

Consultation Sessions on the Issue of Mandatory Revocation Provisions and Treatment of Spouses by Regulated Health Professionals

Thunder Bay

Note:

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Health Professions Regulatory Advisory Council (HPRAC)



Session 1 - For General Public/Public Organizations

Respondent: Participant #1

The speaker felt that sexual abuse complaints should be reviewed on a case-by-case basis by the RCDSO. She noted that up until the Leering case, the RCDSO has maintained that the sexual abuse provisions in the RHPA were never meant to prevent dentists from treating their spouses. Following the Leering case, the speaker's spouse was no longer able to treat her.

The speaker also felt that she should have the right to choose the best health provider, and her husband was her dentist by choice as she is an educated individual who is capable of making her own choices. It was an uncomfortable transition for the speaker to seek treatment from a new dentist after 25 years of receiving dental services from her husband.

The speaker indicated that there are negative implications to this legislation, especially when there is only one dentist in town, the spouse is being forced to drive long distances to access a specialist. This has also become a financial burden for the speaker as she must add dental benefits to her plan at work.

Further, the speaker noted that classifying the treatment of a spouse as sexual abuse is appalling and ridiculous. She felt that equating dental treatments provided to a spouse as sexual abuse is similar to prohibiting accountants from filing taxes for their spouse or a mechanic from fixing their spouse's vehicle.

Alternatives:

The speaker proposed that allegations of sexual abuse should be heard on a case-by-case basis by the College and it should be up to the discipline committee to investigate the particulars of each case. Further more, the speaker pointed out that investigations should be profession specific as the Leering case involved a physiotherapist and should not affect the ability of dentists to treat their spouses.

Respondent: Participant #2

The speaker is a former patient of her husband and was very satisfied with the quality of treatment received. She believes that mandatory revocation of a health professional's license for treating his or her spouse has done more harm than good to the public.

A few years ago, the speaker was forced to see another specialist as her husband was no longer able to treat her. She experienced great anxiety and developed tinnitus as a result of seeing another dentist, which prevented her from continuing to seek the care that was required. After neglecting her condition for some time, she lost a tooth because her husband could no longer treat her.

Although the legislation demands that health providers stop treating their spouses, the speaker felt that this may not always be an easy task, especially when there is already an established and trusting relationship developed with the dentist. The speaker further noted that dental work involves treatment using invasive procedures and it requires a level of trust and comfort that takes time to establish. She felt that the 5 years mandatory revocation of a health provider's license was not justified.

Alternatives:

The speaker suggested that this was an issue for the college to handle and the ability of RCDSO to deal with this on a case-by-case basis should be restored.

Respondent: Participant #3

The speaker pointed out that personal bond and trust is an important part of a dental-patient relationship. As patients are often inflicted with pain prior to feeling any relief, the speaker noted that this creates a very different experience from walking into a doctor's office and having a conversation. The speaker felt that the delivery of care by dentists is unique and should be taken into consideration.

The speaker is a registered nurse and a teacher. Her husband, who is a dentist, has been working in the community for 33 years and she was taken away from his care due to the zero-tolerance policy. This is particularly difficult for her as she lives in an under-served area and would need to travel 3 hours to Thunder Bay in order to access a dentist. There are also no self-initiating dental hygienists available. The speaker felt that she was at a disadvantage because she didn't have the luxury of choice and could not go anywhere else. Further, she pointed out that the zero tolerance policy as it relates to the treatment of spouses will be a deterrent for health professionals to practice in under-served communities.

Further, the speaker felt that it was an insult to the profession that performing dental work on a spouse is considered sexual abuse. The profession is suffering as a result of the Leering Case and the mandatory 5 year revocation penalty is extreme.

Alternatives:

The speaker suggested that the *Regulated Health Professions Act, 1991* should be amended to reflect the original intent of the law and allow dentists to treat their spouses without penalty.

It was also noted by the speaker that the College should be given the authority to evaluate complaints on a case-by-case basis. She felt that as the profession has not experienced issues with complaints of sexual abuse by a spouse, dentists should not be prohibited from treating their spouse.

The speaker also suggested that permission to treat a spouse should be granted by signing a waiver.

Session 2 - For Health Care Professionals/Organizations

Respondent: Participant #1, Thunder Bay Dental Association

The speaker, a dentist who was speaking as an individual and on behalf of the Thunder Bay Dental Association, referenced the Leering case and a notice that was provided by the RCDSO in May/June of 2010, which informed its members that the treatment of a spouse is no longer allowed. His wife is extremely upset that her right to choose a health care provider has been taken away from her.

It is unclear to the speaker how dental work performed with the assistance of a dental hygienist is considered to be sexual abuse. As a dentist, he feels hurt by this decision as it showed a lack of faith for his profession.

The speaker noted that if he lost his license, a large number of patients would lose access to a dentist and that would be considered public harm as there is a shortage of health care providers in Thunder Bay. Also, the speaker felt that the zero-tolerance policy with respect to the treatment of a spouse is a disincentive for health professionals to uproot their families to practice in remote areas of Ontario.

Alternatives:

The speaker suggested that the RCDSO should have the ability to investigate claims on a case-by-case basis involving the treatment of a spouse. He noted that prior to the Leering case, the college had the right to look at these cases themselves. He felt that the RCDSO has demonstrated a good disciplinary track record and has the capacity to take on this role.

On behalf of the Association, the speaker is recommending the Minister restore the right of dentists to treat their spouses and let RCDSO handle disciplinary issues as they have proven competent to do so.

Respondent: Participant #2

The speaker expressed her support for zero-tolerance of sexual abuse, however, it was in her view that the law doesn't address the treatment of spouses. Although there are cases where sexual abuse could be present in a spousal and patient-provider relationship, the speaker felt there was a need for alternatives for those who are truly providing care to their spouse and not committing sexual abuse.

Alternatives:

The speaker pointed out that regulatory colleges have disciplinary procedures in place that are adequate and could deal with hearing complaints and determining appropriate penalty on case-by-case bases. She felt that regulatory colleges are well equipped do deal with such matters and disciplinary committees should be empowered to handle this.

The speaker further noted that perhaps there should be permanent revocation for those who have had multiple charges of sexual abuse and in some cases stricter sanctions are required, but disciplinary committees should be given the ability to make those decisions because it's what they do best and they do it well. She felt that this would bring greater protection to the public than the current system.

The speaker concluded by expressing her confidence in regulatory colleges to self regulate and protect the public.