

**Indexed as: Krop (Re)**

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

**IN THE MATTER OF** a Hearing directed  
by the Executive Committee of  
the College of Physicians and Surgeons of Ontario,  
pursuant to Section 36(1)  
of the *Health Professions Procedural Code*,  
being Schedule 2 to the *Regulated Health Professions Act*,  
1991, S.O. 1991, c. 18, as amended.

**BETWEEN:**

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

**- and -**

**DR. JOZEF KROP**

**PANEL MEMBERS:**

DR. J. THOMPSON (Chair)  
DR. C. RAO  
J. FINLAYSON  
E. STEEP

**PENALTY HEARING DATE:** June 21-22, 1999

**DECISION/RELEASED DATE:** June 23, 1999

## **PENALTY AND REASONS FOR PENALTY**

The Committee reconvened on June 21st and 22nd, 1999, to hear evidence and submissions regarding penalty.

Counsel for Dr. Krop called six witnesses, all patients of Dr. Krop. Two were among those patients whose office records had been the focus of this hearing; the third witness was the mother of a child whose medical records had also been entered in evidence. All testified to their satisfaction with the care provided by Dr. Krop, and to his high reputation among those who know of his work. Counsel further submitted three volumes of testimonial letters from satisfied patients, and read from a number of them.

Counsel for the College proposed a penalty that would include a recorded reprimand and the imposition of a number of conditions on Dr. Krop's Certificate of Registration. These would require Dr. Krop to adhere to the eleven specified recommendations of the Report of the Ad Hoc Committee on Complementary Medicine of the College of Physicians and Surgeons ("The Walker Report").

Counsel for Dr. Krop proposed that no penalty be imposed. He stated that there was at least some support for just about everything Dr. Krop did, that no physical harm had befallen any patient, that Dr. Krop should not be penalized for the tactics employed by his former counsel, that Dr. Krop had demonstrated in the care of his patients both considerable effort and compassion, and that the decade-long period of investigation and hearing had taken a toll on both Dr. Krop and his family. He stated that patients have a right to choose based on informed consent, and that there was no evidence that Dr. Krop does not follow the principles espoused by "The Walker Report".

The Committee would like to reiterate its findings, set out in its Decision of December 23, 1998.

Dr. Krop failed to meet the standard of practice of the profession in relation to the six patients who were the subject of the hearing:

- a) by employing diagnostic methods (the Vega machine, intracutaneous testing for non-inhalent

sensitivity, sublingual provocation/neutralization, hair analysis) for which no scientifically-acceptable support exists for the use to which they were put by Dr. Krop;

- b) by relying upon these methods to diagnose, and subsequently "treat", putative food, chemical, and other allergies and sensitivities;
- c) by making the diagnosis of "systemic candidiasis". This diagnosis, as employed by Dr. Krop, is one for which there is no reputable scientific support, no proven diagnostic test, or demonstrated effective treatment. Those patients in whom this unproved diagnosis was made were exposed to the risks of systemic antifungal treatment;
- d) by recommending an unproved remedy, sauna therapy, for chemical detoxification;
- e) by subjecting patients to a variety of unproved treatments, including sublingual drops, injection of "vaccines" derived from sputum and serum, stapy lysate, and thymus extract, and adherence to a "rotary" diet.

The Committee further found that Dr. Krop did not provide the six patients who were the focus of this hearing with the information upon which they, in turn, could give him truly informed consent for the diagnostic tests and treatments he used, and which are referred to in the foregoing specifics. The Committee, in its decision, stated that it must be made clear to the patient where scientific evidence exists - and by extension where it does not - for both diagnostic methods and treatment recommendations.

It is important to add that the principle of informed consent extends to the naming of diagnoses. "Systemic Candidiasis" and "Multiple Chemical Sensitivity Syndrome" are controversial labels. The former lacks any credible scientific support as a diagnosis. In the case of the latter, while there are generally acceptable epidemiologic definitions to identify it as a syndrome, there are no known scientifically acceptable means to either diagnose or treat it in a specific individual.

It is with these findings in mind that the Committee firmly rejects the proposal and rationale put forward by Dr. Krop's counsel, and accepts the penalty recommendation of College counsel.

The Committee has no doubt that Dr. Krop is sincere, hard-working, and devoted to the well-being of his patients. It is clear that, as was stated in the course of the hearing, many of his patients believe he is the "physician of last resort", the individual to whom they have turned because they have been unable to find relief from "conventional" physicians. His caring approach undoubtedly plays a major role in their healing.

Nevertheless, Dr. Krop owes a debt of honesty to his patients. While he may hold strong beliefs in the appropriateness of his diagnostic methods, his diagnostic conclusions, and his methods of treatment, he must make it clear to his patients that they are simply that - beliefs. He must be candid in stating that they are unsupported by scientifically-acceptable evidence.

The Committee believes that Dr. Krop would be of even more help to his patients, and to society at large, if he would subject his beliefs to the same level of scientific scrutiny expected of any innovation in the field of medicine today. Given the size of his practice and the current climate of openness to alternative methods of treatment, he has had - and with this decision still has - an opportunity to do just that. Other researchers in the field, such as Dr. F in Nova Scotia, would be ideal collaborators.

Unfortunately, Dr. Krop apparently continues to believe that his approach to diagnosis and treatment has been scientifically validated and that he does provide his patients with the basis of truly informed consent.

Because of this, Dr. Krop must hear in no uncertain terms that he has failed to meet the standard of practice. Members of the profession at large - a profession whose integrity rests on the practice of scientifically-based medicine - must know why and how his practice fails the standard. The public, without the knowledge and skill to determine the scientific credibility of a given practitioner, must be protected from practitioners who lack that credibility - or at the least enter into the doctor-patient relationship with such a practitioner with a clear understanding of the issues involved.

Thus, in the Committee's view, a reprimand that is recorded on the Register is an entirely logical and

important part of any penalty.

In reviewing the penalty proposal put forward by the College, the Committee notes that Dr. Krop's primary obligation is to approach each patient in accordance with the standard of practice.

To paraphrase "The Walker Report", he is to carry out a history and physical examination relevant to the presenting complaint, investigate utilizing generally accepted modalities pertinent to the problem at hand, reach a conclusion that a reasonable physician would reach, supported by the data, and advise the patient of the usual and conventional treatment options. The Committee believes that Dr. Krop would be wise to document this in the patient record.

The penalty does not forbid Dr. Krop from going beyond this, nor does it prohibit his employment of any of the testing procedures, diagnostic labels, or treatments referred to in the foregoing. If Dr. Krop chooses to do so, however, he has an obligation to provide each patient with the basis upon which truly informed consent can be given.

The penalty goes into specifics:

1. Prior to any use of Vega testing, provocation neutralization testing, serial endpoint titration testing for non-inhalent sensitivities including candida-related sensitivity, and hair analysis when not used in the diagnosis of heavy metal toxicity or essential element deficiency, Dr. Krop:
  - (i) is required to provide the patient sufficient information to make informed choices;
  - (ii) is required not to misrepresent information or opinion; and
  - (iii) is required to give the patient the general degree of certainty or uncertainty of efficacy of the test(s), notwithstanding his individual beliefs.
  - (iv) and, paraphrasing "The Walker Report", Dr. Krop is obliged to:
    - (a) ensure that his patients are told the degree to which tests, treatments or remedies have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety.

In order to reassure the College that Dr. Krop has understood and acted upon the particulars of this decision, the Committee has a number of recommendations it wishes to urge upon Dr. Krop. While these are recommendations and not requirements, the Committee believes they are both prudent and consistent with our Order:

- (a) The Committee recommends that Dr Krop - for each and every instance where he employs diagnostic tests, diagnostic labels, and treatment protocols that this Committee has determined fail to meet the accepted standard of practice - furnish in writing - sufficient information for his patient to provide informed consent.
  
- (b) The Committee further recommends that Dr. Krop adopt the practice of having the patient in question acknowledge - in writing- having received this information, its specifics, and having provided consent. In a similar vein, the Committee believes that general patient information, such as the "Ecology Guide", sold to or given to patients or potential patients, should be edited to reflect the principles of the College's penalty recommendation.
  
- (c) Dr. Krop might consider providing the College with copies of the patient information he intends to use to assist him in obtaining informed consent, as well as copies of the consent forms themselves, and invite comment on the degree to which such material is consistent with the terms of this Committee's decision.

This Committee is aware that some of the areas in which Dr. Krop has failed to meet the standard of practice will undoubtedly evolve. "The Walker Report" makes a final recommendation, one which urges those who enter into "areas of less well proven efficacy" to "collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession." Dr. Krop, should he choose to do so, could make a signal contribution in this area. The penalty recommendation envisions such a possibility.

The Committee therefore orders that:

- 1) A reprimand, with the fact of the reprimand to be recorded on the Register;
- 2) Krop's certificate of registration is to be subject to the following conditions:
  - (a) Dr. Krop is required to adhere to the recommendations with respect Dr. to members, from the Report of the Ad Hoc Committee on Complementary Medicine, for assessing patients, treating patients and advancing knowledge;
  - (b) In addition, prior to any use of Vega testing, provocation neutralization testing, serial dilution end point titration testing for non-inhalant sensitivities including candida-related sensitivity, and hair analysis when not used in the diagnosis of heavy metal toxicity or essential element deficiency, Dr. Krop:
    - (i) is required to provide to the patient sufficient information to make informed choices;
    - (ii) is required not to misrepresent information or opinion; and
    - (iii) is required to give the patient the general degree of certainty or uncertainty of efficacy of the test(s), notwithstanding his individual beliefs.

## **RECOMMENDATIONS**

The following recommendations from the Report of the Ad Hoc Committee on Complementary Medicine to the Council of the College of Physicians and Surgeons of Ontario ("Walker Report") are modified to refer specifically to Dr. Krop:

In assessing patients, Dr. Krop should henceforth be expected to:

1. perform a pertinent history and physical examination, (sufficient to make, or confirm, a conventional diagnosis) and to meet the appropriate standard of practice of the profession;
2. investigate, when necessary, utilizing generally accepted modalities pertinent to the complaint;
3. reach a conventional diagnosis that reasonable physicians would reach, supported by the data;
4. advise the patient of the usual and conventional treatment options, their risks, benefits and efficacy as reflected by current knowledge;<sup>1</sup>
5. document all of the above in accordance with the regulations.

In treating patients, Dr. Krop should henceforth be expected to

1. have demonstrated education, knowledge, skills and currency in his area of practice;
2. act honestly and always in his patient's best interests;
3. provide sufficient information to allow patients to make informed choices, and to refer to, or consult with, others when the practitioner requires assistance or when the standard of practice requires it. It should not be misconduct to refer a patient, honestly and without conflict of interest, to unconventional or complementary practitioners when appropriate and where there is no reason to believe such a referral would expose the patient to harm;
4. Not misrepresent information or opinion; patients must be given the general degree of certainty or uncertainty of efficacy of a given therapy, notwithstanding the practitioner's individual beliefs.

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1. Members will be aware that the current law of Canada requires the nature of the consent to be given by the patient and the information given to the patient upon which it is based, to vary in accordance with the character of the treatment. The nature of the consent to be given and the extent and nature of information to be provided upon which it is based, will vary between established therapeutic approaches and treatments in the nature of an experiment or speculation.