

Complete Story of CPSO Corruption and Criminal Activity Resulting in Harm to Ontario Patients and Dr. Khan, an Innovative Family Doctor

Summary of Major Problems with the Current Medical Regulation in Ontario

- 1) CPSO commits criminal acts like fabrication or falsification of evidence with no repercussions (we have proof, and this is not a new problem – see Michael Code report).
- 2) CPSO has the power to write their own search warrants (Registrar's Order), seize documents and compel witnesses with no oversight and no formal legal training (imagine if police could write their own search warrants!)
- 3) CPSO is totally unaccountable, no-one to complain to if CPSO commits acts of misconduct, or criminal acts, nobody investigates CPSO unlike SIU who can investigate the police.
- 4) As the governing body of all Ontario doctors, CPSO should have impeccable conduct themselves, yet they freely break the law and common law, and violate the principles of natural justice.
- 5) CPSO role is to protect the public but they are failing miserably on 2 points:
 - a) let bad doctors go free including alleged serial sexual abusers like Dr. Brian Thicke
 - b) punish innovative doctors who don't follow standard old methods (e.g. by taking away remarkable therapies like SEF chemo)
- 6) CPSO used a fraudulent complaint from Sick Kids neuro-oncology department and a dishonest report from the Chief of Oncology at Hamilton Health Sciences Center to deny patient access to a novel form of lifesaving chemotherapy with powerful results and low side effects: CPSO themselves caused harm to the public with full prior knowledge of the consequences of their actions.
- 7) CPSO repeatedly uses doctors with zero experience in complementary/alternative medicine (CAM) to write reports accusing CAM doctors of incompetence or breach of standards.
- 8) CPSO illegally holds onto complaints and releases them strategically to pressure doctors into signing undertakings (in which they plead guilty to things they have not done, to avoid harsher punishment) – effectively hold a gun to the head of the doctor to make them submit.
- 9) Once a doctor signs an undertaking, all the misconduct of the CPSO in relation to that doctor's case gets swept under the rug.
- 10) CPSO skirts the law by labeling complaints as "information" to violate the 14 day maximum permissible notification delay allowed by Ontario law.
- 11) One can't file civil suit against CPSO for misconduct or bad faith actions during an investigation or discipline process because Ontario law protects them! (RHPA section 36[3]).
- 12) One can't file civil suit against people who make malicious / vexatious / false / bad faith complaints, even if they cause harm or financial loss, because Ontario law protects them! (RHPA section 36[3]).

General Points

- CPSO monitors and regulates all Ontario doctors and is a quasi-judicial system that functions like a court system for doctors - they have an obligation to have the highest level of impeccable conduct themselves to set an example to maintain the public trust.
- MPPs say concerns about CPSO conduct must be returned to CPSO to deal with internally.
- CPSO sets policies to governs doctors that may conflict with existing laws – no way to resolve this except through the courts (at great personal cost - fighting an organization that has essentially unlimited resources).
- Public interest is high in seeking justice for the crimes of CPSO, since the actions or inactions of the CPSO have a profound impact on every member of the public who uses the services of physicians. Actions or inactions of CPSO have life and death effects.
- CPSO has as long history of protecting certain doctors and being prejudicial against innovative type of medical practice that deviate from the standard practice (called CAM or complementary/alternative medicine). By blocking physicians' innovative styles of practice, CPSO is limiting patient choices, they have engaged in systematic oppression of health, quality of life, criminal negligence, resulting in only a handful of treatments approved by just a few people. CPSO has shown criminal willingness to suppress and oppress the healthcare system through their actions. The result is that CPSO endangers Ontarians every day.

Story of Dr. Khan's Interactions with CPSO

Dr. Khan Background

- Dr. Khan is a family physician with special interest in pain management, palliative care, surgery and addictions
- Dr. Khan provided personalized home-based pain and symptom management to cancer patients for over 12 years, then opened Medicor Cancer Centres in 2006 to provide enhanced cancer care beyond what was provided under the Ontario health system
<https://medicorcancer.com/medical-director>
- In 2007 a team at U of Alberta published a novel discovery that cancer can be treated using a new mechanism of blocking the cells from using glucose for energy (which then causes natural cell death) with an old drug called dichloroacetate (DCA)
<https://pubmed.ncbi.nlm.nih.gov/17222789/>
- After this publication, due to patient demand, Dr. Khan became one of the first Canadian doctors to prescribe DCA as a cancer therapy, and achieve positive results
- Many patients treated, Dr. Khan was the first in the world to make several important discoveries about DCA and published his findings in prominent medical journals
<https://sanoviawellness.com/dr-akbar-khan-cv/>
- Dr. Khan had never received any CPSO complaints in over 13 years of practice prior to 2007 [Tab 1]
- Dr. Khan received several commendations from patients and CPSO over the course of his career for excellence in patient care [Tab 2]
- Dr. Khan uses innovative and complementary therapies that conventional doctors often disagree with and disapprove of
- Doctors use CPSO complaints to attack Dr. Khan
- In 2013 Dr. Khan was offered the opportunity to be the first Canadian doctor to use a unique and powerful form of chemotherapy called SEF chemo, developed by leading inventor and physician Dr. Kenneth Matsumura of Berkeley, CA <https://medicorcancer.com/sef-chemo/>
- Dr. Matsumura was the first in the world to develop a way to administer high dose chemotherapy to cancer patients (using an approved drug *carboplatin*) with minimal or no side effects
- He created a unique nanoparticle formulation of an old chemo-protectant (another approved drug called *mesna*) which protects the immune system and GI tract against the most serious side effects of the chemo drug *carboplatin* [TAB 3]
- SEF chemo is unique because it is a chemo-immunotherapy: the chemo-protectant drug protects the immune system during treatment, unlike standard chemo which damages the immune system
- Dr. Khan learned how to use SEF chemo directly from Dr. Matsumura and began treating advanced stage or end stage cancer patients with remarkable results, and remarkable safety
<https://medicorcancer.com/sef-chemo-patient-data/> and [TAB 4]
- These results were similar to what Dr. Matsumura had reported in his own patients

SEF Chemo Complaints from Doctors Begin

- Almost immediately, Dr. Khan began receiving vexatious CPSO complaints from oncologists about SEF chemo
- The first SEF chemo complaint was from an oncologist Dr. Trinkaus who refused to believe SEF chemo was real (she felt it was impossible to administer high dose chemo with minimal side effects) [TAB 5]
- Dr. Khan called her to explain SEF chemo but she dismissed his explanations
- Dr. Trinkaus called CPSO first for guidance and CPSO encouraged her to make a complaint (even though the CPSO website strongly encouraged direct dialog first) [TAB 6]
- Trikaus made a vexatious complaint suggesting that her patient who was on SEF chemo would suffer serious toxicity from the therapy (despite her having zero firsthand knowledge or experience with the therapy) [TAB 5]
- At the same time, she herself offered the patient high dose chemo with no protection drugs and with an approved regimen that had significant side effects and zero evidence of life extension or quality of life improvement [TAB 7]
- She even threatened the patient's daughter that she was "killing" her mother by getting treatment from Dr. Khan (documented in patient chart)
- CPSO hired an anonymous oncologist to review the patient's chart and write a report, which was done without interviewing the patient, Dr. Khan, the patient/family or Dr. Matsumura [TAB 8]
- Dr. Khan complained that the oncologist had no understanding of chemo-immunotherapy like SEF chemo, and was therefore unsuitable - ignored by CPSO [TAB 9]
- Then a second complaint came from Dr. Sandhu, an oncologist who refused to believe that his stage 4 pancreatic cancer patient had tumours literally dissolve away and liquefy with SEF chemo, after having failed all prior standard therapies including curative surgery and standard approved chemo
- He ignored the conclusive proof of rapid response from ultrasound scans (pre- and post-SEF chemo) that showed 4 ½ out of 5 liver tumours were dying (lost blood flow) and some eventually became cystic (fluid) [TAB 10]
- He admitted the patient to hospital for fevers and failed to correctly treat a recurrent abdominal infection (which Dr. Khan had previously treated successfully), allowed the patient to die, and paradoxically complained that Dr. Khan's gave "substandard care in every possible manner" [TAB 11]
- After the second complaint, the CPSO sent investigators unannounced to Dr. Khan's office to forcibly seize all the existing SEF chemo patient charts (at the time there were only 17 SEF chemo + 8 others = 25 charts in total)
- A copy of the complaint from Dr. Sandhu was not initially provided to Dr. Khan, so Dr. Khan had no explanation why the CPSO suddenly decided to seize charts
- After the seizure of SEF chemo charts, a more detailed investigation was begun

- **Note:** CPSO writes their own search warrants (“Registrar’s Appointment of Investigators”) internally with no independent oversight, unlike the police who must present evidence to a judge who decides if there is enough evidence to issue the warrant [TAB 12]
- CPSO Registrar and CPSO investigators have no formal legal training, and no legal accountability or professional standard they must abide by
- lawyers and judges can be investigated by the Law Society if there is alleged law-breaking, but no-one investigates CPSO
- Serious complaints about CPSO misconduct that are made to CPSO for self-investigation get buried [TAB 13]
- Complaint about impropriety or crimes of CPSO staff made to MPP: refuse to investigate CPSO, told to refer the complaint back to CPSO themselves! [TAB 14]
- Supreme Court of Canada considers a search and seizure to be a very invasive tool, yet CPSO uses this tool broadly with only “possible cause”, no “probable cause” and no accountability [TAB 15 and TAB 16]
- Doctors have tried to get Ontario courts to intervene when CPSO abuses their search and seizure powers, but courts assert CPSO has “broad power” and refer the complaints back to CPSO on the legal principles of “deference” and “prematurity”
- Police will not investigate CPSO criminal acts or abuse of power
- This makes CPSO bolder and they commit crimes and violate the principles of natural justice freely, to the detriment of patients and doctors

SEF Chemo Data Was Compiled – Established Safety and Effectiveness

- Dr. Khan carefully reviewed the consecutively treated SEF chemo patients’ chart and compiled objective data which showed a remarkable safety profile:
 - the most serious side effect of severe reduction of blood platelet count was 1 out of 17 patients (6%) [TAB 4 – patient #4]
 - compared to published data on plain carboplatin (with no protective drug), 6 of 14 patients experience this complication (43%) [TAB 17]
 - this is a 7 x improvement in safety
 - but Dr. Khan was able to administer double the number of chemo cycles than the published carboplatin study, so actual safety was 14 x better
 - this data was never specifically disputed by any CPSO experts
- SEF chemo data showed a remarkable response rate of over 80% (almost all stage 4 cancer, almost all failed prior chemo with expected response rates in the 10-40% range with standard approved chemo) [TAB 4 and TAB 18]
- Data summary table was given to CPSO

- CPSO had all the patient charts in their possession and could easily confirm the data was all true, with no exaggeration or falsification whatsoever
- CPSO totally ignored the patient safety data which is highly troubling given their mandate is to protect the public from harm, and their legal duty to support innovation in medicine [TAB 19]
- Standard chemos mostly have side effects and death rates that are much higher than SEF chemo, and this is considered acceptable by CPSO [TAB 20]

CPSO SEF Chemo Investigation

- CPSO hired an independent opinion provider (IOP): Dr. Ko, a medical oncologist who uses standard high dose chemotherapy
- Dr. Khan's lawyer determined this was the same oncologist who reviewed the patient chart from first complaint
- He had no personal experience with chemo-immunotherapy or complementary/ alternative medicine
- There was a doctor in Ontario who was very experienced with chemo-immunotherapy (Dr. V. Gagovski), but the CPSO did not hire him, or ask Dr. Khan if he knew of any doctor with such experience
- This time the oncologist Dr. Ko met with Dr. Khan in person and questioned him with respect to SEF chemo and all the patient charts (including re-examination of the single patient chart from the first SEF chemo complaint)
- He wrote a report [TAB 21] which has been summarized with a table [TAB 22]
- Despite various minor criticisms, out of 25 charts reviewed he stated that:
 - ***Dr. Khan did NOT display a lack of skill or lack of judgement in ANY cases***
 - ***Dr. Khan did NOT expose patients to harm in ANY cases***
 - ***Dr. Khan did NOT expose patients to injury in ANY cases***
 - ***Dr. Khan did NOT display a lack of knowledge in 24 of 25 cases***
- He was generally unable to state if Dr. Khan met the standard of care of a complementary/alternative doctor
- This was understandable since he himself had no experience in practicing complementary/alternative medicine (which SEF chemo is classified as)
- Based on some questions raised in Dr Ko's report, CPSO hired 2 more IOPs: an oncology nurse who administers chemotherapy drugs in a hospital, and a pharmacist who has experience mixing chemotherapy drugs
- Both had no personal experience with chemo-immunotherapy or complementary/ alternative medicine
- Both met in person with Dr. Khan
- Both produced a report about Dr. Khan and SEF chemo

- The pharmacist believed there was a serious problem with containment of carboplatin in Dr. Khan's office (chemo potentially spread through the air), and she was proven wrong by an independent engineering firm's analysis of the office, which she accepted [TAB 23, 24]
- Despite various criticisms (some valid and some baseless) the outcome was:
 - ***no concern about patient harm or injury*** and ***no concern regarding Dr. Khan's competence*** from both nursing and pharmacist's perspective [TAB 25, 26]

SEF Chemo Investigation Takes an Unexpected Turn

- At this point, it appeared that the investigation was complete since it was very thorough (3 experts analyzed the SEF chemo program and Dr. Khan's care, and they all spoke to Dr. Khan personally, and the nurse and pharmacist visited the Medicor office to observe administration of SEF chemo to patients)
- No serious issues were identified
- Some minor issues were identified, many of which were already corrected by the time the expert reports were issued
- Dr. Khan was expecting to have the investigation wrap up, with complaints to be dismissed
- The CPSO investigator handling this case then retired and a new investigator Lisa Mueller was assigned
- Soon after Lisa Mueller took over the case, without any warning a new report was presented to Dr. Khan, written by the Chief of Oncology of Hamilton Health Sciences Center, Dr. Richard Tozer
- No notice was given that another IOP was retained, or why, there was no dialog between Dr. Tozer and Dr. Khan, no dialog with Dr. Matsumura and no dialog with any SEF Chemo patients
- Dr. Tozer practiced conventional oncology and had no experience with chemo-immunotherapy or complementary/alternative medicine [TAB 27]
- He also participated in many cancer drug trials, which typically pay the research physician large sums of money [TAB 27]
- Since SEF chemo is competition for other cancer therapies, this put Dr. Tozer in a conflict of interest, which he never declared
- Dr. Tozer's report went against all the previous 3 experts and was highly critical of Dr. Khan and of SEF chemo [TAB 28]
- Surprisingly, the report contained many serious factual errors regarding the contents of Dr. Khan's patient charts [TAB 29]
- Dr. Tozer alleged Dr. Khan failed to order important blood tests and failed to refer patients to specialists when needed
- Dr. Tozer also alleged that Dr. Khan was incompetent because he used carboplatin chemo to treat brain tumours and that carboplatin is ineffective at treating brain tumours
- Dr. Tozer further alleged that Dr. Khan was billing inappropriate OHIP palliative care codes for his care of SEF chemo patients
 - CPSO used this allegation to report Dr. Khan to OHIP for alleged inappropriate billing

- Dr. Tozer later fully reversed his allegation that Dr. Khan had inappropriately classified his patients as “palliative” [TAB 30] but the damage was already done
- OHIP had already extensively audited Dr. Khan, and there was no finding of inappropriate billing, but instead they declared all of Dr. Khan’s cancer therapies to be “not medically necessary”
- This meant that Dr. Khan could not be paid for treating cancer with innovative new therapies such as DCA or SEF chemo and patients would have to pay additional fees out of pocket
- Dr. Khan (through his lawyer) complained to CPSO that Dr. Tozer made multiple serious errors
- References were provided to specific pages in the patient charts showing that important items like tests and referrals were in fact present in the charts, not missing as Dr. Tozer alleged
- Dr. Khan also provided multiple scientific references that confirm carboplatin is effective at treating brain tumours (in fact Cancer Care Ontario and Canadian Cancer Society both confirm carboplatin is effective for brain tumours) [TAB 31, 32, 33]
- Dr. Tozer refused to acknowledge ANY errors in his report despite the clear proof, and stated “I have not changed my findings nor my opinion.” [TAB 34]
- Even in his sworn testimony at Dr. Khan’s hearing, Dr. Tozer continued to insist that carboplatin does not cross the blood brain barrier (i.e. that it is ineffective for brain tumours) [TAB 35]
- This proved Dr. Tozer’s malicious actions/bias and intent to harm Dr. Khan and his SEF chemo practice
- At the time it was not known or disclosed to Dr. Khan, but Dr. Tozer was aware of serious deficiencies in his report and Lisa Mueller was aware that Dr. Tozer did not properly review the SEF chemo charts [TAB 36]
- CPSO had inside knowledge that Dr. Tozer did not review the whole charts, and knew that Dr. Khan identified multiple serious factual errors in his report (with proof provided)
- Dr. Tozer also was aware that he only reviewed a fraction of the patient charts (it was not an oversight), yet he proceeded to issue his highly negative report anyway, and did not declare this fact [TAB 36]
- Dr. Tozer did not sign a standard contract outlining his understanding of his role and responsibilities as an IOP before he issued his report
- It was signed over 3 years late, only when preparing for Dr. Khan’s disciplinary hearing!
- Hence, there is no evidence that Dr. Tozer understood his responsibilities as an expert and he was under no obligation to be fair. Lisa Mueller was complicit in this grave omission (it was her duty to have Dr. Tozer sign before beginning his evaluation of Dr. Khan) [TAB 37]
- Dr. Khan was never notified of this breach, he only became aware of it 3 years later through a disclosure request by his lawyer Marie Henein
- Dr. Khan fully expected CPSO to discard Dr. Tozer’s report and close the case, simply based on the serious errors it contained (while at the time being unaware of the malicious actions of Dr. Tozer)
- Other evidence available to CPSO at this time was:

- An independent favourable report from an oncologist Dr. Kreiger, hired by Dr. Khan's legal team who interviewed Dr. Khan and conducted site visit to the Medicor office to observe how SEF chemo was administered
- Notes from 4 patients' charts written by a totally independent oncologist Dr. R. (who had no conflict of interest) who witnessed SEF chemotherapy firsthand, in which he repeatedly referred to his patients' results with SEF chemo as "remarkable" [TAB 38]
- Letters from SEF chemo patients treated at Medicor by Dr. Khan that were highly supportive and confirmed the unique safety and effectiveness of SEF chemo [TAB 39]
- In summary, ALL evidence from 3 years of investigation failed to show patient harm or risk of harm from SEF chemo except 1 erroneous and misleading report written by Dr. Tozer
- The events that happened next shocked Dr. Khan

CPSO Falsifies Evidence to Try to Stop SEF chemo

- CPSO Registrar then wrote to Dr. Khan's lawyer warning that the Investigation and Resolution Committee (ICR Committee) was to meet to review all the evidence and that they may suspend his license or restrict his ability to prescribe SEF chemo [TAB 40]
- This was surprising given the amount of positive evidence in the possession of CPSO at that time, all from people with knowledge of the therapy either through personal experience or by speaking directly to Dr. Khan ("cherry picking" or selective use of evidence with no explanation why certain evidence was ignored is a breach of natural justice) [TAB 41]
- A copy of all the documents that was going to the ICR Committee was given to Dr. Khan's lawyer
- Upon careful review of this evidence, Dr. Khan discovered buried within over 1000 pages that Lisa Mueller had reversed Dr. Ko's findings – her summary of Dr. Ko's report was entirely the opposite of what it said! [TAB 42]
- In addition, her summary of evidence implied that Dr. Khan was earning \$10's of thousands from each SEF chemo patient, again suggesting inappropriate billing [TAB 43]
- Evidence that supported the truth was suppressed by CPSO (phone recording between patient T.R. and Lisa Mueller and email correspondence with receipt proved that she did NOT pay Dr. Khan/Medicor for SEF chemo, but paid Dr. Matsumura's clinic) [TAB 44]
- Evidence (copies of patient receipts proving who they paid for SEF chemo) was readily available from multiple patients but it appears this was intentionally never obtained by Lisa Mueller, or not included in the disclosure to the ICR committee [TAB 45]
- The truth was Dr. Khan earned \$0 privately from each SEF chemo patient and only billed OHIP approx. \$75 for each chemo administration, and \$36 for each mesna administration) [TAB 46]
- Dr. Khan's lawyer warned CPSO that she was aware of CPSO impropriety and of the breach of fairness caused by the actions of Lisa Mueller (manipulation of evidence and suppression of evidence) and Dr. Tozer (falsification of expert opinion report)
- Knowingly attempting to pervert or defeat the course of justice in a quasi-judicial proceeding (like a CPSO investigation) is a crime [TAB 47]

- Lisa Mueller violated the Criminal Code section 139(2) and committed the crime of Obstruction of Justice [TAB 48]
- Lisa Mueller also violated the Criminal Code section 137 and committed the crime of Fabrication of Evidence [TAB 48]
- Measures to correct the breach were proposed by Dr. Khan's lawyer: remove/correct the false information and present again to a new ICR Committee

Another Surprise - Four New Complaints Suddenly Appear!

- now that CPSO was caught manipulating evidence, events took a downward turn
- right before the new ICR Committee met to rule on SEF Chemo, CPSO reported that 4 new complaints against Dr. Khan were received (3 from doctors, 1 from a patient's daughter)
- 2 complaints from doctors at Sick Children's Hospital (Dr. Eric Bouffet and Dr. Annie Huang), and 1 from the Chief of Hematology at Sunnybrook Hospital (Dr. Rena Buckstein) [TAB 49, 50]
- The complaints were all vexatious and contained incorrect and/or misleading information
- Dr. Khan noted that these complaints were made weeks or months before, and were kept hidden by CPSO (maximum 2 week delay for disclosure of a complaint is permitted under Ontario law) [TAB 51]
- It seems CPSO timed the notification of Dr. Khan strategically to pile all 4 complaints on him at once and put pressure on him at a time when he was the most vulnerable
- Doctors have resigned their licenses or committed suicide with lesser CPSO investigations, so CPSO is well aware of the mental distress caused by complaints
- CPSO made many false allegations and threats of harsh disciplinary action to pressure Dr. Khan to admit guilt and voluntarily accept punishment for things he didn't do [TAB 52]
- How could all these complaints coincidentally appear right after Lisa Mueller was caught manipulating evidence and at the time the ICR Committee was trying to restrict SEF chemo?

SEF Chemo Patient's Daughter Makes a Vexatious Complaint

- A complaint was received concerned a patient who was receiving SEF chemo for pancreatic cancer treatment
- The patient's daughter made a complaint containing many baseless allegations such as: her mother paid Dr. Khan \$100,000 for SEF chemo treatments and various tests [TAB 53]
- the patient herself confirmed she herself had no complaint and her daughter's statements to CPSO were false and vexatious [TAB 54]
- The patient swore an affidavit confirming the fabricated nature of her daughter's complaint, and that her daughter was motivated by a potential inheritance (if SEF chemo was stopped by CPSO and the patient died of her cancer, the daughter would inherit a successful business)
- CPSO refused to discard the complaint and proceeded with an exhaustive investigation

Chief of Hematology from Sunnybrook Hospital Makes a Vexatious Complaint

- The complaint from Sunnybrook oncologist Dr. Buckstein stated that a patient was referred to her department inappropriately based on an advanced cancer detection blood test called ONCOblot [TAB 50]
- she claimed: *“the test is not validated...”*
- However the facts were:
 - the U.S. lab conducting ONCOblot was CLIA certified
 - the test was accredited by the College of American Pathologists
 - evidence validating the test was published in peer reviewed medical journals
- All of this information was publicly available online, so there was no excuse for Dr. Buckstein to make her untruthful accusation
- She also suggested that she was aware of every cancer test available because she was an associate professor working in a teaching hospital:
“...as an academic hematologist, I think I would have heard of such a screening test”
- She accused Dr. Khan of being “medically negligent” to ask for a second opinion and bone marrow biopsy to confirm the findings of the ONCOblot test
 - When Dr. Khan subsequently referred the patient to another oncologist Dr. K., he did not declare Dr. Khan to be negligent
 - Rather, the referral was accepted, the oncologist felt it was warranted to do the bone marrow biopsy, and did perform the procedure
- Dr. Buckstein also demanded that Dr. Khan be reprimanded and that his practice be audited, based on her concocted allegations

Sick Kids Doctors Fabricate Evidence to Help CPSO Stop SEF chemo

- The complaint from Dr. Eric Bouffet and Dr. Annie Huang at Sick Children’s Hospital accused Dr. Khan of administering chemotherapy drugs to multiple children, and those children suffering chemo complications:

“...Dr. Huang had indicated that there were several physicians at Sick Kid’s Hospital that have concerns regarding Dr. Khan prescribing chemotherapy drugs to pediatric patients.”

“Dr. Bouffet stated that pediatric patients are returning to Sick Kid’s Hospital after seeing Dr. Khan and suffering from significant side effects of the chemo drugs.”

- This complaint was a total fabrication, Dr. Khan had never administered chemotherapy to any children
- CPSO obtained the names of 2 children from Sick Kids who were allegedly given chemo by Dr. Khan – these were 2 children treated 5 years and 10 years previously with DCA! [REF redacted charts]

- Dr. Khan did not even have SEF Chemo when these children were treated
- Dr. Khan objected to CPSO that the complaint was untrue, and the patient charts would prove it
- CPSO launched an investigation and issued a Registrars' Order (search warrant) for the 2 patient charts
- Dr. Khan complied immediately (even though the request was illegal) knowing the charts would show the truth and prove the complaint was false
- Dr. Khan's lawyer also obtained a copy of Sick Children's Hospital charts for these 2 patients, which did NOT document any chemotherapy given to the children by Dr. Khan
- Dr. Khan's charts also did NOT show any chemotherapy treatment
- Lisa Mueller could also have called the patients' families to confirm if Dr. Khan had ever given them chemotherapy - this was NOT done
- CPSO had all the proof in their possession that the complaint was a complete fabrication
- CPSO committees are composed of doctors who could easily confirm who was telling the truth
- Dr. Huang/Bouffet violated the Criminal Code section 139(2) and committed the crime of Obstruction of Justice [TAB 48]
- Dr. Huang/Bouffet also violated the Criminal Code section 137 and committed the crime of Fabrication of Evidence [TAB 48]

CPSO Overlooked Dr. Huang's Crime, or Assisted Her to Make the False Complaint?

- If Dr. Huang wanted to fabricate a complaint against Dr. Khan, there were unlimited lies that could have been told, or a simpler malicious but truthful complaint about DCA therapy could have been made (since the 2 children were treated with DCA)
- How and why did the word "chemotherapy" magically appear in the complaint, at the very time that CPSO was looking to restrict Dr. Khan from giving SEF chemo?
- CPSO then proceeded to use Dr. Tozer's erroneous and prejudicial report and Dr. Huang's fabricated complaint to rapidly issue an order restricting Dr. Khan from providing SEF chemo
- Patients had already written to CPSO begging them not to restrict Dr. Khan's SEF chemo program, and CPSO did not even have the decency to respond [TAB 55]
- Patients were ignored and CPSO told Dr. Khan's lawyer to tell the patients to stop calling
- Dr. Khan was forced to stop using SEF chemo immediately
- Some patients on treatment were harmed by being forced to fly to USA to continue therapy at Dr. Matsumura's clinic, with significant added stress and at a significant added financial cost [TAB 56]
- Some did not have the means to go to USA, 2 patients died due to the CPSO pulling their therapy out from under them (they were previously getting well with SEF chemo administered by Dr. Khan)
- Therefore, we believe CPSO is guilty of criminal negligence causing death

- CPSO was also guilty of a gross failure to protect the public (they directly harmed the public with their actions)

Sick Kids Doctors Second Vexatious Complaint

- The second complaint concerned a pediatric patient J. S. who was under Dr. Bouffet's care
- J.S. had a very serious brain cancer that had spread throughout the spinal cord
- Surgery was performed to remove the main tumour and the child suffered complications
- After surgery, there was a theoretical chance of long-term survival (> 5 years) with high dose chemo + high dose radiation to the brain and entire spinal cord, but the radiation side effects were severe and permanent (e.g. mental retardation, growth retardation, second cancer)
- Due to spread of multiple tumours into the spinal code however, prognosis was very poor regardless of therapy (est. a few months), contrary to assertion of SCH doctors [TAB 57]
- Parents discussed the options with several doctors at SCH and with other parents that had allowed their kids to be treated with chemo and radiation
- Parents of J.S. were unwilling to intentionally harm their child with radiation
- Dr. Bouffet was angry that the parents had refused chemo + radiation (even though it was their right to choose)
- Parents found Dr. Khan and started DCA therapy for the child
- Anticipating trouble from Dr. Bouffet, J.S.'s family hired a lawyer for advice
- Dr. Khan received a collegial call from Dr. Bouffet who asked what therapy the child was taking and stated that he simply wanted to ensure the child was under the care of a physician
- Dr. Bouffet seemed satisfied and offered to forward medical records to assist Dr. Khan with J.S.'s care
- The next day Dr. Bouffet called CAS to have the child apprehended and brought back to hospital to forcibly receive chemo/radiation
- CAS interviewed the family and closed the file, confirming the parents were educated and informed and the child was receiving medical care in accordance with their wishes
- After CAS closed the file, Dr. Bouffet made a different vexatious complaint on behalf of the entire neuro-oncology department of SCH about Dr. Khan, clearly unhappy that the child was not forcibly returned to his care. The essence of the complaint was:

"We have no evidence that the care of this child under the supervision of Dr. Khan is safe and appropriate."

"We are also concerned that he may have provided false (or misleading) information about the efficacy of treatment he is offering."

- Dr. Bouffet was not aware of what therapy was offered to J.S. (family did not allow Dr. Khan to disclose this info)
- Dr. Bouffet was not aware of what was discussed with the parents, he was not a party to any of the discussions about the therapies discussed with J.S.'s parents

- Complaint was pure conjecture and formed no reasonable or probable grounds to investigate Dr. Khan
- CPSO issued a Registrar's Order (search warrant) and demanded J.S.'s chart from Dr. Khan against the family's wishes
- The family's lawyer wrote to CPSO and demanded that they not take the chart because the complaint was 100% baseless and the family would not allow it
- CPSO ignored the lack of evidence and the family's express wishes and seized the chart from Dr. Khan's office

CPSO Conducts Yet Another Illegal Search/Fishing expedition

- One month after receiving the two pediatric charts that showed no evidence of chemo, CPSO went on fishing expedition
- CPSO asked OHIP a list of all the pediatric patients Dr. Khan treated since opening the Medicor clinic
- This is confidential information and a violation of the patients' Charter of Rights (Section 8 of Charter of Rights and Freedoms)
- Using this information, CPSO demanded a copy of the charts for all these patients
- Dr. Khan's lawyer refused since there were absolutely no legal grounds (it was a "fishing expedition")
- CPSO had the power to seize the charts, yet they did not exercise their power unlike previous instances
- Perhaps they were aware there was no legal basis to seize the charts or they simply wanted to accuse Dr. Khan of failure to cooperate
- No surprisingly, CPSO accused Dr. Khan of failing to co-operate with their investigation

Outcome

- CPSO referred Dr. Khan to a discipline hearing for SEF chemo, treatment of patient J.S., and use of the ONCOblot blood test
- No specific reasons were given, only "potential harm" to patients
- Every doctor in Ontario creates potential harm every time they prescribe any drug, that is not a reason for punishing a doctor
- Ontario law states that a doctor cannot be disciplined for prescribing a complementary/alternative therapy unless it is proven to be more harmful than the standard therapy it replaces – ignored by CPSO
- Curiously, one of the CPSO rules of Discipline Committee allows the Committee to break their own rules at will! **[TAB 58]**
- If CPSO can break their own rules unilaterally, how can any doctor or patient ever hope for fairness in a discipline hearing?
- Is this the reason that CPSO refers doctors to discipline even if they have insufficient evidence?

Why are CPSO and Doctors Not Afraid to Commit These Crimes Against Dr. Khan and His Patients?

- Who will conduct a criminal investigation into the conduct of the CPSO?
- Not police, they will not take action if we report CPSO crimes to them (we have asked)
- Doctors or patients who make proven false, vexatious or malicious complaints cannot be sued in civil court because an Ontario law protects them! [\[Tab 59\]](#)
- Those who know the Ontario law can freely make false complaints and cause great harm to a doctor with no accountability
- By unjustly harming the doctor, thousands of patients can be harmed as well (e.g. by stopping SEF chemo, patients denied access to a life-saving therapy)
- Doctors are afraid to speak up against CPSO when they harm the public – fear of retribution

Summary of Criminal Actions of CPSO, Sick Kids doctors against Dr. Khan

Lisa Mueller, CPSO Investigator

- falsification of material evidence (Dr. Ko's expert opinion falsely summarized to ICR Committee, opposite to actual report content)
- suppression of material evidence (re: patient payment for SEF chemo did not go to Medicor, phone call with patient T.R. was suppressed because it didn't fit Mueller's narrative, recording of the call provides proof)
- use of a known false complaint from Sick Kids doctors to initiate action against Dr. Khan
- falsification of telephone transcript evidence (handwritten notes of Lisa Mueller are materially different than the typed version that are used in the investigation and discipline process)
- illegal search/fishing expedition (obtained names of all Dr. Khan's pediatric patients from OHIP based on a known false complaint)
- use of Dr. Eric Bouffet's and Dr. Annie Huang's false complaint to punish Dr. Khan (impose interim practice restrictions) in advance of any investigation, despite having conclusive proof that the complaint was false
- criminal negligence causing death (at least 1 patient death due to CPSO interim order), CPSO knew cancer patients were on therapy and had no alternative to it, patients wrote letters begging them not to stop their therapy

Dr. Annie Huang and Dr. Eric Bouffet

- initiated a known false complaint against Dr. Khan as retaliation for providing an alternative to Sick Kids hospital for treatment of patient J.S.
- Dr. Huang consulted Sick Kids legal team before making the false complaint on behalf of the entire neuro oncology dept.

Potential Criminal Charges

- **obstruction of justice** (section 139 criminal code)
- **fabrication of evidence** (section 137 criminal code)
- **criminal negligence** (section 219 criminal code)
- **criminal negligence causing death** (section 220 criminal code)

Supreme court precedent *R. v. Wijesinha* [1995] shows that intentionally providing false evidence to a quasi-judicial regulatory body (e.g. CPSO or Law Society) is considered obstruction of justice.

The *mens rea* ("guilty mind") required to show criminality is demonstrated by the overall pattern of conduct and selective use or selective omission of evidence (also a violation of the principles of natural justice). Understanding the details of all the CPSO actions in context forms clear evidence intent or "guilty mind".

What we need

CPSO is an organization that commits crimes (proof of multiple criminal acts provided). They must be held accountable and cannot be allowed to operate above the law! This one case is likely the tip of the iceberg.

CPSO must be subject to a criminal investigation (with power to subpoena documents and witnesses) and criminal prosecution.

All doctor investigations touched by Lisa Mueller are tainted and must be abandoned.

All CPSO decisions in which Lisa Mueller was an investigator are tainted and must be vacated.

Changes to CPSO structure and Ontario laws are needed to prevent the same problems from happening again in future:

False complainants can turn doctor's and patients' lives upside down but cannot be punished due to Ontario law that protects them! Wording of this law - RHPA 36(3) - needs a small revision to continue to protect good faith complainants but not bad faith complainants.

Ideally to prevent future corruption and improve the quality of patient care, the quality of medical regulation and the public perception of medical regulation, doctors cannot run the CPSO anymore. Make changes per recommendations of the Cayton report.