M-10

M-10

ISSN 1180-436X

Legislative Assembly
of Ontario

Second Session, 40th Parliament

Assemblée législative
de l'Ontario

Deuxième session, 40e législature

Official Report of Debates (Hansard)

Wednesday 2 October 2013

Journal des débats (Hansard)

Mercredi 2 octobre 2013

Standing Committee on the Legislative Assembly

Regulated Health
Professions Amendment Act
(Spousal Exception), 2013

Comité permanent de l'Assemblée législative

Loi de 2013 modifiant la Loi
sur les professions
de la santé réglementées
(exception relative au conjoint)

Chair: Garfield Dunlop
Clerk: Trevor Day

Président : Garfield Dunlop
Greffier : Trevor Day

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

http://www.ontla.on.ca/

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

COMITÉ PERMANENT DE L'ASSEMBLÉE LÉGISLATIVE

Wednesday 2 October 2013

Mercredi 2 octobre 2013

The committee met at 1301 in committee room 1.

REGULATED HEALTH PROFESSIONS AMENDMENT ACT (SPOUSAL EXCEPTION), 2013

LOI DE 2013 MODIFIANT LA LOI SUR LES PROFESSIONS DE LA SANTÉ RÉGLEMENTÉES (EXCEPTION RELATIVE AU CONJOINT)

Consideration of the following bill:

Bill 70, An Act to amend the Regulated Health Professions Act, 1991 / Projet de loi 70, Loi modifiant la Loi de 1991 sur les professions de la santé réglementées.

The Chair (Mr. Garfield Dunlop): I know we have enough members of the committee here for quorum, so we will start. We're here for the committee hearings of the Standing Committee on the Legislative Assembly for Bill 70, An Act to amend the Regulated Health Professions Act, 1991.

Mr. Steve Clark: Chair, just before we start, I know that perhaps Ms. Gélinas and Ms. Forster don't agree, and I haven't discussed this with the government members, but I just wanted it to be known on the record that I would be quite prepared to move forward with clause-by-clause today, even though that isn't what the committee decided by motion. I just wanted to make that statement. I don't think the two ladies to my left agree with me, but I just wanted people to know my intentions, that I would have been ready to move forward today.

The Chair (Mr. Garfield Dunlop): I can assure you, Mr. Clark, we are on a very tight time frame and I think it's going to be very difficult to get to clause-by-clause today. We have eight deputations; they have 15 minutes each. Each presenter or deputant has five minutes for their presentation. Then we move to each caucus and they have three minutes to ask you questions on your deputation.

DR. RICK CALDWELL

The Chair (Mr. Garfield Dunlop): With that, I'd like to start. I'll start with Mr. Rick Caldwell. If you could come forward, please, Rick—Mr. Caldwell, I should say. I will give you a warning when it's 30 seconds, okay? Please proceed.

Dr. Rick Caldwell: Members of the Standing Committee on the Legislative Assembly, thank you for allowing me to address you today and share my story.

As you know from your agenda, I am Dr. Rick Caldwell, president of the Ontario Dental Association. What you may not know, however, is that I spent my first two years as a dentist in communities in the north, such as Moose Factory, Moosonee, Fort Albany, Kashechewan, Attawapiskat, Winisk and Peawanuck. After moving from Moose Factory, I continued to serve the village of Peawanuck on a locum basis for another 20 years.

I have always said that I began my career up there serving that specific population and might like to end my career in the same place, serving a First Nations population. That time in my career is approaching and now my wife and I can't even consider moving back into these communities for one reason. That is the unfairness with which we are treated under the current RHPA.

You see, my wife is a pharmacist and she, too, is subject to the RHPA and the existing legislation. Where we currently live, in New Liskeard, we have colleagues who are able to serve our respective professional needs. However, if I were to move to a remote community, I would worry that I would be the only dentist and she the only pharmacist. I guess you can see where the conundrum comes in.

But who really loses out in this scenario? It's really the people who live in a remote community. The opportunity to attract a couple to such a location, both health care professionals, no longer exists under the current legislation. This kind of discrimination against northerners is not fair nor reasonable.

At the individual level, this law not only discriminates against spouses because it prevents them from being able to choose the dentist of their choice, but also greatly discriminates against those of us in the north who have spouses who may have to travel for hours to seek dental treatment. It doesn't seem right when I'm the one putting her on an airplane or sitting in the driver's seat taking her to another dentist, does it?

I understand that this law may not be suitable to those who engage in psychotherapeutic practice, but I urge you to consider the position you place our spouses in when they cannot have an X-ray read or their teeth cleaned by the dentist of their choice. Such treatment, as the law is currently interpreted, is deemed sexual abuse. Any reasonable individual would not see reading an X-ray or cleaning a spouse's teeth as sexual abuse.

The penalties for sexual abuse are rightly harsh: a five-year mandatory revocation of a dentist's certificate to practise and a charge of sexual abuse on the public registry. However, when no sexual abuse occurs, such as where a dentist treats a spouse or an optician dispenses a pair of glasses for a spouse, the penalty is excessive.

I speak on behalf of the entire dental community when I say that we firmly believe that instances of sexual abuse, when they exist, should be handled by the Royal College of Dental Surgeons of Ontario. If this law is amended to permit spousal treatment, I have full confidence in our college's ability to continue to do the great work that it does to protect patients, whether or not they are spouses.

The Health Professions Regulatory Advisory Council, or HPRAC, made a sound recommendation to the Minister of Health and Long-Term Care, which is precisely why we are here today.

I know that a few presenters after me are going to oppose this legislation, but I must ask them, why?

Bill 70 in no way diminishes existing public protection measures. Spouses will continue to be afforded the same protections available to all Ontarians concerning sexual abuse. It simply allows for spousal treatment where a college and the provincial government agree it makes sense.

Bill 70 also does what colleges opposed to the changes requested: It does not apply to them automatically. Colleges that determine spousal treatment is appropriate to their members may decide to opt in by having their college pass a regulation and submit it to the provincial government for approval.

I would hope that you would consider that penalizing multiple regulated health professions simply because another college doesn't want to allow spousal treatment for its members is grossly unfair.

Bill 70 continues to protect patients, spouses, and it maintains the status quo for colleges that do not want to allow—

The Chair (Mr. Garfield Dunlop): You have 30 seconds left, sir.

Dr. Rick Caldwell: —their members to provide spousal treatment.

Bill 70 also removes an unjust penalty currently imposed on professionals, such as dentists, and restores to spouses the same right as other Ontarians: It restores the right that they can select their own health care provider.

Thank you for your time. I'm more than happy to answer any questions you may have.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Caldwell.

First of all, we'll start with the Progressive Conservative caucus. Mr. Clark, you have three minutes.

Mr. Steve Clark: Thank you very much, Chair. Dr. Caldwell, I want to thank you for coming. I know you've provided a lot of advice—because I know that Bill 70 wasn't the first bill that I tabled to deal with the issue of having a spousal exemption.

I think it would be important for members of the committee to know just how many spouses in your industry this bill would affect.

Dr. Rick Caldwell: We have approximately 9,000 dentists registered in Ontario. All of their spouses could be affected by this current legislation.

Mr. Steve Clark: Again, I'm not going to belabour the questions because I want other members to have the opportunity to speak. But I do want to thank your membership, certainly from our perspective and our caucus. We've heard loud and clear from dentists in our riding about Bill 70.

Again, on our behalf, I want to thank your membership for engaging us. In my own riding, I've heard loud and clear from your membership that they want to have that opportunity. So I appreciate your comments.

Thank you, Chair. I have nothing further.

The Chair (Mr. Garfield Dunlop): Mr. Pettapiece?

Mr. Randy Pettapiece: I'd like to also thank you for the information that I've received. It's certainly important to all the professionals in my riding that this legislation is taken seriously.

Just as an aside, it's interesting—my wife and I have had a decorating business for 20 years and we wallpaper together. I can't imagine you guys working on a spouse's mouth without getting into a little bit of trouble if you happen to let something slip or whatever.

Congratulations to you. I wish you all the best with this legislation.

The Chair (Mr. Garfield Dunlop): You've been in wallpapering for 20 years with your wife?

Mr. Randy Pettapiece: Yes.

The Chair (Mr. Garfield Dunlop): Wow. I couldn't last for 30 seconds.

We'll now go to the NDP caucus. France Gélinas.

Mme France Gélinas: Thank you so much, Dr. Caldwell, for coming today. I very much appreciate the work that you have done in remote and mainly fly-in-only communities in the north. I fully recognize that for most of their communities, there is only one dentist who is brave enough and has enough empathy to come and serve them. So I fully support what you have said.

Would your motivations for that change—would that be answered if, in the bill, we specified that for remote fly-in communities the spousal exemption is granted, but for communities where there are two, three, four or five dentists, then it wouldn't be? Because the arguments you have made today wouldn't apply.

1310

Dr. Rick Caldwell: My arguments apply. As I said, my story is, obviously, about the north, because that is where I live and where I was from. But we have a principle in Ontario that when you're licensed in Ontario, you are licensed to go anywhere in Ontario. So you can't tell a dentist they have to go to a certain spot.

If you apply that same principle to the idea of the spousal exception, or Bill 70, my feeling is that wherever the dentist practises in this province—I don't feel that it's fair that they be discriminated and that their spouses be

discriminated against in terms of their choice of provider because of where they choose to live in this province.

Mme France Gélinas: Because we have lots of laws in Ontario that apply differently for people living in the north than apply to people living in the south, so it wouldn't be something new. But, for you, although the example you give was an example where there is only one dentist—it's not like you have any choice—you still bring it further than this. It doesn't matter if there are 100 dentists in the city; you still want the exemptions to be lifted.

Dr. Rick Caldwell: I still believe that the spouses should be given the choice of their health care provider.

Mme France Gélinas: Okay. Thank you.

The Chair (Mr. Garfield Dunlop): Thank you very much to the NDP. Now we'll go over to the government members. Mr. Balkissoon?

Mr. Bas Balkissoon: Thank you, and thank you for being here.

You made it very clear that there are severe treatments to those who break the law. In Ontario right now, we have a zero-tolerance policy. Do you believe, in any way, that this bill will change anything? Because you made this statement that you know there are others who are going to object to this. So I think if you could clarify what is in place today in terms of the zero tolerance—how do you see that administered and how does this bill change anything?

Dr. Rick Caldwell: Well, in a one-word answer—the answer to the first question in one word is no. It does not change anything around zero tolerance. Sexual abuse, at any time, anywhere, is not tolerable, and should be prosecuted to the full extent of the law. It's as simple as that.

What Bill 70 does is it gives colleges the right, as I said, if they agree, and the provincial government agrees, that the treatment of spouses is appropriate.

The other piece, of course, is it removes the revocation of licence for sexual abuse. We find this concept that looking at a radiograph of a spouse, which is now deemed as sexual abuse—we find that offensive. It's just not tolerable. It's not reasonable.

Mr. Bas Balkissoon: Of all the provinces in Canada that currently permit this process of opting in, are you aware of any problems in those provinces that you could share with us?

Dr. Rick Caldwell: I'm not aware of any issues, but I speak for Ontario. I speak for dentists in Ontario. That is a situation which I am most familiar and most versed on. But I'm certainly not aware of any issues elsewhere in the country.

Mr. Bas Balkissoon: In the legislation that's in front of us—and I give Mr. Clark a lot of credit for changing his previous bill and working with the Ministry of Health to bring it here in the form it's in—they have gone out to clarify who is a spouse and who can be treated. Do you think that that really would help the process, to clear the air as to who can and who cannot be treated so that the college will know when it has to administer discipline and when it doesn't?

Dr. Rick Caldwell: Clear definitions are always useful.

Mr. Bas Balkissoon: Okay. Thank you very much—

Dr. Rick Caldwell: In terms of the regulatory pieces, though, those are not mine to answer. Those are for the college.

Mr. Bas Balkissoon: Okay.

The Chair (Mr. Garfield Dunlop): Any further questions from the Liberal caucus?

Mrs. Laura Albanese: No. We're good.

The Chair (Mr. Garfield Dunlop): Okay. Mr. Caldwell, thanks so much today—Dr. Caldwell, I should say. Thank you for your presentation.

Dr. Rick Caldwell: Thank you.

DR. JOHN GLENNY

The Chair (Mr. Garfield Dunlop): The next presenter is Dr. John Glenny. Mr. Glenny—or Dr. Glenny, I should say—please proceed.

Dr. John Glenny: Good afternoon. Members of the Standing Committee on the Legislative Assembly, thank you for allowing me this opportunity to present to you this afternoon.

I had the chance to speak before the Health Professions Regulatory Advisory Council's hearings last year. I attended and presented along with my partner, Luigi. Luigi would have been here to speak with you today, but unfortunately had to work, so I am here on his behalf as well.

Our situation is unique in that my partner and I live in Toronto, but in our community we generally feel more comfortable going to a doctor, dentist or health care professional who we feel comfortable with and who will not judge us based on our sexual orientation. I'm sure that in the year 2013 we'd all like to believe that discrimination has been erased and that judgment does not exist, but I'm here to tell you that it does, and that many people in the gay community experience difficulty in finding health care professionals who are welcoming to, and accepting of or a part of, our community.

Luigi came to Canada years ago to find a more inclusive community in which his rights as a gay man are protected. He found that community here in Toronto. The difficulty now remains that, as his partner, I cannot treat him. Luigi wants you to know that he would be more comfortable seeing me for his dental treatment rather than having to see another dentist for treatment.

I can only imagine what this situation is like in communities in Ontario that may not be as inclusive or accepting of those of us who are openly gay. I feel for these people who may feel that their health care practitioner isn't sympathetic to their needs. Fear of discrimination and prejudice by health care providers is widespread in the gay community. We feel that only those within our community are truly able to understand us and the issues that are of concern to us.

I know that if Bill 70 is not enacted, the current legislation could do great harm to our community. By

denying the patient of his or her right to choose the best practitioner for them, the patient's well-being is at risk. Treatment cannot be provided effectively unless the patient is comfortable with the practitioner. How does one open up to their dentist about hormone therapy they may be taking if transgendered? Or concerns about their health if they fear discrimination based upon their sexual orientation?

Today, it is virtually impossible for a patient to seek out a gay health care provider. The gay community is small enough to begin with. Patients in my office know that I have a positive space for everyone regardless of their sexual orientation; they're welcome to be treated.

My partner immigrated to Canada for the freedom to make choices based upon, amongst other things, his sexual orientation. I cannot emphasize strongly enough how much more comfortable he would feel being treated by the one person who understands him and his health care needs better than anyone else: his own partner.

Canada has become a world leader in protecting gay rights. Recently, as you've seen, Canada took a stand against the discrimination our openly gay athletes may face during the Sochi Olympics.

I can say openly that trust and knowledge of one's health care provider is especially important in the dental field because, as a community, we fear further discrimination based on our sexual orientation. We want to feel comfortable opening up about our dental or health care needs in a positive, trusting, open environment.

When considering this legislation today, I urge you to remember me and remember Luigi, and allow colleges the ability to opt into the legislation. For the gay community, it could mean a world of difference to partners of health care practitioners whose colleges deem spousal treatment appropriate. Thank you.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Glenny. I'd now like to go to the New Democratic caucus to start questioning.

Mme France Gélinas: Thank you. It's a pleasure to meet you, Dr. Glenny, and I couldn't agree more. I work with the trans community in Sudbury and there are prejudices alive and well in many health care providers, which is a real shame.

I wanted to ask you—by your presentation, it's quite clear that you spend quite a bit of time thinking about this, and wanting to be respectful to your spouse. I get it, that in your circumstances it would be way better if you could treat your spouse. Do you see any downside of giving dentists the right to treat their spouse? Do you think that we put anybody else at risk by doing this?

Dr. John Glenny: I'm not sure if I understand the question correctly. So for example, if I didn't have a licence to practice, there would be a whole section of the community that would be without someone who's looking after their needs, of the gay, lesbian, transgendered.

Mme France Gélinas: No, my question is, if the bill is passed and dentists opt to be able to treat their spouse, do you think that there are any members of our community who will become at risk?

1320

Dr. John Glenny: I don't follow.

Mme France Gélinas: Right now, dentists are not allowed to treat their spouses.

Dr. John Glenny: Right.

Mme France Gélinas: Once dentists are allowed to treat their spouses, do you figure that there are spouses who will be at risk of abuse?

Dr. John Glenny: No, I do not.

Mme France Gélinas: No. Do you follow your college at all, to see the disciplinary action?

Dr. John Glenny: Absolutely.

Mme France Gélinas: Do you know that there are dentists who are going through the discipline process for abuse right now?

Dr. John Glenny: Yes.

Mme France Gélinas: Okay. And you don't think that treating spouses will put new categories of people at risk of abuse?

Dr. John Glenny: No, I do not. The college really has an exemplary reputation for discipline, not just with sexual abuse but with any other malpractice issue, and they deal with it very well.

Mme France Gélinas: But you see the difference: They deal with it once it has happened; I am talking about preventing it from happening.

Dr. John Glenny: I'm not sure how to answer the question, really.

Mme France Gélinas: That's okay. Thank you.

The Chair (Mr. Garfield Dunlop): We'll now move over to the government members. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you, Dr. Glenny, for being here, and thank you for appearing in front of HPRAC. I'm glad you took the opportunity to do that. Did you find that the process the government embarked on to let HPRAC do that review and then advise the government on what to was a worthwhile process?

Dr. John Glenny: Definitely.

Mr. Bas Balkissoon: So you found it a very positive experience.

Dr. John Glenny: Very.

Mr. Bas Balkissoon: If I could go back to my colleague on the other side, to steal one of her questions, earlier she said, "Do you see the process?" The way the bill is written, it's across the board; it's for all of Ontario. Do you believe that a process where some regions would be allowed to have treatment because they are remote and urban centres are treated with a different set of rules would be appropriate?

Dr. John Glenny: I don't, because I practise here in Toronto and I have patients who come quite a distance to see me.

Mr. Bas Balkissoon: Okay. Thank you very much. Thank you, Mr. Chair.

The Chair (Mr. Garfield Dunlop): No other questions?

Mr. Bas Balkissoon: No other questions.

The Chair (Mr. Garfield Dunlop): Then I'll go to the official opposition. Mr. Clark.

Mr. Steve Clark: Dr. Glenny, I want to thank you for presenting today on behalf of yourself and Luigi. I also want to thank you for coming forward and presenting to the committee when they were deliberating on their report.

I guess I'll take a different approach than some of my other colleagues. In a minority Parliament, lots of things can happen. Agreements can be made; agreements can be modified or broken. What happens, in your opinion, if the status quo results after this legislative process?

Dr. John Glenny: Well, I hate to say this, but even in this day and age there is a stigma attached to being a gay man in Ontario. I feel it, and the whole community feels it. Even though I can speak openly about it to my fellow regulated health care practitioners, I know that there are a good many of my regulated health care professional colleagues who do not, and they do fear prejudice if they come out—come forward.

Mr. Steve Clark: That's fine.

The Chair (Mr. Garfield Dunlop): Dr. Glenny, thank you very much for your presentation this afternoon. That concludes your time here.

Dr. John Glenny: Thank you.

The Chair (Mr. Garfield Dunlop): I appreciate very much your coming forward today.

DR. LOUANN VISCONTI

The Chair (Mr. Garfield Dunlop): We'll now go to our third deputant, Dr. LouAnn Visconti. Dr. Visconti, you have five minutes.

Dr. LouAnn Visconti: Members of the standing committee of the Legislative Assembly, I would like to thank you for allowing me this opportunity to address you this afternoon.

Following my graduation as an orthodontic specialist, I moved from Toronto to Timmins, where I have been in a solo orthodontic practice for the past 21 years. What attracted me to move to Timmins—other than my husband, who was born and raised there—was that the area was in need of dental specialty services. At the time of my graduation, there was one orthodontist who would travel between, and provide services to, the four northern Ontario cities of Timmins, Sudbury, North Bay and Sault Ste. Marie; however, he was retiring.

When I began practising 21 years ago, I was the only resident dental specialist in Timmins. Today, out of 1,213 dental specialists, 369 of them being orthodontic specialists, I am still the only resident dental specialist in Timmins. We do have an orthodontist who travels from Sudbury to Timmins, but he comes once every six weeks.

Living in the north has been wonderful, but it certainly does have its challenges. One of the largest challenges is access to care. Half of my patient population is from out of town, some as far as three- to four-hours' travel time away. So you can imagine that the logistics of how I practise are so much more different than how my colleagues in the south practise.

Coordinating treatment with other dental specialists requires extensive planning and significant effort on the part of the patient and the parent. For example, to set up a 30-minute consultation in Toronto or Ottawa requires extensive loss of time from work and school, as well as costs for travel, accommodation and food. Travel grants, which are a benefit of OHIP, are not given to these patients, simply because they are being referred to a dental specialist, where many of the procedures are not covered by OHIP, and not a medical specialist.

When my husband was younger, he had some back teeth removed, which he never had replaced with false or missing teeth. Consequently, the opposing and adjacent teeth have moved, thereby creating problems with his bite and, specifically, his chewing. In order for his dentist to replace these missing teeth, my husband requires orthodontic therapy to place the remaining teeth in a position to facilitate replacement of the missing ones.

Because I'm the only orthodontist in Timmins, I cannot treat my husband, according to the Regulated Health Professions Act. As I mentioned, we do have another orthodontist who travels from Sudbury. However, because he comes so infrequently, my husband cannot get in to see him.

The next closest orthodontist is a three-and-a-half-hour car ride away down a treacherous highway, Highway 144, which has many rock cuts and no shoulders and has been contributory to many accidents, many of them fatalities. So you see there is a safety issue as well as a cost issue.

If the Regulated Health Professions Act were amended, then individuals such as my husband would not have to be exposed to the inconvenience, risk and cost of seeking treatment outside their communities.

I would like to thank you for allowing me to speak to this important issue, and for respecting the rights of spouses in northern Ontario when considering Bill 70.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Visconti. We'll now go to the government members. Mr. Balkissoon, you have some questions.

Mr. Bas Balkissoon: Thank you for being here, Dr. Visconti, and thank you for making the trip all the way to Toronto. We hear you loud and clear: It is an absolute necessity to do what we're doing here today.

I forgot to ask the other two deputants—most of you are dentists. Do you have the confidence that your college will do the opt-in and help you out?

Dr. LouAnn Visconti: Absolutely.

Mr. Bas Balkissoon: Okay. I just wanted to make sure that the college will do what we're doing here, because we're going through a lot of work.

Thank you very much, and thank you for coming to present.

The Chair (Mr. Garfield Dunlop): No other questions from the government members?

Mrs. Laura Albanese: No. We're good.

The Chair (Mr. Garfield Dunlop): Okay, to the official opposition.

Mr. Steve Clark: Thanks, Dr. Visconti, for coming today and making your presentation. I guess what both you and Dr. Caldwell, in his opening statement, really

identify—and you can correct me if I'm wrong—is a real barrier that this legislation would correct to access in the north for health care professions like the one you're involved in.

Dr. LouAnn Visconti: I also see this as a barrier to access for northern patients. If we can't attract dentists and other regulated health professionals to the north because of this law, then the north is going to continue to be underserviced.

Mr. Steve Clark: Can you help me out? The travelling dental specialist: If you used that service, how long would you have to wait?

Dr. LouAnn Visconti: He was retiring when I moved to Timmins, but he would be in town monthly, so every four weeks. But, as I say, he travelled between the four northern Ontario cities.

Mr. Steve Clark: And the only other option is 300 or 400 kilometres away?

Dr. LouAnn Visconti: That's right. Oh, sorry. You were talking about the orthodontist that's coming there now.

Mr. Steve Clark: Yes.

Dr. LouAnn Visconti: He comes from Sudbury, and he's there every six weeks—

Mr. Steve Clark: Every six weeks.

Dr. LouAnn Visconti: —and he's there for two days, so you can imagine. If he comes every six weeks for two days, he's full for at least a year.

1330

Mr. Steve Clark: Oh, absolutely. Okay.

Thank you very much, Chair.

The Chair (Mr. Garfield Dunlop): No other questions?

Mr. Steve Clark: I have no other questions.

The Chair (Mr. Garfield Dunlop): Mr. Pettapiece?

Okay, we'll now go to the third party. Ms. Gélinas.

Mme France Gélinas: Thank you, and thank you for making the trip. I know how much fun it is to travel from northern Ontario to Queen's Park. I do it regularly. I was stuck in the fog for three hours on Monday, which—anyway, that's the story of my life.

Dr. LouAnn Visconti: Oh, yes.

Mme France Gélinas: I wanted to kind of pick your brain as to, do you know why this policy was brought upon dentists? When it was brought in, we already knew that it was going to affect dentists who practise in remote communities and in northern communities that I represent.

Dr. LouAnn Visconti: Well, my comment to that would be that I think it was never the intent of this legislation to prohibit regulated health professionals from treating their spouses. In 1993, the former Minister of Health, the honourable Ruth Grier, indicated in a 1993 letter to MPP Jim Henderson that regulations were to be developed for a spousal exemption. However, they were not developed. It was never done. So to answer your question, when this was originally formulated, it was not the intent of the bill to include spouses.

Mme France Gélinas: I don't know if you know the rate of spousal abuse in Timmins?

Dr. LouAnn Visconti: No, I don't, offhand.

Mme France Gélinas: The rate is quite high. In general, in Ontario, 6% of women are abused by their spouse; in Timmins, it is close to double that. The number of women at risk in Timmins is really high. There aren't that many dentists, so I'm not picking on them or anything. But what would you have to say to those women's groups in Timmins who are saying that the rate of spousal abuse in their community is so high that they feel more comfortable knowing that zero tolerance will continue to apply to people in Timmins?

Dr. LouAnn Visconti: Zero tolerance is going to continue to apply to people in Timmins—to all people. Zero tolerance will continue to apply to the dental profession with respect to overt sexual abuse. However, I find it almost offensive to not be able to tell my husband, or to show him, where to wear orthodontic elastics because I'm going to have my certificate revoked for five years and be put on the public register as a sexual offender. I think that there has to be a clear distinction here. To me, that's not sexual abuse. My husband is also a professional, and I don't see it as any imbalance of power or any of these other things.

That's not to diminish sexual abuse and things that should be done about it. Definitely, if someone is found committing this crime, they should be charged to the letter of the law. I just don't equate, as I say, helping my husband put his orthodontic elastics on to an act of sexual abuse. I think there has to be a clear distinction there.

The Chair (Mr. Garfield Dunlop): Your time is up, Ms. Gélinas. Would you like to add something to it?

Dr. LouAnn Visconti: No, I'm fine.

The Chair (Mr. Garfield Dunlop): Okay. Well, thank you so much.

Dr. LouAnn Visconti: Thank you.

ONTARIO CHIROPRACTIC ASSOCIATION

The Chair (Mr. Garfield Dunlop): We'll now go to our next presenter, and that's Dr. Robert Haig, the CEO of the Ontario Chiropractic Association. Thank you. Please proceed, Dr. Haig.

Dr. Bob Haig: Mr. Chairman, members of the committee, thank you very much. My name is Dr. Bob Haig. I'm the CEO of the Ontario Chiropractic Association. Association President Dr. Natalia Lishchyna sends her regrets. She was intending to be here, but was unable to be here.

The OCA is the mandatory professional association for chiropractors in Ontario. We have about 3,400 members, 80% of the practising chiropractors in Ontario.

The very extensive jurisprudence and jurisdiction reviews that were done by HPRAC demonstrated fairly clearly that Ontario is unique in that it has adopted a very broad interpretation of sexual abuse. The courts have interpreted the legislation to afford no flexibility to allow treatment in the context of a pre-existing spousal relationship.

There is a mandatory penalty, without any discretion to consider the circumstances, and the mandatory penalty

is the most severe of any of the jurisdictions that were reviewed: the five-year revocation.

Ontario has had this legislation in place for 20 years, yet no other jurisdiction, even within Canada, has felt the need to follow in this direction in order to achieve the same important objectives of preventing and deterring sexual abuse of patients.

Over the 20 years since the enactment of the RHPA, interpretation of its sexual abuse provisions by the courts has taken us in an unanticipated direction that imposes vastly disproportionate consequences on our members, on other regulated health professionals and on their spouses, consequences that are not necessary to achieve the objectives of zero tolerance of sexual abuse.

Simply put, and I know we all understand this, the trigger for the five-year mandatory revocation is sexually abusing a patient. However, while sexual abuse is well-defined in the procedural code, there is no definition of "patient" anywhere in the RHPA or its procedural code. The prohibition against a concurrent patient and sexual relationship, which is a pillar of Ontario's zero-tolerance policy, is simply not required and, in fact, it can be detrimental when the patient is a spouse.

This does not actually serve either true victims of sexual abuse or the province. The current blanket inclusion of spousal relationships within the definition of sexual abuse actually detracts from the very serious policy concerns that gave rise to the legislation. Currently, a victim of sexual abuse and betrayal at the hands of a trusted health professional is treated exactly the same way under the legislation as a spouse who receives treatment on the weekend from his or her health-practitioner spouse and who is not complaining of any sexual abuse at all. The label and the sanctions seen by the public and those seen by the true victim are actually identical.

In this way, the inclusion of the treatment of spouses within the definition of sexual abuse has or, if it's left in place, over time dilute the impact of the legislation. The broad definition over time trivializes the sanction that was meant to express support to victims and the public's outrage at the sexual abuse of patients by health practitioners.

In chiropractic, prior to the prohibition, it was common for chiropractors to treat their family and to treat their spouse. It is part of the culture of our profession. There are really two reasons for this. The chiropractic profession itself is a fairly close-knit group of people; there's a family-like feeling within the profession. Providing care to one's family is part of providing care to your family and caring for them generally.

But secondly—this partly addresses an issue that was raised in one of the questions with one of the previous presenters—chiropractic is very much a hands-on profession. That means that there are differences in patient experiences depending on the methods that are used by a different chiropractor. Spouses tell us that they have a great deal of confidence in their spouse's techniques and their spouse's ability to treat them. They're not happy with being forced to go see a different chiropractor. Obviously, the smaller the community, the worse that gets. The current legislation essentially prevents those spouses from receiving care from the practitioner of their choice.

The majority of chiropractic practice is the diagnosis and management of neuromusculoskeletal conditions, pain syndromes, and in those—

The Chair (Mr. Garfield Dunlop): You've got about 30 seconds left, sir.

Dr. Bob Haig: Okay. It's important for early intervention on those, and preventing someone from seeing their spouse who's a chiropractor actually detracts from their treatment in doing that.

We think Bill 70 is the right solution. We think that it achieves the purpose and objectives of the mandatory revocation provisions better, because it targets true abuse. It preserves resources in order to deal with the conduct that really does pose a risk to the patients, and it allows the individual professions the flexibility to opt in if they want to. We believe this legislation is overdue. It's important, it's right-minded, and the chiropractic profession supports it.

1340

The Chair (Mr. Garfield Dunlop): Thank you very much for your presentation, sir. We'll now go to the official opposition. Mr. Clark.

Mr. Steve Clark: I want to thank you very much, Dr. Haig, for coming today. You mentioned the fact that Ontario has had the legislation for about 20 years and no other jurisdiction in Canada has it. Are you aware of any specific thing that other jurisdictions do to deal with the issue that we aren't doing?

Dr. Bob Haig: I'm afraid that I don't have a lot of specifics on the other provinces, and I'm not the best person to speak with on that. In saying that, I was essentially quoting the HPRAC findings.

Mr. Steve Clark: Just further, Chair, if I might, you did mention—I know you were rushed a bit—about the opt-in provisions. Would you be in a position to speak on behalf of the OCA on what their view would be if such legislation would be passed by the Legislature?

Dr. Bob Haig: The OCA, the Ontario Chiropractic Association, which I represent, would be strongly supportive of it and would strongly support an opt-in provision. I don't know what the College of Chiropractors might do when they consider it.

Mr. Steve Clark: Thank you very much.

The Chair (Mr. Garfield Dunlop): Mr. Pettapiece?

The third party. Ms. Gélinas.

Mme France Gélinas: It's always nice to see you, Dr. Haig. Thank you for coming to Queen's Park. I'm just a little bit curious about some of the comments you did at the very beginning that said that it does not serve the true victims of sexual abuse and it trivialises victims of abuse. What did you mean by that?

Dr. Bob Haig: What I meant—and I apologize if I wasn't clear, but there was some conversation earlier about whether this was or was not part of the intent of the original legislation. I sat in this chair during the Bill 100

discussions and committee hearings, and there was no question that there was very, very much a desire by all parties to make sure that there were stringent—that sexual abuse by health professionals of their patients was dealt with very stringently and preventive measures were put in place. There was not an intent to include spousal patients in that. There were conversations that led to an assumption that they were excluded and there was some paperwork that was mentioned before—but what I meant by that is that if we include things like sexual abuse charges against spouses for things that are not viewed by anyone as sexual abuse except for the technicality of the legislation, it detracts from the ability of colleges, because colleges have to investigate and prosecute all of those. There are cases where there has been sort of prosecution because that's what the law requires. That detracts from their ability to deal with other things and it detracts from the perception of sexual abuse as the most serious thing that happens. That's really the point I was trying to make.

Mme France Gélinas: Okay. I must be old because I also remember 1993 and why this was viewed as a huge victory for basically women's groups and victims of abuse.

Does your association keep track of how many of your members are found and disciplined for sexual abuse?

The Chair (Mr. Garfield Dunlop): You have about 30 seconds to wrap up here.

Dr. Bob Haig: Okay. I'll be quick. We don't keep track of it. I mean, they are all reported in the college's annual report, so they are there. There have been a number of cases. I'm aware of one—I don't know if I can say this in this circumstance or not—that is current where there's a husband and wife, who are married to each other, who are both now facing charges of sexual abuse, and neither one of them complained. It was a third party that complained. The provision is being used in an improper manner.

The Chair (Mr. Garfield Dunlop): Thank you very much. We'll now go to the government members. You have three minutes.

Mr. Bas Balkissoon: Dr. Haig, thank you very much for being here. You just indicated to Mr. Clark that you're not sure what the college would do when it comes to chiropractic. There's been no dialogue between the college and the association on, if this was to pass, what would happen?

Dr. Bob Haig: I've never found it useful to try to speak on behalf of the college, no.

Mr. Bas Balkissoon: Do you have a gut feeling?

Dr. Bob Haig: We have not had conversations about it, no. Obviously, we've looked carefully at their response to HPRAC during that, but quite frankly, since then, we have not. We have great confidence in the college and in their ability to make decisions and we don't interfere with those decisions. What we have been looking for and what we think is appropriate is what this bill does, and that is, it provides the option to colleges.

Mr. Bas Balkissoon: Did your association appear before HPRAC?

Dr. Bob Haig: We did, yes.

Mr. Bas Balkissoon: And in support.

Dr. Bob Haig: In support, yes.

Mr. Bas Balkissoon: Okay. Thank you very much.

Mrs. Laura Albanese: I guess I have just one more question.

The Chair (Mr. Garfield Dunlop): Yes, go ahead, Ms. Albanese.

Mrs. Laura Albanese: Are there any aspects of the bill that you would—do you support the bill in its totality or is there anything you would like to see changed or added?

Dr. Bob Haig: Quite frankly, we support it the way that it is. We don't have anything that we would suggest to change it. It accomplishes what needs to be accomplished, we believe.

Mrs. Laura Albanese: Thank you.

The Chair (Mr. Garfield Dunlop): Okay, thank you. Dr. Haig, thank you very much for your time today.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

The Chair (Mr. Garfield Dunlop): We'll go to our next presenter, and that's the Royal College of Dental Surgeons of Ontario: Dr. Peter Trainor and Irwin Fefergrad, the registrar. Welcome, gentlemen. You have five minutes.

Dr. Peter Trainor: Thank you. Mr. Chair, members of the committee, I am Dr. Peter Trainor. I am a dentist and I am the president of the Royal College of Dental Surgeons of Ontario, a college which regulates approximately 9,200 members in Ontario. You have before you information which we previously distributed. With me today is Mr. Irwin Fefergrad, who is the registrar of the college.

First of all, let me state the obvious: We believe that sexual abuse of patients by a dentist or any health care professional is a very serious matter. It involves a breach of trust, which is the bedrock of the patient-professional relationship. Simply put, it is abhorrent.

As a health care regulatory college, RCDSO has a critical role to play in public protection by doing our utmost to prevent the sexual abuse of any dental patient. It is our fundamental responsibility to deal with reported cases of sexual abuse in a sensitive, respectful, yet very effective manner, and we do that.

To demonstrate how we put those values into action, I want to refer to a recent case and decision from a panel of our discipline committee. The case involved allegations of professional misconduct against a Toronto dentist. Those allegations included—and I now quote right from the panel's final decision—"disgraceful, dishonourable, unprofessional and unethical conduct" for engaging in the sexual abuse of the patient. This abuse included, among other things, sexual intercourse with the patient. The panel's decision was clear. It found—and again I

quote—that "the member's conduct in his admitted sexual abuse of a patient was disgraceful and that this conduct dishonoured the" entire "profession." The penalty decision by the panel was a five-year revocation of the member's certificate of registration, effective immediately, as well as a reprimand.

This case demonstrates that this standing committee and, indeed, the public of Ontario should have full confidence in our ability to deal with sexual abuse matters with all integrity and vigor as intended in the original RHPA legislation.

I want to assure you that sexual abuse, as one would define it in the statute, is not a problem within the dental profession. For decades, starting way before the decision of the Court of Appeal in 2009, thousands of dentists have treated their spouses, and they have done so safely and without any cause of concern. Since 1993, at our college, there has only been one complaint about a dentist treating a spouse, and that complaint was filed by someone other than the spouse.

It will be no surprise, then, to know that RCDSO is in support of this bill. We are pleased that it gives each regulator the discretion to deal with this matter in a way that is appropriate to each of them.

1350

At our college, we believe that these matters belong before the discipline committee. This statutory committee is composed of both professional members and public representatives appointed by government. This committee is more than able to use its judgment in these situations, as it does in other serious matters of professional misconduct. This committee can make a sound and reasoned decision based on the evidence before it, taking into account any aggravating or mitigating circumstances, and we know from experience that this will in no way weaken or jeopardize our ability as a regulator to fulfill our mandate of public protection.

I believe that this is not the time for false humility. The Royal College of Dental Surgeons is a responsible regulator. We have demonstrated that year after year, since our founding over 140 years ago. In fact, we are so responsible that in January 1995, under the then NDP Minister of Health, the honourable Ruth Grier, our college received a letter from the ministry about the Regulated Health Professions Act.

It stated, and I am quoting directly from that letter, "You asked for assurance that nothing in the RHPA would prohibit a dentist from treating his or her spouse. While the RHPA does provide a broad definition of sexual abuse of a patient, it is not the intention of the legislation to regulate the relationship between spouses. In answer to your question, you can advise your membership that they can continue to provide dental treatment to their partners."

Even in 2009, when there was a massive review of the act, the government did not waver or rescind that advice given to our college, that its members could continue to provide dental treatment to their partners. RCDSO has always demonstrated that we take our legislated mandate of public protection with extreme seriousness.

The Chair (Mr. Garfield Dunlop): You have 30 seconds, sir.

Dr. Peter Trainor: We continue to excel at fulfilling the full intention of the spirit of the Regulated Health Professions Act. At the beginning of this year, we commissioned an external, unbiased review of our regulatory operations, and Mr. Harry Cayton of the Professional Standards Authority gave us a clear and unequivocal report that we exceed all standards of good regulation.

In closing, I want to reiterate that our college is supportive of Bill 70, as promised. However, I would like one caveat, and that is that we ask for some assurances that once this act receives royal assent, the accompanying regulations can be fast-tracked. As many of you know, that part of the process can sometimes be dragged out over years, but that kind of indiscriminate delay would be a disservice to the dentists of this province.

I want to thank you as committee members for your full attention, and I certainly would welcome any questions.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Trainor. We will now go to the third party. Ms. Gélinas.

Mme France Gélinas: Thank you so much, Doctor, for coming here today. I appreciated your presentation. I think you made some very compelling arguments.

As a dentist makes his way through the ICRC process, who pays for his representation? If he has to be represented by a lawyer, does that come out of his or her own pocket?

Dr. Peter Trainor: If a dentist has legal counsel defending them, that is their responsibility, yes. I could possibly ask Mr. Fefergrad, our registrar, to maybe further expound on that.

Mr. Irwin Fefergrad: There is an insurance program that is run independently called the Canadian Dental Protective Association. Dentists who belong to that buy themselves a vigorous defence.

Mme France Gélinas: Okay. And if the person who has put the complaint needs to defend herself or himself, does the college pay for their legal fees or do they have to pay for that themselves?

Mr. Irwin Fefergrad: I'm glad you asked that. It's an excellent question. We have not only paid for legal fees when the complainant feels exposed, we have paid for therapy and we have provided support through our sexual abuse prevention program to the complainant. I don't think there is any complainant that is left on his or her own.

Mme France Gélinas: And does the monetary support start from the start, when you don't know which way it is going to go, or is the monetary support solely once the dentist has been found guilty?

Mr. Irwin Fefergrad: Well, before we throw money at somebody, they have got to ask for it, right? So the request comes, and it goes to the appropriate committee. The committee makes a determination. We would not wait for an outcome of the complaints committee—the ICR committee—to provide support.

Mme France Gélinas: To the person who puts in the complaint?

Mr. Irwin Fefergrad: Exactly.

Mme France Gélinas: About how many sexual assault complaints do you handle every year?

Mr. Irwin Fefergrad: Offhand, I would say about 550 complaints.

Dr. Peter Trainor: That's complaints in total.

Mme France Gélinas: And how many of them would be related to sexual offence?

Mr. Irwin Fefergrad: I would say maybe three.

Mme France Gélinas: And are you pretty well—

Mr. Irwin Fefergrad: Sorry. And not all of them are as is defined under the act—

Mme France Gélinas: No, no. I—

Mr. Irwin Fefergrad: It could be touching. It could be boundaries. It could be innuendo language. It's rare—very rare—for us to have a complaint of any nature or kind involving sexual abuse as defined in the act.

The Chair (Mr. Garfield Dunlop): You've got 50 seconds.

Mme France Gélinas: How about usage of narcotics? Do you have complaints about dentists using their privilege of prescribing narcotics?

Mr. Irwin Fefergrad: There are a few, and that's an excellent question. I anticipated that. We have a report here that I think I'd like you each to have. This was done by HPRAC on the prescribing privileges of dentists. HPRAC could not be more laudatory on the college's protecting of the public interest, on the training of dentists in pharmacological prescriptions and on its responsible use as a profession. So I'm very glad you asked that question. Read this and you'll find that it'll give you the comfort that it should give all members of the committee.

Mme France Gélinas: I had seen it already. I was looking for the number.

The Chair (Mr. Garfield Dunlop): Okay. Thank you. We'll get around to that. Maybe you can answer it in part of the—the government members.

Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you very much, Mr. Chair, and thank you both for being here.

Am I to understand clearly, then, the zero-tolerance policy that is administered today in your discipline process for sexual assault etc., and the changes we're making here, and if your college was to opt-in—you absolutely see no change in the process?

Dr. Peter Trainor: I'm here to say that the college has a zero-tolerance position on sexual abuse of a spouse or a patient. We firmly believe that and continue to support strong sanctions, and deterrents are embedded in the legislation. But it is fundamentally wrong to equate, without exception, the treatment of a spouse or partner by a dentist as sexual abuse as defined in the statute.

Mr. Bas Balkissoon: Thank you very much.

The Chair (Mr. Garfield Dunlop): Any other questions from the government members?

Mrs. Laura Albanese: Thank you. No.

The Chair (Mr. Garfield Dunlop): To the official opposition. Mr. Clark.

Mr. Steve Clark: Thank you very much for your presentation and your comments. I guess my only question is regarding Bill 70, and I know that it has had several different incarnations. Do you have any objections with the way the legislation is currently proposed?

Dr. Peter Trainor: We support the bill as it is presented, but as I said, with the one caveat: that we could have some assurance that the regulations that are necessary to allow individual colleges to utilize the functionality of the bill would, in fact, be fast-tracked. Because, as you know, this can take a considerable amount of time, and that delay would cause a further hardship upon the profession of dentistry. This is an issue that is the single most troublesome issue before this profession in decades. We would like to bring a resolution to this as quickly as we possibly can.

Mr. Steve Clark: I have no further questions.

The Chair (Mr. Garfield Dunlop): Well, thank you very much, Dr. Trainor, for being here today. It's appreciated very much.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

The Chair (Mr. Garfield Dunlop): We'll now go to our next deputation, which is the College of Physicians and Surgeons of Ontario, and that's Dr. Marc Gabel and Ms. Louise Verity. Please proceed.

1400

Dr. Marc Gabel: Good afternoon. Thank you for the opportunity to appear before the committee on Bill 70. I'm Marc Gabel. I'm the vice-president of the College of Physicians and Surgeons of Ontario and a present member and former chair of the college's discipline committee. Outside of the college, I'm a general practitioner, practising in the areas of psychotherapy. Joining me from the college today is Louise Verity, who is the associate registrar and director of our policy and communications department.

I would like to state very clearly at the outset of the presentation that the College of Physicians and Surgeons of Ontario is very appreciative of the work of Mr. Clark, in particular for collaborative efforts in addressing some of the college's concerns.

We shall, in our submission today, attempt to explain why we continue to support the legislative provisions that are currently in place and bring to the committee's attention two areas where we have drafting concerns in the present issue. That said, we continue to feel that the current Regulated Health Professions Act of 1991 is not in need of any amendments on this issue. We feel that any exemption would have the effect of diminishing or diluting the zero-tolerance scheme embedded in the RHPA.

The zero-tolerance provisions of the RHPA were incorporated in response to this college's independent task force on sexual abuse of patients. That report was chaired

by Marilou McPhedran in 1991. In convening that task force, the college took an important leadership role, and it was because of its sincere concern for existing and potential victims that the task force recommended that no exemptions to the sexual abuse provisions be introduced into the RHPA at that time. The task force recommendations on that matter were informed by consultations with more than 300 victims of sexual abuse.

There is, in our minds, an inherent power imbalance between doctors and their patients. The introduction of this exemption would deny the presence of this imbalance in a spousal context.

We are aware that some health practitioner groups have advanced the argument in favour of a spousal exemption because they feel it would be convenient and appropriate to treat their spouse. This is not the case for physicians. The pertinent issue, from the perspective of the public interest, is how to protect patients from abuse and not how best to enable health professionals to treat their spouses. The mandatory revocation provisions, as they are, provide the public with this protection.

It's appropriate to note that of all the Ontario health colleges, our college, the College of Physicians and Surgeons of Ontario, has conducted by far the greatest number of disciplinary hearings relating to sexual abuse. This has included cases involving patients who have been sexually abused by who is reputed to be or may be their spouse. In our experience, vulnerability to sexual abuse can and does exist both within and outside of spousal relationships.

Notwithstanding our support for the existing provisions of the RHPA, we recognize that Bill 70 is a significant improvement over the approach recommended originally by the Health Professions Regulatory Advisory Council. We do want to take this opportunity, therefore, to highlight a couple of drafting issues, those being that defining spouse and the practice of the profession.

Looking first at the definition of spouse, as provided in the proposed amendment to the section 1(6) of schedule 2, it has historically proven extremely difficult to define the term "spouse." One need only look to courts throughout Ontario where the Family Law Act definition of spouse is applied to find examples of the extensive litigation that flows over the issues of whether a person is a spouse and when the relationship began and when the relationship ended.

Although we feel that the definition in Bill 70 is an improvement over the earlier bill, the reality of the detailed fact-finding process that is required to evaluate whether a spousal or conjugal relationship is present and when it began and when it ended is complex. Any definition of spouse will result in extensive litigation before the discipline committee, which will be required to focus on whether a spousal relationship was present or whether the relationship had sufficient characteristics to be characterized as a conjugal relationship.

Our second drafting issue pertains to the proposed subsection concerning how we will be—how do we say?—excluding certain behaviours so that the person can take advantage of a sexual abuse exemption. What we believe is that this provision will be very difficult to interpret and enforce and will result in discipline panels being bogged down in the determination of the exact point when the practice of the profession began and ended in specific instances and when the conduct, behaviour or remarks of a sexual nature began. The challenge of drawing a fine line between the practice of the profession and conduct, behaviour or remarks of a sexual nature highlights an aspect of the problem and the problematic nature of a spouse providing treatment to his or her spouse.

We have also for your benefit appended our more in-depth, earlier submissions to today's submissions. Finally, we do appreciate the time and consideration you have given to our concerns and I'd be pleased to attempt to answer any questions you may have.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Gabel. We'll now go to the government members. Mr. Balkissoon, you have three minutes.

Mr. Bas Balkissoon: Thank you, Mr. Chair. Doctor, thank you very much for your presentation. I hear you clearly, but would you agree with me that the various sectors of the health professions—that their scope of practice is quite different from each other?

Dr. Marc Gabel: I would agree that I can only talk from experience for our own profession, for the College of Physicians and Surgeons. I would say, though, that the ability of other—the whole reason the RHPA exists for all the health professions is that sexual abuse is possible in them as well.

Mr. Bas Balkissoon: Okay. In regards to the bill itself, the fact that the bill is written in such a manner that you can opt in and it gives your college the option not to participate—because you believe you have enough evidence that in your practice of the College of Physicians and Surgeons, it's a worthwhile thing to have as a protection for your members. Would you agree that the government has really taken this to the step where people who do things that are different in the health care field do have the option to choose?

Dr. Marc Gabel: I would agree with you that they therefore do have the option to choose and we have the option to choose. I believe there will be pressures both legally and possibly professionally for us because of the other professions, which may change. I don't know whether that would produce legal challenges. I know, as a member of the discipline committee, we hear a tremendous number of legal challenges to wording of legislation. Because this applies to, let's say, the physiotherapists or the dentists, how is this going to really carry out and where's the fairness? I do believe that it will cause a greater extension of our discipline hearings, even though we will not opt in.

Ms. Louise Verity: But just to also help in terms of answering the question, we do recognize that the solution that is proposed in the legislation is, certainly for the CPSO, much more acceptable than earlier versions of this bill and certainly what the recommendation was with respect to the HPRAC report.

Mr. Bas Balkissoon: And I would agree. It's much more acceptable but I would also say it's much more practical. Am I to assume that your organization made extensive presentations to HPRAC when they considered this issue?

Dr. Marc Gabel: I'd ask you, Ms. Verity, because I was not there at that point.

Ms. Louise Verity: We did. We did make a presentation before the committee. I actually don't have the consultation numbers in front of me. I guess our concern, when we first reviewed the report, was the fact that I believe the number of victims' groups and sexual abuse victims as well who participated—they weren't able to get to that level of participation that would have been helpful, perhaps, to inform the report.

One thing that I would also point out, and I'm not sure if it made it into our presentation or not, but the report that was commissioned by the CPSO—the task-force report, the independent report that was chaired by Marilou McPhedran—there were more than 300 victims of sexual abuse who participated in the consultation process there.

The Chair (Mr. Garfield Dunlop): Thank you very much, Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you.

The Chair (Mr. Garfield Dunlop): We'll now go to the official opposition. Mr. Clark?

Mr. Steve Clark: Thank you very much. I want to thank you for your presentation. I appreciate the correspondence that you sent me indicating that this bill is an improvement upon what I originally tabled in Bill 68. I appreciate the comments that you made just a few minutes ago to Mr. Balkissoon's question about the fact that this bill also provides a better recommendation than what was part of HPRAC. I appreciate you putting that in writing and also putting it on the record.

I do understand your concerns about the definition and both issues. I know that when I spoke with the Ministry of Health we had a long discussion about those two particular issues.

1410

I guess I don't particularly understand. If you're not going to opt in, what is the concern with the other groups? I'm still unclear about that. I look at my inbox, Chair—the complaints on regulated health professions. I have to tell you, you're a regulated profession and I have far more complaints—not sexual complaints, but other complaints—than in every other health profession combined, so I do think that we all need to take the comments that we receive to heart.

I guess my question is, what else do you think needs to be done in the regulated health professions regarding sexual abuse? Is there something outside of this bill that you feel needs to be done?

Dr. Mark Gabel: Thank you for that question. My impression is that what you're asking is not so much a legislative issue, but how the college proceeds to continue to educate physicians on the issue of sexual abuse, to inform the public about what sexual abuse is, to aid them in being able to define it and also to protect themselves, but most importantly to continue a major educational campaign among physicians, which we do and which we are proceeding to plan to do even further as far as education throughout the professional life cycle.

Ms. Louise Verity: To that end, we also have policies in place that are designed to guide the profession with respect to setting appropriate boundaries and other things. These are policies that, from the college's perspective, we try to ensure are reviewed regularly, to ensure currency.

I think the more general question that has been posed by Mr. Clark about what this college is prepared to do around sexual abuse is a very good question. All I can say is that any complaint that comes to the college—any allegation—is taken extremely seriously, and a complaint would receive a full investigation in order to make sure that the patient's and the public's interest are always protected.

The Chair (Mr. Garfield Dunlop): Thank you very much, Mr. Clark. We'll now go to the third party.

Mme France Gélinas: We all know that the colleges were put there to protect the public. They're not there to protect their members. They're there for the protection of the public. Continuing on what MPP Clark was saying, if Bill 70 goes through and some regulated health professional colleges opt in, and you don't, do you still see an increased risk? Do you see that the ability to protect the public is diminished?

Dr. Mark Gabel: The short answer would be, yes. I think that it becomes the first chink in the armour that is protecting patients, not only in the area of physicians, but in the area of the other colleges as well. That being said, we will continue, if this bill passes, to continue to do our best to make sure that we do totally continue to try to abolish.

Mme France Gélinas: Walk me through how the protection of the public is diminished.

Dr. Mark Gabel: I think that the conceptual framework—whether spouses can be sexually abused—is the first thing that comes up for question. I think it was a long journey to 1991 and to that hearing, to bring up that there aren't classes of women who are exempt from abuse. I think that, in some sense, we give that message.

I am also concerned, as I mentioned, about the legal questions that will arise during our discipline hearings.

That being said, we obviously will plan not to opt in—that would be our plan—and we will do our best to continue to work with our profession.

Mme France Gélinas: You say that this is the first chink in the armour—I'm not sure of the word that you used. How big of a hole do you see this being?

Dr. Mark Gabel: I don't think I can quantitate that, but we came up with the idea in 1991 of zero tolerance because sexual abuse did not just apply to certain classes of women or men. It applied to all. I see this as the first place that says, "Well, there's an exception to that rule." Will there be another exception to that rule?

My feeling, basically, is that the system has worked well. We have been able to care for issues where there are rural issues, where a physician may, of necessity, treat his wife. But we have rules and policies around how that's done so as to protect both the patient and the physician.

The Chair (Mr. Garfield Dunlop): Thank you very much, Dr. Gabel and Ms. Verity, for your time this afternoon. That concludes your time.

COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

The Chair (Mr. Garfield Dunlop): We'll now go to the next deputation, which is the College of Physiotherapists of Ontario, and that's Joyce Huang. Ms. Huang, please come forward and make your presentation. Thank you.

Ms. Joyce Huang: Good afternoon. Thank you very much for the opportunity to address the committee.

My name is Joyce Huang. I'm here representing the council of the College of Physiotherapists—

The Chair (Mr. Garfield Dunlop): Ms. Huang, just speak right into that mike, okay? Thank you.

Ms. Joyce Huang: Sorry.

I'm here representing the council of the College of Physiotherapists of Ontario. I'm the policy analyst on the staff of the college.

The college is a self-regulating body for 7,500 physiotherapists in Ontario. The college is established by the Regulated Health Professions Act and the Physiotherapy Act to register physiotherapists to practise in Ontario and to regulate their conduct in the public interest.

The college would like to offer the following comments on Bill 70, An Act to amend the Regulated Health Professions Act, 1991. In simple terms, the college understands that the bill is intended to give health regulatory colleges the option to decide whether they will develop regulations that, when approved, will exempt their members from the Regulated Health Professions Act's mandatory sexual abuse provisions.

This exemption would only apply in very limited circumstances that would have the effect that the members of colleges that choose to enact this regulation would be permitted to treat their spouses under specific conditions as defined in the bill.

With this understanding of the bill in mind, the college would like to offer its qualified support for the bill. The college believes that an absolute prohibition in the treatment of spouses, which is what the current interpretation of the sexual abuse provisions in the RHP indicates, is overly restrictive, because it does not give professions any discretion to determine the appropriateness of their members' conduct in relation to the treatment of a spouse. As such, the college supports amendments to the RHPA that will give colleges the discretion to determine whether their members are permitted to treat their spouses.

In the view of the college, each profession should come to its own determination as to whether its members are allowed to treat their spouses. Therefore, a legislative model that allows discretion for professions to choose whether or not to exempt their members from the current sexual abuse provisions is the only feasible approach to this issue.

Despite the fact that the college does offer support for the bill, in its current form the bill does have the potential to cause some problems. In particular, the use of certain terms in the bill has the potential to limit its utility and undermine the effectiveness of colleges in their regulatory role.

One of the most troublesome terms used in the bill is the word "spouse." While the bill does include a definition of "spouse" that helps to clarify the meaning of this term, the college strongly supports the position of the College of Physicians and Surgeons of Ontario, who are very concerned that any definition of spouse will undoubtedly lead to challenges for college discipline panels.

These panels will be expected to determine whether a spousal relationship was present in each case and whether there was actually a conjugal relationship. This issue has the potential to sidetrack college discipline panels from their real issues and hinder the ability of colleges to meet their public interest mandate.

In terms of suggestions to manage this issue, the college believes that further clarity on the definition of spouse, which might include recent jurisprudence, may go some way to address this concern.

Another concern about the current drafting of the bill is that the sexual abuse exemption provisions can only apply when certain conditions are met. The first such condition is that the patient must be the member's spouse, and we have just noted previously our concern with the use of the term "spouse."

The second such condition is that the members not engage in the practice of the profession at the time the conduct, behaviour or remark occurs. The college is concerned that this kind of provision is likely to be very difficult for colleges to interpret and enforce. For example, if a spouse who is also a patient attends for care and engages in typical conjugal spousal behaviour during that visit, it will be very difficult for a panel to determine if the spousal exemption should apply because it will be nearly impossible to determine when the health professional began and ceased to engage in the practice of the profession.

1420

The likely result would be that, once again, college discipline panels will be sidetracked by the need to make determinations as to whether members were practising the profession during the incident under consideration instead of concerning themselves with the more important questions as to whether the conduct occurred and whether the patient suffered as a result.

In terms of suggestions to manage this issue, the college suggests that the bill might benefit from the addition

of a definition that would provide colleges and their members with some clear idea of what engaging in the practice of the profession actually means, and when this activity starts and stops.

Thank you very much for the opportunity to address the committee. I would be pleased to try and respond to any questions that the members may have.

The Chair (Mr. Garfield Dunlop): Thank you so much for your presentation.

We'll now go right directly to the official opposition. Mr. Clark.

Mr. Steve Clark: Thank you very much for your presentation. I guess I've got a couple of questions. So you're aware of the last definitions in the bill, in Bill 68, and you're also aware, I'm assuming, of HPRAC's recommendations. Do you think that Bill 70 has done a better job in those definitions than Bill 68 in the recommendations?

Ms. Joyce Huang: I can't speak to the specifics of that. It is my understanding that the case law in this area is continually evolving, so any definition would be problematic, but I can't speak to the specifics of that.

Mr. Steve Clark: So because you've got qualified support with a couple of caveats, hypothetically, if Bill 70 passed the way that it's currently written, would your college opt in?

Ms. Joyce Huang: I'm not in a position to speak on behalf of my council before they've actually made a decision. I can say that we support, in principle, the ability to have that discretion to make the decision in the first place, but I don't want to presume how they will decide on the issue before they've actually discussed it.

Mr. Steve Clark: Chair, through you, thank you very much for your presentation.

The Chair (Mr. Garfield Dunlop): Thank you, Mr. Clark. We'll now go to the third party. Ms. Forster.

Ms. Cindy Forster: Thank you. So how many complaints are made each year, generally, to your College of Physiotherapists?

Ms. Joyce Huang: From memory, I would say less than five in the past three years.

Ms. Cindy Forster: Less than five with respect to sexual abuse issues?

Ms. Joyce Huang: That's right. Yes.

Ms. Cindy Forster: And how many generally?

Ms. Joyce Huang: I don't know the history beyond the past three years.

Ms. Cindy Forster: Were any of those five sexual abuse complaints with regard to the treatment of spouses?

Ms. Joyce Huang: I actually don't know the specifics of those cases; I'm sorry.

Ms. Cindy Forster: Would you be able to provide us with that information?

Ms. Joyce Huang: Yes, I can take the question back to the college and provide you with a response.

Ms. Cindy Forster: Who actually pays for your members' representation when there is a complaint filed and they have to attend a disciplinary hearing at your college?

Ms. Joyce Huang: I believe that's the responsibility of the registrant, and I believe there is insurance coverage available to them, but the college does not—

Ms. Cindy Forster: They have, like, legal and malpractice insurance available to them?

Ms. Joyce Huang: That's right.

Ms. Cindy Forster: We heard earlier from one of the presenters—I think it was the College of Physicians and Surgeons—that victims are actually provided with monies to assist them with representation and attendance costs, perhaps. Is it the same for the College of Physiotherapists?

Ms. Joyce Huang: I don't know the specifics of how we deal with the legal costs for patients, but I believe we are required by the legislation to have a fund to provide counselling for victims of abuse.

Ms. Cindy Forster: Okay, thank you.

The Chair (Mr. Garfield Dunlop): Ms. Gélinas?

Interjection.

The Chair (Mr. Garfield Dunlop): Okay. Thank you to the third party. We'll now go to the government members. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you for being here. I hear what you're saying about the definition, but you've sort of left it in the—if I could call it the last paragraph of your presentation—that you're asking us to come up with a definition that will help you, but you haven't given us any suggestion, which makes it very difficult. So if you do have a suggestion between now and when we do clause-by-clause, we'd love to hear from you.

Let me just go one step further. Is it possible within the college that if you wanted to define spouses, the start of a practice, the end of a practice and the location of a practice, can you do that within your bylaws and your policies so that all of your members have a clear understanding? For us to do it for each sector of the health sector would be very difficult. So is it possible that we could sort of turn this back to the colleges and, if there is something that is weak in the bill, then you bring it into your own bylaws? Is that possible?

Ms. Joyce Huang: To speak to your first question, we haven't actually considered any specific suggestions as to how we might want the term "spouse" to be defined.

Mr. Bas Balkissoon: Okay.

Ms. Joyce Huang: But if you would like, I can take that question back to our council and our staff to consider and to provide you with a response at a later date.

As to whether we can make bylaws to define those terms ourselves, based on my understanding of how the legislation is written, I believe we would have to be granted that ability by the legislation.

Mr. Bas Balkissoon: You wouldn't be able to do that in your bylaws and come back with the regulation that you would be seeking from the minister?

Ms. Joyce Huang: I would have to reread the legislation, but based on my current understanding, I don't think so.

Mr. Bas Balkissoon: Okay. I just throw it out as a suggestion because it will be very difficult for us to

define it for every sector. It's probably better that each college look at it independently.

If you have a suggestion for spouse that we should probably entertain, you have one week to get back to us. Thank you very much, and thank you for coming here.

The Chair (Mr. Garfield Dunlop): Yes, thank you very much, Ms. Huang. We appreciate your time this afternoon.

ONTARIO COALITION
OF RAPE CRISIS CENTRES

The Chair (Mr. Garfield Dunlop): We now go to our next deputation. Our final deputation is the Ontario Coalition of Rape Crisis Centres, and Nicole Pietsch, the coordinator, is here. Nicole, welcome. You have five minutes for your presentation.

Ms. Nicole Pietsch: Thank you. I'll start by saying that I'm not a medical professional with particular expertise on the act itself, but what I do have expertise on is survivors and victims of sexual violence, the dynamics that make folks vulnerable to that and what makes systems less or more effective in supporting victims of sexual violence.

Our coalition is a network of 25 sexual assault centres from all across Ontario. We deal with recent as well as historical cases of sexual violence. Our thoughts on the HPRAC report and the notion of the spousal exemption are as follows.

We feel that the report is flawed because it relied on many myths around sexual violence. The myth, for example, that false allegations of sexual abuse are commonplace is ever-present in the report. It allies with social misconceptions about sexual assault that suggest that folks who report sexual assault often lie for their own benefits or make up stories because they have regrets. False allegations of sexual assault are not a common problem in society. What is a more common problem is our incapacity or incompetence at being able to support people who come forward to talk about stories of violation and to have systems that are competent at holding offenders accountable.

In reality, the majority of sexual assaults are simply not reported at all, and those that are are not always resolved through criminal justice and other systems. So we recommend that, in the place of a spousal exemption, the Regulated Health Professionals Act legislation instead identify clear processes and be confident in the capacity of these processes to adequately identify situations of sexual violence. This might include reviewing your definitions; your inquiries, complaints and reports committee processes; and other processes around definitions and transparency.

We believe that the primary purpose of a zero-tolerance policy is to prevent sexual abuse by health care professionals, but the purpose of the policy in question is more around prioritizing the professional, particularly a professional who chooses to treat a spousal patient. This sort of negates the idea of a zero-tolerance policy, to have an exemption.

What are the implications? A blanket exemption for spouses from the definition of sexual abuse can result in new opportunities for health professionals who are accused of sexual abuse to attempt to raise a defence of their own behaviour.

As an example, did you know that the majority of sexual assaults in Ontario are perpetrated by someone who is known to the victim? This means that acquaintances, friends, professionals, dates or relatives are more likely to use tricks, verbal pressure, threats or victim-blaming ideas in order to proceed with sexual coercion. This could be saying things like, "You knew you wanted this," "If anyone found out about this, you would be in trouble," or "This is our special relationship."

1430

I'm saying this because in the criminal justice system today, it's not enough for a victim to identify that sexual contact occurred between her and the offender. Instead, she must prove that he or she did not agree—that is, consent—to the sexual contact. How do you do that unless you have witnesses?

Instead of testifying that sexual abuse did not occur within a professional-patient relationship, what we foresee is that accused professionals may simply argue that sexual contact did occur, yet some type of a spousal relationship or some degree of a relationship concurrently existed. Do we want a Regulated Health Professions Act to make room for this sort of complicity—that is, complicit in, "You know you wanted this," or "This is a special kind of relationship"? From our perspective, it's a simple answer to a more complex question, where there is room for making situations of violence, in fact, look like they were kind of okay.

Last, within the consultation process we know that the majority of those consulted were in fact professionals or their spouses. There are only notes of one victim or survivor advocate's group who had a voice in that process. I have to say that the only reason our organization is here today is because it was brought to light to us from another regulated body of professionals.

As a counsellor at a rape crisis centre for many years, I've heard many stories of health professionals who pursued a patient sexually, typically a young person with a history of childhood abuse, and then framed this dynamic as a personal relationship that was completely independent of their patient-professional rapport. I think that's problematic when we look at what is being proposed with this bill and the spousal patient.

In closing, I just want to thank you for letting me be here, and I'm also open to any of your questions.

The Chair (Mr. Garfield Dunlop): Okay. Thank you very much, Ms. Pietsch. We'll now go to the third party. Ms. Gélinas, you have three minutes.

Mme France Gélinas: Thank you for coming. You've been in the room for a little while. You've listened to some of the other testimony. It is clear that a college is there to protect the public and that some colleges would very much like to be able to treat their spouse. How big of a risk is there that this will result in a decrease of protection of the public?

Ms. Nicole Pietsch: I think that the attempt to create a blanket exemption for spouses in respect to sexual abuse is more of a very simple surface attempt to remove an accidental sort of implication. From our perspective, the more risky situation is those folks who are at risk or have experienced sexual abuse at the hands of a professional and are now going to have to argue or prove a different element of the relationship in order to state, let's say, that this was or wasn't consensual, that I was or wasn't a party to that, that it was abuse as opposed to consensual sex, which I think is what we see as problematic in a lot of other justice systems that deal with sexual assault.

Mme France Gélinas: In your view, has the law, the way it has been written—has it protected the public well, and has it protected women?

Ms. Nicole Pietsch: Do you mean the current zero-tolerance policy?

Mme France Gélinas: Correct.

Ms. Nicole Pietsch: I have to say, I mean, I would not be the person receiving those complaints, but I think that for people—women and men who I've worked with who did experience sexual violence at the hands of a health professional—to know that there is a process that's transparent and that's based on some very strong foundation around a zero-tolerance policy, it's meaningful to them. It encourages people to consider, "Am I going to come forward or aren't I?" It also helps them understand their rights in the process. So I think that what is currently in place is strong.

Mme France Gélinas: Has it served us well? Has it been useful?

Ms. Nicole Pietsch: Yes, I think so. It's important to have a policy as a foundation that suggests what you value and what you put first. I think the question for this committee is, what are you going to put first? Is it a minority of professionals who choose to treat spouses or are you going to consider the larger protective base that you have the potential to give to the public? That, in my opinion, is more important.

Mme France Gélinas: Thank you.

The Chair (Mr. Garfield Dunlop): Okay, thank you very much to the third party. We'll now go to the government members. Mr. Balkissoon?

Mr. Bas Balkissoon: Thank you for your input. I just want to follow along the lines of my colleague from the NDP. In terms of listening to all the other deputants and how many practitioners they have—plus, I can only guesstimate how many patients they have. When the questions were asked around the room as to, "How many complaints you have had in the last two to three years?", they were very minuscule. Do you really see that if we open it up to just add the additional patients being their spouse, that number will significantly rise?

Ms. Nicole Pietsch: Do you mean, do you think you'll get more complaints on account of having that?

Mr. Bas Balkissoon: That's right, because we've just only added spouses across the province, which is a very small number of additional patients.

Ms. Nicole Pietsch: Yes—

Mr. Bas Balkissoon: Because I'm trying to absorb your concern with—our job here is to calculate the risk factor. I'm trying to gauge your concern in terms of risk factor and how significant it is.

Ms. Nicole Pietsch: Yes. In terms of getting more complaints, that is hard to project. I think you have less to worry about in terms of allegations or complaints that are not real. I think that, if anything, having an exemption for spouses might mean somebody who was a spouse and was sexually violated in that context would choose not to engage in this process. I think it also means there's more onus on the victim to be able to speak to the fact that that relationship was wrong or unethical.

There's a different element when you say, was it a part of a relationship? If that occurred in the context of a relationship, it might create more complexities for a survivor to be able to speak to how, in fact, it was sexual violence as opposed to a consensual relationship.

Mr. Bas Balkissoon: But that person would have access to the same processes that exist today for a regular patient, so how can it be any different?

Ms. Nicole Pietsch: Sorry, I'm not sure I understand the question.

Mr. Bas Balkissoon: Well, if I'm a spouse, and I want to complain, the complaint process is the same as an existing patient, so it really changes nothing.

Ms. Nicole Pietsch: Well, I'm looking at it from a situation outside of that, which is that having a spousal exemption could be used as a defence for someone who, in fact, did do something that was misconduct—right?—for example, to say, "No, that person was in a conjugal relationship with me." Part of that goes back to having a definition of a spouse and what that comes down to. That's an additional place where you could have some protection. I guess what I'm thinking of is, often we hear of victims who, let's say, were vulnerable emotionally, they were treated by a professional, and in the context of being treated it also turned into a sexual relationship, which is unethical; that's sexual abuse. But it could also be described by a lay person as just a relationship that was consensual. I think it's problematic that these things can be easily confounded. I know that's not the intention of it.

Mr. Bas Balkissoon: But in the legislation that's in front of us we're defining those relationships and who our spouse is. So again, I go back to you. Do you see the risk factor as being very much higher or not?

Ms. Nicole Pietsch: I think I'd agree with what the College of Physicians and Surgeons was saying, that this diminishes the foundation of a zero-tolerance policy on that principle. Can I say numerically how many more people will be at risk? I can't. But I think comparatively it would be wise to look at other systems that are meant to support victims of sexual assault, and the criminal justice system is a good example, wherein proving the relationship between the alleged offender and the alleged victim becomes a huge piece of the case and makes it almost impossible to find a conviction.

The Chair (Mr. Garfield Dunlop): Thank you very much. Now we'll go to the official opposition. Ms. Elliott?

Mrs. Christine Elliott: Ms. Pietsch, I'd just like to thank you very much for coming and making a presentation today. As health critic for the PC Party, I certainly appreciate having been copied on your correspondence. We certainly do take it very seriously and take it into consideration. Thank you.

Ms. Nicole Pietsch: Thank you.

The Chair (Mr. Garfield Dunlop): There's no other questions? Okay. Well, ladies and gentlemen, that concludes the hearings today on Bill 70.

The schedule right now is to meet next Wednesday, October 9. We have clause-by-clause at that point, so amendments have to be in on the 8th, apparently by noon. On top of that, I want to know—right now we have scheduled between 12 p.m. and 3 p.m.—

Mr. Bas Balkissoon: Make it 1 o'clock.

The Chair (Mr. Garfield Dunlop): Pardon me?

Mr. Bas Balkissoon: Make it 1 o'clock.

The Chair (Mr. Garfield Dunlop): That's why I was—would anybody like to meet at 1 o'clock?

Mr. Steve Clark: For clause-by-clause?

The Chair (Mr. Garfield Dunlop): Clause-by-clause.

Interjection.

The Chair (Mr. Garfield Dunlop): Okay. Have we got agreement with everyone on that?

Mr. Bas Balkissoon: Yes.

The Chair (Mr. Garfield Dunlop): Okay. Thank you very much, everyone, for attending today. The meeting is adjourned until the 9th at 1 o'clock. Thank you very much, everyone.

The committee adjourned at 1441.

CONTENTS

Wednesday 2 October 2013

Regulated Health Professions Amendment Act (Spousal Exception), 2013, Bill 70, Mr. Clark / Loi de 2013 modifiant la Loi sur les professions de la santé réglementées (exception relative au conjoint), projet de loi 70, M. Clark M-91
Dr. Rick Caldwell..... M-91
Dr. John Glenny M-93
Dr. LouAnn Visconti..... M-95
Ontario Chiropractic Association..... M-96
Dr. Bob Haig
Royal College of Dental Surgeons of Ontario..... M-98
Dr. Peter Trainor
Mr. Irwin Fefergrad
College of Physicians and Surgeons of Ontario..... M-100
Dr. Marc Gabel
Ms. Louise Verity
College of Physiotherapists of Ontario M-103
Ms. Joyce Huang
Ontario Coalition of Rape Crisis Centres..... M-105
Ms. Nicole Pietsch

STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY

Chair / Président
Mr. Garfield Dunlop (Simcoe North / Simcoe-Nord PC)

Vice-Chair / Vice-Présidente
Ms. Lisa MacLeod (Nepean–Carleton PC)

Mr. Bas Balkissoon (Scarborough–Rouge River L)
Mr. Steve Clark (Leeds–Grenville PC)
Mr. Grant Crack (Glengarry–Prescott–Russell L)
Mr. Vic Dhillon (Brampton West / Brampton-Ouest L)
Mr. Garfield Dunlop (Simcoe North / Simcoe-Nord PC)
Ms. Cindy Forster (Welland ND)
Ms. Lisa MacLeod (Nepean–Carleton PC)
Mrs. Amrit Mangat (Mississauga–Brampton South / Mississauga–Brampton-Sud L)
Mr. Michael Mantha (Algoma–Manitoulin ND)

Substitutions / Membres remplaçants
Mrs. Laura Albanese (York South–Weston / York-Sud–Weston L)
Mme France Gélinas (Nickel Belt ND)
Mr. Randy Pettapiece (Perth–Wellington PC)

Also taking part / Autres participants et participantes
Mrs. Christine Elliott (Whitby–Oshawa PC)

Clerk / Greffier
Mr. Trevor Day

Staff / Personnel
Ms. Heather Webb, research officer,
Research Services