

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

Kingston

Note:

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Health Professions Regulatory Advisory Council (HPRAC)



Session 1 – For General Public/Public Organizations

Respondent: Participant #1

The speaker is a registered nurse and a spouse of a dentist. She is deeply offended that her relationship with her husband would be considered sexual abuse if he provided her with dental services.

The speaker noted she did not need be told by the Ministry whom she could choose as her health provider. This was a violation of her rights. The speaker considered herself to be a capable and informed individual who was capable of making her own decisions.

Also, based on her research she could find no precedent that would establish the ministry's rationale for this law, which supported her thinking that this legislation was way off base.

Alternatives:

The speaker recommended that the law be removed completely. She also felt that dentists should be able to treat their partners. The speaker was confident that regulatory bodies have adequate procedures in place to deal with complaints of this nature.

The speaker did not feel the above suggestions would harm the public. It was in her view that the current mandatory revocation policy was harmful to the public. Further, she noted that her recommendations would be in the public's best interest as a union of two people should be viewed as being productive and healthy.

Session 2 – For Health Care Professionals/Organizations

Respondent: Participant #1

The speaker is a dentist. She felt that the law should recognize that not all health professions are the same. While issues of vulnerability may be present within a psychotherapeutic patient-provider relationship, the same concerns would not be applicable within the context of dental treatments provided to a spouse.

The speaker raised the concern of “access” for spouses who live in rural communities. She felt that in Canada, everyone should have the freedom to choose their health provider. Further, revocation of a health provider’s license for 5 years would be a career suicide.

Alternatives:

The speaker suggested that regulatory colleges should be given discretion to determine whether their membership should be providing treatment to spouses. Colleges should also be provided with discretion to investigate allegations of sexual abuse on a case-by-case basis

Respondent: Participant #2

The speaker is a dental hygienist and spouse of a dentist.

The speaker noted that the legislation paints all health professionals as potential sexual abusers. The current law was insulting to her and in her view did not protect public safety. The speaker felt that the current law infringes on her freedom to choose her health provider. She also pointed out that access to dental services is an issue for spouses who live in rural communities.

It was also noted by the speaker that the current legislation sends a wrong message to the public when a spouse of a dentist must seek care elsewhere. She felt that sexual abuse was already handled under criminal law and additional protection under health legislation was not necessary.

Finally, she noted that the accused are innocent until proven guilty and the current law is not aligned with that principle.

Alternatives:

It was suggested by the speaker that the current legislation should be repealed.

Regulators are best qualified to determine if their profession should be providing treatment to spouses.

Respondent: Participant #3

The speaker is a dentist. The speaker was in the position that dentists should not enter into a relationship with a patient, however, he felt that in instances where the personal relationship preceded the therapeutic relationship, the health provider should have the discretion to treat their spouse.

The speaker emphasized that when he is seeing a patient, there is always an assistant that is present with him.

Alternatives:

The speaker felt that colleges should have the authority to decide if their members should be providing treatment to spouses. Further, he felt that when it came to consenting couples, the answer may not always be so black and white. Colleges should therefore have the discretion to review allegations of sexual abuse on a case-by-case basis.



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