



Dr. Pierre LOUWRENS

Council Decision

Date Charge(s) Laid:	June 24, 2016
Outcome Date:	September 29, 2017
Hearing:	September 29, 2017
Disposition:	Reprimand, Costs, Penalty, Boundaries Course

The Council of the College of Physicians and Surgeons imposes the following penalty on Dr. Pierre Louwrens pursuant to *The Medical Profession Act, 1981* (the “Act”):

- 1) Pursuant to Section 54(1)(e) of the Act, the Council hereby reprimands Dr. Louwrens. The format of that reprimand will be determined by the Council.
- 2) Pursuant to section 54(1)(i) of the Act, the Council directs Dr. Louwrens to pay the costs of and incidental to the investigation and hearing in the amount of \$19,659.30. Such payment shall be made in full by no later than 28 November, 2017.
- 3) Pursuant to section 54(2) of the Act, if Dr. Louwrens should fail to pay the costs as required by paragraph 2, Dr. Louwrens’ licence shall be suspended until the costs are paid in full.
- 4) Pursuant to section 54 (1)(g) of the Act, Dr. Louwrens is required to take a Boundaries Course in a form acceptable to the Registrar at the first available date. The “Probe Program” offered by CPEP in Toronto on October 28 to 30 is a boundaries course acceptable to the Registrar.
- 5) The Council reserves to itself the right to amend any of the terms of this penalty decision, upon application by Dr. Louwrens. Without limiting the authority of the Council, the Council may extend the time for Dr. Louwrens to pay the costs required by paragraph 2 and, may, if such an extension is granted, impose a suspension if Dr. Louwrens should fail to pay the costs within the extended time.

**In the Matter of *The Medical Professional Act, 1981*,
R.S.S. 1980-81, c. M-10.1, and**

**DR. PIERRE LOUWRENS,
Medical Practitioner of
Climax, Saskatchewan**

**HEARING OF THE DISCIPLINARY HEARING COMMITTEE
OF THE COLLEGE OF PHYSICIANS AND SURGEONS
OF SASKATCHEWAN**

**Saskatoon, Saskatchewan
June 20, 2017**

DECISION

Before: Alma Wiebe, Q.C. (Chair)
Dr. Dimitri Louvish
Dr. Chris Ekong

Appearances: Bryan E. Salte and Chris Mason
for the College of Physicians and Surgeons
David E. Thera and Richika Bodani for Dr. Louwrens

I. INTRODUCTION

1. The Council of the College of Physicians and Surgeons of Saskatchewan directed the Discipline Committee to hear and determine the following disciplinary charge brought against Dr. Pierre Johann Louwrens:

You, Dr. Pierre Johann Louwrens are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or bylaw 8.1(b)(ix) and/or bylaw 8.1(b)(xvi) of the bylaws of the College of Physicians and Surgeons of Saskatchewan.

The evidence that will be led in support of this charge will include some or all of the following:

- a) A female person hereinafter referred to in this charge as "Patient Number 1" was your patient;
- b) On or about the 4th day of August, 2011 you attended Patient Number 1;
- c) You remained in the room while Patient Number 1 undressed;
- d) Patient Number 1 was not provided with a sheet or other covering;
- e) You remained in the room while Patient Number 1 dressed.

2. Sections 46(o) and 46(p) of the *Medical Profession Act, 1981*, SS 1980-81, c M-10.1 read as follows:

Charges

46 Without restricting the generality of "unbecoming, improper, unprofessional or discreditable conduct", a person whose name is entered on a register is guilty of unbecoming, improper, unprofessional or discreditable conduct, if he or she:

...

(o) does or fails to do any act or thing where the discipline hearing committee considers that action or failure to be unbecoming, improper, unprofessional or discreditable;

(p) does or fails to do any act or thing where the council has, by bylaw, defined that act or failure to be unbecoming, improper, unprofessional or discreditable.

3. Bylaws 8.1(b)(ix) and (xvi) of the College of Physicians and Surgeons of Saskatchewan provide as follows:

8.1 Bylaws Defining Unbecoming, Improper, Unprofessional or Discreditable Conduct

...

(b) The following acts or failures are defined to be unbecoming, improper, unprofessional or discreditable conduct for the purpose of Section 46(p) of the Act. The enumeration of this conduct does not limit the ability of Discipline Hearing Committees to determine that conduct of a physician is unbecoming, improper, unprofessional or discreditable pursuant to Section 46(o):

...

(ix) Failing to maintain the standard of practice of the profession.

...
(xvi) Committing an act of sexual impropriety with a patient or an act of sexual violation of a patient.

II. EVIDENCE

A. The Complainant

4. The Complainant, referred to in the charge as Patient #1, testified that she was 37 years of age at the time of the alleged incident leading to the charge against Dr. Louwrens. She suffered from mild depression, thyroid disease and was experiencing loss of vision in her right eye at the time. Her mother had suffered a brain aneurysm which heightened her anxiety about her own symptoms.

5. The Complainant testified she saw Dr. Louwrens on August 4, 2011 at his clinic in Shaunavan, Saskatchewan. She had not previously attended on him. They discussed her symptoms including weight gain and, as part of that conversation, he suggested a breast examination to which she agreed. The Complainant testified Dr. Louwrens asked her to remove her dress and bra and lie down on the examination table. She noted no covering sheets or gown. She testified Dr. Louwrens was at his desk in the examination room watching her while she undressed and, after the breast exam, watched and conversed with her while she dressed. Their conversation concerned the advisability of a CT scan.

6. The Complainant testified that she was upset and, immediately upon reaching her car, called her best friend before returning to work.

7. The Complainant attended on Dr. Louwrens against on October 14, 2011 regarding the results of her CT scan. Her impression was that Dr. Louwrens was viewing the CT results for the first time. She described herself as feeling uncomfortable. Dr. Louwrens explained that, because her symptoms were not alleviated, he was referring her to a neurologist in Saskatoon.

8. The Complainant stated that after her August 4, 2011 appointment with Dr. Louwrens she stopped leaving her house because she was afraid of running into Dr. Louwrens in Shaunavan, a town with a population of approximately 2,000 people.

9. She moved from Shaunavan to Weyburn in the fall of 2012. She worked as a bank manager in Shaunavan and took a position as a branch manager in Weyburn.

10. The Complainant testified she suffers from major depression, thinks about the incident in August 2011 with Dr. Louwrens "all the time" and regularly sees her family physician, Dr. Larson, in Regina.

11. The Complainant filed her written complaint concerning the August 4, 2011 incident on December 31, 2015.

12. In cross-examination the Complainant acknowledged she did not ask Dr. Louwrens to leave the room while she undressed and dressed and did not request a gown or cover sheet. She undressed and dressed quickly. When she undressed Dr. Louwrens was seated at his desk. When she dressed he was facing her having a conversation regarding a CT scan. When she called the clinic some time later regarding the CT scan results she was told by the receptionist that she would be notified if the results disclosed a problem. The Complainant then booked an appointment with Dr. Louwrens for October 14, 2011.

13. The Complainant said she was diagnosed with mild depression in January 2011 by her family physician. Since 2014 she has experienced major depression which was diagnosed in June 2015.

14. The Complainant explained that she had had another bad experience with a physician in July 2015 when she attended on an Emergency Department with an earache. The attending physician said words to the effect of "Oh, I guess you weren't lying" after cleaning her ear. The Complainant said she had "quite a reaction" to what she described as the doctor "essentially calling me a liar". She experienced a panic attack and fled the hospital. This incident, she said, brought back memories of Dr. Louwrens.

B. Dr. Meredith McKague

15. The College called Dr. Meredith McKague to provide opinion evidence on the standards of the profession regarding patient privacy. She testified that the standard

expectation of the profession is that a physician leave the room while a patient is undressing or dressing. She explained that patients are particularly vulnerable when undressed and that this vulnerability is enhanced with patients who have been previously sexually abused. Physicians ought to approach patient privacy with the assumption of high patient vulnerability.

16. In cross-examination Dr. McKague testified she conducted a literature review in preparation for her testimony and found nothing that contradicted her opinion. She acknowledged the College has no specific policy codifying her opinion. CPSBC and CPSO patient privacy policies address the issue. Dr. McKague said of the nine sources she cited in her report, three predated 2011. She reiterated it is a normal, expected, standard practice for a physician to absent him or herself while a patient disrobes or dresses. Only in situations where a patient requires assistance, for example, would it be acceptable for a physician to remain in the room. This standard has remained the same since 2011.

C. Dr. Louwrens

17. Dr. Louwrens is a family physician, trained in South Africa and the United Kingdom. He came to Canada to practice in Climax and Shaunavan, Saskatchewan in 2000 and has remained there since.

18. Dr. Louwrens testified that on August 4, 2011 he conducted rounds at the local hospital in Shaunavan and attended on out patients. He was due at his clinic at 10:00 a.m. but was delayed because of a new admission with a head injury. When he arrived at the clinic at 11:00 a.m. the reception area was full of patients. He told his receptionist not to book any more patients for that day because he was due at the clinic in Climax, approximately 52 kilometres away, at 1:00 p.m. He saw his last patient and was rushing back to the hospital to check on the head injured patient when his receptionist told him he had one more patient at the clinic who was already in an examination room. This patient was the Complainant whom he had not previously met. She explained her problem and he examined her for neurological abnormalities. Because of her weight gain, he decided to conduct a breast exam as well. He asked her to remove her clothing while he sat at his desk with his back to her making clinical notes. When he turned around she was not undressed

and asked why a breast examination was necessary. He explained it and she agreed. Meanwhile the receptionist was at the front desk waiting for the hospital to call. Dr. Louwrens explained this to the patient, she said "Okay" and he turned around again while she disrobed. After the examination, he was in a rush to return to the hospital but heard voices in the hall outside the examination room and, to avoid being delayed, stood at the door not looking at the Complainant while he waited to exit and she dressed. In the meantime he spoke to her about requesting a CT scan. The Complainant left the examination room first. He followed and went to the hospital.

19. Dr. Louwrens testified that he did not watch the Complainant undress or dress. Also, that there were disposable sheets on the bed and on the bedside table, however he did not draw her attention to them.

20. The Complainant's CT scan results disclosed no acute findings and, accordingly, the clinic did not call the Complainant for a return visit. She attended on Dr. Louwrens on October 14, 2011 at which time he referred her to a neurologist.

21. Dr. Louwrens testified that his practice for pelvic, physical and gynecological examinations is to place patients in the women's room in his clinic and conduct the examination there with his secretary in the room. The Complainant, however, presented with non-specific problems. Dr. Louwrens testified also that he now conducts breast examinations in a cubicle with a curtain around it. He leaves the room and draws the curtain while the patient disrobes. In 2011 his clinic was located in an old building. The curtains in the examination room became moldy and were removed.

22. Dr. Louwrens testified that he studied Canadian guidelines for his LMCC exams and is familiar with CPSS literature.

23. In cross-examination Dr. Louwrens testified he did not ask the Complainant whether she wanted him to leave the room while she disrobed or whether she was comfortable with him remaining in the room. She was not covered with a sheet after she disrobed and he did not offer her a cover.

24. Dr. Louwrens said in 2011 it was his practice to remain in the room while the patient undressed for a breast examination. Later he said his routine practice was to leave the room but in this case, because he was pressed for time and the patient consented to the breast examination and seemed comfortable, he did not follow his usual practice.

III. ARGUMENT

25. Both Counsel filed written Briefs with the Hearing Committee outlining their respective positions.

26. The parties agreed that the onus of proving the charge against Dr. Louwrens rests with the College and that the standard of proof is proof on a balance of probabilities. The parties also agreed that, while the Members of the Discipline Committee may use the expertise each has in assessing the evidence placed before them, they are not free to draw upon their own knowledge to enhance the evidence.

27. Counsel for the College argued that it is a standard of practice of the medical profession to afford privacy to patients which includes leaving the room while a patient undresses or dresses unless there is a compelling reason not to do so. Failing to maintain a standard of practice of the profession, in this case respecting the privacy of the Complainant patient, constitutes unbecoming, improper, unprofessional or discreditable conduct, in accordance with Bylaw 8.1(b)(ix). Alternatively, under Bylaw 8.1(b), the Discipline Hearing Committee may determine that the conduct in question is unprofessional even if it is not specifically defined as such in the Bylaws.

28. Counsel for the College submitted Dr. Louwrens had an obligation to protect the privacy of the Complainant patient. It was not the patient's responsibility to request privacy. Professional standards exist to protect patients therefore whether or not Dr. Louwrens knew he ought to leave the room while the patient disrobed and dressed is not relevant. His lack of knowledge of the standard of the profession to afford privacy to patients is not an exception to the standard. While Dr. Louwrens' intentions may be relevant to penalty, they do not exempt him from a finding of unprofessional conduct.

29. Counsel for the College referred the Discipline Hearing Committee to the following authorities:

HANNA, Dr. Maher S., decision dated September 17, 1998

ALI, Dr. Amjad, decision dated December 7, 2012

SHARMA, Dr. Anand Sagar, decision dated December 2, 2003

IQBAL, Dr. Tariq, decision dated December 14, 2015

30. Both Counsel argued in favour of the credibility of their witnesses. The significant difference between the testimony of the Complainant and that of Dr. Louwrens was not whether he remained in the room while she undressed and dressed but whether he watched her do so.

31. Counsel for Dr. Louwrens pointed to the fact that the Complainant waited 4½ years to report her complaint to the College and, at the time of the hearing, six years had elapsed since the incident leading to her complaint. Counsel suggested her memory of the facts had faded or become confused in the interim. He also noted the Complainant's tendency to overreact as evidenced by her account of a seemingly minor interaction with an Emergency Room physician in 2015. Dr. Louwrens had no reason to believe, having just met her on August 4, 2011, that the Complainant was in any way vulnerable. In fact, after her August 4, 2011 attendance on Dr. Louwrens, the Complainant went immediately back to work and called sometime later to schedule a second appointment with Dr. Louwrens.

32. Counsel for Dr. Louwrens summarized the evidence of the defence as follows: at the time of the August 2011 meeting with the Complainant, Dr. Louwrens was in a rush, the Complainant appeared to be comfortable, consented to the breast examination and Dr. Louwrens was not aware of any strict policy requiring him to leave the examination room while she undressed and dressed. Further, Dr. Louwrens' practice at the time and to the present was to leave the room while a patient disrobed.

33. Counsel for Dr. Louwrens argued that the practice of leaving an examination room while a patient disrobes is not College policy and failure to do so is not enumerated as unprofessional conduct in the CPSS Bylaws. At best, Dr. McKague found it to be a guideline, protocol or best practice, allowing for individual discretion and routine. Had the

College viewed this as a requirement or standard, it would have been included as a specific offence in the Bylaws. Both the British Columbia and Ontario Colleges have specifically defined what is expected of physicians regarding patient privacy while disrobing and dressing. Dr. Louwrens was not aware of any such rule in Saskatchewan and, in fact, there is none. There was no suggestion of sexual impropriety in the encounter between Dr. Louwrens and the Complainant which distinguishes the circumstances in this case from those in the *Sharma* and *Ali* cases, *supra*.

34. Counsel for Dr. Louwrens also argued that even if there were a standard, not every breach of it constitutes misconduct. In order to qualify as such the conduct must be serious. Judgment calls in circumstances where there is room for judgment does not constitute misconduct. Furthermore, Dr. Louwrens had no intent to do anything wrong or to breach any standard of conduct.

35. As for the aspect of the charge against Dr. Louwrens dealing with draping, Counsel described this as a red herring. Draping is done to cover those parts of the body not being examined. In this case the only physical examination conducted by Dr. Louwrens of the Complainant was a breast examination. Accordingly, draping was unnecessary.

36. In reply Counsel for the College stated that intent is not required if conduct fails to meet a standard of professional practice. Dr. McKague's research confirmed her opinion that leaving the room while a patient disrobes or dresses is a standard of professional practice for physicians. Further, codification of specific conduct is not necessary in order for a Discipline Hearing Committee to find unprofessional conduct.

IV. ANALYSIS AND DECISION

37. Section 46(o) of *The Medical Profession Act, 1981, supra*, set out in Paragraph 2 above, permits the Discipline Hearing Committee to conclude that conduct is unprofessional where the conduct in question is not specifically defined as unprofessional in the Bylaws. Section 46(p) of the *Act* mandates a finding of unprofessional conduct where the conduct in question falls within the acts or omissions defined in Bylaw 8.1 as unprofessional.

38. In this case, the College takes the position that Bylaw 8.1(ix) applies (failing to maintain the standard of practice of the profession) and that Dr. Louwrens is, accordingly, guilty of unprofessional conduct for failure to leave the room while Patient #1 dressed and undressed and failure to provide Patient #1 with a cover. Both of these omissions, the College maintains, represent violations of standards of practice of the profession.

39. Bylaw 8.1(a)(i) provides:

8.1 Bylaws Defining Unbecoming, Improper, Unprofessional or Discreditable Conduct

(a) In this section:

(i) "standard of practice of the profession" means the usually and generally accepted standards of practice expected in the branches of medicine in which the physician is practicing.

40. The only evidence concerning standards of practice in this case was provided by Dr. McKague. Her opinion was that it is an accepted standard that physicians conducting physical examinations of patients where disrobing is required leave the room while the patient undresses or dresses except in exceptional circumstances. Her opinion, based on a literature review and research, was largely unchallenged. While she conceded that in Saskatchewan this practice is not found specifically in CPSS policy, bylaws or rules, it is a standard of practice of the profession as defined in Bylaw 8.1(a)(i). We accept Dr. McKague's evidence and are satisfied that, except in exceptional circumstances not present in this case, the standard of practice of the profession in Saskatchewan is that physicians absent themselves while patients undress or dress in order to afford privacy to the patient. We also accept Dr. McKague's evidence that this standard of practice is not conditional on the vulnerability of the patient.

41. As indicated earlier, there is no dispute about the fact that Dr. Louwrens remained in the examination room while Patient #1 disrobed and while she dressed after the examination on August 4, 2011. The fact that Dr. Louwrens was in a hurry to depart for the hospital or that Patient #1 consented to a breast examination do not, in our view, constitute circumstances sufficient to deviate from the expected standard of practice. Neither does his perception that the patient appeared to be comfortable in his presence.

42. Given our findings regarding the standard of practice and Dr. Louwrens' conduct in remaining present while the patient undressed and dressed, it is not necessary for us to address the question of whether Dr. Louwrens watched the patient undress and dress. Dr. Louwrens, by remaining in the room, failed to maintain the standard of practice of the profession and we so find.

43. It is important to note, however, that whether or not Dr. Louwrens observed the patient undressing or dressing, there was no suggestion of sexual impropriety in the evidence presented. Sexual impropriety and sexual violation are defined in Bylaw 8.1(a)(ii) as including but not limited to:

1. Acts or behaviours which are seductive or sexually-demeaning to a patient or which reflect a lack of respect for the patient's privacy, such as examining a patient in the presence of third parties without the patient's consent or sexual comments about a patient's body or underclothing;

44. Counsel for the College argued that Dr. Louwrens' conduct in this case reflected a lack of respect for the patient's privacy and therefore fell within the definition of sexual impropriety or sexual violation. We disagree. Lack of respect for a patient's privacy in this section of the definition of sexual impropriety and sexual violation connotes something more than the physician being present in the examining room while a patient dresses or undresses. Bylaw 8.1(a)(ii) includes the words "seductive" and "sexually demeaning". It gives examples of lack of respect such as examining a patient in the presence of third parties without the patient's consent, making sexual comments about a patient's body or making sexual comments about a patient's underclothing. There was no suggestion in the evidence that, if Dr. Louwrens did observe the patient dressing or undressing, he did so for any sexual purpose whatsoever. In our view Bylaw 8.1(a)(ii)(1) was not intended to capture what happened here even if Dr. Louwrens saw the patient disrobe. The standard of practice articulated by Dr. McKague has, as its objective, respect for a patient's privacy in circumstances such as those in this case. While, as found by this Committee, Dr. Louwrens failed to maintain this standard of practice by being present in the examination room while Patient #1 dressed and undressed, his conduct did not constitute sexual impropriety or sexual violation as defined in Bylaw 8.1. In the result we are not satisfied that the College has met its onus of proof on a balance of probabilities of unprofessional conduct under Bylaw 8.1(b)(xvi).

45. The remaining aspect of the charge against Dr. Louwrens is that "Patient #1 was not provided with a sheet or other covering" after she undressed. Patient #1 testified that she saw no available sheets or other cover on the examination table. Dr. Louwrens said these were available but he did not offer them to the patient. Dr. Louwrens' counsel argued that, in order to conduct a breast examination, the patient's breasts must be uncovered so the question of draping was irrelevant.

46. The only evidence we have of what Patient #1 was wearing came from her. She said she was wearing a dress which she removed along with her bra. Dr. Louwrens testified he could not recall the patient's attire. Accepting therefore that the patient, having removed her dress, was on the examining table wearing only undergarments, a cover for her lower body would have been appropriate.

47. Dr. McKague, in testifying to the accepted standard of practice to protect patient privacy, touched on the issue of patient draping. Her opinion was that the standard expectation of the profession, in addition to absence while the patient undresses or dresses, is that the patient be appropriately draped. She did not elaborate on this. Applying the knowledge and common sense of the members of this Committee, appropriate draping means covering those area of the body not being examined. In this case, the area below Patient #1's breasts. Dr. Louwrens did not drape the patient and did not offer draping to her. In the result, we are satisfied that the College has met its burden of proof with respect to this aspect of the charge and that Dr. Louwrens is guilty of failing to maintain the standard of practice of the profession in this regard.

48. In conclusion, we find Dr. Louwrens guilty of unprofessional conduct by failing to maintain the standard of practice of the profession by remaining in the room while Patient #1 undressed and dressed and failing to provide Patient #1 with a sheet or other covering.

49. Section 52(2) of the *Act* permits the Discipline Hearing Committee to make any recommendations it considers advisable. With regard to penalty, we wish to draw to Council's attention that this was not a case of sexual impropriety or sexual violation. Dr. Louwrens on August 4, 2011 failed to maintain a standard of the practice of the profession

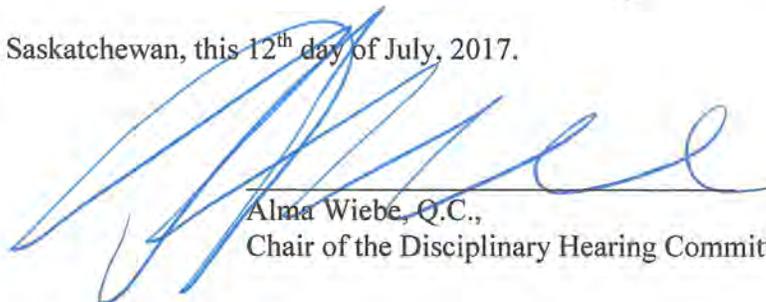
with Patient #1 by remaining in the room while she undressed and dressed and by not draping or offering draping to her.

50. We note also that, while Patient #1 testified to suffering from depression, the evidence did not support a causal connection between her interaction with Dr. Louwrens and this condition. She testified she was diagnosed with depression in January 2011, prior to her first encounter with Dr. Louwrens and that her condition worsened in 2014, some three years later.

51. Finally, absent aggravating factors which this Committee is not aware of, we are inclined to recommend leniency in penalty.

52. We thank both Counsel for their Briefs and their able, thorough and professional representation at the hearing.

DATED at Saskatoon, Saskatchewan, this 12th day of July, 2017.



Alma Wiebe, Q.C.,
Chair of the Disciplinary Hearing Committee

Dr. Dimitri Louvish,
Member of the Disciplinary Hearing Committee

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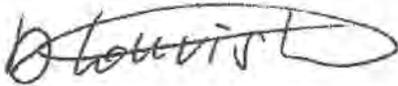
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DATED at Saskatoon, Saskatchewan, this _____ day of July, 2017.

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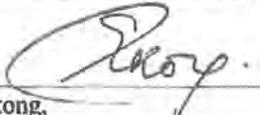
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Member of the Disciplinary Hearing Committee



Dr. Chris Ekong,
Member of the Disciplinary Hearing Committee

**IN THE MATTER OF A SECTION 54 OF *THE MEDICAL PROFESSION ACT*,
1981 PENALTY HEARING**

FOR DR. PIERRE LOUWRENS

**Mr. David Thera, Q.C. appearing for Dr. Pierre Louwrens
Mr. Bryan Salte, Q.C. appearing for the College of Physicians and
Surgeons of Saskatchewan**

Introduction and Background

[1] In response to complaints raised to the College and subsequent investigation of those complaints, the Council of the College of Physicians and Surgeons of Saskatchewan laid the following charges against Dr. Pierre Louwrens on 25 June, 2016.

*You Dr. Pierre Johann Louwrens are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** s.s. 1980-81 c. M-10.1 and/or bylaw 8.1(b)(ix) and/or bylaw 8.1(b)(xvi) of the bylaws of the College of Physicians and Surgeons of Saskatchewan.*

The evidence that will be led in support of this charge will include some or all of the following:

- a) A female person hereinafter referred to in this charge as “Patient Number 1” was your patient;*
- b) On or about the 4th day of August, 2011 you attended Patient Number 1;*
- c) You remained in the room while Patient Number 1 undressed;*
- d) Patient Number 1 was not provided with a sheet or other covering;*
- e) You remained in the room while Patient Number 1 dressed.*

Dr. Louwrens’ Background

[2] Dr. Louwrens is a 48 year old family physician who was initially trained in South Africa. He obtained his medical degree in 1993. Dr. Louwrens was first licensed by the College of Physicians and Surgeons of Saskatchewan in 2000. At the time he dealt with [REDACTED] he had been in practice in Saskatchewan for 11 years. He currently holds a regular licence. Dr. Louwrens has no discipline history.

The Position of the Registrar's Office

[3] The Registrar's Office provided Council with the decision of the Discipline Committee which concluded that Dr. Louwrens was guilty of unprofessional conduct by failing to maintain the standard of practice of the profession by remaining in the room while Patient #1 undressed and dressed and failing to provide Patient #1 with a sheet or other covering. The committee also concluded that while Dr. Louwrens breached the standards of practice of the profession, the evidence did not demonstrate sexual impropriety. The committee concluded that Dr. Louwrens did not have a sexual purpose when he remained in the room while the patient was dressing and undressing.

[4] Council for the College also indicated that the additional facts arising from ██████'s victim impact statement demonstrate the significant impact that can result from failing to accord appropriate patient privacy. Even if the physician's intentions are not sexual, the conduct can be interpreted as sexual by the patient.

[5] The Registrar's Office offered the following suggested penalty:

The Council of the College of Physicians and Surgeons imposes the following penalty on Dr. Pierre Louwrens pursuant to The Medical Profession Act, 1981 (the "Act"):

1) Pursuant to Section 54(1)(e) of the Act, the Council hereby reprimands Dr. Louwrens. The format of that reprimand will be determined by the Council.

2) Pursuant to section 54(1)(i) of the Act, the Council directs Dr. Louwrens to pay the costs of and incidental to the investigation and hearing in the amount of \$19,659.30. Such payment shall be made in full by no later than 28 November, 2017.

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4) Pursuant to section 54 (1)(g) of the Act, Dr. Louwrens is required to take a Boundaries Course in a form acceptable to the Registrar at the first available date. The "Probe Program" offered by CPEP in Toronto on October 28 to 30 is a boundaries course acceptable to the Registrar.

5) The Council reserves to itself the right to amend any of the terms of this penalty decision, upon application by Dr. Louwrens. Without limiting the authority of the Council, the Council may extend the time for Dr. Louwrens to pay the costs required by paragraph 2 and, may, if such an extension is granted, impose a suspension if Dr. Louwrens should fail to pay the costs within the extended time.

[6] As with most penalty considerations, the factors for establishing penalty from **Camgoz v. College of Physicians and Surgeons, 1993 CanLII 8952 (SK.Q.B.)** were presented for consideration.

[7] Case law in support of the proposed penalty was presented as follows with complete text available in CPSS Information document **236_17**.

[8] Casavant v. Saskatchewan Teachers' Federation.

<http://www.canlii.org/en/sk/skca/doc/2005/2005skca52/2005skca52.html?resultIndex=1>

[9] The Council's penalty decision revoking Dr. Ali's licence, which can be linked through the College's website at

https://www.cps.sk.ca/imis/CPSS/Physician_Summary/Physician_Profile.aspx?ProfileCCO=3&ID=7316

[10] The decision relating to Dr. Metcalfe, available at <http://www.cpsso.on.ca/public-register/doctor-details.aspx?view=4&id=%2054621>

The Position of Dr. Louwrens

[11] Counsel for Dr. Louwrens did not contest the findings of the Discipline Committee.

[12] He did suggest the following factors that might mitigate the situation with regard to penalty:

1. Dr. Lowrens has no previous discipline history with the College
2. The incident which led to the guilty finding was an isolated one and happened in 2011
3. At the time of the incident, Dr. Louwrens was the only physician in a large area and therefore had many demands on his time.
4. The facility where he practices now has better abilities to safeguard a patient's privacy
5. The College has no written policy regarding remaining in a room when a patient undresses
6. The victim indicated that the incident caused extreme distress which led to depression however, the victim had pre-existing depression and in addition also had a history of complaining about physicians

[13] With respect to costs, counsel for Dr. Louwrens indicated that as the charges implied sexual misconduct, Dr. Louwrens felt it necessary to go through the Discipline Committee process to clear his name. As the Discipline Committee

indicated they felt there was no sexual intent when Dr. Louwrens remained in the room while the patient dressed and undressed, counsel concluded that Dr. Louwrens should not be required to pay costs.

Reasons for the Decision

[14] Dr. Louwrens appeared to lack an understanding or show remorse about the effect that his conduct had on his patient. His explanation for remaining in the room and not according privacy to the patient was that he was busy, and that he thought the patient would be comfortable with him remaining present. In addition, instead of suggesting he might have erred in his judgment that day, he argued that he was justified for remaining in the patient's room while she undressed because the College does not have a policy telling him he shouldn't. The boundaries education course will reinforce the importance of maintaining appropriate patient boundaries and according privacy to patients.

[15] Council felt that the imposition of a reprimand, which may be publicly available, together with the publication of the disciplinary action is sufficient to deter other physicians who may be inclined not to take appropriate steps to protect the integrity of their patients. In addition, a reprimand will demonstrate that the College takes concerns about lack of patient privacy very seriously.

[16] With respect to costs, Council agreed with the Registrar's Office's position that there was no element of the charge that was not proven. Costs are not considered a penalty but CPSS members should not have to pay for discipline hearing costs when a physician is found guilty.

**Accepted by Council of the College of Physicians and Surgeons:
25 November, 2017**



*College of
Physicians and Surgeons
of Saskatchewan*

101 – 2174 Airport Drive
SASKATOON SK S7L 6M6

Business: (306) 244-7355
Fax: General (306) 244-0090
Fax: Dr. K. Shaw (306) 244-2600
Email: cpssinfo@cpss.sk.ca
www.cps.sk.ca

REGISTRAR
KAREN SHAW, M.D.

27 November, 2017

Dr. P. Louwrens

██████████
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██████████████████
██████████

Dear Dr. Louwrens,

On September 29, 2017 the Council of the College of Physicians and Surgeons of Saskatchewan accepted the findings of the discipline committee with respect to charges of misconduct against you. Following deliberation, penalty was determined. One component of that penalty was an official reprimand by the Council. It was the will of Council that I compose the reprimand.

You, Dr. Pierre Louwrens, having been found guilty of professional misconduct while practising medicine in the province of Saskatchewan are hereby reprimanded by the Council of the College of Physicians and Surgeons of Saskatchewan.

This matter remained contested up to and including your penalty hearing. Even after a finding of guilt, there was significant concern that you remain unconvinced regarding the essential wrongness of your actions. This has caused the Council great distress. It seemed incomprehensible to the members of the Council that you were unwilling to accept that a patient has an absolute right to privacy and dignity when disrobing or dressing in a physician’s office or clinic. The Council was not moved by arguments made on your behalf, that you had not offended a written bylaw or policy of the College. The rights of all patients to both privacy and dignity are cornerstones of the doctor patient relationship. These rights are so intrinsic to the practice of medicine, that it was deeply concerning to the Council that you seem to require these self-evident principles to be enshrined in bylaw or policy.

Continued.....

***To serve the public by regulating the practice of medicine
and guiding the profession to achieve the highest standards of care***

Of equal or greater concern to the Council, was your apparent lack of contrition in this matter. You have offended a patient deeply, and thereby permanently damaged that patient's trust in the medical community as a whole. While you demonstrated substantial discomfort at being called to answer for your conduct by the Council, there seemed to be little, if any, discomfort or contrition for the misconduct itself.

The rigors of a busy family practise as a solo practitioner servicing a grateful community are well established. The College has long advocated that solo practises should be avoided as they are so prone to overwhelm the physician serving his or her community. In this stressful situation, we often observe an erosion of boundaries which all too often result in physicians coming under the scrutiny of the College to address issues of quality of care or discipline.

It is the hope of the Council that you will reflect on this unfortunate chapter of your career. We trust that you will place the dignity of your patients paramount in your interactions. You have wronged a patient who entrusted you with their care. While that trust is unlikely to ever be re-established, work diligently to ensure that your patients have no reason to doubt your professionalism as you continue delivering much needed care.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]