

## New legislation coming to protect patients from sexual abuse

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The Ontario government intends to propose legislation that would uphold and reinforce a zero tolerance policy on the sexual abuse of patients by regulated health professionals

This fall, the provincial government intends to propose legislation that would uphold and reinforce a zero tolerance policy on the sexual abuse of patients by regulated health professionals. **The proposed amendments will result in changes at all levels – for regulatory colleges, health care institutions, individual practitioners and patients.** These changes arise from the recommendations made last December by the government-appointed **Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991.**

The government has not yet released the specific amendments it intends to make to existing legislation, but [its recent news release](#) and [task force recommendations](#) provide some indication of expected changes.

**First, the amendments will address what actions by a professional are prohibited – both while care is being provided and after the patient-provider relationship has ended.** The government intends to expand the list of acts that will result in the mandatory revocation of a professional's license. It has also indicated that it will clarify when individuals formerly in a patient-provider relationship are permitted to engage in sexual relations.

Second, the amendments will address the complaints, investigation and discipline process. **Fines – for both professionals and organizations – will be increased if** suspected cases are not appropriately reported. The Task Force has recommended that fines fall between \$100,000 and \$250,000. Further, regulatory colleges will be prohibited from allowing a professional to continue to practice on patients of the opposite gender of the complainant. Their approach will be strictly zero tolerance.

Finally, the amendments seek to improve patient support, transparency and public education. The government intends to fund patient therapy as of the time the allegation is made. Further, in an effort to improve transparency, the government will increase obligations on regulatory colleges to report to the public. Then, in the winter, the government plans to introduce additional amendments to increase patient participation

in the complaints process and enhance education for the public, patients and professionals.

In the interim, the province intends to consult with key partners and will engage an expert to assist in improving how colleges deal with sexual abuse complaints, investigations and discipline. At the moment, it appears that the government is not adopting the Task Force's recommendation to create an independent body dedicated to investigating and adjudicating complaints of sexual abuse by regulated health professionals. However, Health Minister Dr. Eric Hoskins has noted that the door is not closed on the possibility of implementing that recommendation in the future.

We will keep an eye on this developing legislation and will provide further updates as it progresses.

By

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