



**CENSURE – IC5989 AND IC6194**  
**DR. WILHELMUS PETRUS GROBLER**

On June 29, 2022, in accordance with Subsection 102(2)(d) of The Regulated Health Professions Act (“RHPA”), the Investigation Committee (“the Committee”) of CPSM censured Dr. Grobler with respect to:

- Dr. Grobler’s failure to meet the standard of care in his assessment and management of Patient X’s medical condition by:
  - providing treatment for myocarditis in the absence of sufficient evidence to support that diagnosis; and
  - prescribing Ivermectin to Patient X when he knew or ought to have known that providing the prescription to Patient X was neither evidence-informed nor in the best interest of the patient.
- Dr. Grobler’s conduct during a clinical encounter with Patient Y and Patient Y’s parents in that:
  - he did not wear a mask at a time that wearing a mask was mandated;
  - he allowed one of the parents to remove their mask during the encounter without a valid reason; and
  - he conveyed information about the COVID-19 pandemic and vaccines without generally accepted scientific evidence that was contrary to public health recommendations, the law, codes of ethics and professionalism, regulatory standards and expectations and could pose a potential risk to personal and public safety. By doing so in his capacity as a physician, he lent credibility to misinformation from unreliable sources and breached his undertaking to CPSM.

Censure creates a disciplinary record which may be considered in the future by the Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

**I. PREAMBLE**

Physicians must be guided by the laws that govern them, regulatory practice standards and guidelines, the Code of Ethics and Professionalism, and scientific evidence when giving their opinions or otherwise providing information about medical conditions, treatments and public health directives.

A physician’s ethical responsibilities must be considered when they are communicating information to their patients or society as a whole. In the context of a pandemic, patients and the public tend to place

great weight and authority on the information provided by a physician, even if that physician has no expertise in population health or infectious diseases. This enhances the level of responsibility on physicians when commenting on or disseminating information, regardless of the source, about the COVID-19 pandemic, vaccines and treatments. Whereas respectful scientific debate is important for advancing medical knowledge, misinformation breaches public trust and is contrary to the ethical obligations of a physician.

As part of its public protection mandate, CPSM often accepts an undertaking from one of its registrants to conduct themselves in a particular manner as the best way to protect the public. Breaches of such an undertaking not only undermines CPSM's protection of the public, but risks undermining the confidence of the public in the medical profession's ability to regulate the practice of medicine and will not be tolerated.

In providing care to their own patients, physicians are required to demonstrate knowledge, clinical skills, and a professional attitude to provide quality care. Their clinical approach must meet expected standards. Treatment provided to patients, for any reason, must be evidence-informed and in the best interest of patients and public safety. Otherwise, it should not be provided, regardless of the express wishes of the patient.

## **II. THE RELEVANT FACTS ARE:**

1. Some details underlying this censure have been removed or anonymized to avoid providing identifying information about third parties.

### **BACKGROUND**

2. In the Fall of 2020, CPSM became aware of concerns about the information that Dr. Grobler posted in notices in his clinic and otherwise disseminated to his patients and others in which he expressed his personal opinions about COVID-19, including how it is diagnosed, treated, and transmitted. Concerns were also raised about the views expressed by Dr. Grobler in a lengthy letter he wrote to the Chief Medical Officer of Health for Manitoba which he shared with others, including two patients. The letter was then shared more broadly.
3. At that time, the Investigation Committee of CPSM determined that:
  - some of Dr. Grobler's personal opinions were either not supported by or inconsistent with scientific evidence and/or did not align with information being provided by public health officials and all levels of government to address public health concerns and
  - one or more statements made by Dr. Grobler in the various written materials do not accord with expected standards of conduct or the College's Code of Ethics, particularly those clauses appearing under the heading 'Physicians and Society'.

4. To address the concerns, on October 30, 2020, Dr. Grobler signed a voluntary undertaking which included that he would ensure that he would not disseminate information to his patients or the public regarding COVID-19 that does not align with current public health directives in any format, including in writing, verbally and on social media. This undertaking remains in force and the conditions are posted on Dr. Grobler's public profile on CPSM's website.
5. Concurrent with the above noted investigation, information was communicated to all CPSM members about how to communicate with patients about COVID-19.
  - a. The following was communicated on the CPSM website, a link to which was sent to Dr. Grobler by email in February 2021:

*Some patients have expressed vaccine hesitancy. What should I tell them?*

*The current evidence indicates that the COVID-19 vaccines offered in Manitoba are safe and offer a high degree of protection. Public Health has provided clinical guidelines for special populations with references to clinical studies and positions by clinical societies. We must not use our medical credentials and reputation when making comments or providing advice relating to the COVID-19 pandemic, without scientific evidence, that may be interpreted as contrary to public health recommendations, the law, codes of ethics and professionalism, or regulatory standards and expectations; or pose a potential risk to personal and public safety. As a member of the medical profession you must follow evidence-informed scientific information in providing medical care. Members must provide good medical care which includes: "sufficient communication with the patient or his or her representative about the patient's condition and the nature of the treatment and an explanation of the evidence-based conventional treatment options, including the material risks, benefits, and efficacy of the options in order to enable informed decision-making by the patient." CPSM Standards of Practice Regulation The Code of Ethics and Professionalism states, "6. Recommend evidence-informed treatment options..."*

- b. The following was communicated on the CPSM website on September 3, 2021, a link to which was sent to Dr. Grobler by email in September 2021. It reflects information and recommendations that were accepted by CPSM and represents the prevailing standards of practice at the time Dr. Grobler provided care to Patient X in June 2021:

*Q: What should I do if a patient asks me for Ivermectin?*

*A: Ivermectin is an antiparasitic agent primarily used in veterinary medicine to deworm livestock and is not to be used to prevent or treat COVID-19 in humans. Treatment provided to patients, for any reason, must be evidence-informed and in the best interest of patients and public safety.*

*Q: Can I prescribe ivermectin to my patients?*

*A: Ivermectin is NOT authorized for the prevention or treatment of COVID-19. Health Canada has issued an advisory against using the veterinary or human drug formulations of Ivermectin to prevent or treat COVID-19. Read the Health Canada advisory here. Why can't I use the human formulation of ivermectin to treat my patients? Ivermectin is not to be used for the prevention or treatment of COVID-19. Health Canada is clear that there is no evidence that ivermectin in either formulation is safe or effective for treating COVID-19.*

## **CONCERNS RE CARE AND CONDUCT INVOLVING PATIENT X**

6. In or about June 2021, Dr. Grobler was consulted by Patient X who was 34 years old at the time. Dr. Grobler became aware that:
  - a. Approximately two weeks earlier Patient X had received their first COVID-19 vaccination.
  - b. The following day, they reported to a rural emergency room with new onset mild chest pain and tightness, shortness of breath, and general flu-like symptoms.
  - c. No abnormalities could be detected on their blood tests, EKG and chest x-ray, including that their troponin and D-dimer were normal. They were sent home and instructed to see their family physician if symptoms persisted.
7. Following Dr. Grobler's assessment, he considered that Patient X might have myocarditis, which is a known complication of the SARS-Co-V2 virus and is also reported as a rare complication of COVID-19 vaccines. It can be a serious condition causing heart failure, arrhythmias and sudden death. The inflammation is usually reflected in laboratory tests and where there is a normal ECG, troponin, and inflammatory markers, the diagnosis is considered unlikely, as per the Center for Disease Control ("CDC") in the USA. Both Health Canada and the CDC advise that post vaccine myocarditis usually responds well to rest and medications, generally steroids with or without immune globulin. Patient X's test results in this regard from the ER visit were normal.
8. Dr. Grobler repeated the tests. Given that it is possible that the tests may change over time, it was reasonable to repeat them. The results were again normal with the exception of a positive anti-nuclear antibody ("ANA") result, the significance of which is unknown. The patient was also noted to have an underlying normal variant on their baseline EKG that Dr. Grobler has since acknowledged was not new and not significant.
9. Dr. Grobler stated that he felt that it was possible that Patient X had myocarditis. Although the encounter took place in June 2021, before the official publication of the CPSM standards on the use of Ivermectin on September 3, 2021, Dr. Grobler was aware of the skepticism regarding Ivermectin use for COVID-19 prevention and treatment expressed by Public Health. He prescribed it anyway, indicating that he was trying to meet patient demand and thought it

would not cause harm and might even have a placebo effect. He also stated that his prescribing of Ivermectin was “based on previous global research on Ivermectin as an inhibitor of importin”. In this scenario, it was Dr. Grobler’s responsibility to provide care in accordance with the expected standard. He did not meet that standard when he prescribed Ivermectin without sufficient evidence of efficacy and to accede to patient pressure.

10. The Committee accepts that to consider the possibility of post-vaccine myocarditis was prudent and that Dr. Grobler did an appropriate physical examination and ordered applicable tests. That said, the provisional diagnosis was not confirmed and he prescribed a medication that is not indicated knowing that concerns had been raised about it in the medical community for months and that it had never been approved for this use. In this context, Dr. Grobler’s care and conduct does not align with the ethical obligation to act in the best interests of the patient and is a significant departure from recognized standards of care.

### **CONCERNS RE COMMUNICATIONS WITH PATIENT Y AND PATIENT Y’S PARENTS**

11. In September 2021, Patient Y, a pre-teen child, attended an encounter with Dr. Grobler with their parents for the purpose of discussing the COVID 19 vaccine. One parent supports the vaccine and the other does not. This was known to Dr. Grobler, but he stated that he was unaware of the purpose of the encounter in advance. During the encounter, Dr. Grobler discussed a list of questions prepared by one parent about the safety of the vaccine in the presence of the child.
12. During the encounter:
  - a. Dr. Grobler did not wear a mask;
  - b. One of the parents removed their mask, which they had been provided and asked to wear when they arrived for the appointment and had been wearing in the waiting room upon entering the room with Dr. Grobler; and
  - c. Several of Dr. Grobler’s responses to the questions raised included conveying information not considered scientifically valid and providing information from unreliable sources in a manner which lent credibility to the information and would have been confusing and potentially frightening to the child. Further, this information was not only contrary to public health recommendations but contributed to the spread of misinformation about the vaccine.

### **III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. GROBLER’S CONDUCT IN:**

13. With respect to Dr. Grobler’s care and conduct in relation to Patient X, failing to meet the standard of the profession in that he:

- a. provided treatment for myocarditis in the absence of sufficient evidence to support that diagnosis; and
  - b. prescribed Ivermectin to Patient X when Dr. Grobler knew or ought to have known that it was not indicated and was not in the best interests of the patient and is a significant departure from recognized standards of care.
14. In respect to Dr. Grobler's care and conduct in relation to Patient Y and Patient Y's family, failing to meet CPSM's ethical and professional standards and breaching his undertaking to CPSM in that he:
- a. did not wear a mask and allowed Patient Y's parent to remove their mask during an encounter with Patient Y and their parents when it was mandatory to wear a mask; and
  - b. disseminated information to Patient Y and Patient Y's parents, including misinformation about COVID-19 and the risks and benefits of vaccines, in a manner which breached his undertaking to CPSM and was contrary to public health information at the time. Dr. Grobler did so when he knew or ought to have known that non-medically trained members of the public, including Patient Y and Patient Y's parents, would likely have difficulty determining the scientific and medical validity of some of this information.

#### **IV. ORDERS**

1. The Investigation Committee directed, pursuant to subsection 104(2) of the RHPA, that this censure and a description of the circumstances that led to the censure be made available to the public.
2. Dr. Grobler was ordered to pay the costs of the investigation in the amount of \$ 6,165.00.