATIONS**

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

1. under clause 51(1)(b.1) of the Health Professions Procedural Code which is schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991, c.18 (the “Code”) in that he engaged in sexual abuse of patients; and
2. 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 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. Stanley did not contest the allegations in the Notice of Hearing, that he engaged in the sexual abuse of patients; and that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### **THE FACTS**

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

1. Dr. Wayne Edgar Stanley, (“Dr. Stanley”) graduated from the University of Pretoria (South Africa) medical school in 1991. He came to Canada in 1994. He was certified by the CCFP (“Canadian College of Family Physicians”) in 2008. Dr. Stanley has held a certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (the “College”) since November 18, 2009. Dr. Stanley operates a family practice clinic in City 1, Ontario.

### **I. Sexual Abuse of a Patient – Patient A**

2. Patient A is currently in his thirties. He was a patient of Dr. Stanley beginning in October 2006. His last appointment with Dr. Stanley occurred in January 2012. He saw Dr. Stanley for appointments a total of five times.
3. All appointments took place in Dr. Stanley’s office in City 1, Ontario.
4. At the initial appointment in October 2006, Patient A complained of pain caused by the foreskin frenulum that prevented the foreskin from retracting. He also complained of a drifting left testicle.
5. At an appointment in November 2006, Dr. Stanley performed a frenulectomy and released the foreskin. Frenulectomy of the penis is a surgical procedure for cutting and removal of the frenulum to correct a condition known as *frenulum breve*. This condition prevents the full retraction of the foreskin with or without an erection.
6. Subsequently, Patient A moved to another province for employment for a period of approximately two years before returning to Ontario.
7. In December 2011, Patient A had an appointment with Dr. Stanley regarding pain and discomfort caused by a “drifting” left testicle.
8. In January 2012, Patient A attended for his final appointment with Dr. Stanley.
9. At the last appointment in January 2012, following discussion between Patient A and Dr. Stanley about the fact that Patient A’s left testicle was still sore, Dr. Stanley asked Patient A to get on the examination table, remove his pants and lie

- down. Patient A did so and pulled his pants and underwear down to his ankles; he lay down with his head back.
10. Dr. Stanley applied lubricant onto Patient A's genitals, including his testicles and penis. This was the first time Dr. Stanley applied lubricant while conducting a genital examination of Patient A. Dr. Stanley started touching Patient A's genital area, including his testicles and penis, and asked Patient A when he had last ejaculated. Dr. Stanley also asked how easy it was for Patient A to have an erection. Patient A initially assumed that these questions and the touching were part of a clinical examination.
  11. Dr. Stanley began massaging the base of Patient A's penis and rolled down his foreskin. At this point, Patient A started to wonder if this was more than clinical touching. Dr. Stanley said he was trying to increase the blood flow and told Patient A that he would have to achieve an erection for the examination that Dr. Stanley was going to conduct. Dr. Stanley masturbated Patient A by moving his hand up and down the shaft of Patient A's penis for "not very long". Dr. Stanley asked Patient A where his sensitive places were located, what gets him erect, and what excites him.
  12. Patient A became nervous and said "this is weird" a few times. Dr. Stanley abruptly stopped masturbating Patient A. Dr. Stanley used some paper towel to clean the lubricant off Patient A. Patient A did not achieve an erection.
  13. Patient A complained to the College on February 3, 2012.

## **II. Sexual Abuse of Patient – Patient B**

14. Patient B is in his thirties. He was a patient of Dr. Stanley beginning in October 2006. His last appointment with Dr. Stanley occurred in February 2013. He saw Dr. Stanley for appointments a total of fifteen times.
15. All appointments took place in Dr. Stanley's office in City 1, Ontario.
16. In October 2006, Patient B suffered injuries, including a fracture of the pelvis.
17. Patient B told Dr. Stanley that he experienced testicular pain during intercourse and sexual dysfunction.

18. At an appointment in early 2009, Dr. Stanley raised the issue of a “broken penis” [Peyronies Disease]. Peyronies disease is the development of fibrous scar tissue inside the penis that causes curved, painful erections.
19. Patient B told Dr. Stanley that he thought he had experienced a “broken penis” during sexual intercourse with his girlfriend. Dr. Stanley instructed Patient B to get on the examination table and pull down his pants. Patient B did so and lay on the table on his back.
20. Dr. Stanley masturbated Patient B by moving his hand up and down the shaft of Patient B’s penis. Dr. Stanley told Patient B that he wanted him to “get hard” and to ejaculate. He told Patient B to close his eyes and pretend he was with his girlfriend as it would be easier to ejaculate. He commented that Patient B had a “nice penis”. Dr. Stanley stated that he needed to see how far Patient B could ejaculate. At one point, Dr. Stanley inserted one of his fingers into Patient B’s rectum.
21. Patient B did not achieve an erection. After about 25 to 30 minutes, Patient B stated words to the effect, “this isn’t going to happen”. Dr. Stanley stopped and Patient B pulled his pants up.
22. Patient B complained to the College on February 7, 2013.

## **FINDINGS**

In relation to the allegations of sexual abuse and disgraceful, dishonourable or unprofessional conduct, Dr. Stanley’s response was to plead no contest to the facts set out in the Statement of Facts. With respect to the Statement of Facts and the plea of no contest, Rule 3.02 of the Discipline Committee’s Rules of Procedure states:

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 the proceeding only;

- b) that the Discipline Committee can accept that those facts constitute professional misconduct or incompetence or both for the purposes of the proceeding only; and
- c) that the Discipline Committee can dispose of the issue of what finding ought to be made without hearing evidence.

The Committee accepted as true all of the facts set out in the Statement of Facts and found that these facts constituted professional misconduct, in that Dr. Stanley has engaged in the sexual abuse of patients, 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, dishonorable or unprofessional.

### **PENALTY AND REASONS FOR PENALTY**

Counsel for the College made a submission as to the appropriate penalty and costs order and submitted a draft order. The submission was not contested by counsel for Dr. Stanley and she had no comment on the draft order.

The provisions of the draft order included revocation of Dr. Stanley's certificate of registration (mandatory under section 51 (5) of the code), a public reprimand (also mandatory in law), a provision for funding for patient counselling (the program required under section 85.7 of the Code) and costs to the College for a single day's hearing at the tariff rate of \$4,460.00.

Detailed and deeply moving victim impact statements were presented by both patients, read in person by Patient A and by counsel on Patient B's behalf. Each described the serious, life-changing consequences of Dr. Stanley's abuse. Both described depression, substance abuse and an inability to trust. Indeed, the inability to trust in the medical profession has resulted in a failure to resolve the medical problem for which one of the patients saw Dr. Stanley at the time of the abuse.

The Committee was genuinely disgusted and appalled by the egregious breach of trust inherent in the abuse by Dr. Stanley of these two patients, well beyond "disgraceful, dishonourable and unprofessional." The legacy of distress caused by Dr. Stanley has led

to a complete absence of confidence, not only in Dr. Stanley but, by extension, in the medical profession as a whole. Even if revocation was not mandated by statute under section 51 (5).2 of the Code, the Committee would still find no lesser penalty than the removal of Dr. Stanley from the medical profession to be appropriate. The reprimand will reflect the abhorrence of the profession towards his behaviour. We sincerely hope that he will, himself, seek help in correcting his personal flaws.

While the patients have not, to date, sought help, their victim impact statements speak to many problems which might benefit from counselling. The wisdom of the law (section 51(2).5.1 and 51(2).5.2), and of this proposed component of the penalty, in requiring Dr. Stanley to post security for any potential counselling funding for the two patients, is therefore apparent and the order is appropriate.

The order for Dr. Stanley to pay costs to the College in the amount of \$4,460.00, a portion of the true cost of bringing this matter to conclusion, is considered by the Committee to be amply justified.

The Committee therefore made the following order:

### **ORDER**

Therefore, having stated its finding of professional misconduct in paragraph 1 of its written order of August 21, 2015, the Committee ordered and directed on the matter of penalty and costs that:

2. the Registrar revoke Dr. Stanley's certificate of registration effective immediately.
3. Dr. Stanley appear before the panel to be reprimanded.
4. Dr. Stanley 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 sixty (60) days of the date of this Order, in the amount of \$32,120.00 (\$16,060.00 for each patient).

5. Dr. Stanley pay costs to the College in the amount of \$4,460.00, within thirty (30) days of the date of this Order.

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

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**Hearing Date:** August 21, 2015  
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**Release of Written Reasons:** September 1, 2015

**PUBLICATION BAN**

**TEXT of PUBLIC REPRIMAND**  
**Delivered August 21, 2015**  
**in the case of the**  
**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**  
**and**  
**DR. WAYNE EDGAR STANLEY**

This Committee is nothing short of horrified to hear of your despicable behaviour. The violation of your patients' trust was flagrant and the profound impact has been poignantly addressed in the Victim Impact Statements. The courage of your victims to come forward and express the effect of your actions on their lives has to be commended.

The offensive conduct in this case is disgusting. Shame on you. The reflection of this type of predatory behaviour on the profession as a whole is sadly unavoidable. You are rightly condemned by the hard working and honourable physicians of this province.

While revocation is mandatory in this matter, even if it were not mandatory, nothing short of separation of you from the profession would suffice.

You may sit down.