

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Bryan Edward Williams, this is notice that the Discipline Committee ordered that no person shall publish the name of the witness or any information that could disclose the identity of the witness under subsection 47(1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

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

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Williams, B.E. (Re)

**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. BRYAN EDWARD WILLIAMS

PANEL MEMBERS:

**DR. W. KING (CHAIR)
D. GIAMPIETRI
DR. J. WATTS
S. DAVIS
DR. S.M. YOUNG**

Hearing Date:	June 11, 2012
Decision Date:	June 11, 2012
Release of Written Reasons:	July 5, 2012

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on June 11, 2012. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered in writing its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

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

1. under clause 51(1)(b.1) of the Health Professions Procedural Code (the “Code”), Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, in that he sexually abused a patient; and
2. under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, in that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

RESPONSE TO THE ALLEGATIONS

Dr. Williams admitted the allegations set out in the Notice of Hearing, that he sexually abused a patient and that he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

FACTS AND EVIDENCE

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

1. Dr. Bryan Edward Williams is a general practitioner practising in Ontario. He

received his certificate of registration authorizing independent practice in 1990.

2. Patient A became Dr. Williams' patient in approximately 1991. She remained his patient up until March 20, 2008.

3. During the doctor-patient relationship, Dr. Williams treated Patient A for, among other things, anxiety, depression, and suicidal ideation. In the course of this treatment, Dr. Williams prescribed to Patient A anti-anxiety and anti-depressant medication.

4. Patient A was treated by Dr. Williams during each of her admissions to [Hospital B] for anxiety, depression or suicidal ideation on the following occasions:

- (a) October 27-November 1, 2006;
- (b) November 3-8, 2006;
- (c) November 12-27, 2006;
- (d) December 28-30, 2006; and
- (e) September 12-15, 2007.

5. As her family doctor with privileges at [Hospital B], Dr. Williams was made aware of Patient A's treatment at the [Hospital B] emergency department for anxiety, depression and suicidal ideation on the following dates:

- (a) November 11, 2006;
- (b) December 1, 2006;
- (c) December 27, 2006;
- (d) June 15, 2007; and
- (e) September 29, 2007.

6. In February and March 2007, Dr. Williams had sexual intercourse with Patient A on approximately two occasions.

7. Dr. Williams admits the facts set out in paragraphs 1-6 of this Agreed Statement of Facts and Admission.

8. On or about September 29, 2007 and October 1, 2007, Patient A attended at [Hospital B] and disclosed to various health professionals that she and Dr. Williams engaged in sexual intercourse during their doctor-patient relationship. This disclosure resulted in mandatory reports being sent to the College and the commencement of a College investigation into whether Dr. Williams sexually abused Patient A

9. On or about April 11, 2008, the College investigator assigned to the Dr. Williams investigation received an anonymous letter. The author of this letter recanted her previous statements that her physician sexually abused her and apologized for having made such false statements (the “Recantation Letter”). The author explained that she had fabricated this story because she was angry with her doctor for rejecting her sexual overtures. While this letter does not mention Dr. Williams by name, the file number of the College’s investigation of Dr. Williams was referenced on the letter. Attached at Schedule A [to the Agreed Statement of Facts and Admission] is a copy of the Recantation Letter.

10. On or about April 25, 2008, a College investigator interviewed Patient A. At this interview Patient A acknowledged she was the author of the Recantation Letter. She advised that Dr. Williams encouraged her to send the Recantation Letter to the College, after having drafted words for her to copy in her own handwriting. Patient A confirmed, as previously alleged, her sexual relationship with Dr. Williams in February and March 2007.

11. Dr. Williams admits drafting the words contained in the Recantation Letter and encouraging Patient A to send the Recantation Letter to the College.

12. Finally, Dr. Williams admits that his chart entry dated March 20, 2008, pertaining to Patient A contains false information. This chart entry is attached at Schedule B [to the Agreed Statement of Facts and Admission].

13. Dr. Williams claims that in 2007 and 2008 he was suffering from his own medical and personal issues, including depression. Dr. Williams recognizes that such issues do not excuse or justify his behaviour with respect to Patient A.

14. Dr. Williams acknowledges that the conduct as set out above constitutes the sexual abuse of a patient and amounts to conduct that would be reasonably regarded by members as disgraceful, dishonourable or unprofessional.

FINDINGS

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Williams' admission and found that he committed an act of professional misconduct, in that he engaged in the sexual abuse of a patient and that he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order.

In determining an appropriate penalty order, the Committee considered the circumstances outlined in the Agreed Statement of Facts and Admission, the Code under subsections 51(2) and 51(5), the mitigating factors, letters in support of Dr. Williams and the relevant penalty principles submitted by the parties. The Committee also recognized the legal requirement that a joint submission on penalty must be accepted unless to do so would be contrary to the public interest and bring the administration of justice into disrepute. The Committee accepted that the penalty as jointly proposed is appropriate for the reasons which follow.

Dr. Williams had a significant therapeutic relationship with Patient A from approximately 1991 until March 20, 2008. The member, as her family physician and active attending staff of [Hospital B], attended Patient A during her admissions to [Hospital B] between October 2006 and September 2007 for anxiety, depression or suicidal ideation. The diagnosis, treatment in hospital and therapeutic medication indicate the vulnerability of Patient A. During the period in which the doctor-patient relationship was established, Dr. Williams admits to engaging in sexual intercourse with the patient on approximately two occasions in February and March 2007.

In an attempt to extricate himself from his conduct, Dr. Williams acted inappropriately and unprofessionally by encouraging Patient A to send a Recantation Letter to the College stating that she recanted her prior statement that her doctor sexually abused her, and by drafting the words of the letter for Patient A. On or about April 25, 2008, Patient A sent the Recantation Letter anonymously, citing the College file number, to the College. However, further College investigation confirmed her previous allegation of a sexual relationship with Dr. Williams in February and March 2007.

The Committee took into account the following mitigating factors:

- a) Dr. Williams admitted to the serious violation of sexual abuse, co-operated with the College, and thus saved Patient A the emotional stress of a contested hearing.
- b) Dr. Williams, through the many letters of support, appears to have had an exemplary medical career within his community
- c) Dr. Williams has had no previous record of findings of professional misconduct.

The penalty principles of importance in this matter include: protection of the public, specific and general deterrence, maintaining public confidence in the College's ability to self-govern in the public interest and, if appropriate, rehabilitation.

The Committee considered that after twenty years, the regulations enacted under the Code concerning sexual abuse of a patient are well known to the membership and public alike. The conduct of sexual abuse of a patient is intolerable and requires the mandatory revocation of Dr. Williams' certificate of registration. Revocation, as required, will protect the public. The mandatory penalties of a reprimand and revocation associated with the sexual abuse of a patient will serve as specific deterrents to Dr. Williams and will emphasize the seriousness of these violations for the profession. The maintenance of the profession's integrity and public trust will be served by the proposed penalty.

The Committee further requires that Dr. Williams reimburse the College for funds that are available for Patient A's treatment under subsection 85.7 of the Code and to post security for that funding.

The Committee determined that this was an appropriate case for costs to be awarded.

ORDER

Therefore, the Committee ordered and directed as per its Order that:

1. the Registrar revoke Dr. Williams' certificate of registration, such revocation to take effect immediately.
2. Dr. Williams attend before the panel to be reprimanded.
3. Dr. Williams post an irrevocable letter of credit or other security acceptable to the College, within thirty (30) days of the date of its Order to reimburse the College for funding it has or may provide to the complainant pursuant to section 85.7 of the Code.
4. Dr. Williams pay costs to the College in the amount of \$3,650.00, within thirty (30) days of the date of the Order.

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