

NOTICE OF PUBLICATION BAN

In the matter of College of Physicians and Surgeons of Ontario and Dr. Pierre Picard this is notice that the Discipline Committee ordered that there shall be a ban on publication and broadcasting of the names and any identifying information concerning any patients disclosed orally or in written documents or 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.

The Committee also ordered that there shall be a ban on the publication, including broadcasting, of the identity of the complainants who testify in relation to the allegations in this matter, and of any other information that could identify the complainants 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 section 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. Picard,
2018 ONCPSD 64**

**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. PIERRE PICARD

PANEL MEMBERS:
DR. P. POLDRE (CHAIR)
MR. M. KANJI
DR. W. KING
MR. P. MALETTE
DR. M. DAVIE

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

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MR. P. LEIGH
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INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS Z. LEVY

PUBLICATION BAN

Hearing Date:	October 9, 2018
Decision Date:	October 9, 2018
Written Decision Date:	November 26, 2018

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 October 9, 2018. At the conclusion of the hearing, the Committee released a written order stating its finding that the member committed an act of professional misconduct. The Order set out the Committee’s penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Pierre Picard 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 a patient;
2. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has failed to maintain the standard of practice of the profession;
3. under paragraph 1(1)33 of Ontario Regulation 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.
4. under clause 51(1)(a) of the Code, in that he has been found guilty of an offense that is relevant to his suitability to practise.

The Notice of Hearing also alleged that Dr. Picard is incompetent as defined by subsection 52(1) of the Code.

RESPONSE TO THE ALLEGATIONS

Dr. Picard entered a plea of no contest to allegations 1, 2, 3 and 4 in the Notice of Hearing that: he has engaged in sexual abuse of patients; he has failed to maintain the standard of practice of

the profession; 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; and he has been found guilty of an offence relevant to his suitability to practise. The College withdrew the allegation of incompetence.

THE FACTS

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

PART I: STATEMENT OF FACTS

A. Background

1. Dr. Pierre Picard (“Dr. Picard”) is a 50 year-old physician who received his certificate of registration authorizing independent practice on June 30, 2009. He is certified in neurology by the Royal College of Physicians and Surgeons. He has not been a member of the College of Physicians and Surgeons of Ontario (“the College”) since his certificate of registration expired August 10, 2017.

2. At the material time, Dr. Picard treated patients in a private office four days a week in Hamilton, Ontario, and at the ambulatory care clinic at a Hospital one day a week.

B. Sexual Abuse, Disgraceful, Dishonourable and Unprofessional Conduct and Failure to Maintain the Standard of Practice

(i) Patient A

3. In around 2012, Patient A was referred to Dr. Picard for treatment related to a neck injury. She was referred for pain management from a whiplash injury and concussion.

4. At the outset of their doctor-patient relationship, Patient A told Dr. Picard that she was suffering post-traumatic stress disorder following a sexual assault. Patient A saw Dr. Picard in his office in the Hospital.

5. In January 2015, Dr. Picard commenced providing lidocaine injections to Patient A. Initially, the injections were in her neck and shoulder area. Dr. Picard then added to the series of injections in subsequent appointments, to include her back and buttocks, which he referred to as the piriformis.

6. In around October 2015, Patient A received her usual injections (which included her buttocks, in the area of her piriformis) while lying on her stomach.

7. Dr. Picard told Patient A that he would also provide her injections in her chest area, in the pectoralis muscle, for which Patient A flipped over to lay on her back. She was gowned and her bra was removed. Her breasts were exposed. The process involved Dr. Picard touching the area of her right breast, locating an injection site in the pectoralis and then rubbing around the cleavage area. Patient A told Dr. Picard that she had breast implants. Dr. Picard asked whether the surgery had affected the sensation in her nipples. She thought this was unusual.

8. While lying on her back, face-up, Dr. Picard used his elbow to push Patient A's right leg to the side and reached his hand between her legs, pushing her legs apart. He commenced massaging her buttocks (around the area of the injection) for fifteen or twenty seconds in a manner that was different and longer than previous appointments. Dr. Picard told her that the massage makes the medication work faster. She was shocked. The massage was of a sexual, not clinical, nature.

9. At the end of the appointment, Dr. Picard told Patient A that she could come to his private office for future appointments because he would have more time to massage her. She told him that she would call his secretary. Patient A felt uncomfortable, violated and confused by what occurred.

10. On the following day, Patient A received a text message from Dr. Picard telling her that he had an opening and she could come back in if she felt any pain. She told him that she was okay, but he continued to send text messages to her, offering that she see him in the clinic that week.

11. Patient A was concerned and did not return to see Dr. Picard again.

12. The College retained Dr. Kevin Smith, a Royal College certified anesthetist who practices chronic pain management, to opine on the care and treatment provided to Patient A. Dr. Smith opined that Dr. Picard failed to maintain the standard of practice, noting that such widespread injections were not clinically indicated, nor was there any reason to extensively massage the buttocks. There was no documentation to support the injections that were billed to OHIP. With respect to the manner in which Dr. Picard massaged the patient, Dr. Smith stated that “the technique of leaning his elbow upon her leg and reaching beneath the buttocks from an anterior approach is unnecessary and inappropriate”.

(ii) **Patient B**

13. In September 2014, Patient B was referred to Dr. Picard by her family physician for management of multiple sclerosis (“MS”).

14. Dr. Picard’s OHIP billings show that he billed for services five times between January 2015 and June 2016.

15. On a date in June 2016, Patient B attended at Dr. Picard’s office for a scheduled appointment. Patient B saw the nurse first, who did a physical assessment, and then saw Dr. Picard in his office. Patient B told Dr. Picard that she was experiencing extreme sweating. Dr. Picard indicated that the overheating was due to her MS. They discussed Patient B’s fatigue and drug coverage plan.

16. As Patient B got up to leave, Dr. Picard got up and came around his desk. He put his right hand down the top of her dress and felt both of her breasts. Patient B was not wearing a bra at the time. She described his hand cupping each of her breasts. While his hand was on her breast, Dr. Picard said that he was checking for chafing in relation to her complaint of extreme sweating. Patient B was shocked and did not say anything. She left immediately.

17. Dr. Picard had not informed her that he planned to check her breasts, and there was no need for him to check her breasts.

18. Patient B terminated her doctor-patient relationship with Dr. Picard following her appointment in June 2016.

19. On the evening of a date in July 2016, Dr. Picard's nurse documented a phone call she had received that day from Patient B. Patient B informed the nurse that Dr. Picard touched her inappropriately, saying, "He touched my boobs", and asked, "Why would my MS doctor have to touch my boobs?" Patient B explained to the nurse that Dr. Picard told her there was chafing under her breasts. Patient B stated that the incident took place in Dr. Picard's office, behind the door area.

20. The nurse advised Dr. Picard of Patient B's disclosure on the same day, following the telephone call. Dr. Picard instructed the nurse not to make an entry into Patient B's electronic record regarding the allegation. As a result, the nurse decided to document the interaction on a separate piece of paper when she was at home that evening.

21. Dr. Picard's documentation of the interaction on June 8, 2016 in Patient B's electronic medical record does not include any reference to the allegations. His instruction to his nurse was inappropriate and unprofessional.

(iii) **Patient C**

22. In December 2014, Patient C was referred to Dr. Picard as a result of work-related head injuries. OHIP billing records show that Dr. Picard billed for a consultation on a date in March 2015, and for multiple injections between March 2015 and September 2016.

23. In her initial appointments with Dr. Picard, Patient C remained clothed. Dr. Picard administered lidocaine injections around her head, neck and upper back. In subsequent appointments, the injections extended to the pectoralis, down the back to the lower back, and the piriformis. She remained standing throughout the injections. After injecting the pectoralis, Dr. Picard touched both sides of each breast with an open palm. On occasions, he complimented her, stroked her necklace telling her it was beautiful, and touched her tattoo on her shoulder commenting that it was lovely.

24. On a date in July 2016, Patient C's appointment proceeded differently. Dr. Picard took her into the treatment room with an examination table. She usually received her injections in his office. She advised him that she was an inpatient in a voluntary treatment program for post-traumatic stress disorder, but that she had been released to attend her appointment with him. He administered cranial and cervical injections in a fashion similar to previous occasions.

25. Dr. Picard then told Patient C that her pelvic floor was "tight" and asked her to lie face down on the examination table. Prior to this occasion, Patient C received the injections in her buttock area while standing up and bending over. Patient C found the face down position stressful based on her past experiences.

26. When she was lying down, Patient C felt Dr. Picard's hand slide inside her shorts and into her underwear. He began massaging in circular motions between her buttocks and the labia. He was approaching closer and closer to her vaginal opening. He asked if it was "OK" and she replied "yes". Dr. Picard told her that she was very tight. She was immobilized with fear and confused, particularly since Dr. Picard was providing reports for the purposes of her claims

against WSIB, her employer, and disability benefits. Dr. Picard's touching and massaging was of a sexual, not clinical, nature.

27. At some point, Patient C turned over onto her back. Dr. Picard lowered her shorts and underwear, exposing her pubic hair, and administered injections in her pelvic area and in her legs near the groin. He had not injected these areas before. He placed his hands over her clitoris and pubic area and stated "that should get things flowing". He continued to massage her pelvic area. She was very shocked and confused.

28. On another occasion, Dr. Picard placed her against the wall, pulled up her shorts, and while facing her, administered an injection in her femoral area. She was surprised he pulled up her shorts. He told her he was working in massage and physiotherapy.

29. Although Patient C was concerned about what had happened, she attended for her subsequent appointment on a date in August 2016 because she was desperate for these injections, and she trusted him. In addition to injecting her head, neck and upper back, he injected her pectoralis muscle on both sides. He also felt either side of both breasts, as he had been doing for months when administering injections to her.

30. On a date in September 2016, she attended again for her injections. At this time, they were administered by Dr. Picard's nurse. Patient C was advised by the receptionist that Dr. Picard was being investigated by the College, and was ensuring that he was accompanied by a nurse when treating all female patients.

31. Dr. Picard came into the examination room to instruct the nurse where to administer the injections. Dr. Picard did not open Patient C's shirt like he had on previous occasions, nor did he touch either side of her breasts as he had on previous occasions. He instructed the nurse to administer only three injections to Patient C. It then occurred to Patient C that what Dr. Picard had previously been doing to her during his administration of injections was wrong. Patient C did not attend for her subsequent appointment with Dr. Picard.

(iv) **Patient D**

32. In January 2015, Patient D was referred to Dr. Picard by her family physician to manage Cyclic Vomiting Syndrome and migraine headaches. OHIP billing records indicate that Dr. Picard billed for a consultation on a date in January 2015, and for multiple injections between January 2015 and October 2016.

33. Patient D typically attended appointments with Dr. Picard at the end of the day, after Dr. Picard's office staff had left because her work schedule only permitted her to come for appointments at the end of the day

34. At her appointments, Dr. Picard requested that she undress completely, with the exception of her underpants. He proceeded to administer injections. Initially, she received injections in her head, neck and shoulders. Injections then progressed down her back, to include her buttocks and her hips. Following each injection, Dr. Picard massaged the area, including her back, shoulders, buttocks and hips, stating that the massage was necessary to make the medication more effective. He massaged her for about an hour. The College expert opined that there was no clinical indication for this type of extensive touching and massaging.

35. At times during the massaging, Patient D cried. On these occasions, Dr. Picard hugged her and told her that she was very sensitive. On one occasion, he complimented her and told her she was pretty. Dr. Picard's conduct was unlike anything she had experienced previously with other neurologists.

36. Initially, Dr. Picard saw Patient D about once every two months. Subsequently, he requested that she come in more frequently, and her appointments increased to every three weeks or so.

37. On one occasion, in the summer of 2016, Patient D complained of abdominal pain and cramps associated with her menstrual period. Dr. Picard offered to inject her in the pubic and groin areas, explaining that he does that for many patients and it may help with cramps. Patient

D agreed, since she trusted him. Patient D was standing, dressed only in her bra, and Dr. Picard administered the injections. As he did so, he laid his hand on her groin area.

38. In a subsequent appointment that summer, after giving her numerous lidocaine injections and massaging her head, neck, back and buttocks, Dr. Picard advised Patient D that she needed more massages. Dr. Picard placed his hands down her back and began to identify and name various muscle groups. While Patient D was standing, dressed only in her bra, with Dr. Picard behind her, he reached his arm around her and grabbed her breast, stating that this was the pectoralis muscle. She quickly collected her belongings and left.

39. When she returned to Dr. Picard's office in around October 2016, the nurse administered the injections to Patient D. When Patient D began removing her clothing, the nurse was surprised and told her that was unnecessary. This confused Patient D as Dr. Picard had required that she remove her clothing.

(v) **Patient E**

40. In August 2013, Patient E was in an accident. The chiropractor treating her for the injuries she sustained in the accident referred her to Dr. Picard in February 2014 to address complaints of pain in her neck, brachial plex and back. OHIP billing records indicate that Dr. Picard billed for an initial consultation on a date in February 2014, and subsequently for multiple injections between March 2014 and March 2015.

41. In her initial appointment with Dr. Picard in February 2014, he ordered a series of tests, prescribed lidocaine cream, gabapentin and Cymbalta. Dr. Picard also gave her lidocaine injections, mostly in the neck, between the shoulder blades and the brachial plex to relieve pain.

42. In her early appointments with Dr. Picard, Patient E was not required to disrobe. She wore tank tops to facilitate the injections. Initially, the appointments seemed comfortable and professional. However, at her appointment in around a date in July 2014, Dr. Picard asked her if

she would like to come back after hours for massage treatment. He said massage could be helpful.

43. Patient E arrived for her appointment at 4 p.m., as the nurse was leaving for the day. Dr. Picard asked if she was okay to proceed. She confirmed, and he locked the door behind her.

44. Dr. Picard told Patient E to get ready. She removed her top, but realized there was no gown or blanket. Dr. Picard told her to lie on the table on her stomach. He asked whether she wanted the lights on or off. She replied “off”. Dr. Picard started touching her back. It seemed to Patient E that he was excited sexually. He asked her to roll over, and he started touching her brachial plex and her affected arm. As he did this, he grazed her breast. He asked if it was okay. She replied it was, and then he began touching her breasts in a sexual manner. He put his lips close to hers and told her to pretend they were kissing, and then moved his hand to her groin area. He told her she was beautiful. He went to put his hands down her pants and she stopped him.

45. Patient E told Dr. Picard “I think that is enough” and that she did not want “things to get messy”. She got dressed, they chatted briefly and she left.

46. Shortly thereafter, Patient E received a call from a private number. It was Dr. Picard telling her he really enjoyed their last appointment and he wanted to see her again. Patient E told her family member and considered reporting Dr. Picard. She thought the sexual aspect of their relationship may be beneficial for her treatment, although she had an understanding that what was happening was perverse.

47. Her next appointment with Dr. Picard was again after hours. He brought her beer, and it became sexual right away: kissing, touching, oral sex and then intercourse.

48. On a date in August 2014, Dr. Picard picked up Patient E from her apartment and took her to a hotel, where he had booked a room. They had sexual intercourse.

49. Thereafter, Dr. Picard went to Patient E's house almost daily. They would have sexual intercourse. Sometimes, Dr. Picard would provide her with lidocaine injections in her home. In this period, she also attended at his office to receive treatment and have sexual intercourse. He gave her a cosmetic Botox injection in her forehead, once at his office and once in her home. Dr. Picard may have billed for injections administered at Patient E's home, but may not have made a corresponding chart entry.

50. Although Dr. Picard also had a girlfriend during this time, Patient E and Dr. Picard continued to become very involved. He told her that their relationship had to be a secret because it is prohibited by the College. He told her that if someone ever asked about their text messages, to say it is all a fantasy.

51. In around March or April 2015, Dr. Picard told Patient E that the police and the College were investigating a complaint from a patient who said he touched her inappropriately after hours (Patient H below). He told Patient E that he was going to discharge her from his care to protect their relationship, and said that, going forward, he would only meet her at her house and not in his office. Patient E was very concerned that she would lose him as a doctor, but he assured her that he would continue to treat her. He told her that she was his best friend.

52. Thereafter, Dr. Picard administered injections to Patient E on a regular basis at her home. He would bring her medication and also provide her with prescriptions, including for Percocet and Oxycontin. She became dependent.

53. Dr. Picard would also bring alcohol to Patient E. He offered her money (she purchased something with \$5000 that he gave her) and also offered her a job in his office doing data entry. It was difficult for Patient E to attend at Dr. Picard's office on a daily basis given her pain management issues. As a result, Dr. Picard brought a computer to her house so that she could work for him from home. He visited frequently on the pretence of bringing files to her, and they would have sexual intercourse. She also worked for him a couple hours a week at his clinic at the Hospital.

54. In January or February 2016, Dr. Picard went on vacation with his girlfriend, whom he eventually married. Patient E's relationship with Dr. Picard became strained and their sexual relationship ended.

(vi) **Patient F**

55. In July 2012, Patient F was referred to Dr. Picard for symptoms suggestive of multiple sclerosis. OHIP billing records indicate that Dr. Picard billed for a consultation on a date in September 2012, and subsequently for multiple injections between December 2012 and June 2016.

56. In September 2012, Dr. Picard confirmed the diagnosis of multiple sclerosis and started Patient F on Capoxone treatment.

57. In around December 2012, Patient F complained of visual disturbances in her right eye and headaches, as well as neck and back pain. Dr. Picard offered her lidocaine injections for the pain. The option of steroids was discussed, but Patient F was not interested in pursuing that course of treatment.

58. Most of Patient F's regular visits with Dr. Picard included injections in her head, neck and back. She believed the injections were helpful in controlling her pain. Patient F became very trusting of Dr. Picard because he supported her pursuit of alternative treatment, such as acupuncture, and did not pressure her into traditional steroid treatments. She received injections from Dr. Picard regularly throughout 2013, 2014 and 2015.

59. In around the spring or summer of 2015, while under stress associated with separating from her husband, Patient F noticed difficulty with her balance and "foot drop". She needed to maintain her health so that she could continue to work to support her family. Dr. Picard was aware of her circumstances. At this point, their relationship began to change. She noticed that Dr. Picard complimented her, telling her that she was a pretty young woman, and that he liked her tattoos.

60. Dr. Picard recommended that he treat Patient F with injections in her lower back and legs. Dr. Picard told her he needed to massage her, to work the lidocaine through.

61. These treatments gradually came to include injections in Patient F's buttocks. All injections were followed by Dr. Picard massaging the treated area. It was a lengthy massage, like one would get from a masseuse. He told her it was to allow the medication to reach the nerve. Dr. Picard asked Patient F to come more frequently. She obliged because she trusted him and was comfortable with him.

62. On one occasion, while massaging her lower back, Dr. Picard told her that her pelvic floor was too tight and was causing spasms in her legs and the foot drop to increase. He told her that she would benefit from injections in her groin area. She agreed. Dr. Picard began massaging her vulva area, sliding her underwear over to the side, fully exposing her vagina, and placing his fingers at the opening of her vagina, bumping his fingers up against her clitoris. He asked her to attend every two or three weeks. She attended on multiple occasions and Dr. Picard massaged her vulva in a sexual manner at each appointment. She would close her eyes and wait for it to be over.

63. Patient F worked and, accordingly, could not attend for appointments until 3:30 in the afternoon. No one else was present in the office when she received injections.

64. Patient F told a friend about her treatment because she thought it was weird. Her friend was shocked, and referred to Dr. Picard as "Dr. Feel Good", but Patient F assured her that it was part of her treatment and that she trusted her doctor.

65. Patient F was uncomfortable with what was occurring during her appointments with Dr. Picard. She decided to stop attending. She missed her next scheduled appointment and never returned. Her last visit to Dr. Picard was on a date in June 2016. Dr. Picard's clinical record for a date in July 2016 states "no show".

66. Patient F reported her concerns to the police.

(vii) **Patient G**

67. In June 2013, Patient G was referred to Dr. Picard by her family physician for seizure disorder. Patient G had been the victim of domestic assault and had sustained multiple injuries. OHIP billing records indicate that Dr. Picard billed for a consultation on a date in August 2013 and subsequently for multiple injections between April 2014 and October 2016.

68. Dr. Picard prescribed medication to treat Patient G's seizures.

69. Commencing in or around June 2014, Dr. Picard administered Botox injections to Patient G. He also administered lidocaine injections to treat Patient G's complaint of headaches. She would typically remove her shirt for these injections. Dr. Picard often complimented Patient G, telling her that she looked well or that he liked her outfit. He told her she had beautiful long hair.

70. In or around June 2016, Dr. Picard began injecting Patient G in her lower back and hip. She was wearing shorts. While lying on the examination table, Dr. Picard pulled her shorts to one side along with her underwear, exposing her vagina. He administered the injections and then placed his hand directly on top of her vagina, over her shorts, and asked whether she was "okay here". She pushed his hand away. Because she trusted him and needed the injections to help manage her pain, she returned to see him.

71. At a subsequent appointment in July 2016, Patient G wore a bathing suit bottom as it was tighter, and she was hoping that would avoid exposure. Patient G was lying on her stomach, and Dr. Picard moved his fingers along her groin towards her vagina, massaging and pushing. He touched the outside of her labia. While lying on her stomach, Dr. Picard placed his entire hand from Patient G's buttocks to her vaginal area and cupped it. There was no clinical basis for this touching. She knew it was not right and told her daughter, who advised her to call the police.

(viii) **Patient H**

72. On a date in October 2013, Patient H was in an accident. Her family physician referred her to Dr. Picard in February 2014 to address complaints of headaches, light sensitivity, aggravation of pre-existing cervical and lumbar spine problems, bilateral trapezii and bilateral shoulder strains, plus post-accident anxiety when driving.

73. OHIP billing records indicate that Dr. Picard billed for an initial consultation and injections on a date in October 2014, and for subsequent injections on a number of occasions between October 2014 and January 2015.

74. On one occasion, Dr. Picard offered Patient H free cosmetic Botox injections, stating that somebody had cancelled and he had an open vial.

75. Initially, Dr. Picard administered lidocaine injections which Patient H found beneficial. She received several injections in the perineal and groin area. Dr. Picard administered the injections while she lay on her stomach with her knees turned outwards. Afterward, he would rub her inner thigh and the groin area under her buttocks. Because she felt uncomfortable and thought this was unusual, Patient H brought her mother along to one of the appointments scheduled at 4:45 pm (when no one else was in his office) out of an abundance of caution.

76. On one visit, Dr. Picard offered Patient H his private cellular phone number. He told her that if she was in a lot of pain, he could come to her house and provide the injections in her home. He wrote his cell phone number on a piece of green paper which she retained. She thought this was odd.

77. Patient H had sequential injections, a couple days apart on two prior occasions which she found beneficial.

78. On a date in January 2015, Patient H attended at Dr. Picard's office to receive injections at 9:30 am. The appointment went smoothly - she was in and out and did not have any concerns.

Patient H and Dr. Picard discussed having a second set of injection later that day if needed, as the date in January was a Friday and the office would be closed over the weekend. At around noon that day, Dr. Picard called Patient H from his personal cell phone, asked her how she was doing and asked her to return to the clinic at 4:00 pm for a second set of injections that were not previously booked.

79. Patient H complied. When she attended at his office, no staff were present. She was instructed to prepare for the injections (i.e., take off her sweater and pants). She removed her sweater and pants and remained in her tank top, which she had always left on in earlier appointments. Dr. Picard told Patient H to remove her tank top. Patient H lay on the table in her underwear and bra. Dr. Picard turned off the lights, stating that the lights could trigger migraines. He proceeded to administer injections to Patient H in a number of locations, including her neck.

80. While lying on her stomach, Dr. Picard injected her in her buttocks. He began tapping her vagina through her underwear. He told her she had perfect skin and perfect anatomy. He said that she must get tired of hearing how beautiful she is. He asked her to roll over and then injected her groin area.

81. While lying on her back, Dr. Picard then began massaging her vulvar area and told her that he had to massage the medication deep into the nerve. He moved her panties over and massaged her vaginal area including her genitalia in a sexual manner. He removed her underwear. He told her “you’re supple now”. Dr. Picard then told her that her pelvic floor was tight and offered her injections or massage. He inserted his fingers into her vagina and stimulated her sexually. She was shocked and stated “if you keep this up, I will have an orgasm”. Dr. Picard replied “would you like one?” She said “we’re done here”. Patient H told Dr. Picard she had to process what was happening, and asked whether he would be writing this in his report to her family physician. He replied he could get into a lot of trouble and asked that she keep it a secret.

82. At the conclusion of the encounter, Dr. Picard asked her to return on the following Monday (a date in January 2015). She agreed and left. She was in shock and wanted to leave his office. She called Dr. Picard on the Monday, and said that she would not attend to see him. She

also did not attend her appointment on a later date in January 2015 that had been previously scheduled.

83. Patient H immediately reported what occurred to her lawyer, her family doctor, her chiropractor and the police.

84. Dr. Picard was interviewed by the police. He denied the allegations, and asserted that double injections were clinically indicated.

85. The College retained Dr. Smith to provide an opinion on the care and treatment provided to Patient H. Dr. Smith opined that Dr. Picard failed to maintain the standard of practice, noting that was no clinical indication for a second set of injections in the same day and this is highly unusual, and that manner in which the femoral and sciatic nerve blocks were performed (with the patient in a prone position, exposing her perineal area) is not the standard of practice.

(ix) **Patient I**

86. In May 2014, Patient I was referred to Dr. Picard by her family physician for pain and intermittent numbness in both arms/hands. She had no complaints at any time about pain in her lower back, her buttocks or her pelvis. OHIP billing records indicate that Dr. Picard billed for a consultation on a date in September 2014, and subsequently for multiple injections on a date in March 2015, and on two dates in September 2015.

87. At her first appointment with Dr. Picard on a date in September 2014, Patient I disclosed to Dr. Picard that one of her children had a neurological disorder. Dr. Picard then disclosed personal information to Patient I about his family's medical history.

88. According to Patient I's medical records, Dr. Picard asked her to try neuropathic pain cream consisting of gabapentin, amitriptyline and lidocaine. He asked Patient I to return in three months or as the need arose.

89. At a subsequent appointment with Dr. Picard, Patient I advised the nurse that she and her husband had separated. The nurse recorded Patient I's change in marital status in the patient record. Dr. Picard commented on her marriage breakdown at the beginning of the appointment.

90. In an appointment in September 2015, Dr. Picard started touching Patient I's back, moving his hands down her back and commenting that she was "very, very tight". Although she was resistant, he urged her to let him administer injections along her back. She trusted him. Dr. Picard injected her back, and then asked her to pull up her dress.

91. Dr. Picard then asked Patient I to go into another office, where there was an examination table. He told her that she was very muscular, that he could see she works out a lot, that she has great muscle tone, good skin and is very hydrated.

92. Dr. Picard asked to touch her stomach. He complimented her, telling her she had a gorgeous body. He asked whether she had a breast augmentation and whether he could touch her breasts. She asked why and he explained that some women with implants lose sensation, and that he needed to check for sensitivity in her nipples. Rationalizing that he was her doctor, she allowed him to touch her breasts. He massaged her nipples, remarked that they were very sensitive and told her that he had never seen anything so beautiful.

93. Dr. Picard then injected Patient I in her legs. He asked her to turn over and started to feel the front part of her legs and then moved to her pelvic area. He told her she was "very tight" in the pelvic area, and he proceeded to inject her in that area as well. Following the injections, Dr. Picard massaged her legs and pelvic regions. There was no clinical indication for this touching.

94. Dr. Picard then moved to massage Patient I's inner thighs. He moved his hands to the vulva area, digitally penetrated her vagina, stimulated her clitoris, and brought her to orgasm. Although she was confused, she believed this sexual touching was part of the treatment. Patient I noticed afterward that Dr. Picard was sweating profusely.

95. After Patient I's initial appointments with Dr. Picard, he began sending text messages to her frequently. He sent text messages to her consistently, asking how she was feeling and whether she needed another appointment.

96. In the latter part of 2015, Dr. Picard told Patient I that he had just moved in with his girlfriend and he was having trouble in their relationship. He told Patient I that he and his girlfriend were on the verge of breaking up, and that he wanted to remove Patient I as his patient because he was interested in her. Patient I replied that she needed him as her doctor, and he assured her that he would continue to take care of everything she needed. He agreed to continue to treat her. Dr. Picard continued to send text messages to Patient I.

97. On a date in October 2015, Dr. Picard recorded in Patient I's medical record that he had a conversation with Patient I and that "she remained symptom free" and did not feel the need for more injections. The note, written to Patient I's family physician, and copied to the chart, stated:

Thank you again for the opportunity to participate in the care of this very interesting patient. She was offered to return to my office within the next year on a p.r.n. basis. If a need arises after that time period, she knows to get another referral from your office.

98. Around that time, Patient I agreed to meet Dr. Picard at a hotel. He performed oral sex on her.

99. Patient I and Dr. Picard subsequently had intercourse in her home. He came to her house in the morning with coffee, and they engaged in sexual relations. They also had intercourse in his car in a school parking lot.

100. After October 2015, Dr. Picard treated Patient I in her home on at least two occasions. After their dating relationship ended, he came to her house on two occasions to administer lidocaine injections and, while injecting her, he told her that she was beautiful and that he missed

her skin and breasts. Dr. Picard also left several pre-filled syringes in Patient I's home. Forensic analysis confirmed the syringes contained lidocaine.

101. On one occasion, Patient I attended at Dr. Picard's office to receive injections. They had sexual intercourse in the office on that occasion. No one was present in the office at that time.

102. In June 2016, Dr. Picard ordered an EMG for Patient I.

103. Throughout their relationship, Dr. Picard engaged in numerous boundary violations with Patient I, including:

- gave her gifts (shot glasses and Irish Whiskey);
- loaned her \$5000 (the ledger in the office reflected this amount provided to Patient I);
- engaged her in a business arrangement throwing 'Botox parties'. She would invite friends and her former clients to her home and he would administer Botox to them. He charged \$150 per client, of which he paid \$50 to Patient I; and
- offered her a job at his office.

(x) **Patient J**

104. In January 2014, Patient J was referred to Dr. Picard for a neurological consult following her admission to the Hospital for acute headache and treatment of trigeminal neuralgia. Dr. Picard provided her Botox treatment and resumed treating her in 2016. OHIP records show that Dr. Picard provided numerous injections in 2014 and 2016.

105. At her last appointment with Dr. Picard, she was alone with Dr. Picard in the office. Dr. Picard asked her to lay down. She was wearing a medical gown and underwear. Patient J complained of pain in the nerve underneath her legs to her vagina and noted painful intercourse. Dr. Picard administered an injection and at the time began touching her vaginal area, specifically near her buttocks. Dr. Picard put his hands on her vagina and applied pressure when he was giving her the injection. He asked her if she was feeling better. She responded that the only way

she would know if the treatment worked would be when she had a relationship with someone and engaged in sexual intercourse. At that time, Dr. Picard touched her vagina again and asked her if she was okay. She told him she was uncomfortable. Dr. Picard asked her if she wanted him to stop and she advised him to do what he had to do. Patient J felt Dr. Picard was teasing her and that the touching was no longer medical. He was seeking to arouse her.

106. After administering the injections, Dr. Picard asked her to sit up and massaged her shoulders. He advised her that he gives all his patients massages. The massage continued for about ten minutes. Dr. Picard told her he liked her and he should not have done what he had done. He said that it was her fault because she was sexy. He gave her numerous compliments. Dr. Picard positioned his face close to hers, and Patient J kissed Dr. Picard. Dr. Picard returned the kiss.

107. After this visit, Dr. Picard and Patient J engaged in sexual intercourse in his office.

108. Shortly thereafter, Dr. Picard told her that they were not allowed to have a relationship, as she was his patient. He asked her to delete her phone messages. Dr. Picard then came to her house to provide her injections. After some time, in November of 2016, Patient J returned to Dr. Picard's office as she required an MRI and needed a referral to a neurosurgeon.

109. Between June and November 2016, Dr. Picard continued to treat her in her home. Dr. Picard also employed Patient J in his home to clean and to paint.

110. Dr. Picard left syringes at her home so she could self-inject. He gave her oral instructions and told her not to use more than .5cc at each injection site. Patient J provided syringes to the Police which were analyzed and confirmed to contain lidocaine.

C. Criminal Conviction: Sexual Assault of Two Patients

111. Between November 30, 2016 and February 27, 2017, Dr. Picard was charged with 12 counts of sexual assault contrary to section 271 of the *Criminal Code of Canada* in respect of Patients A, B, C, D, F, G, H and I.

112. On August 23, 2018, Dr. Picard pled guilty and was convicted of two counts of sexual assault in respect of Patients H and I. The remaining charges were withdrawn. A copy of the record of conviction is attached as Exhibit A [to the Statement of Facts and Plea of No Contest]. A copy of the transcript of the proceedings at guilty plea on August 23, 2018, is attached as Exhibit B [to the Statement of Facts and Plea of No Contest].

113. On September 14, 2018, Dr. Picard was sentenced imprisonment for eighteen (18) months, followed by probation for a period of three (3) years. Among the orders imposed, Dr. Picard was ordered to comply with the *Sex Offender Information Registration Act* and was required to provide a sample of his DNA, and was ordered to have no contact with any of the victims named in the Agreed Statement of Facts. A copy of the Orders made on sentencing are attached as Exhibit C [to the Statement of Facts and Plea of No Contest]. A copy of the transcript of the Sentencing Proceeding is attached as Exhibit D [to the Statement of Facts and Plea of No Contest].

114. Commencing in September 2016, while the investigation in this matter was ongoing, and while Dr. Picard was a member, Dr. Picard entered into a voluntary undertaking not to engage in professional encounters with female patients of any age unless the patient encounter takes place in the presence of a monitor who is a female regulated health professional acceptable to the College.

115. In March 2017, Dr. Picard entered into a voluntarily undertaking with the College not to engage in any professional encounter with any female patients of any age, in any jurisdiction.

D. Failing to Maintain the Standard, Incompetence, Failure to Cooperate and Failure to Comply with OHP Regulations

General Information: Out of Hospital Premises Inspection Program

116. The Out of Hospital Premises Inspection Program (“OHPIP”) is a College program that applies to all settings or premises outside a hospital that perform procedures involving the use of anesthesia or sedation as defined in O.Reg. 114/94, made under the *Medicine Act*, 1991, (“the Regulation”). Part XI of the Regulation sets out the definition of “procedure” for the purposes of the OHPIP.

117. Mandatory standards for Out-of-Hospital premises (“OHP”) are set out in Program Standards (“the Standards”), authorized under the Regulation, and attached at Exhibit E [to the Statement of Facts and Plea of No Contest].

118. As set out in the Standards, Level 2 procedures include procedures performed using IV sedation, regional anesthesia and tumescent anesthesia. Nerve blocks used in interventional pain management are almost all Level 2 procedures that can only be performed in an OHP setting or a hospital. Attached at Exhibit F [to the Statement of Facts and Plea of No Contest] is the College document titled, “Applying the Out-of-Hospital Inspection Program (OHPIP) Standards in Interventional Pain Premises”.

119. The OHPIP is overseen by the College’s Premises Inspection Committee (“PIC”) and by Program Staff.

120. The OHP program is based on trust and relies on self-reporting from Medical Directors and physicians. As mandated in the Standards, a Medical Director is required to notify the program before opening an OHP so that the premises can be inspected. In order to ensure patient safety and quality of care, strict adherence is required to the detailed requirements set out in the Standards. PIC must approve the premises following an inspection before any patient procedures can be performed.

121. Any member planning to operate a premise as an OHP must notify the College and the premises must be inspected and assessed prior to receiving approval and providing services to patients. The premises must be inspected and receive either a “Pass” or “Pass with conditions” from PIC prior to providing OHP services to patients. This requirement applies without exception to all OHP premises. The only mechanism set out in the Standards for initiating this process is notification by a member to the College.

Dr. Picard’s Failed to Comply with OHPIP Regulations and Standards

122. On the basis of information obtained in the investigation of the sex abuse allegations detailed above, the College learned that Dr. Picard was providing interventional pain treatments to patients, including Level 2 nerve blocks, while working in a premise that was not an approved OHP.

123. On October 26, 2016, PIC directed an unannounced visit of Dr. Picard’s facility, which took place on October 27, 2016, and a report was prepared (the “Unannounced Assessment Report”).

124. The Unannounced Assessment Report was considered by PIC on October 31, 2016. The premises received a “Fail”. Dr. Picard was not permitted to provide OHP procedures, including nerve blocks. A copy of PIC’s decision letter dated October 31, 2016 is attached at Exhibit G [to the Statement of Facts and Plea of No Contest].

125. PIC stated that it was concerned that there was a risk to patient health and safety as Dr. Picard had been performing OHP procedures without following the proper notification process and adherence to requirements outlined in the OHP Program Standards. The Committee was of the opinion that Dr. Picard failed to comply with the requirements under Part XI of the Regulation.

College Investigation re Standard of Practice of the Profession and Incompetence

126. At the October 26, 2016 meeting, PIC referred the matter to the College's Investigation and Resolutions Department for further investigation. A section 75(1)(a) Investigation was commenced.

127. In the course of the Investigation, the College obtained 25 charts from Dr. Picard's practice in which he billed for performing nerve blocks (Level 2 procedures) between June 1, 2010 and November 23, 2016.

128. The College retained Dr. Catherine Smyth, Anesthesiologist, The Ottawa Hospital, to review the charts provided. A copy of Dr. Smyth's report is attached at Exhibit H [to the Statement of Facts and Plea of No Contest]. Dr. Smyth opined that Dr. Picard failed to meet the standard in 23 out of 25 charts reviewed, lacked knowledge, skill and judgment and exposed patients to risk of harm or injury.

129. Among other failures, Dr. Smyth noted that Dr. Picard failed to explain changes in management over time, including the performance of additional nerve blocks or the adjustment of pharmacotherapy, including narcotics. He performed major nerve blocks such as femoral, sciatic pudendal, transverse scapular and trigeminal, in an office setting without monitoring or assistance of emergency preparedness. Notably, there was no explanation or rationale for initiating treatments in the chart. For example, there were many patients that were seen for headaches for whom he performed femoral or sciatic injections without any justification.

130. Dr. Smyth opined that Dr. Picard displayed a significant lack of knowledge and judgment in his interventional pain and pharmacotherapeutic practice, including:

- Dr. Picard did not thoroughly document patient assessments using the subjective, objective, assessment, plan format in the majority of patient appointments reviewed.
- Dr. Picard did not respond appropriately and specifically to consultation questions.

- Dr. Picard did not implement recommendations from the Canadian Guideline for Safe and Effective use of Opioids in Chronic Noncancer Pain when prescribing opioids to patients (no opioid contract, no urine drug screens, no counselling re: driving, no risk assessment, no assessment of trial of therapy, no low dose trial with concomitant benzodiazepines, no consideration in special populations (e.g. opioid use disorder, peripartum)).
- Dr. Picard greatly increased opioids, benzodiazepines and anti-convulsants simultaneously in a patient referred with a gait disorder and history of syncope, falls and substance dependence.
- Dr. Picard inappropriately prescribed fentanyl patch 75 mcg on a daily basis to a patient that had at least two (2) presentations to the emergency department/hospital for respiratory depression, decreased/altered level of consciousness.
- Dr. Picard prescribed opioids without appropriate assessment or structured opioid therapy in a new mother at high risk for opioid use disorder.
- Dr. Picard did not thoroughly document the procedures being performed; including: consent, technique/approach, needle, type and volume of local anesthetic, aseptic technique, complications, recovery and monitoring.
- Dr. Picard performed major nerve blocks in an office setting (non-OHP approved facility) without evidence of appropriate monitoring, assistance or emergency preparedness.
- Dr. Picard performed nerve block injections without performing an assessment (history, physical exam, investigations, differential diagnosis).
- Dr. Picard did not perform interventional nerve blocks using standard procedures described in regional anesthesia or chronic pain textbooks.
- There is no supporting documentation that Dr. Picard performed interventional blocks using sterile techniques.

131. Dr. Smyth opined that Dr. Picard's clinical practice exposed his patients and society to a potential risk of serious harm. His injection practice was unsafe and was likely to expose his patient's to harm or injury as major nerve blocks have significant complications including: nerve injury, weakness/falls, local anesthetic toxicity (cardiac and respiratory arrest), and infection. Dr. Picard's opioid prescribing was likely to expose his patients' and society to harm by not

mitigating the risks associated with opioid medications (substance dependence, drug diversion, respiratory arrest, altered level of consciousness).

PART II: PLEA OF NO CONTEST

132. Dr. Picard pleads no contest to the facts set out in paragraphs 1- 131 above, and does not contest, for the purposes of College proceedings, that he engaged in professional misconduct, in that:

- (a) he engaged in sexual abuse of Patients A, B, C, D, E, F, G, H, I and J under section 51(1) of the Health Professions Procedural Code, schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”);
- (b) he engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, under paragraph 1(1)33 of O/Reg. 856/93, made under the *Medicine Act, 1991* (“O/Reg. 856/93”);
- (c) he failed to maintain the standard of practice of the profession under paragraph 1(1)2 of O/Reg. 856/93; and,
- (d) he was found guilty of an offence relevant to his suitability to practice medicine under section 51(1)(a) of the Code.

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 Statements of Facts and Plea of No Contest. Having regard to these facts, the Committee accepted Dr. Picard's plea and found that he committed acts of professional misconduct, in that: he sexually abused patients; he failed to maintain the standard of practice of the profession; 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 he has been found guilty of an offence that is relevant to his suitability to practise.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for Dr. Picard made a joint submission as to an appropriate penalty and costs order which included: immediate revocation of Dr. Picard's certificate of registration; a reprimand; posting of an irrevocable letter of credit in the amount of \$160,000.00 to reimburse the College for funding provided for therapy to patients under section 85.7 of the Code; and costs in the amount of \$10,180.00 for the one day hearing.

The Committee is cognizant of the well-established principle that when adversarial parties make a joint proposal to the Committee, it must be accepted unless to do so would bring the administration of justice into disrepute or is otherwise not in the public interest.

An appropriate penalty must fulfil the well-established general principles on penalty. Those principles are: protection of the public; denunciation of the misconduct; maintenance of the integrity of the profession and public confidence in the regulation of the profession in the public

interest; specific deterrence to the member and general deterrence to the membership at large regarding such misconduct; and, where applicable, rehabilitation of the member.

A finding of sexual abuse of a patient carries mandatory penalties as set out in section 51(5) of the Code:

Orders relating to sexual abuse

(5) If a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):

1. Reprimand the member.
2. Suspend the member's certificate of registration if the sexual abuse does not consist of or include conduct listed in paragraph 3 and the panel has not otherwise made an order revoking the member's certificate of registration under subsection (2).
3. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following:
 - i. Sexual intercourse.
 - ii. Genital to genital, genital to anal, oral to genital or oral to anal contact.
 - iii. Masturbation of the member by, or in the presence of, the patient.
 - iv. Masturbation of the patient by the member.
 - v. Encouraging the patient to masturbate in the presence of the member.
 - vi. Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.
 - vii. Other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the *Regulated Health Professions Act, 1991*. 2017, c. 11, Sched. 5, s. 19 (3).

The Code also provides as follows:

Statement re impact of sexual abuse

51(6) Before making an order under subsection (5), the panel shall consider any written statement that has been filed, and any oral statement that has been made to the panel, describing the impact of the sexual abuse on the patient.

The College submitted a brief of ten Witness Impact Statements, three of which were read to the panel by the patients themselves. The panel was moved by the far-reaching impact the trauma of sexual abuse can have on patients' lives. It is also of note that these patients were particularly vulnerable when they came to Dr. Picard for help. They were seeking assistance with debilitating pain, some had PTSD from previous trauma, and others were struggling with personal relationship difficulties. Dr. Picard preyed on these vulnerable patients. Instead of helping these patients in a professional way with honour and integrity, Dr. Picard abused them for his own gratification and in doing so, severely traumatized these women.

Accordingly, in the face of the Committee's finding of Dr. Picard's misconduct, revocation of his certificate of registration and a reprimand are mandatory. In the uncontested facts before the Committee, it was set out that Dr. Picard had sexual intercourse with Patients E (para 47), I (para 99), and J (para 107), and masturbated Patients C (para 26), F (para 62), G (para 71), H (para 81) and I (para 94). Additionally, the uncontested facts set out that Dr. Picard touched the breasts and buttocks of Patient A (para 7 and 8), the breasts of Patient B (para 16), and Patient D (para 38). Such egregious, repeated acts with multiple patients over an extended time period required the immediate revocation of Dr. Picard's certificate of registration.

The Committee was deeply disturbed by the breadth of Dr. Picard's misconduct, encompassing not only his criminal conviction in respect of Patients H and I, his failure to comply with the Out-of-hospital Premises Program regulations and standards, but also the findings of the s.75 investigation into his patient care in 25 charts from 2010 to 2016.

In order to ensure patient safety and quality of care, strict adherence is required to the detailed requirements set out in the Out-Of-Hospital Premises Program Regulations and Standards. Dr. Picard did not perform interventional nerve blocks using standard procedures described in regional anesthesia or chronic pain textbooks. Indeed, he was providing Level 2 Nerve blocks of questionable value with no clinical indication in a premises without approval and consequently, without oversight, or emergency preparedness. This cavalier, defiant practice significantly increased the risk of harm to patients. These patients trusted him, and the profession, to help them. He breached that trust repeatedly.

In addition to sexually abusing these patients under the guise of clinical treatment, he failed to maintain the standard of practice of the profession on many levels. His practice exposed his patients to the risk of infection, nerve injury, local anaesthetic toxicity and increased risk of substance dependence through his inappropriate opioid prescribing. His poor record keeping, his failure to document his procedures, and failure to implement the recommendations for the safe and effective use of opioids and narcotics put his patients at significant risk of harm. Such flagrant flouting of College regulations and professional standards reflects poorly on him, the profession and the health system as a whole and cannot be tolerated. Our system functions because of society's trust in the medical profession, which depends on the integrity and honesty of medical professionals. Dr. Picard has betrayed that trust through his despicable and repugnant misconduct.

The parties proposed that Dr. Picard contribute to the funding for therapy and counselling for his ten victims in the amount of \$16,000.00 each, totaling \$160,000.00. This order is just and supports the mandate of the College program as laid out in the Code:

Funding provided by College

85.7 (1) There shall be a program, established by the College, to provide funding for the following purposes in connection with allegations of sexual abuse by members:

1. Therapy and counselling for persons alleging sexual abuse by a member.
2. Any other purposes prescribed in regulations made under clause 43 (1) (y) of the *Regulated Health Professions Act, 1991*. 2017, c. 11, Sched. 5, s. 28 (1).

It is very clear to the Committee after reviewing the witness impact statements that the repercussions of Dr. Picard's misconduct are far reaching, with ripple effects for the patients, their families and even their communities. Ongoing therapy and counselling may very well benefit these patients. Dr. Picard should contribute to this.

Lastly, the Committee has the jurisdiction to order costs in an appropriate case. As the parties have agreed to the tariff per diem rate of \$10,180.00, no evidence of specific costs is required to make such an order. Given the finding of professional misconduct, the Committee agreed that this was an appropriate case for the College to recover some of the costs of the one day hearing from Dr. Picard.

ORDER

The Committee stated its findings in paragraph 1 of its written order of October 9, 2018. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. the Registrar revoke Dr. Picard's certificate of registration effective immediately.
3. Dr. Picard appear before the panel to be reprimanded.
4. Dr. Picard 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 \$160,600.00.
5. Dr. Picard pay to the College its costs of this proceeding in the amount of \$10,180.00 within thirty (30) days from the date of this Order.

At the conclusion of the hearing, counsel for Dr. Picard waived Dr. Picard's right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand in Dr. Picard's absence.

TEXT of PUBLIC REPRIMAND
Delivered October 9, 2018
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. PIERRE PICARD

Dr. Picard,

This Committee has heard powerful, compelling statements from your victims that underscore the devastating impact of your abhorrent misconduct.

You have betrayed the fundamental trust that every patient expects and deserves from their physician.

You abused your position of power and knowledge to prey on vulnerable women, causing them innumerable consequences, not only to their sense of self but also to their relationships to family, community and all other health professionals.

Your misconduct deserves our most serious condemnation. Your misconduct is despicable and disgusting.

You are a disgrace to the profession to which you will no longer belong.