

**Indexed as:            Devgan (Re)**

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

**IN THE MATTER OF** a Hearing directed  
by the Executive Committee and the Complaints Committee of  
the College of Physicians and Surgeons of Ontario  
pursuant to Section 36(1) and 26(2) of the *Health Professional 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. RAVI DEVGAN**

**PANEL MEMBERS:**            DR. C. HILL (Chair)  
   DR. J. DOHERTY  
   DR. I. BAXTER  
   J. FREDERICK  
   A. VANSTONE

**Hearing Dates:**                October 7 – 11, 2002

**Decision/Released Date:**     April 30, 2003

## DECISION AND REASON FOR DECISIONS

The Discipline Committee of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on October 7 to 11, 2002. At the conclusion of the hearing, the Committee reserved its decision.

### ALLEGATIONS

It was alleged in the Notice of Hearing that Dr. Ravi Devgan committed an act of professional misconduct:

1. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, (O. Reg. 856/93) in that he failed to maintain the standard of practice of the profession;
2. under paragraph 1(1)5 of O. Reg. 856/93, in that he had a conflict of interest;
3. under paragraph 1(1)13 of O. Reg. 856/93, in that he made a misrepresentation respecting a remedy, treatment or device;
4. under paragraph 1(1) 14 of O. Reg. 856/93 in that he made a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion;
5. under paragraph 1(1)(16) of O. Reg. 856/93, in that he falsified a record relating to his practice;
6. under paragraph 1(1)21 of O. Reg. 856/93, in that he charged a fee that was excessive in relation to the service performed;
7. under paragraph 1(1)33 of O. Reg. 856/93, in that he committed 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

8. under paragraph 1(1)34 of O. Reg. 856/93, in that he engaged in conduct unbecoming a physician.

It was further alleged that Dr. Devgan is incompetent as defined by subsection 52(1) of the Code, in that his care of a patient displayed a lack of knowledge, skill or judgment or disregard for the welfare of the patient of a nature or to an extent that demonstrates that he is unfit to continue practise or that his practise should be restricted.

## **RESPONSE TO ALLEGATIONS**

Counsel for the College withdrew the allegations contained in paragraphs 1 and 8 and the allegation of incompetence contained in the Notice of Hearing. Dr. Devgan denied the allegations in paragraphs 2 through 7 set out above.

## **EVIDENCE**

### **(i) Overview of the Issues**

Dr. Ravi Devgan is a General Practitioner with an interest in homeopathic medicine. He has a solo practice in Toronto. Dr. Devgan received his medical degree from the University of Toronto. His mode of practice combines both traditional and alternative medical therapies.

Whether it is appropriate for a member to practice using alternative therapies was not an issue in this hearing. Further, the merits of the particular therapies and treatments used by Dr. Devgan were not an issue in this hearing.

The complaints in this case were initiated by the relatives of three patients who were treated by Dr. Devgan for terminal cancer arising from the lung, the pancreas and the breast respectively. All three patients are now deceased. The treatments that Dr. Devgan used included non-traditional intravenous therapy and vitamin and mineral supplements.

The panel heard the evidence of four witnesses called by the College; Ms. A., Ms. C., Mr. B. and Mr. D., who are relatives of the deceased patients. All witnesses were present to varying degrees at the initial assessment/decision to accept treatment and during some of the therapy. No expert witnesses were called by either party.

**(ii) Patient #1**

Ms. A. and Ms. C. are the wife and daughter of patient #1 who Dr. Devgan treated for terminal pancreatic cancer. Patient #1 came to Canada in 1975. Patient #1 and his wife made an appointment on May 11, 2000, for an initial consultation with Dr. Devgan after he had been diagnosed with pancreatic cancer at Mount Sinai and had had five chemotherapy treatments. Ms. C. also met with Dr. Devgan later that day to discuss the kind of treatment that Dr. Devgan proposed for her father. Ms. C. gave Dr. Devgan a note which set out the family's confusion regarding his condition and stated in bold "please be as honest as possible with him and see what other alternatives there are for him".

Both Ms. C. and Ms. A. testified that Dr. Devgan said that he would cure patient #1. Dr. Devgan gave Ms. C. some literature (Ex. 2) on Carnivora. The literature included statements such as "Carnivora ... attacks and destroys all varieties of cancer" and gave examples of patients whose tumours went away with the use of Carnivora. The literature also had a section entitled "Toxic Cancer Therapies Do More Harm Than Good" which criticized chemotherapy and radiation. The decision to treat made patient #1 very happy and gave him hope.

The cost for (4) four weeks treatment was \$30,000. Patient #1 and his family made a down-payment in the amount of \$7,500 on the day after patient #1's assessment and Dr. Devgan commenced treatment immediately. The treatment consisted of Carnivora therapy, IV and vitamins. Dr. Devgan had informed patient #1 and his family that he had to travel to Mexico to get Carnivora and that this is why the treatment was expensive. The program proposed by Dr. Devgan was for a (4) four-week period during which patient #1 would receive treatment for 3-4 hours per day, six days per week. He only received (2) two weeks treatment before it was apparent that his condition was

worsening. The treatment ended on May 24, 2000 as the following day he was admitted to hospital. He remained in the hospital until his death on June 16, 2000.

Patient #1's family contacted Dr. Devgan subsequent to patient #1's death to request a refund. Ms. C. testified that Dr. Devgan said that he would give only \$3,000 back because part of the money was for research that he does. She testified that he had not mentioned research previously. No refund was given.

It was clear that when the patient #1's family came to seek treatment from Dr. Devgan, they knew that patient #1's condition was very serious. He was on heavy painkillers and having difficulty eating and sleeping. On cross-examination, Ms. C. agreed that her father wanted to try other options, including non-conventional treatment. As with the other witnesses, Ms. C. testified that her father continued to hope that there might be a cure for his cancer.

Ms. A. testified that her husband spoke some English and could not read English. Ms. C. testified that her father was not fluent in English.

Paragraph 5 of the Notice of Hearing alleging that Dr. Devgan falsified a record relates to the consent form for patient #1's treatment. Both Ms. A. and Ms. C. testified that they did not consider the signature on Exhibit 4 to be patient #1's signature. Neither recalled seeing patient #1 execute the document in their presence.

**(iii) Mr. B.**

Mr. B. is the son of patient #2 who Dr. Devgan treated for terminal lung cancer with metastases to the bone. Patient #2 came to Canada at the age of 18. He was a farmer.

Patient #2 had been diagnosed in the fall of 1997 with terminal lung cancer. He started chemotherapy in 1997. The tumor had initially responded to chemotherapy but the cancer had metastasized to the bone. Mr. B. and his sister looked on the Internet to find supplemental treatments. Mr. B. testified that he and his sister had given up hope on conventional treatment and knew that their father was deteriorating but he stated that his mother had never given up hope.

On March 18, 1998, Mr. B., his father, mother, and sister met with Dr. Devgan. In response to a question from patient #2 about what Dr. Devgan could do for him, Dr. Devgan said that he could help patient #2. He also told patient #2 that he had another patient like him who he had helped. Mr. B. described his parents as hopeful and that they thought patient #2 still could be saved. When asked if he was surprised that Dr. Devgan said he could help, Mr. B. responded that he was surprised but he trusted Dr. Devgan because he said he had helped another patient like his father.

The first month of treatment would cost \$30,000 U.S. for treatment 6 days per week. Patient #2 wrote a cheque to Dr. Devgan for \$30,000 U.S. that same day. Mr. B. described his family as desperate and that was why they agreed to Dr. Devgan's proposed treatment. He stated that his mother was ready to liquidate the family farm if it could help her husband.

It was Mr. B.'s understanding that the majority of the \$30,000 was going towards the IV treatments for his father. Patient #2's treatments consisted of IV treatments administered by the nurses. Dr. Devgan was with patient #2 less than a couple of minutes for the treatments. Approximately 16 or 17 treatments took place between March 18 and April 4, 1998. The last two treatments took place at the apartment which the patient #2's family had rented in the city because the father was too ill to walk to the cab in order to get to Dr. Devgan's office. On April 4, 1998, patient #2 was taken to hospital where he remained until April 14, 1998. He died en route to his home where he was being taken for palliative care purposes.

Mr. B. testified that he had some hope that Dr. Devgan might be able to help his father but that he also hoped that Dr. Devgan would see how sick his father was and just send him home. Mr. B. agreed that he and his sister probably did not believe there was a cure for their father's cancer but that the family considered that Dr. Devgan's treatments might not only help in terms of pain relief but would give their father some extension of his life. He testified that after meeting with Dr. Devgan, the family was hopeful that their father's condition might improve.

**(iv) Mr. D.**

Mr. D. is the husband of patient #3 who Dr. Devgan treated for metastatic breast cancer. Patient #3 and her husband came to Canada in 1971. She had been diagnosed with breast cancer in 1994 and it had spread to the bone approximately 2 years later. Her condition was considered terminal.

Patient #3 saw Dr. Devgan for the first time on September 25, 1997. Her husband was present.

Mr. D. testified that, at the first meeting, Dr. Devgan said “if you can afford it, I can help her”. Dr. Devgan asked for the full cost of treatment in advance. However, he agreed to accept Visa and MasterCard payments from Mr. D. because Mr. D. could not afford a large lump sum at the outset. The cost of treatment was \$280 per treatment. Patient #3 took her first treatment that same day. The treatment included IV injections, sometimes Demerol for pain, and Polydox, an experimental treatment. Mr. D. understood from Dr. Devgan that the Polydox might cure her cancer.

Mr. D. was of the view that his wife’s condition improved somewhat at the beginning. At the first meeting with Dr. Devgan, she was in a wheelchair and could not walk well. After some treatments, she was able to walk with a cane and she felt good and seemed better for a while. Thereafter, her condition deteriorated and Dr. Devgan informed patient #3 and his family that there was nothing he could do for her.

Mr. D. had an argument with his wife after a few treatments because he did not believe that Dr. Devgan could cure her and he therefore did not want to spend the money. However, he testified that his wife believed completely in Dr. Devgan and that he would cure her and she insisted that they continue the treatments.

**(v) Defence Evidence**

Dr. Devgan outlined his usual practice with new patients. He testified that over the last 10 years, approximately 5% of his patients have been diagnosed with cancer. In many cases, an initial conference call takes place in which the prospective patient and/or the family can consider whether a consultation with Dr. Devgan is warranted depending upon the illness. Dr. Devgan indicated that he may address the effectiveness of treatments over the telephone. When a consultation occurs, a patient fills out a general history and the fee schedule and Consent to Treatment documents are signed.

Regarding fees, Dr. Devgan testified that his fees varied depending upon the treatment prescribed. He testified that the fees charged are based on his knowledge of fees charged by some clinics internationally as well as the resources necessary to administer the clinic and for his “research”. The costs of research appeared to be largely travel-related costs.

Regarding patient #1, Dr. Devgan was of the view that both patient #1 and his wife had adequate English for the purposes of their communications although he had some difficulty in understanding Ms. A. By the time patient #1 and his family saw Dr. Devgan, they had made a decision not to carry on with chemotherapy. Dr. Devgan denied telling patient #1 and his family that he could cure patient #1’s cancer but he agreed that he knew they were looking for more than just pain relief. He told them that alternative medicine might help patient #1 and might give him strength to fight the cancer and might prolong his life. Dr. Devgan also told patient #1 and his family that the therapy would make patient #1 feel more comfortable.

Regarding patient #2, Dr. Devgan agreed that he told the patient #2’s family of a patient similar to patient #2 who had a tumor approximately the size of a grapefruit that had shrunk by 50% during the therapy offered by Dr. Devgan. That patient lived for 5 more years. When asked whether the patient #2’s family took hope from this example, Dr. Devgan testified that they seemed pleased. He also suggested, however, that they had already decided before they saw Dr. Devgan that they wanted natural therapy. Dr. Devgan stated that patient #2 appeared to obtain benefits from the treatment for a few

days but no significant improvement after that. He agreed that, but for the first few days, the treatment was not successful for patient #2. He agreed that the cost breakdown was \$1,600 U.S. per visit and that patient #2 did not get all of the services that he paid for up-front.

Regarding patient #3, Dr. Devgan recalled that she was already taking natural supplements and had refused more chemotherapy by the time her first consultation with Dr. Devgan took place. Dr. Devgan agreed that he told her that he would make her feel better. He testified that initially she improved quite dramatically and was able to go from sitting in a wheelchair to walking with a cane. However, at a certain stage, even though the dosage of medications was increased, improvement did not continue.

In addition, the defence called the evidence of Ms. M. Ms. M. was the Office Manager for Dr. Devgan, part-time from 1994 to 1995 and full-time from June 1996 to September 2001. In that capacity, she did bookkeeping, ordered supplies, booked appointments and prepared OHIP billings. It was Ms. M.'s responsibility to give a new patient the forms which had to be signed, including the Consent and Direction for Treatment. She had a practice whereby she would leave the forms with a new patient in the waiting room and she would bring it to the attention of Dr. Devgan if any form, particularly the Consent and Direction form, had not been signed. In respect of the Consent and Direction for Treatment form for patient #1, Ms. M. indicated that she was sure the forms were signed when she came back to get them from him.

Regarding the cost of the treatments offered by Dr. Devgan, Ms. M. said it would be very difficult to provide a breakdown of those costs. The costs of which she was aware were moneys spent to be able to use Carnivora in Canada and travel-related costs. The mark-up on the stock of supplements and vitamins which they carried on the premises was approximately 50%. She testified that she made sure their cost was about the same as the health food store and that they tried to keep product on hand for the convenience of their patients.

The defence also called Ms. I. as a witness. She has been a RN since 1995. She worked for Dr. Devgan on a full-time basis administering I.V. and other procedures. She provided him with up-dates on the state of patients either daily or every other day.

Regarding patient expectations, she testified that patients would often look to her for information regarding their prognosis even though in many cases they knew their illnesses were terminal. She stated that they were trying to find out if there were any possibilities for improvement, that they didn't want to give up, and they wanted to know if there was something they could do about their illness. She stated that people's expectations are sometimes unrealistic.

Mrs. I. testified that she had some difficulty communicating with patient #3 because of language.

## **FINDINGS AND DECISION**

The Discipline Committee found the four witnesses called by the College to be credible, sincere and forthright and accepted their testimony as fact with the exception of the testimony of Ms. C. and Ms. A. regarding patient #1's signature. The Discipline Committee found Dr. Devgan to be somewhat dismissive of the seriousness of the issues, particularly the extent to which the deceased patients may not have understood the prospects of improvement of their conditions.

### **(i) Conflict of Interest/Charging an Excessive Fee**

We shall consider the allegations in paragraphs 2 and 6 of the Notice of Hearing together as they both relate to the fees charged by Dr. Devgan.

The allegation in paragraph 2 of the Notice of Hearing is that Dr. Devgan had a conflict of interest. Conflict of interest is defined in Part IV of Ontario Regulation 114/94 under the *Medicine Act*. Section 16(d) provides as follows:

16. It is a conflict of interest for a member where the member ...:

- (d) sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit ...

Section 16(d) provides for some exceptions, none of which were raised by the parties.

The fees charged are clearly substantial. The evidence of the defence was that the fees charged reflected, in addition to overhead, the costs of research which Dr. Devgan stated he had done. Dr. Devgan also testified that his fees were generally comparable to other international clinics. No other information was provided regarding such fees. The research as described by him appeared to be largely made up of trips to observe other professionals and time spent in Ottawa to work on the approval of certain medical products in Canada. It did not appear that Dr. Devgan had undertaken research by way of studies or comparative studies in relation to the effectiveness of the products at issue. Dr. Devgan has not published anything regarding his research except for articles for Integrated Biologics and it did not appear that Dr. Devgan has made presentations or offered lectures in relation to the investigations.

The price charged for the products at issue appeared to have been determined by the Office Manager checking the prices at the local health food store so that Dr. Devgan's prices would be comparable. The evidence of the defence was that there was a 50% mark-up charged on many of the medical products used.

The overall fees charged (e.g. \$30,000 U.S. for one person for one month's treatment at 6 days per week) seem excessive on their face in relation to the underlying cost of the drugs, the fact that most treatments were administered by a nurse and the office support services were performed by one person. The Discipline Committee was not satisfied that the vague references to Dr. Devgan's research, which was the main basis offered for the added cost of treatment, were substantial enough to justify the fees charged.

Accordingly, the Discipline Committee is satisfied that Dr. Devgan sold certain medical products at a profit and, on the basis of the statutory definition, therefore had a conflict of interest. The Discipline Committee was also satisfied that Dr. Devgan charged fees that were excessive in relation to the services performed.

**(ii) Misrepresentations/Making a Claim Respecting a Treatment**

We shall consider the allegations in paragraphs 3 and 4 of the Notice of Hearing together. Generally, these allegations raise the following issues:

- (i) Did Dr. Devgan misrepresent the efficacy of such treatments to vulnerable cancer patients and their relatives?
- (ii) Did Dr. Devgan make claims with respect to such treatments which could not be supported as reasonable and did he explain adequately what results could be expected from such treatments?

The consistent context of the circumstances of patient #1, patient #2 and patient #3 are as follows. All three patients were gravely ill with cancer. Conventional therapies had been largely exhausted. All three were immigrants to Canada whose first language was not English. Perhaps not surprisingly, all three patients and their respective family members came to Dr. Devgan with hope that something might be done for them to ease their suffering and to improve their conditions. It was clear from the evidence of some of the family members that, in some respects, they harboured considerable scepticism about the prospect of any improvement particularly since the prognosis for each patient was death. There was also therefore both the hope and the expectation that Dr. Devgan, as a member of the College of Physicians and Surgeons, would be honest and forthright about the prospects for improvement from his treatments. In other words, there was a reasonable expectation that Dr. Devgan would not give false hope by misrepresenting the prospect for improvement or omitting to tell these patients what the realistic prospects were for improvement of their conditions.

It is important to be clear that properly informed patients who are not misled or given inadequate information may choose to pay for the kinds of treatments offered by Dr. Devgan. The use of Carnivora, TVZ-7 and the other remedies provided to these patients was not at issue in this hearing. What the Discipline Committee is concerned about is the adequacy of information and ensuring sufficient understanding as to risks and benefits by patients who are very ill and desperate as in the cases here. The circumstances here show

that desperate, terminally ill patients paid large sums of money for treatments that appeared to have little, if any, utility.

Further, we do not wish to suggest that physicians cannot tell patients that there may be positive outcomes notwithstanding very serious and often uncertain circumstances. However, a standard of reasonableness in the context of each case must apply such that where a patient is gravely ill and clearly terminal, caution must be exercised and clarity ensured in communicating with such a patient, particularly where English is not their first language. Patients in such circumstances may fervently wish to believe that there is hope for a cure or improvement. They may, as Mr. B. suggested, have blinders on because they hope to hear a positive message. Physicians dealing with desperate people must be aware of this. The message must be delivered in a manner which does not overstate the prospect for improvement and which does not create unrealistic expectations.

In the circumstances of this case, the Discipline Committee accepts the evidence of Ms. C. and Ms. A. that they understood that Dr. Devgan stated that he might be able to cure patient #1's cancer. The Discipline Committee also accepts that Dr. Devgan informed patient #2 and patient #3, and their respective family members, that he would be able to make them more comfortable and might be able to improve their condition and prolong their lives. Dr. Devgan agreed that there might be an implied representation to patient #1 and his family and patient #2 and his family that in seeking a substantial up-front fee to cover treatment for a period of some weeks, there would therefore be an expectation of prolonging life for that period of time.

In all of the circumstances, the Discipline Committee finds that Dr. Devgan did make misrepresentations respecting the treatments that he offered and made claims respecting the utility of treatments that are not supported as reasonable professional opinion.

**(iii) Falsification of a Record**

Ms. C. and Ms. A. testified that they did not believe that the signature on the Consent and Direction to Treatment form was that of patient #1. Dr. Devgan denied signing patient #1's name as did his nurse, Ms. I. Ms. M. testified as to her usual practices in taking

forms for signature to new patients in the waiting area. She specifically recalled patient #1 because his birthday was the same day as her birthday. She denied signing patient #1's name to the form and indicated that she believed that patient #1 and his wife were the only people in the waiting room at the time. She believed that the form was signed when she went back to the room to get it.

Accordingly, the Discipline Committee accepts that Ms. C. and Ms. A. believe that the signature at issue is not patient #1's signature but this belief does not satisfy the Discipline Committee that the signature was falsified. It may be that no one saw patient #1 sign the form. It may be that illness caused his signature to look unusual to his family. The Discipline Committee finds that Ms. C. and Ms. A. are mistaken on this point. Further, the forensic report provided by the College was not sufficiently conclusive to persuade the Committee that falsification had taken place. The Discipline Committee therefore finds Dr. Devgan not guilty of the allegation in paragraph 5 of the Notice of Hearing.

**(iv) Disgraceful, Dishonourable and Unprofessional Conduct**

Counsel for the College argued that all of the conduct which is set out above in respect of the individual allegations in the Notice of Hearing, taken together, makes out the allegation that Dr. Devgan has committed acts which are disgraceful, dishonourable and unprofessional.

The Discipline Committee concluded from Dr. Devgan's testimony and his demeanor at the hearing that he did not seriously consider dissuading patients from trying his treatments, regardless of the state of their illness, if they wanted to pursue non-conventional treatment. It was the clear impression from his testimony that Dr. Devgan would treat patients even where the prospect of real improvement was very slim. Particularly where the cost of treatment was so high and typically payable up-front, this caused the Discipline Committee great concern. Terminally ill, desperate and hopeful patients are entitled to choose appropriate treatments for themselves but it is the physician's obligation to ensure that they understand fully the benefits and risks of what they consent to. Where, as here, the patients are so extremely vulnerable, inadequate

explanations are given, the physician profits, and the fees are so great, the Discipline Committee is satisfied that Dr. Devgan's conduct in relation to these three patients was disgraceful, dishonourable and unprofessional.

Accordingly, the Discipline Committee is persuaded that the College has proved its case on the allegations contained in paragraphs 2, 3, 4, 6 and 7 of the Notice of Hearing on the basis of clear, cogent and compelling evidence on a balance of probabilities.

**Indexed as: Devgan (Re)**

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**B E T W E E N:**

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

**- and -**

**DR. RAVI DEVGAN**

**PENALTY DECISION AND REASONS**

**PANEL MEMBERS:** DR. J. DOHERTY (CHAIR)  
DR. I. BAXTER  
A. VANSTONE

**Hearing Dates:** October 7-11, 2002  
**Decision/Released Date:** April 30, 2003  
**Penalty Hearing Date:** June 26, 2003  
**Penalty Decision/Released Date:** June 27, 2003

## **PENALTY DECISION AND REASONS**

The Discipline Committee of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on October 7 to 11, 2002. On April 30, 2003, the Discipline Committee delivered its decision and reasons in writing. The Committee found that Dr. Devgan had committed acts of professional misconduct as alleged in paragraphs 2, 3, 4, 6 and 7 of the Notice of Hearing in that

- he had a conflict of interest
- he made a misrepresentation respecting a remedy, treatment or device
- he made a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion
- he charged a fee that was excessive in relation to the service performed
- he committed 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

On June 26, 2003, the Committee held a hearing with respect to penalty.

## **EVIDENCE AND SUBMISSIONS ON PENALTY**

Counsel for the College presented documentation of a previous case by the College in 1993 in which Dr. Devgan was found guilty of an allegation of professional misconduct for having a conflict of interest with his patient. The penalty at that time was a reprimand and a \$5000.00 fine. The civil courts made a judgement for reparation which was upheld on appeal.

In the current case the Committee found that Dr. Devgan has preyed on his most vulnerable patients. To three families who had a loved one diagnosed with terminal cancer he offered hope, and then charged excessive amounts of money, to be paid upfront. Patient #2 who was charged \$30,000.00 U.S. for 24 treatments died after 16 or 17 treatments. His family received no refund. Similarly Patient #1 who was charged

\$30,000.00 Canadian for 24 treatments received 12, and although the family requested reimbursement to cover funeral costs, Dr. Devgan gave no refund.

Patient #3 could not afford an upfront payment so a pay-as-you-go payment schedule of \$280.00 per treatment was negotiated. Patient #3's husband testified that Dr. Devgan said "If you can afford it I can help her".

Giving a patient hope is laudable, but promising to prolong life and in some cases to cure patients close to death, when there is no real possibility of that, is truly reprehensible.

Counsel for the College argued that a physician preying on vulnerable patients is totally unacceptable to the profession.

She also argued that Dr. Devgan was completely unapologetic and the record demonstrated that he had not learned from his previous experience with the College.

Counsel for Dr. Devgan argued that it was unreasonable to expect Dr. Devgan to try to dissuade patients from trying his treatments and that he had a clear sign posted in his office stating that the CPSO considers some of his treatments to be unproven. The consent form in Patient #2's case, which was signed in the presence of the family, also had such disclaimers.

He submitted that revocation would be an inappropriate penalty and provided the panel with a comparison list of cases that had resulted in revocation over the last several years. He suggested instead a suspension with conditions when Dr. Devgan resumes his practise.

Counsel for the College in reply submitted that the consent form had not been signed in the presence of the family members in all cases. She also pointed out that Patient #1 had been given a brochure advertising Carnivora which claimed that "cancer is curable but not by chemotherapy or radiation".

**DECISION ON PENALTY AND REASONS**

Physicians practising in Ontario must uphold the core values of the profession. Their colleagues and peers demand nothing less. The public deserves to be confident that their doctors will treat them with expertise and honesty. Complementary medicine is not the issue here. A doctor may offer this type of care without compromising core values of the profession and without offering false hope. This Committee believes that in order to uphold the values of the profession and to protect the public, revocation is the only penalty that is appropriate in the circumstances of this case. Dr. Devgan preyed on his most vulnerable patients. The public needs protection from dishonest physicians who use their profession to exploit their patients. If Dr. Devgan applies for reinstatement of his certificate of registration, which the Committee understands he has a right to do after one year, he must demonstrate remorse, a fundamental change of attitude, and be prepared to provide a plan for operating a practise in accordance with the core values of honesty and integrity in the treatment of patients.

**ORDER**

The Discipline Committee directs the Registrar to revoke the certificate of registration of Dr. Devgan.