

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Deborah Anne Drake, this is notice that the Discipline Committee ordered that there shall be a ban on publication of the name or identity and any information that could disclose the name or identity of the patients whose names are disclosed at the hearing or in documents 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.

Indexed as: Drake (Re)

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

IN THE MATTER OF a Hearing directed
by the Executive Committee of
the College of Physicians and Surgeons of Ontario
pursuant to Section 36(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. DEBORAH ANNE DRAKE

PANEL MEMBERS:

DR. P. CHART (Chair)
DR. E. ATTIA (Ph.D.)
DR. M. GABEL
DR. B. TAA (Ph.D.)
DR. W. KING

Hearing Date: August 12, 2009
Decision Release Date: August 12, 2009
Release of Written Reasons: November 13, 2009

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 August 12, 2009. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty order with written reasons to follow.

THE ALLEGATIONS

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

1. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, in that she failed to maintain the standard of practice of the profession.

The Notice of Hearing also alleged that that Dr. Drake is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code (the “Code”), which is schedule 2 to the *Regulated Health Professions Act, 1991*, in that her care of patients displays a lack of knowledge, skill or judgment or disregard for the welfare of her patients of a nature or to an extent that demonstrates that she is unfit to continue practise or that her practice should be restricted.

RESPONSE TO THE ALLEGATIONS

Dr. Drake admitted the first allegation in the Notice of Hearing, that she failed to maintain the standard of practice of the profession. Counsel for the College withdrew the allegation of incompetence.

FACTS AND EVIDENCE

The following Agreed Statement of Facts and Admission was filed as an exhibit and presented to the Committee:

PART I – FACTS

Background

1. Dr. Deborah Anne Drake (“Dr. Drake”) is a 51-year-old member of the College of Physicians and Surgeons of Ontario (the “College”). She graduated from medical school at McMaster University in 1985, and obtained certification from the College of Family Physicians of Canada in Family Medicine and Family Medicine (Emergency Medicine) in 1987 and 1988 respectively.

2. Dr. Drake advises that she provides primary care to patients in the walk-in clinic setting and that she may provide Complementary Medicine in her private practice in the field of family medicine, research and stress therapy. Dr. Drake advises that she has in the past and may in the future use the EPMX Quantum Biofeedback machine in her private Complementary Medicine practice. The EPMX machine was licensed for sale in Canada as a biofeedback device that measures simple brain wave, skin impedance and skin resistance designed for biofeedback use, evoked potential biofeedback and stress reduction only. It was never licensed for diagnostic purposes. The license for sale, advertising and importing has been suspended since about February, 2009 as the result of a complaint that the device was ineffective for stress reduction. Health Canada has advised that in response to the complaint, the manufacturer was unable to show objective evidence of the effectiveness of the device for its stated intention, and therefore the license was, and remains, suspended.

Investigation by the College

3. In 2006, the Executive Committee of the College approved an Appointment of Investigators under section 75(b) of the Health Professions Procedural Code.

4. The College retained the services of Dr. X to review 30 patient charts from Dr. Drake’s practice.

5. Excerpts of Dr. X’s opinion are set out below:

... Dr. Drake does not meet the standard of practice of the profession. When ordering tests or prescribing medications used in conventional medicine, Dr. Drake is expected to follow conventional practices ...

In my opinion, Dr. Drake's care displays a lack of knowledge, but to a larger extent, lack of judgment ...

Dr. Drake's clinical practice is likely to expose her patients to harm or injury. Her paradigm of infection as the root cause of many of her patients symptoms lead to inappropriate use of anthelmintics and antibiotics.

Dr. X also expressed his concerns that some of Dr. Drake's "misinformed statements may discourage her patients from seeking the necessary conventional medical care" (page 4).

Further, he stated:

Upon review of many of the files, I was unable to find clear indications from the history or the physical examinations which would justify Dr. Drake ordering many of the noted tests or prescribing anthelmintics or anti-candida medications. It is my opinion that she relied on the bioresonance on the EPFX/QXCI/SCIO system information since the biofeedback machine reported many results for infections and treatments were prescribed.

6. A copy of Dr. X's report dated March 17, 2007 is attached as Tab 1 [to the Agreed Statement of Facts and Admission].
7. A copy of Dr. Drake's response to Dr. X's report, dated May 15, 2007, is attached at Tab 2 [to the Agreed Statement of Facts and Admission].
8. Dr. X replied to Dr. Drake's response in two reports: one dated July 1, 2007 and one dated September 4, 2007, copies of which are attached at Tab 3 and 4 [to the Agreed Statement of Facts and Admission] respectively. Excerpts of Dr. X's opinion are set out below:

The EPFX machine has little or no reliability or validity in detecting anything relative to a gold standard especially with infection. It is inappropriate to rely on any of its findings to make a diagnosis of parasite infection, or relying on its findings to order conventional test or prescribe conventional medications.

...

My greatest area of concern was regarding her belief of MMR vaccine's association to autism.

...

Dr Drake has failed to provide any useful information to support the use of the EPFX machine in detecting infection and thus justifying her indiscriminate use of anthelmintics and antibiotics. She displayed lack of knowledge and critical appraisal skills relating to the safety of the MMR vaccine in relation to mutism or autism.

9. Dr. Drake maintains a website with the following address:

www.harmonizeyourhealth.com. Excerpts of the website are attached at Tab 5 [to the Agreed Statement of Facts and Admission]. The website fails to comply with the principles of the College's policy regarding complementary medicine, a copy of which is attached at Tab 6 [to the Agreed Statement of Facts and Admission], in that it repeatedly fails to give accurate information about conventional medicine, and fails to give accurate information about the degree of certainty and predictability that exists about the biofeedback machine. For example, the site, in which she refers to her medical credentials, states:

(i) Comments about Aids and the Immune System

AIDS and older Immune deficiency syndromes are noted in the poor and malnourished, the toxic (ie heavy metals, radiation exposed), the intoxicated (users of illicit prescription drugs, including antibiotic, nitrate or steroid use) and sexually promiscuous individuals (sustained antigenic stimulation).

Immune suppression induced AIDS due to the so called HIV virus has never been adequately documented to exist in the medical literature, according to standardized principles including Koch's postulates of infectious disease. Thus the Syndrome of AIDS is still not well understood in terms of cause nor appropriate treatment. This would explain the failure to date to contain the scourge despite all the effort, time, medication and education expended so far.

There is an unchecked and growing global hysteria over AIDS, and millions of dollars are being allocated to the solution when so many controversies still remain in question. There is a substantial documented body of evidence and books written contesting the premise of the entire epidemic. We are now seeing a legitimate, fact based backlash against AIDS statistical epidemiological incongruence, controversy over AIDS origins due to the lack of reproducible basic identification of the supposed HIV causative virus and it's unreliable testing methods, growing skepticism over the zealous use of expensive harmful antiviral cocktails when the virus hasn't been isolated, suspicion over the timing of the most rapidly FDA approved drugs in history, the protease inhibitors, before conclusive testing and adequate safety profiling were done, AIDS vaccination scandals,

funding politics controversies, profiteering by drug companies, and untold suffering unabated.

All this has left the window open for an emotional monetary bonanza from charitable investments without scientific direction or impact. We need clear direction based on science and not hysteria or fear mongering. It's time to look at this illness with a fresh modern tool & provide better solutions.

The uncertainty still to this date over the nature of AIDS has made it a difficult task to tackle until now, where newer integrated disciplines like psycho-neuro-immunology understanding of the immune system, and enlightened diagnostic and therapeutic strategies such as Eclosion Quantum QXCI/SCIO or EPFX Biofeedback, can provide long hidden answers. **No one should argue that treating immune illnesses with immune boosting makes sense. Finally bioenergetic medicine has matured to this task.**

Bioenergetic Medicine Restores Immune Deficiencies

We need for use in AIDS an ideally non invasive, highly sensitive and specific, cost effective, non stigmatizing, and non-harmful diagnostic and therapeutic techniques, applicable to the masses, transportable to any location, with user friendly operation and wide-spread accessible training required.

To fit this bill, quantum medicine's QXCI or SCIO biofeedback devices are perfectly suited to delineate the complex interplay of causes plus prescribe a prudent course of action for each individual with immune related illness, and will likely show hidden trends in causation and curative strategies after aggregate analysis, that could not be recognized or undertaken without such a complex mathematical tool to navigate the way.

Using the matrix, search, hold or autozap functions, the AIDS virus frequency pattern can be destroyed, removing any electrical envelope of the AIDS frequency, and preventing recurrence. Also available are many Autozap functions to increase the immunity, foster proper nutrition, heal organs, realign charkas, open acupuncture meridians, encourage spinal flow and lymphatics cleansing, and to kill through sonic boom any top pathogens, toxins or metabolic or DNA errors that lead to immunosuppression

Reduction of pain symptoms, malnourishment, wasting and depression, as well as recession of tumors, pneumonia, fevers are all readily accomplished

The QXCI is the perfect tool to boost the immune system to its normal natural function by simultaneously correcting hundreds of parameters affecting the bioterrain and regulatory problems of a disintegrated immune system.

Integrative and Multidisciplinary

Capable of destroying any infection via soundwaves, including food poisoning, AIDs virus, cancer virus, other pathogens, plus can restore normal gut flora

Summary

The Ecllosion or EPEX device, and its cousins QXCI/SCIO bio-energetic medicine devices, if used for the investigation and therapy of illnesses like HIV-AIDS could mark the end of the Immune Deficiency Syndrome, as we know it....

(ii) Questions and Answers including:

- Q: diagnosed with degenerative disc disease in c spine surgery performed still having problems with compressed nerves c8 t1 can you be of help**
- A:** Compression injuries of the thoracic spine, especially at vertebrae T8 over the pancreas can affect not only the posture but the digestion. Luckily quantum biofeedback can repair, restore and revitalize spinal bones, discs, nerves and the underlying functions. Consider a quantum biofeedback scan to pinpoint and alleviate the source of stress in a non invasive and safe way
- Q: I suffer from anxiety attacks. I'm weaning off 20 mg of Paxil but am taking 20mg Prozac and 20mg Paxil for one week, then 20 mg Prozac and 1/2 paxil then so on for 7 more days. Then switching to Celexa. I always feel tense and anxious. I can't slow myself down and the pills are causing me to become itchy. Can you help me. I hate feeling like i'm not here and tired of feeling sick and anxious and nervous all the time. Thanks so much. I've been dealing with anxiety and nervous for more than 10 years and have been on paxil for about 7.**
- A:** For feelings on chronic anxiety, you must begin to look into the gut, where 95% of serotonin is stored in the PEYER'S PATCHES or gut lymph nodes. Any chronic anxiety condition not settled with typical medication may be the indication of a missed food poisoning, tapeworm, roundworm, amoeba, giardia or fungus/yeast. These organisms can steal your supply of serotonin, dopamine, acetyl choline and sex plus stress hormones, making the anxiety refractory. All humans need probiotic acidophyllus for vitamin K to retard gut infections, and restore the recycling of 60% of hormones which affect anxiety. Have you had a quantum biofeedback scan to map your potential for a chronic infection causing your anxiety? Remember a yeast infection in the bowel after antibiotic therapy can ferment enough acetone nail polish remover and other alcohols to make you feel like a continually anxious alcoholic even if you don't drink. Consider cleansing the gut and liver and see if the mood improves. DD

Q: will this help MS

A: MS or Multiple sclerosis is a preventable and treatable illness where the oily coating of insulation along the nerve called the myelin sheath, is attacked or dismantled. It is worse in wheat eaters, those with gut dysbiosis, those low in vitamin D for nerves, and those suffering occult food poisoning especially salmonella typhoid fever, Campylobacter jejuni and other common but difficult to detect leaky gut parasites. Luckily quantum biofeedback can map these infections along with a module to repair myelin sheath and can restore otherwise scarred tissue back to operative function. DD

Q: How good is the EPMX machine to grow cranial nerves 8 and 9 in the auditory canal? My daughter Rebecca has a hearing problem by birth and is now 3 years old. Any suggestions welcome. Also pls let me know if you have had a similar case in your record. Thank you Zac Panampunna

A: Hearing Loss is a topic dear to my heart and I have created an extensive PODCAST and DVD from my speech on this topic from Johannesburg S.Africa. There are too many suggestions to review here, but the quantum biofeedback device is well suited to repair nerves, compression of bone, improve alignment and many other options that could have a great impact on hearing repair. I have had success with one client who got congenital hearing loss repaired after 45 minutes of quantum biofeedback hearing repair. So any individual is worth testing and treating with quantum biofeedback since the chance of success is so great at pinpointing the blockage and restoring electrical flow to the extensive hearing nerves. Remember, hearing is also greatly affected by celiac gluten antibodies gluing up the ear, and thus looking for occult food poisoning or heavy metal toxicity can trigger autoimmune hearing loss that is reversible, especially when picked up early. Check out our hearing modules and powerpoint for details. DD

Q: What is the protocol for helping prostate cancer and mouth and nose cancer. Has the scio ever healed someone from cancer. Thank You. Patty

A: Cancers of the prostate, mouth and nose may have to be treated with stress, pain and relaxation therapy using the Eclosion scanner after appropriate medical consultation has provided no other relief. The most missed problem here is the hidden bladder flukes or helminthes or other deep infections especially of Candida, that can trigger the immune cascade to eventually form a cancer. Many strategies should be employed, as seen in my C-Set series, available in the advanced classes at www.instituteofquantummedicine.com. This consists of 6 hours of classes outlining in detail the biofeedback strategies for preparation, detoxification and restoration of the body's immune shield through quantum biofeedback. The fact several cancers have arisen indicates the loss of antioxidant protection, and I wonder if there was rubber exposure or smoking to cause the cancer at both ends of the person. Restoration of the normal gut flora and blood pH plus remineralizing the person is crucial to restore normal bioterrain.

Q: what are the organs commonly affected by the disease called non-hodgskin lymphoma??

A: Non Hodgkins Lymphoma affects the lymph nodes, bone marrow, blood and any organ nearest to the cause, which is usually a virus or local bacterial infection like food poisoning, which triggers the lymph nodes in the gut to enlarge. Many times, the Epstein Barr virus family is involved in Hodgkins lymphoma, and a diagnosis must be made by a qualified medical professional, usually through biopsy. Beware of celiac sprue inducing lymphoma, along with deep fungal infections, heavy metal toxicity and other immunosuppressive insults

PART II – ADMISSION

10. Dr. Drake admits the facts specified in paragraphs 1 to 9 above and admits that she failed to maintain the standard of practice of the profession in that she prescribed conventional treatment modalities without a conventional indication and without:

- a) performing a pertinent history and physical examination of the patient sufficient to make or confirm a conventional diagnosis and to meet the appropriate standard of the profession;
- b) investigating, when necessary, utilizing generally accepted modalities pertinent to the complaint;
- c) reaching a conventional diagnosis that reasonable physicians would reach, supported by the data;
- d) advising the patient of the usual and conventional treatment options, their

- risks, benefits and efficacy as reflected by current knowledge;
- e) documenting all of the above in accordance with the regulations; and
- f) providing sufficient information to allow patients to make informed choices.

FINDING

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts and Admission. The Committee found that the facts, as admitted by Dr. Drake, clearly constitute an act of professional misconduct, in that Dr. Drake failed to maintain the standard of practice of the profession.

PENALTY AND REASONS FOR PENALTY

The Committee reviewed an Undertaking executed by Dr. Drake on August 12, 2009. The incorporation of the provisions of the Undertaking into terms, conditions and limitations on Dr. Drake's certificate formed the basis of a joint submission on penalty.

The Undertaking includes, *inter alia*, provisions which are summarized as follows:

- Dr. Drake will conform to the CPSO policy (#1-00) on Complementary Medicine by:
 - performing an adequate history and physical examination sufficient to make or confirm a conventional diagnosis
 - investigating complaints utilizing generally accepted modalities pertinent to the complaint
 - advising patients of the usual and conventional treatment options, their risks benefits and efficacy as reflected by current knowledge.
- Dr. Drake will discontinue the use of the EPFX biofeedback device for diagnostic purposes.

- If Dr. Drake recommends the use of the EPFX device for stress reduction, she will inform the patient, both verbally and in a written consent form, that conventional medicine does not support the use of the device, that scientific literature respecting the device is still at the "early developmental stage" and that the machine's license was suspended by Health Canada because the manufacturer was unable to provide evidence of its efficacy.
- Dr. Drake will maintain a log of all patients on whom the EPFX device is used.
- Dr. Drake will investigate appropriately and by conventional means all suspected cases of intestinal parasites and/or yeast and will treat only those patients with confirmatory test results and/or those patients for whom an Infectious Diseases Specialist certified by the Royal College concurs in the management.
- Dr. Drake will maintain a log of all patients with suspected parasite or yeast infections (excepting vaginal yeast).
- Dr. Drake will not discourage the use of vaccines, will refer patients to their family physicians for vaccination when conventionally indicated and will document in patients' charts all discussions regarding vaccination.
- Dr. Drake will, within four weeks, complete a wholesale revision of her website, that revision to be acceptable to the College.
- Dr. Drake will attend a course acceptable to the College designed to upgrade her skills in critical appraisal of medical evidence.

- Dr. Drake will engage a Clinical Supervisor who will:
 - meet with her weekly to review and discuss all patient charts and test results
 - report to the College monthly or immediately if patient-safety concerns arise
 - notify the College if the supervisory arrangement is terminated; and
- Dr. Drake consents to practice reassessments at 12 and 24 months by a College-appointed assessor.

The Undertaking, which sets out these provisions in much greater detail, is attached as Schedule “A”.

The complete text of the Undertaking, the EPM consent form and the Clinical Supervisor agreement were reviewed in detail by the Committee.

In support of the joint submission, counsel cited the case of *CPSO v. Krop* (1998). Dr. Krop was also a Complementary Medicine practitioner. After a lengthy hearing, the Committee found that he had failed to meet the standard of practice of the profession in his care of several patients. The facts of his case bear a number of similarities to the present one. Dr. Krop's penalty included a reprimand and the imposition of conditions on his certificate of registration. These conditions are noticeably less restrictive than those outlined in the Undertaking signed by Dr. Drake.

While the Committee is aware of all of the relevant penalty principles, we consider protection of the public to be of paramount importance in these circumstances. The restrictions imposed by the Undertaking, particularly the requirement that every case be reviewed by a Clinical Supervisor, are stringent. Nonetheless, the Committee continued to have public safety concerns, which it asked the parties to address.

First, the Committee was concerned that a long-standing reliance on the EPFX device as a diagnostic tool and therapeutic guide may have resulted in a diminution in Dr. Drake's conventional diagnostic and therapeutic skills, which the Undertaking does not address.

Counsel for Dr. Drake (with the concurrence of College counsel) submitted that Dr. Drake maintains certification in Family Medicine and Emergency Medicine as well as holding a Fellowship in the College of Family Physicians. These designations come with ongoing educational requirements which Dr. Drake fulfills. She completes many hours of CME annually and has ten scientific papers in peer review.

Counsel for the College pointed out that the preliminary remarks of Dr. X were quite complimentary, concerning Dr. Drake's completeness and organization of charts, cumulative patient profiles, history and physical examination sheets and progress summaries. She submitted that the Undertaking addresses those areas where Dr. X had concerns.

Secondly, the Committee was concerned that there is an incongruity between the College's Complementary Medicine Policy to "act honestly and always in the patient's best interest" and the ongoing use of therapeutic modalities of no proven validity.

Counsel pointed out that the Policy allows physicians “a reasonable and responsible latitude in the kinds of therapies that they offer to their patients” and that the best safeguard is a fully-informed patient. She submitted that the provisions concerning informed consent in Dr. Drake’s Undertaking are explicit and comprehensive.

Furthermore, she submitted that one of the ways in which medicine advances is through physicians who practise “outside the conventional envelope.” Properly designed, scientific research will eventually determine whether the EPPX biofeedback device is effective in stress reduction, and Dr. Drake is involved in that research.

Lastly, the Committee noted the absence of any timeline for the educational requirement in Dr. Drake’s Undertaking.

Counsel for Dr. Drake undertook to provide to the College, within 30 days, a list of the CME completed by Dr. Drake. She speculated that the requirement in the educational section of the Undertaking might already have been fulfilled. If not, a suitable course focusing on the critical appraisal of medical evidence will be selected in consultation with College staff.

The Committee is aware that the law has set a high bar for rejection or alteration of a joint submission on penalty, permitting it only when its acceptance would be contrary to the public interest and would bring the administration of justice into disrepute.

The Committee took some comfort from the submissions of counsel. Nevertheless, a concern remained. The penalty contains no expression of the profession’s disapproval of Dr. Drake’s conduct, such as a reprimand. A reprimand, while not crucial to the appropriate disposition, would not have been inappropriate in this case. The concern does

not, however, reach the level required to reject the joint submission.

We also note that the allegation of incompetence was not pursued by the College, and therefore the Committee will make no comments concerning this issue.

ORDER

Therefore, the Committee ordered and directed that:

1. The terms of the Undertaking executed by Dr. Drake, attached to the Order as Appendix "A", be terms, conditions and limitations imposed on Dr. Drake's certificate of registration.
2. The results of the proceeding be included in the register.

UNDERTAKING (“Undertaking”)

of

DR. DEBORAH ANNE DRAKE (“Dr. Drake”)

to

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the “College”)**

A. PREAMBLE

- (1) **I, DR. DEBORAH ANNE DRAKE**, certificate of registration number **55850**, am a member of the College. The College has received information that I have failed to maintain the standard of practice in my care and treatment of 30 patients. As a result of these concerns, the Executive Committee referred specified allegations of professional misconduct and incompetence to the Discipline Committee of the College.

B. UNDERTAKING

(1) *General*

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake to obtain a pertinent history and conduct a physical examination of each patient sufficient to make or confirm a conventional diagnosis.
- (b) **I, DR. DEBORAH ANNE DRAKE**, undertake to investigate patient complaints utilizing generally accepted modalities pertinent to the complaint.
- (c) With respect to all diagnoses, **I, DR. DEBORAH ANNE DRAKE**, undertake to first advise the patient of the usual and conventional treatment options, their risks, benefits and efficacy as reflected by the current knowledge.
- (d) **I, DR. DEBORAH ANNE DRAKE**, undertake that if I am of the view that the patient may benefit from the EPFX for stress reduction, I will explain to the patient that, at the present time, the scientific literature with respect to the reliability of the EPFX is still at the early developmental stage. I undertake to explain that at the present time the EPFX machine’s license has been suspended by Health Canada because the manufacturer was unable to establish that it was effective for biofeedback use, evoked potential biofeedback and stress reduction. I further undertake to explain to the patient that conventional medicine does not support the use of the machine.

- (e) **I, DR. DEBORAH ANNE DRAKE**, undertake that if any other complementary treatments are offered to the patient, I will, in accordance with the CPSO's policy, provide the patient with sufficient information to allow the patient to make an informed choice.
- (f) **I, DR. DEBORAH ANNE DRAKE**, will document all the foregoing in my chart.
- (g) **I, DR. DEBORAH ANNE DRAKE**, undertake not to use the EPFX machine diagnostically, but only therapeutically.
- (h) **I, DR. DEBORAH ANNE DRAKE**, undertake to employ the consent form approved by the College attached hereto as Appendix "A" when EPFX treatments are offered to the patient. I undertake to seek the College's approval before any changes to the consent form are made, and where other complementary treatments are offered to the patient.
- (i) **I, DR. DEBORAH ANNE DRAKE**, undertake to maintain a log of all patients upon whom the EPFX machine is used.

(2) ***Parasites and/or Yeast***

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake that in the case of suspected intestinal parasites and/or yeast, I will order the appropriate test from the Ontario Provincial Laboratory.
- (b) **I, DR. DEBORAH ANNE DRAKE**, undertake that if those tests are negative for pathological intestinal parasites and/or yeast, I will advise the patient and will also advise the patient that a conventional medical practitioner may conclude that, in the absence of confirmatory evidence from the laboratory test, the patient may not have pathology due to parasites and/or yeast.
- (c) **I, DR. DEBORAH ANNE DRAKE**, undertake that if other signs and symptoms suggest that the patient is suffering from pathology due to parasites and/or yeast, despite the negative tests, I will advise the patient of his or her treatment options, and the risks and benefits associated with each treatment option.
- (d) **I, DR. DEBORAH ANNE DRAKE** undertake that if I am of the opinion that one of my patients has parasites and/or yeast, I will recommend that the patient see a Royal College Certified Infectious Diseases Specialist, and I will make such referral upon agreement by the patient to see such specialist. I agree not to provide any medical treatment other than that recommended by the specialist. For greater clarity, I agree that in the event the patient is not seen by a Royal College Infectious Disease Specialist, I will refrain from continuing to treat the patient for parasites and/or yeast.

- (e) **I, DR. DEBORAH ANNE DRAKE**, agree that section 2(d) does not apply to vaginal yeast infections as diagnosed by conventional medical procedures including a vaginal swab. I agree that in the case of a suspected vaginal yeast infection, I will take a vaginal swab. I agree that I will treat vaginal yeast infections with conventional topical medical therapy. If the patient does not respond within the expected time frame, I will refer the patient to a family physician or gynecologist for treatment.
- (f) **I, DR. DEBORAH ANNE DRAKE**, undertake to document all the foregoing in my chart.
- (g) **I, DR. DEBORAH ANNE DRAKE**, undertake to maintain a log of all patients with suspected parasites and/or yeast.

(3) ***Vaccines***

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake not to discourage the use of vaccines in any of my patients.
- (b) **I, DR. DEBORAH ANNE DRAKE**, undertake to refer patients to their family physicians for vaccines when conventionally indicated and will clearly document all discussions regarding vaccinations in patient charts.

(4) ***Website***

- (a) **I, DR. DEBORAH ANNE DRAKE**, agree to undertake a wholesale revision of my website acceptable to the College within 4 weeks of the execution of this undertaking.

(5) ***Education***

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake to attend a course approved by the College to update my skills in critical appraisal of medical evidence as soon as possible and to notify the College upon completion.

(6) ***Practice Restriction and Clinical Supervisor***

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake to continue to engage a Clinical Supervisor who is acceptable to the College (the “Clinical Supervisor”) to meet with me weekly to review at a minimum, all aspects of my practice including all charts and testing performed and to discuss any issues or concerns arising there from.
- (b) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that I am permitted to practice only if this Clinical Supervisor arrangement is in place.

- (c) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that I have reviewed the Clinical Supervisor's undertaking, attached hereto as Appendix "B", and understand what is required of the Clinical Supervisor, including monthly reports to the College.

(7) ***Re-Assessments***

- (a) **I, DR. DEBORAH ANNE DRAKE**, will submit to a re-assessment of my practice by an assessor appointed by the College (the "Assessor") approximately 12 months from the date of the execution of this Undertaking and again at approximately 24 months from the date of the execution of this Undertaking.
- (b) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that the Assessor will prepare a report following completion of each re-assessment, which report will be submitted to the Executive Committee for its consideration.

(8) ***Monitoring***

- (a) **I, DR. DEBORAH ANNE DRAKE**, undertake and agree to co-operate with the College in monitoring my compliance with this Undertaking.

C. ACKNOWLEDGEMENT

- (1) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that any breach of the term of this Undertaking may constitute an act of professional misconduct, or, where appropriate, failure to maintain the standard of practice and/or incompetence, and may result in a referral of specified allegations to the Discipline Committee of the College (the "Discipline Committee").
- (2) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that if a referral of specified allegations to the Discipline Committee is made in relation to the terms of this Undertaking, the College will be entitled to introduce this Undertaking as evidence at a hearing before the Discipline Committee.
- (3) **I, DR. DEBORAH ANNE DRAKE**, acknowledge that I shall be solely responsible for the payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the terms of this Undertaking and its Appendices.
- (4) **I, DR. DEBORAH ANNE DRAKE**, acknowledge and confirm that I have read and understand the terms and conditions provided in this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.

D. CONSENT

- (1) **I, DR. DEBORAH ANNE DRAKE**, give my irrevocable consent to the College to provide information arising from any investigation into my practice, and from its monitoring of my compliance with this Undertaking, to all Clinical Supervisors who execute an Appendix to this Undertaking and to any Assessor appointed by the College.
- (2) **I, DR. DEBORAH ANNE DRAKE**, give my irrevocable consent to all Clinical Supervisors, to discuss with the College, and with one another, all information relevant to the terms of this Undertaking, and the terms of the undertaking contained in Appendix “B”, for the purpose of monitoring my compliance with this Undertaking.
- (3) **I, DR. DEBORAH ANNE DRAKE**, give my irrevocable consent to all Assessors to discuss with the College, all information relevant to the terms of this Undertaking, and the terms of the undertaking contained in Appendix “B”, for the purpose of monitoring my compliance with this Undertaking.

Dated at Toronto, this 12th day of August, 2009.

(Original signed by Dr. Drake)
DR. DEBORAH ANNE DRAKE

**APPENDIX "A" TO DR. DEBORAH ANNE DRAKE'S
UNDERTAKING WITH THE COLLEGE OF PHYSICIANS AND SURGEONS
OF ONTARIO (THE "COLLEGE")**

CONSENT

I am aware that Dr. Drake practices complementary and alternative medicine. I have been advised by Dr. Drake that, when indicated, Dr. Drake may employ or recommend complementary or alternative tests or treatments.

Dr. Drake has informed me that the College of Physicians and Surgeons of Ontario considers some complementary and alternative tests and treatments to be unproven. In particular, if Dr. Drake concludes that I might benefit from the EPM for the purposes of stress reduction, I acknowledge that Dr. Drake has explained to me that the scientific literature with respect to the efficacy and accuracy of the EPM is such that conventional health practitioners would not support the use of the machine. **I acknowledge that Dr. Drake is prohibited from using the EPM machine diagnostically. I acknowledge that Dr. Drake has explained to me that at the present time the EPM machine's license for sale, advertising and importing has been suspended by Health Canada because the manufacturer was unable to establish that it was effective for biofeedback use, evoked potential biofeedback and stress reduction. I acknowledge that Dr. Drake has further explained to me that conventional medicine does not support the use of the machine.** Despite having received this advice, I consent to the use of the EPM.

Patient Name:

Signature

Date

Witness Name:

Signature

Date

**APPENDIX "B" TO DR. DEBORAH ANNE DRAKE'S
UNDERTAKING WITH THE COLLEGE OF PHYSICIANS AND SURGEONS
OF ONTARIO (THE "COLLEGE")**

CLINICAL SUPERVISOR

**UNDERTAKING OF DR. _____
TO THE COLLEGE**

1. I am a practising member of the College.
2. I have read the undertaking executed by Dr. Deborah Anne Drake on August 12, 2009, (the "Undertaking") and the Order of the Discipline Committee of the College dated August 12, 2009.
3. I acknowledge that I have reviewed the materials regarding Dr. Deborah Anne Drake provided to me by the College, including the reports of Dr. X dated March 17, 2007, July 1, 2007 and September 4, 2007.
4. I agree that commencing from the date I sign this undertaking, I shall act as Clinical Supervisor for Dr. Deborah Anne Drake, which obligations shall include, at a minimum:
 - (a) reviewing Dr. Deborah Anne Drake's practice, including review, on a weekly basis, of all charts and testing performed;
 - (b) discussing any concerns arising from such chart reviews with Dr. Deborah Anne Drake; and
 - (c) making recommendations to Dr. Deborah Anne Drake for practice improvements.
5. I agree to submit a written report to the College on the first day of each month commencing the day I sign this undertaking. Such reports shall contain all information I believe might assist the College in evaluating Dr. Deborah Anne Drake's compliance with the terms of her Undertaking.
6. I agree that if I am concerned that Dr. Deborah Anne Drake may not be in compliance with the terms of her Undertaking, and/or that her patients may be exposed to risk of harm or injury, I shall immediately notify the College.
7. I acknowledge that Dr. Drake has consented to my disclosure to the College of all information necessary to fulfill my undertaking and to monitor Dr. Deborah Anne Drake's compliance with the terms of her Undertaking.

8. I agree to immediately inform the College in writing if Dr. Deborah Anne Drake and I have terminated our Clinical Supervision relationship, or if I otherwise cannot fulfill the terms of my undertaking.

Dated at _____, this ____ day of _____, 2009.

Print Name

Signature

Witness (print name)

Witness (signature)