



SUMMARY AND STATEMENT FROM THE REGISTRAR

Dr. David Howell Ames Suspension

Publications of findings of professional misconduct and breaches of certain ethical standards and orders made by an Inquiry Panel suspending the license of Dr. David Howell Ames and imposing other conditions on his return to practice are found [here](#).

Background

In February 2020, a Notice of Inquiry was issued by CPSM alleging that Dr. David Howell Ames was guilty of professional misconduct, conduct unbecoming of a CPSM member, contravening certain Standards of Practice of Medicine and the Code of Ethics and unfitness to practice medicine.

An Inquiry was initially scheduled to proceed before a CPSM Inquiry Panel on January 11, 2021, but at the request of Dr. Ames, the hearing was rescheduled to proceed on April 26, 2021. A five-day hearing before an Inquiry Panel into allegations against Dr. Ames proceeded as scheduled based on allegations set out in an Amended Notice of Inquiry.

The Inquiry Panel suspended Dr. Ames in relation to this matter as of February 1, 2022. Prior to that time, he remained in practice from shortly after the allegations were communicated to CPSM pursuant to a voluntary undertaking. That undertaking set out strict conditions on his license, such as the presence of a chaperone during encounters with female patients, signage regarding the same, and limiting his communications with patients outside of clinical encounters pending the outcome of the proceedings and were posted on his public profile.

The patient is referred to as Patient A throughout the publications relating to this matter. Other individuals are identified by a pseudonym and some information has been excluded from the publication to protect both their identity of that of Patient A.

Allegations

The allegations against Dr. Ames were presented in three separate counts:

Count 1

This involved allegations of Dr. Ames violating ethical obligations to Patient A, contravening CPSM's Code of Ethics and Standards of Practice by failing to maintain appropriate professional boundaries and exploiting Patient A for personal advantage, thereby committing acts of professional misconduct and/or engaging in conduct unbecoming a member.

This included complimenting Patient A on her physical appearance or making comments of a

sexual nature during clinical encounters, inappropriately communicating via text and an instant messaging app, including sending the patient a photograph of what Dr. Ames purported to be his genitals, and encouraging Patient A to send photos, including nude photos, and making sexual contact with Patient A during a physical examination in May 2019.

Count 2

This Count involved allegations of Dr. Ames attempting to mislead CPSM in written communications and interviews with CPSM's investigator, thereby committing professional misconduct.

This included withholding relevant information and making false and misleading statements when describing communications with Patient A, such as failing to disclose actions relating to inappropriate or sexual communications with Patient A and failing to acknowledge that any communications were sexual in nature.

Count 3

Demonstrating unfitness to practice medicine by reason of one or more of the above.

Plea

Dr. Ames pleaded not guilty to all of the Counts, though he admitted certain of the underlying facts in relation to some of the Counts.

Decision

In a decision dated September 23, 2021, the Panel found:

Count 1:

Dr. Ames was convicted of violating his ethical obligations to Patient A by failing to maintain appropriate professional boundaries and exploiting her for his personal advantage. He was found guilty of acts of professional misconduct and found to have engaged in conduct that can be reasonably regarded as unbecoming of a CPSM member.

Specifically, the Panel found that Dr. Ames had complimented Patient A about her physical appearance or made comments of a sexual nature during his clinical encounters with Patient A, inappropriately communicated with Patient A via text or on an instant messaging application, sent her a photograph of male genitalia and encouraged Patient A to send him (or implied to her that he was receptive to receiving) nude photographs of herself.

Dr. Ames was acquitted of the allegations of making sexual contact with Patient A during a clinical encounter in May 2019. The Panel found that CPSM had not proven the allegations on the balance of probabilities, noting that it "simply cannot make a decision with respect to which version of those events is more probable. It is certainly possible that Patient A's account is true and accurate, but the Panel is unable to conclude that her version is more likely to be true and accurate than the version of Dr. Ames."

Count 2:

Dr. Ames was found guilty of attempting to mislead the College in his written communications and during his interview with the CPSM's investigator, thereby committing acts of professional misconduct and engaging in conduct that can be reasonably regarded as unbecoming of a CPSM member.

In making this finding, the Panel accepted CPSM's position that CPSM registrants "must be diligent in their communications and respond to requests for information in a complete and forthright manner. Intentionally or recklessly providing misleading information during an investigation demonstrates a serious lack of professionalism and integrity and frustrates the College's ability to ensure public confidence in the medical profession."

Count 3:

The Panel found that CPSM had not proven on a balance of probabilities that Dr. Ames had demonstrated unfitness to practice medicine based on the proven allegations against him.

Consequences

On March 8, 2022, the Panel made the following Orders to address their findings.

- 1) Dr. Ames be reprimanded.
- 2) Dr. Ames be suspended from the practice of medicine for six months from and after February 1, 2022.
- 3) Dr. Ames will remain suspended until he has:
 - a) been assessed by a psychiatrist or psychologist with experience in assessing professionals who have committed boundary violations similar to those proven against Dr. Ames in these proceedings. The CPSM Investigation Chair must approve the assessor; and
 - b) completed remedial courses in maintaining appropriate boundaries and professional ethics approved by the Investigation Chair of the College.
- 4) Upon Dr. Ames' return to practice, the following conditions will be imposed upon his entitlement to practice medicine:
 - a. Dr. Ames will not engage in solo practice.
 - b. Dr. Ames is to be monitored to ensure safety and compliance with the remaining conditions as set out herein.
 - c. Dr. Ames will not communicate with patients outside of the clinic or other facility at which he provides medical care, except to communicate abnormal test results or about patient health issues that cannot be dealt with in a regularly scheduled appointment. Details of these communications must be documented in the patient's chart.
 - d. Dr. Ames must have an attendant present as a chaperone with female patients for the entire encounter.
 - e. Dr. Ames must place signage in the office reception and examination rooms regarding

the requirement for a chaperone.

f. Dr. Ames must notify all clinical and office staff at Dr. Ames' practice location(s) of the conditions imposed on his entitlement to practice medicine.

g. Dr. Ames' practice monitor must agree to provide the Investigation Chair with progress reports on a schedule and in a form determined by the Investigation Chair indicating compliance with the practice conditions set out above.

h. The Investigation Committee and/or the Investigation Chair shall:

i. monitor Dr. Ames' practice of medicine, including his compliance with the conditions herein; and

ii. have full and complete authority to vary these terms and conditions, provided that:

1. Dr. Ames will not apply for a variance of any of these terms earlier than one year after his return to practice; and

2. the onus is on Dr. Ames to prove that variance is in the public interest.

5) Dr. Ames shall pay CPSM the cost of the investigation and inquiry in the amount of \$65,000.

In making these Orders, the Panel commented that Dr. Ames' misconduct was very serious. It also stated that his conduct was :

“particularly concerning because of his failure to appreciate the significance of Patient A being a patient and his disregard for her vulnerability. The pain she was experiencing and the extent to which her normal living activities had been significantly disrupted meant that she was desperate for assistance when she was referred to Dr. Ames. The power imbalance in their relationship was pronounced and Dr. Ames was either oblivious to it, or exploited it for his own gratification.

Dr. Ames' attempts to mislead CPSM through a series of letters and an interview were inherently dishonest. His reluctance to admit the full extent of his misconduct was not merely the product of shame or embarrassment but was part of a calculated effort to minimize the penalties which might be imposed upon him, even if that meant portraying Patient A in an unfavourable light.”

Statement from the Registrar

CPSM recognizes the emotional and psychological trauma coming forward with allegations such as these can cause complainants. Patient safety is CPSM's main priority. These types of allegations are deeply disturbing and damaging to the medical profession. Trust is the cornerstone of the patient-physician relationship and the public should have confidence that their physicians will treat them with dignity and respect.

CPSM hopes this decision serves as a powerful reminder to its members/registrants of the importance of understanding and respecting boundaries with their patients. It also reinforces their obligation to communicate with CPSM in a forthright and timely manner.

Anna M. Ziomek, MD
Registrar/CEO