

DISCIPLINARY COUNCIL

COLLEGE OF PHYSICIANS OF QUEBEC

CANADA
PROVINCE OF QUEBEC

No.: 24-2025-01213

DATE: **November 28, 2025**

THE COUNCIL: Ms MANON LAVOIE
Dr PATRICIA AYOUB
Dr MICHEL DUBÉ

Chair
Member
Member

Dr STEVEN LAPOINTE, in his capacity as assistant syndic of the Collège des médecins
Plaintiff

v

Dr AMIR KHADIR, physician (97248)
Respondent

DECISION ON GUILT AND PENALTY

PURSUANT TO SECTION 142 OF *THE PROFESSIONS CODE*, THE DISCIPLINARY COUNCIL ISSUES AN ORDER PROHIBITING THE DISCLOSURE, PUBLICATION, AND DISSEMINATION OF THE NAMES OF THE PATIENTS REFERRED TO IN THE COMPLAINT AND IN THE EVIDENCE, AS WELL AS ANY INFORMATION THAT COULD IDENTIFY THEM, DIRECTLY OR INDIRECTLY, IN ORDER TO ENSURE COMPLIANCE WITH PROFESSIONAL SECRECY AND THE PROTECTION OF PRIVACY.

OVERVIEW

[1] On March 31, 2025, the complainant, Dr Steven Lapointe, assistant syndic of the Collège des médecins du Québec (the Order), filed a complaint against the respondent Dr Amir Khadir, before the Disciplinary Council (the Council), originally containing thirteen counts of misconduct.

[2] The vast majority of the charges in the complaint allege that the respondent prescribed antibiotic therapy lasting more than 28 days to twelve patients, sometimes on multiple occasions, contrary to the terms of a commitment he made on June 8, 2020, to Dr. Michel Joyal, Deputy Syndic of the Order, thereby contravening section 122 of *the Code of Ethics of Physicians*¹ (*Code of Ethics*) and section 59.2 of *the Professional Code*².

[3] On October 28, 2025, on the first day of the hearing, the complainant filed a motion to withdraw count 13 of the complaint, explaining that he had received conclusive evidence that the respondent had complied with its record-keeping obligations. The respondent consented to this motion. The Council authorized the withdrawal.

[4] The amended complaint reads as follows:

1. On or around November 27, 2020, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed Ms. [A] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
2. On several occasions between or around August 19, 2021, and August 3, 2023, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed Mr. [B] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to honor and

¹ *Code of Medical Ethics*, RLRQ, c. M-9, r. 17.

² *Professional Code*, CQLR, c. C-26.

the dignity of the profession, contrary to section 59.2 of *the Professional Code*;

3. On several occasions, between or around July 14, 2020, and July 6, 2021, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed Ms. [C] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
4. On several occasions, between or around September 24, 2020, and or around July 25, 2023, at the CISSS de Lanaudière – Pierre Le Gardeur Hospital facility, prescribed Ms. [D] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
5. On several occasions, between or around October 16, 2020, and or around December 6, 2022, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed Mr. [E] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honour and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
6. On several occasions between or around November 27, 2020, and December 13, 2022, at the CISSS de Lanaudière – Pierre Le Gardeur Hospital facility, prescribed Ms. [F] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
7. Between or around February 20, 2021, and April 8, 2021, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed to Ms. [G] antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, assistant syndic at the Collège des médecins du Québec, thereby contravening

section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;

8. Between or around June 25, 2021, and or around December 20, 2021, at the CISSS de Lanaudière – Pierre Le Gardeur Hospital Facility, prescribed to Mr. [H] antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
9. On or around October 28, 2021, at the CISSS de Lanaudière – Pierre Le Gardeur Hospital Facility, prescribed Ms. [I] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of her commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
10. Between or around January 13, 2022, and or around July 26, 2023, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed to Ms. [J] antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
11. On two occasions, on or around July 7, 2023, and on or around November 3, 2023, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed Ms. [K] a course of antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec* and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;
12. Between September 4, 2020, and on or around September 15, 2022, at the CISSS de Lanaudière – Installation Hôpital Pierre Le Gardeur, prescribed to Mr. [L] antibiotic therapy lasting more than 28 days, contrary to the terms of his commitment of June 8, 2020, made to Dr. Michel Joyal, deputy syndic of the Collège des médecins du Québec, thereby contravening section 122 of *the Code of Ethics of the Collège des médecins du Québec*,

and committing acts derogatory to the honor and dignity of the profession, contrary to section 59.2 of *the Professional Code*;

13. [Withdrawn]

[Verbatim transcript, except for anonymization]

[5] On the morning of the first day of the hearing, the respondent informed the Council of his intention to enter a guilty plea to the twelve counts of the amended complaint.

[6] The Council noted that the respondent was a member of the Order when he committed these offenses and that it therefore had jurisdiction to hear the complaint³.

[7] After ensuring that the respondent was entering his guilty plea freely and voluntarily and that he understood that the Board would have to determine the fair and reasonable penalty to impose on him for the twelve counts of the amended complaint, the Board found him guilty, as described in the operative part of this decision.

[8] The common evidence includes a series of files and documents identified as SP-1 to SP-34⁴.

[9] The complainant declares himself ready to proceed with sentencing, as does the respondent.

[10] Given the serious circumstances of the amended complaint under consideration, the complainant requests that the Council impose on the respondent, for each count, a twelve-month period of disbarment, to be served concurrently.

³ Exhibit P-1, *Certificate of the respondent's registration with the Order*.

⁴ *Amended list of exhibits of the complainant*, dated October 27, 2025, Exhibit SP-33 is not produced.

[11] The respondent, for his part, and in light of the mitigating factors he highlights, asks the Council to impose a one-month period of disbarment on each count, with these periods to be served concurrently.

ISSUES

[12] The Council must answer the following questions:

A) What fair and appropriate penalty should be imposed on the respondent for the counts of which he was found guilty?

- **If a period of disbarment is imposed for each count, must the Council order the publication of a notice in accordance with section 156(7) of *the Professional Code*?**

B) Should the respondent, , be ordered to pay the costs incurred by the , in accordance with section 151 of *the Professional Code*?

[13] In light of all the circumstances specific to this case, the Council imposes a six (6) month suspension on the respondent for each count, orders the publication of a notice of this decision in accordance with section 156(7) of *the Professional Code*, at the respondent's expense, and orders the respondent to pay all disbursements.

BACKGROUND

[14] The respondent has been a member of the Order since June 10, 1997. He is a specialist in microbiology and infectious diseases and works at the outpatient clinic of Pierre-Le-Gardeur Hospital (PLG Hospital).

[15] He was elected to the Quebec National Assembly in 2008, a position he held until 2018.

[16] On June 8, 2020, as part of an initial disciplinary investigation, the respondent signed an agreement with Dr. Joyal, undertaking to cease prescribing antibiotic therapy lasting more than 28 days to new patients diagnosed with Lyme disease. This limitation will end when: 1) a clinical protocol for chronic Lyme disease or persistent symptoms is approved by a research ethics board, in which case prolonged antibiotic treatment could only be prescribed as part of such a research protocol; or 2) treatment with antibiotics for more than 28 days for chronic Lyme disease or persistent symptoms becomes a proven treatment and is the subject of a minimum consensus among the medical and scientific community in Quebec⁶.

[17] The agreement stipulates that the respondent understands that his signature and compliance with the terms of the agreement "ensure that the syndic will not file a complaint

⁵ Exhibit P-1, *supra*, note 3.

⁶ Exhibit SP-2, *Undertaking dated June 8, 2020, signed by the respondent*.

disciplinary action against [him], but that [his] failure to comply will constitute a breach of ethics of professional conduct, in which case the syndic will consider filing a disciplinary complaint"⁷.

[18] On June 16, 2020, ^{Dr.}Joyal sent a letter to the respondent summarizing his findings following an analysis of some of his files and concerning the respondent's admission that "antibiotic treatment for chronic Lyme disease or persistent symptoms is not a proven treatment." ^{Dr.}Joyal stated that he did not doubt the respondent's goodwill or sincere desire to help vulnerable patients.⁸

[19] This letter concludes that the respondent violated sections 48 and 49 of *the Code of Ethics*⁹ and reminds the respondent that the undertaking signed on June 8, 2020 remains in effect until the conditions for its termination set out therein are met¹⁰.

[20] On January 15, 2024, the Office of the Syndic of the Order received a report from the Professional Inspection Division (PID) informing it that a professional inspection of the respondent had taken place on December¹, 2023, and that an analysis of three files revealed that the respondent had prescribed treatments with two or three antibiotics to patients for a period of several months¹¹.

⁷ Exhibit SP-2, *Id.*

⁸ Exhibit SP-34, *Letter concluding the investigation sent to the respondent by ^{Dr.} Michel Joyal, Deputy Syndic, on June 16, 2020*, p. 3.

⁹ Exhibit SP-34, *Id.*

¹⁰ Exhibit SP-34, *Id.* p. 4.

¹¹ Exhibit SP-1, *Report received from the Professional Inspection Department on January 15, 2024*.

[21] The complainant analyzed several of the respondent's patient files forwarded by the DIP and noted that, in one of the files, the respondent diagnosed Ms. A (head 1) with *post-treatment Lyme disease syndrome* (PTLDS) and prescribed her antibiotics for one month with two refills for a total duration of three months¹². In a second file, the respondent diagnosed PTLDS in Mr. B (head 2) and prescribed a month of antibiotic therapy, renewable three times, for a total duration of four months¹³.

[22] On September 25, 2024, the complainant met with the respondent to obtain more information.

[23] During this meeting, the respondent admitted that he had not fulfilled his commitment. signed on June 8, 2020, and that its terms are clear¹⁴.

[24] The respondent explains to the complainant that he has made numerous attempts to obtain research funding, refers to his exchanges with Professor Alain Piché of the University of Sherbrooke regarding a potential research project¹⁵ and describes some of his hopes as "futile."

¹² Count 1 of the amended complaint, Exhibit SP-3, *Copy of Ms. A's file at Pierre-Le-Gardeur Hospital*.

¹³ Count 2 of the amended complaint, Exhibit SP-5, *Copy of Mr. B's file at Pierre-Le-Gardeur Hospital*

¹⁴ Exhibit SP-29, *Audio recording of the meeting between the respondent, ^{Me} S. Bujold, and the complainant, Dr. Michel Bichai, September 25, 2024*.

¹⁵ Exhibit SP-28, *Email sent by the respondent to the complainant on September 25, 2024* (correspondence with the University of Sherbrooke).

[25] The complainant asks the respondent to provide him with a list of patients seen at his clinic since the engagement.

[26] On October¹, 2024, the respondent sent a "raw" list of 187 patients seen at his clinic since June 20, 2020¹⁶. This list included data compiled by himself and a colleague.

[27] On November 28, 2024, the respondent sent an email and a list of patients revising the information sent on October¹ and specified that he had seen 201 new patients since June 20, 2020, and that he estimated that 50 patients had received prolonged antibiotic therapy.

[28] On December 4, 2024, he corrected the information provided in the October¹ email in a new email to the complainant, stating that there had been an error in his previous email and that "150 patients received prolonged antibiotic therapy" and not 50¹⁸.

[29] The complainant randomly selected fifteen files to analyze the information. He found that, of the fifteen files, five did not clearly demonstrate that the respondent had breached his commitment.

[30] However, the other ten confirmed that it had.

¹⁶ Exhibit SP-30, *Email and attachments sent by the respondent to the complainant on November 28, 2024, in a bundle.*

¹⁷ Exhibit SP-31, *Email from the respondent and list of patients sent to the complainant on November 28, 2024, in a bundle.*

¹⁸ Exhibit SP-32, *Email from the respondent sent by the respondent to the complainant on December 4, 2024.*

[31] These ten files form the basis of counts 3 to 12 of the amended complaint.

[32] The complainant's analysis reveals that, for all of the patients in question, and even though in some cases the test for Lyme disease is negative, the respondent prescribes antibiotic therapy, often with renewals.

[33] For Mrs. C, despite a negative test result, antibiotics were prescribed for a period of more than six months¹⁹. PTLDS was suspected in Mrs. D's case, and the respondent prescribed her a course of antibiotics lasting more than ten months²⁰. PTLDS was also suspected in Mr. E's case, and he was prescribed various antibiotics for 21 months²¹.

[34] In Ms. F's file, the respondent believes that his patient is suffering from chronic complications of Lyme disease and prescribes a 15-month course of antibiotics²². Ms. G's file reveals that she was prescribed a four-week course of antibiotics²³. For Mr. H, the respondent diagnosed PTLDS and prescribed more than eight months of antibiotic therapy²⁴. For Ms. I, a patient suffering from multiple sclerosis and with a negative serological test for PTLDS, a four-month course of antibiotics was prescribed²⁵. The respondent believes that Ms. J is likely to have PTLDS and prescribes her treatment

¹⁹ Exhibit SP-8, *File compiled for Ms. C at Pierre-Le-Gardeur Hospital*, pp. 128-131, 139-140.

²⁰ Exhibit SP-10, *File compiled for Mrs. D at Pierre-Le-Gardeur Hospital*, pp. 60, 72, 100, 131-132.

²¹ Exhibit SP-12, *File compiled for Mr. E at Pierre-Le-Gardeur Hospital*, pp. 16-25, 59-60.

²² Exhibit SP-14, *File compiled for Ms. F at Pierre-Le-Gardeur Hospital*, pp. 6-9, 64-65, 68, 70 and 98.

²³ Exhibit SP-16, *File compiled for Ms. G at Pierre-Le-Gardeur Hospital*, p. 6.

²⁴ Exhibit SP-18, *File compiled for Mr. H at Pierre-Le-Gardeur Hospital*, pp. 7, 10, and 11.

²⁵ Exhibit SP-20, *File compiled for Ms. I at Pierre-Le-Gardeur Hospital*, p. 10.

antibiotics for a period of more than 18 months²⁶ and, for Ms. K, antibiotic therapy for more than six months²⁷. Mr. L, despite a negative serological test for PTLDS, received four months of antibiotic therapy²⁸.

[35] None of these patients had been treated by the respondent prior to June 8, 2020, and the

signing of the agreement.

[36] The complainant therefore concludes that the respondent did not comply with his commitment and

files a complaint against him.

ANALYSIS

I. The principles applicable to the imposition of penalties

[37] Disciplinary sanctions must first and foremost meet the requirement of protecting the public, in that "professional standards are not designed to protect professionals, but rather the public"²⁹.

[38] The primary objective of the sanction is to ensure the protection of the public.

Next come the objectives of deterring the professional from reoffending and setting an example

²⁶ Exhibit SP-22, *File compiled for Ms. J at Pierre-Le-Gardeur Hospital*, pp. 9, 62-63, 65, 116, 118, 123, and 125.

²⁷ Exhibit SP-24, *File compiled for Ms. K at Pierre-Le-Gardeur Hospital*, pp. 7-8, 73, 76, 95, 101 and 106.

²⁸ Exhibit SP-26, *File compiled for Mr. L at Pierre-Le-Gardeur Hospital*, pp. 8-9 and 12.

²⁹ *Mercure v. Avocats (Ordre professionnel des)*, 2021 QCTP 56, para. 33.

towards other members of the profession and, finally, the professional's right to practice their profession³⁰.

[39] The protection of the public is assessed taking into account the particular situation of the professional. In assessing the specific deterrent objective, the deterrent effect of the disciplinary process on the professional must be considered³¹.

[40] The Court of Appeal notes that "the factors of denunciation and deterrence are of primary importance in disciplinary matters."

[41] The criteria to be used in determining the fair and appropriate penalty are set out in *Pigeon v. Daigneault*⁽³³⁾ to which the Professional Tribunal refers in *Mercure v. Avocats (Ordre professionnel des)*³⁴ :

[32] The Quebec Court of Appeal's ruling in *Pigeon v. Daigneault* has been unanimously followed by disciplinary bodies and courts since 2003. It still applies and it is worth reiterating.

[37] The penalty imposed by the Disciplinary Committee must be consistent with the facts of the case. **Each case is unique.**

[38] Disciplinary sanctions must achieve the following objectives: **first and foremost, the protection of the public**; second, the deterrence of the professional from reoffending; third, setting an example for other members of the profession who might be tempted to commit similar acts; and finally, the right of the professional concerned to practice their profession (*Latulippe v. Léveillé (Ordre professionnel des médecins)*, 1998 QCTP 1687 (CanLII), [1998] D.D.O.P. 311; *Dr. J. C. Paquette v. Disciplinary Committee of the Professional Corporation of*

³⁰ *Pigeon v. Daigneault*, 2003 CanLII 32934 QCCA, para. 38; *Chevalier v. Nurses (Professional Order of)*, 2005 QCTP 137.

³¹ *Serra v. Médecins (Ordre professionnel des)*, 2021 QCTP 1, paras. 117 and 118.

³² *Tan v. Lebel*, 2010 QCCA 667, para. 51.

³³ *Pigeon v. Daigneault*, *supra*, note 30.

³⁴ *Mercure v. Lawyers (Professional Order of)*, *supra*, note 29.

médecins du Québec et al, 1995 CanLII 5215 (QC CA), [1995] R.D.J. 301 (C.A.); and R. v. Burns, 1994 CanLII 127 (SCC), [1994] 1 S.C.R. 656).

[39] The Discipline Committee imposes the penalty after **considering all the factors, both objective and subjective, specific to the case**. Among the objective factors, it must be determined whether the public is affected by the professional's actions, whether the offense against the professional is related to the practice of the profession, whether the action was an isolated incident or a repetitive behavior, etc. Among the subjective factors, consideration must be given to the professional's experience, disciplinary history, and age, as well as their willingness to correct their behavior. The Disciplinary Committee therefore has the delicate task of deciding on a penalty that takes into account both the principles applicable in disciplinary law and all the aggravating and mitigating circumstances of the case.³⁵

[References omitted and bold type in original]

[42] In the *Rabbani* case,³⁶ the Professional Tribunal, relying on the *Marston v. Autorité des marchés financiers* decision,³⁷ reiterated the need to focus first on the offense:

[78] This need to focus first on the offense is closely linked to the objective of protecting the public, whereas the objective seriousness of a given fault must not be overshadowed by mitigating circumstances, which relate more to the professional's personality than to the practice of the profession.

[Emphasis added]

[43] The seriousness of an offense is assessed in particular on the basis of its possible consequences, whether or not they have materialized³⁸.

³⁵ *Ibid.*

³⁶ *Rabbani v. Médecins (Ordre professionnel des)*, 2022 QCTP 3, para. 78.

³⁷ *Marston v. Autorité des marchés financiers*, 2009 QCCA 2178.

³⁸ *Lemire v. Médecins (Ordre professionnel des)*, 2004 QCTP 59.

[44] Furthermore, the penalty must be personalized, and this individualization necessarily entails a certain degree of disparity³⁹ between the penalties imposed on other professionals for similar offenses.

[45] The principle of harmonization of sanctions requires the Council to take into account sanctions imposed in the past by disciplinary boards in similar circumstances, although the circumstances specific to each case always take precedence.

[46] Finally, the Council must take into account the principles of gradation and comprehensiveness of the sanction.

[47] It is in light of these principles that the Council determines the penalties that are fair and reasonable penalties in the circumstances of the present case.

II. THE EVIDENCE

➤ The complainant

[48] The complainant testified about the progress of his investigation and presented as evidence the DIP report, the undertaking signed by the respondent on June 8, 2020, the letter from D^rJoyal dated June 16, 2020, addressed to the respondent concerning an initial request for an investigation into him, and the latter's patient files analyzed as part of his investigation.

³⁹ *Laurion v. Médecins (Ordre professionnel des)*, 2015 QCTP 59.

[49] He also comments on the meeting with the respondent held on September 25, 2024, the email exchanges with the respondent and third parties concerning the files, as well as the cooperation and risk of recidivism of the physician, who has no disciplinary history.

[50] He testified that during the meeting on September 25, 2024, despite his immediate acknowledgment of the facts, the respondent focused instead on justifying his failure to comply with the commitment by stating that he had taken numerous steps with government and university authorities to establish a center, a specialized clinic, and thus set up a research protocol. He added that, in his opinion, the respondent did not express sincere remorse or regret for his ethical violations.

[51] The complainant does not call any additional witnesses.

[52] During cross-examination, the complainant confirmed that he had no specific knowledge of PTLDS, that he could not confirm whether or not the respondent had been the subject of a complaint at PLG Hospital, and that he had not investigated the matter. He stated that he did not know whether the antibiotic treatments prescribed by the respondent had had adverse effects on patients, but pointed out that the amended complaint concerned only the breach of commitment and not a debate on the merits of long-term antibiotic therapy for PTLDS or the symptoms reported to the respondent during consultations in the files concerned.

[53] The complainant testified in a frank and direct manner. He did not hesitate to explain the specific scope of his investigation to the Board and presented the information he had gathered in this regard as evidence. His testimony, which was fully corroborated by the documents he presented as evidence, was considered highly reliable.

[54] In light of these findings, the Board attaches great probative value to his testimony.

➤ **The respondent**

[55] The respondent testifies and refers to the complainant's evidence.

[56] From the outset, the respondent admits that he did not respect his commitment of June 8, 2020, and says he is sorry and remorseful for his behavior.

[57] With regard to conditions referred to by terms such as PTLDS, he explains that when he was elected to the Quebec National Assembly, many patients affected by these syndromes came to his clinic at PLG Hospital to raise his awareness of the significant problems related to their condition and its treatment. These people were looking for help.

[58] He says he took the initiative to inform public authorities about these individuals' "medical wandering," the lack of dedicated resources, and the harmful consequences of these conditions.

[59] In 2017, he participated in the presentation of petitions concerning the establishment and implementation of an action plan before the Health and Social Services Commission (CSSS) and in the CSSS's positive report of April 2018, which formulates observations, conclusions, and recommendations, without, however, setting up research projects.

[60] He claims to have become an expert in these clinical situations, such as PTLDS, over the years.

[61] After 2018, and as part of his work at the PLG Hospital outpatient clinic, he was struck by the many patients who troubled him with their despair about their ailments and state of health.

[62] Starting in 2019, he fought to obtain resources from PLG Hospital for these patients.

[63] This led to the creation of the Vector-Borne Disease Clinic (VBD Clinic), which will provide care for these patients. The respondent works there at least three days a week. He proclaims his dedication to the cause.

[64] In 2019, he presented his project for the National Center for Complex Chronic Diseases⁴⁰ with Professor Alain Moreau, PhD. In 2020, he presented the same project, again with Professor Moreau, but to Minister Christian Dubé⁴¹.

⁴⁰ Exhibit SI-1, A. Khadir and A. Moreau, PowerPoint presentation, *A Vision of Convergence, The National Center for Complex Chronic Diseases Project*, presented to Ms. Julie Seide, Policy Advisor to the Minister of Health, May 13, 2019.

⁴¹ Exhibit SI-2, A. Khadir and A. Moreau, PowerPoint presentation, *A Vision of Convergence, The National Center for Complex Chronic Diseases Project*, presented to the Minister of Health and Social Services, Christian Dubé, October 23, 2020.

[65] He states that he had placed all his hopes in this project, but that it was a "mirage" and that his expectations were too high. He argues that he moved too quickly and made "this regrettable error in judgment" of continuing to prescribe antibiotic treatments lasting more than 28 days.

[66] The respondent explains that Minister Dubé's response was not favorable, but fragmented. Only minimal resources have been devoted to chronic diseases in several clinics.

[67] Despite this negative response, he continues to fight for his project and is participating in the development of a research protocol at the University of Sherbrooke, a project that has received scientific approval but is awaiting review by the Ethics Committee.

[68] According to the respondent, there is extreme urgency in awaiting validation of the research protocol for these clinical situations.

[69] The respondent says he regrets not having been more prudent and not having proceeded with greater caution toward his patients. He acknowledges the complainant's demanding work. He admits to having made a mistake, adding that he feels bad about it and that he should never have violated the commitment signed in 2020.

[70] He confirms that he stopped prescribing antibiotic therapies lasting more than 28 days in December 2023, following the DIP inspection, and that he has been complying with his commitment since that date.

[71] He maintains that none of his patients experienced adverse effects as a result of his prolonged antibiotic treatment, that he always provided meticulous care to his patients, that regular checks were carried out, and that no complaints were filed against him at PLG Hospital.

[72] According to the respondent, his risk of recidivism should be considered low. He points out that he has complied with his commitment since December 2023. He also mentions that he was monitored by his colleagues at PLG Hospital for nine months. They ensured that the antibiotic treatments he prescribed to patients did not exceed the duration stipulated in his commitment.

III. Application of the law to the facts

A) What fair and appropriate sanction should be imposed on the respondent for the charges of which he was found guilty?

Counts 1 to 12

[73] For the purposes of this decision, for all counts in the amended complaint, the Council must determine the fair and reasonable penalty applicable to a violation of section 122 of *the Code of Ethics*.

[74] This section reads as follows:

122. A physician must comply with any undertaking entered into with the Board of Directors, the Executive Committee, the Secretary of the College, a syndic, an assistant syndic, or the Professional Inspection Committee.

➤ **Objective seriousness**

[75] The offences alleged against the respondent are inherently serious, particularly in with regard to their nature, duration, and potential consequences.

[76] The primary mission of a professional association is to protect the public. In order to fulfill this essential mission, an association has two mechanisms for intervening with members to ensure their competence and compliance with their ethical and professional obligations and duties: professional inspection and discipline enforced by the office of the syndic⁴².

[77] These mechanisms enable each association to ensure that all of its members comply with professional standards and ethical and professional duties and obligations, and to restrict and correct their practice or sanction them in the event of non-compliance.

[78] Without these oversight mechanisms, the public could not be protected or warned against the professional shortcomings of certain members, and delinquent professionals could not be rehabilitated to enable them to practice their profession in accordance with its standards of practice and rules of ethics.

[79] A physician who fails to comply with a commitment made to a syndic of the Order sends the message to the public that one of the Order's bodies responsible

⁴² *Finney v. Barreau du Québec*, 2004 SCC 36, para. 18.

to ensure its protection is incapable of regulating the practice of its members and adequately ensuring the legitimacy of the services they provide to the public.

[80] According to the Professions Tribunal, in the *Ubani* decision⁴³, a professional's breach of their commitments to their professional association is an extremely serious offense "because it discredits the entire disciplinary process"⁴⁴. The Tribunal adds that commitments are not "whims" and that they "are important and essential tools for professional associations in their quest to protect and ensure the safety of the public"⁴⁵.

[81] In the present case, the respondent did not comply with the terms of his undertaking to ^{Dr.}Joyal, which was intended to protect the public from insufficiently proven treatments⁴⁶.

[82] The one-page undertaking signed by the respondent, expressed in clear and unambiguous terms, explains the prohibited actions and the conditions that would terminate the related limitation.

[83] Signing this agreement avoids the filing of a complaint. The terms of the document give the respondent an opportunity to correct their practice without imposing any restrictions on their right to practice their profession, and are intended solely to

⁴³ *Ubani v. Médecins (Ordre professionnel des)*, 2013 QCTP 64.

⁴⁴ *Audet v. Engineers (Professional Order of)*, 2017 QCTP 46, paras. 41 and 42, citing *Ubani, Id.*

⁴⁵ *Ubani, Id.* para. 72.

⁴⁶ Exhibit SP-34, *supra*, note 8, p. 3.

⁴⁷ Exhibit SP-2, *supra*, note 6.

prohibit the continued prescription of a treatment that is unproven and not recognized by the medical community in Quebec.

[84] By continuing to prescribe antibiotic therapies under the same conditions, the respondent therefore broke his solemn promises to the Office of the Syndic of the Order, which were intended to protect the public.

[85] Deputy Syndic Joyal gave the runner (the respondent) a chance, but he did not seize it. seized upon it.

[86] The explanations put forward by the respondent to clarify his failure to comply with his commitment, namely his involvement in the development of a research center for complex chronic diseases and a university research protocol, the fact that he thought these projects would come to fruition quickly and that he acted in a completely altruistic manner to help the vulnerable patients who consulted him, although commendable, cannot diminish the objectively serious nature of the offenses committed.

[87] A professional's failure to comply with a commitment made to one of his professional order's oversight mechanisms is an ethical violation that goes to the heart of the profession in that it calls into question the integrity of the offending professional, an essential quality for the practice of any profession.

[88] In this case, the respondent knew that he could not prescribe antibiotic therapy lasting more than 28 days to new patients diagnosed with Lyme disease, as of June 2020.

[89] He nevertheless *knowingly* decided to contravene it five months later, for several years and in numerous cases involving medically vulnerable individuals who were seeking a panacea to alleviate their suffering.

[90] The respondent could not have been unaware of the terms of the undertaking, and the document is entirely unambiguous. Nor did he attempt to contact Deputy Trustee Joyal to discuss the terms of the undertaking and his practice or to try to find an alternative solution, if necessary. Quite the contrary.

[91] Considering the objective seriousness of the alleged offenses, the Council must take into account the possible consequences of the breach of the undertaking, whether or not they actually occurred⁴⁸.

[92] In addition, the Council must examine the possible consequences through two different lenses: (a) the first involves analyzing the possible consequences of the respondent's failure to comply with a solemn undertaking made to

⁴⁸ *Duguay v. Dentists (Professional Order of)*, 2019 QCTP 31, para. 180; *Ubani v. Physicians (Professional Order of)*, *supra*, note 43, paras. 55 and 56; *Lemire v. Physicians*, 2004 QCTP 59, para. 66.

the Order and (b) the analysis of the possible consequences of the respondent's continuation of the practice prohibited by the undertaking itself.

[93] Failure by a physician to comply with a commitment made to the College is likely to jeopardize the protection of the public or undermine its confidence in the profession, and consequently in its members, the College, or the health care system itself, and furthermore negatively affect the public's perception in this regard. Informed of the respondent's actions, the public may be led to believe that undertakings, as tools available to the College's trustees to protect them, are useless, or even that doctors' words are worthless. These are very serious consequences that have not materialized.

[94] The undertaking also aims to prohibit the respondent from prescribing antibiotic treatment for more than 28 days for people who suffer, or may suffer, from complex chronic diseases. The respondent's patients, who are highly vulnerable in that they are seeking treatment for significant health problems and are experiencing symptoms such as extreme fatigue, fever or chills, headaches, spasms or weakness, etc., may be adversely affected by antibiotic treatments lasting more than 28 days.

[95] According to the respondent's own testimony, these therapies could affect the liver or even cause antibiotic resistance.

[96] The side effects of the treatment provided by the respondent are difficult to assess, *as it remains unproven by the medical and scientific community in Quebec*. The possible consequences of non-compliance with the undertaking on patients' health are highly significant and serious.

[97] The number of acts involving the respondent's breach of the undertaking and the duration of the violations are also factors to be considered in analyzing the objective seriousness of the violations.

[98] The amended complaint refers to twelve cases in which the respondent knowingly breached his undertaking, while the cases examined refer to the prescription of antibiotic therapies lasting from four months to as long as twenty-one months.

[99] However, during their discussions, the respondent admitted to the complainant that he had prescribed antibiotic therapy lasting more than 28 days to nearly 150 patients. Even if we take half that number, to allow for a margin of error, it is still possible that between 75 and 150 patients received a prescription for antibiotic therapy from the respondent when he was prohibited from doing so. This finding increases the objective seriousness of the offense committed by the respondent.

[100] For all these reasons, the Council concludes that the offenses alleged against the respondent are objectively very serious.

➤ **Subjective factors**

• ***The complainant***

[101] In the complainant's view, there are few mitigating factors in this case, apart from the respondent's guilty plea and his acknowledgment of the facts at the first opportunity.

[102] He also emphasizes the respondent's cooperation in the investigation, which should be considered a neutral factor⁴⁹.

[103] As aggravating factors, the complainant notes the following:

- the voluntary and deliberate nature of the offenses, committed with full knowledge of the facts;
- the periods related to each of the offenses, which extend, in section of count 4, up to three years;
- the duration of antibiotic treatment, which extends to 21 months in the case of count 5,
- breach of the undertaking within five months of its signing;
- the respondent's many years of experience as a physician;
- the respondent's many years of experience as a Quebec member of parliament and knowledge of the laws and their application;
- the media coverage of the disciplinary case;
- the justifications given by the respondent for breaching the undertaking during his interview with the complainant on September 25, 2024, and his lack of regret and remorse at that time;
- the justifications given by the respondent at the hearing explaining that he had breached the agreement because he had taken steps to

⁴⁹ *Blaise v. Médecins (Ordre professionnel des)*, 2024 QCTP 29, paras. 43-60, 58.

create a center, develop a research protocol, and treat and assist vulnerable patients;

- the fact that the respondent broke a solemn promise made to his Order in good faith and wanted to make his own rules;
- the lack of professional judgment demonstrated by the respondent when he failed to comply with the commitment he made in the course of his professional practice;
- the respondent's acknowledgment that he prescribed antibiotic therapy for more than 28 days in 150 cases in an email to the complainant;
- the respondent's notoriety and visibility as a physician and public figure, with more than 5,000 friends on his Facebook account;
- the casual manner in which the respondent violated his commitment of June 8, 2020;
- the vulnerability of his clients;
- the benefits obtained by the respondent when he fails to comply with his commitment—the sums he receives for the actions he takes with his patients; and
- the respondent's actions were a real "*modus operandi*."

[Verbatim transcript]

- ***The respondent***

[104] With regard to subjective mitigating factors, the respondent argues that the Council must consider the following factors:

- the respondent's guilty plea at the first opportunity;
- the acknowledgment of the facts;
- the fact that, when the respondent was warned by the DIP in December 2023 that he was in breach of his ethical obligations, he changed his conduct and it became exemplary;
- the corrective measures taken by the respondent to ensure compliance with his commitment to PLG Hospital after December 2023;
- his lack of a disciplinary record;

- his excellent professional reputation;
- his involvement with his vulnerable patients and his desire to help them;
- his many years in politics as a member of Parliament;
- its efforts with the government to try to establish a research center and research protocol for complex chronic diseases;
- its good faith;
- the absence of personal gain when breaking the commitment;
- his many years of experience without disciplinary issues; and
- the fact that he expresses sincere regret and remorse.

[Verbatim transcript]

[105] The respondent does not argue any aggravating factors.

➤ **Risk of recidivism**

[106] The complainant considers that there is a risk of recidivism on the part of the respondent. He cannot therefore confirm with certainty that the respondent will respect his commitment and foresees the possibility of a future breach.

[107] He acknowledges that the respondent is a very intelligent man who understands the power of words, the law, and its interpretation, and that he plays a very important role in our society.

[108] However, the complainant reiterates that the respondent cannot afford to violate his ethical obligations.

[109] He explains his opinion by pointing out that the respondent spent a great deal of time justifying his violations during their interview on September 25, 2024, without expressing any regret or remorse at that time. He emphasizes that the respondent did not comply with the initial recommendations of Deputy Syndic Joyal or the formal commitment subsequently entered into. He points out that the duration of the violation is significant and that the number of prescriptions for an unproven treatment is very high.

[110] The complainant explains that the respondent was required to explain his steps toward developing a research protocol and creating a research center. In the complainant's view, the respondent could not have been unaware, while working to obtain a scientific framework for prescribing antibiotic therapies, that the treatments he was prescribing were illegal.

[111] According to the complainant, it remains highly possible that the respondent could still allow himself to contravene his ethical obligations.

[112] The respondent assesses his risk of recidivism as zero. He points out that his conduct since December 2023 has been exemplary and argues that he will honor his commitment not to prescribe antibiotic therapy without an approved research protocol.

[113] In light of these two divergent positions and considering the evidence, the Council assesses the respondent's risk of reoffending as low.

[114] In reaching this conclusion, the Council takes into account the fact that the respondent ceased the violations when he was inspected by the DIP in December 2023, that he informed his employer of the DIP's findings and complied with the measures taken by PLG Hospital to ensure that antibiotic therapies prescribed did not exceed a 28-day period, that he pleaded guilty at the first opportunity and acknowledged the facts, and that he expressed sincere regret and remorse in his testimony before the Council.

[115] The Council considers that the justifications presented by the respondent, both to the complainant during his interview and before the Council, are attempts to explain his actions and highlight his dedication to the cause of complex chronic diseases and his efforts to find viable treatments, without reflecting his failure to comply with the rules of the Order.

[116] The Council also notes that the failure to comply with the commitment made was deliberate and direct.

➤ **The authorities**

[117] The complainant cites several authorities⁵⁰ in support of his suggestion regarding sanctions, in order to explain the range of sanctions imposed for similar acts.

⁵⁰ *Audet v. Engineers (Professional Order)*, *supra*, note 44; *Ubani v. Physicians (Professional Order)*, *supra* note 43; *Physicians (Professional Order) v. Comtois*, 2019 CanLII 126587 (QC CDCM); *Médecins (Ordre professionnel des) v. Rock*, 2016 CanLII 43795 (QC CDCM); *Physicians (Professional Order of) v. Rodriguez*, 2024 QCCDMD 28; *Physicians (Professional Order of) v. Duquette*, 2011 CanLII 18159 (QC CDCM); *Physicians (Professional Order of) v. Valois*, 2024 QCCDMD 44.

[118] The respondent comments on the case law submitted by the complainant in his representations, but does not file any other decisions.

[119] In the *Ubani* case⁵¹, the Professional Inspection Committee (CIP) wanted to recommend that the Order's Executive Committee impose an internship on the physician concerned. To avoid being required to complete an internship, the physician agreed to sign an initial commitment. He failed to comply with this commitment, but asked the executive committee to modify it. The commitment was modified, on the condition that Dr. Ubani complete an internship to assess his knowledge and skills. However, he continues to practice medicine in his private practice without the presence of a supervisor, even though he knows that he is subject to a temporary restriction on practice imposed by the disciplinary council, authorizing him to perform medical acts solely for the purpose of completing an advanced training internship in family medicine. In this case, numerous letters and repeated recommendations are sent to the physician. Several investigations by trustees were launched. The professional inspectorate was involved, as was the Order's executive committee. In order to avoid temporary disbarment, the physician signed an agreement with the deputy trustee on June 21, 2011, and violated it that same afternoon. He admitted to seeing 500 patients. He was suspended for two (2) years for his actions.

[120] In the *Comptois* case⁵², the physician failed to comply with an undertaking made to the Office of the Syndic of the Order. He is a professional known to the Order, who is the subject of

⁵¹ *Ubani v. Médecins (Ordre professionnel des)*, *supra* note 43.

⁵² *Médecins (Ordre professionnel des) v. Comptois*, *supra*, note 50.

of some thirty requests for investigation, who has a disciplinary record for obstruction and who has made numerous commitments, including to limit his medical practice. The physician pleads guilty, but the parties do not present a joint recommendation. The disciplinary council considers that he poses a very high risk of recidivism. A provisional suspension of eight (8) months is imposed on the physician.

[121] In the *Rock*⁵³, rendered in 2016, the physician was charged with nine counts of contravening several commitments made to the College's assistant syndic, which prohibited him, among other things, from writing and issuing prescriptions for *benzodiazepines*, which are controlled drugs. The evidence reveals that, since 2010, the Order has been supporting Dr Rock in various ways and has repeatedly offered him the opportunity to demonstrate his willingness to comply with his ethical obligations. The risk of recidivism is considered very high, given the repeated violations of the commitments. The physician pleaded guilty, and the disciplinary council did not accept the periods of suspension suggested jointly by the parties, ultimately imposing longer periods. The disciplinary council considers that the risk of recidivism by the physician remains very high and decides to impose a temporary suspension of ten (10) months for each of counts 1 to 8 and 29, with these periods to be served concurrently.

⁵³ *Physicians (Professional Order of) v. Rock*, *supra*, note 50.

[122] In the *Rodriguez* case⁵⁴, the psychiatrist is accused, under counts 3 and 4, of failing to comply with various verbal and written commitments made to the deputy syndic of the Order, which were intended to encourage him to complete more than 500 patient files over a period of more than three years within a reasonable time frame. In the commitment signed on February 12, 2022, the physician expressly acknowledged "that the weight of this administrative history should be equivalent to that of a disciplinary history." ⁵⁵ The physician pleaded guilty and the parties presented a joint recommendation. The disciplinary council considered the following factors: the experienced physician did not cooperate with the assistant syndic, the violations continued for almost six years, and by committing the violations, he interfered with the continuity of care for patients and his colleagues who needed to consult the files. The disciplinary council imposed provisional suspensions of four (4) months for count 3 and nine (9) months for count 4.

[123] In the *Duquette* case⁵⁶, which dates back to 2011, the physician voluntarily agreed not to insert or revise prostheses. On five occasions, he violated this commitment to the CIP (counts 2 to 6 of the complaint). The physician had a "heavy disciplinary and administrative history"⁵⁷ and was involved in another disciplinary case under appeal before the Professional Practices Tribunal. The disciplinary council considered that he had

⁵⁴ *Physicians (Professional Order of) v. Rodriguez, supra*, note 50.

⁵⁵ *Physicians (Professional Order of) v. Rodriguez, Id.* para. 29.

⁵⁶ *Physicians (Professional Order of) v. Duquette, supra*, note 50.

⁵⁷ *Physicians (Professional Order of) v. Duquette, Id.* para. 65.

expose his patients to unnecessary risks. The disciplinary council imposed a four (4) month suspension for each count.

[124] In the *Valois* case⁵⁸, in count 2 of the complaint, the doctor is accused of failing to fulfill a commitment made to an assistant trustee to send a document to an insurer for the benefit of a patient for more than 16 months. Dr. Valois entered a guilty plea and presented a joint recommendation for the three counts of the complaint. The evidence revealed that several patients accused the doctor of failing to respond to their requests (for files, documents, appointments) and that her actions had real consequences for one patient. The disciplinary council endorsed the joint recommendation and imposed a four-month period for breach of commitment.

[125] Although the authorities cited by the complainant and commented on by the respondent deal with acts similar in nature to the offense committed by the respondent in the present case, they differ significantly in terms of the multitude of specific circumstances underlying each of the complaints, in particular the objective seriousness and subjective factors relating to the act when considered as a whole.

[126] Indeed, the decisions cited stand out when analyzing the complete "picture" of each professional in the context of individualizing the penalty, namely: the actual and possible consequences of their actions, the duration of non-compliance with

⁵⁸ *Physicians (Professional Order of) v. Valois*, *supra*, note 50.

the commitment, their behavior, the filing of a guilty plea and the formulation of a joint recommendation by the parties, the number of cases undertaken when the professional was subject to restrictions and/or could not practice their profession, and the risk of recidivism they present.

[127] The vast majority of decisions submitted by the parties, with the exception of the *Valois* case, concern physicians who have disregarded the focused and sustained efforts of their professional association to rehabilitate them without filing disciplinary complaints. It should also be noted that the various bodies of the Order give the doctors concerned numerous opportunities, but that they do not take advantage of these opportunities. Often, the risk of recidivism is high and there are numerous breaches of commitments.

[128] This is not the case here.

[129] However, the respondent's failure to comply with his commitment to a monitoring mechanism of the Order, one of the cornerstones of the professional system, is inherently serious. This seriousness is compounded by the duration of the breach, the duration of the antibiotic therapies prescribed to the respondent's patients, the potential number of patients to whom he prescribed antibiotic treatments for more than 28 days, and the potential consequences of prescribing these unproven treatments to these individuals.

[130] Added to this objective seriousness are the following aggravating factors: the respondent's actions were directed at vulnerable individuals who were anxious to alleviate their pain at any cost; the deliberate nature of his actions, the respondent being a knowledgeable person who was fully aware of his obligation to honor a commitment due to his position as a member of Parliament; his professional experience; the media coverage of his efforts to create a research center for complex chronic diseases; his notoriety as a physician and former member of Parliament; the high number of patients to whom he allegedly prescribed antibiotic therapy for more than 28 days; and the duration of his failure to comply with his commitment.

[131] The Council believes the respondent when he explains that he only wanted to help patients and that he expected his research protocol to be accepted and the center for complex chronic diseases to be established. It also recognizes his dedication to society as a physician and former member of Parliament. It finds him credible when he expresses his regret and remorse, and acknowledges that the respondent ceased his violations as soon as the DIP warned him that he was in breach of his commitment to date.

[132] When the Council considers all the facts of this case and the specific circumstances explained in the authorities submitted by the complainant, the respondent simply does not have the same profile as the vast majority of physicians in the case law, and his conduct is not of the same seriousness.

[133] However, there was no justification for the respondent to simply disregard his commitment, which spared him from disciplinary action, and to prescribe an unproven treatment to many vulnerable patients.

[134] In light of these findings, the sanctions imposed on the respondent must reflect the high objective seriousness and serious subjective factors of his offenses, which leads the Council to impose a six (6) month suspension on each of the amended complaint counts.

- **Should the Council order the publication of a notice in accordance with section 156(7) of the *Professional Code*?**

[135] The seventh paragraph of section 156 of the *Professional Code* provides as follows when the disciplinary council imposes a temporary suspension on a professional:

156. The disciplinary council shall impose one or more of the following penalties on the professional found guilty of an offense referred to in section 116 for each count contained in the complaint:

[...]

When imposing a temporary removal from the roll or a temporary restriction or suspension of the right to practice, the disciplinary board must decide whether a notice of this decision should be published in a newspaper circulating in the place where the professional has their professional domicile and in any other place where the professional has practiced or could practice their profession. If the board orders the publication of a notice, it must also decide whether the costs of publication are to be paid by the professional or by the order, or order that the costs be shared between them. The secretary of the board shall choose the newspaper most likely to be read by the professional's clientele.

[136] The publication of the notice provided for in this provision is considered to be the rule. In the absence of exceptional circumstances, the publication of the notice must be ordered.

[137] However, this publication does not constitute a sanction, but rather a condition of the decision. The objective is to protect the public, and the publication of sanctions is a mechanism designed to achieve that objective.

[138] In the respondent's situation, there is no reason for the Council to derogate from the general rule that a notice of this decision must be published in a newspaper.

**B) Should the respondent be ordered to pay costs in accordance with
Section 151 of the *Professional Code*?**

[139] In light of the circumstances in this case, the Council finds that the respondent should be ordered to pay all costs, especially since this is in accordance with the general rule in this matter.

⁵⁹ *Gélinas v. Notaries (Professional Order of)*, 2020 QCTP 37, para. 207; *Laurin v. Notaries*, 1997 CanLII 17341 (QC TP); *Lambert v. Nurses*, 1997 17 405 (QC TP).

⁶⁰ *Rousseau v. Engineers (Professional Order of)*, 2005 QCTP 41, paras. 82 to 84.

[140] In fact, the allocation of disbursements follows the outcome of the alleged violations unless there are special circumstances. The established case law on this matter states that disbursements and costs are borne by the losing party⁶¹.

CONSEQUENTLY, THE COUNCIL, UNANIMOUSLY AND IN SESSION ON OCTOBER 28, 2025:

SECTIONS 1 to 12

[141] **DECLARED** the respondent guilty of contravening section 122 of *the Code of Ethics of Physicians* and section 59.2 of *the Professional Code* for each of the twelve (12) counts.

[142] **IMPOSED** a conditional suspension with reference to section 59.2 of the *Professional Code* for each of the twelve (12) counts.

AND TODAY:

COUNTS 1 to 12

[143] **IMPOSES** on the respondent a period of disbarment of six (6) months for each count.

⁶¹ *Social Workers and Marriage and Family Therapists (Professional Order of) v. Crête*, 2019 QCTP 50, para. 59; *Architects (Professional Order of) v. D'Onofrio*, 2017 QCTP 21; *Gagnon v. Engineers (Professional Order)*, 2016 QCTP 97, para. 57; *Engineers (Professional Order) v. Hanol*, 2012 QCTP 13, para. 50; *Murphy v. Chambre de la sécurité financière*, 2010 QCCA 1079, para. 70.

[144] **ORDERS** that the periods of disbarment imposed be served concurrently.

[145] **ORDERS** the publication of a notice of this decision in a newspaper circulating in the place where the respondent has his professional domicile, in accordance with section 156(7) of *the Professional Code*, at his expense.

[146] **ORDERS** the respondent to pay all disbursements in accordance with section 151 of *the Professional Code*, as well as the costs of publishing the notice of this decision.

Manon Lavoie

Original signed electronically

M^e MANON LAVOIE
President

Linda Bélanger, LL.B., MBA, ASC

Secrétaire du conseil de discipline
Copie conforme à l'original
Signé numériquement

2025-11-28

Patricia Ayoub

Original signed electronically

D^{re} PATRICIA AYOUB
Member

Michel Dubé

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D^r MICHEL DUBÉ
Member

Ms: Nathalie Vuille
Plaintiff's attorney

Ms: Sibelle Ataougul
Respondent's attorney

Hearing dates: October 28 and 29, 2025